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119TH CONGRESS
1ST SESSION

H. R. 5871

To require the Inspector General of the Department of Health and Human Services to submit a report on Medicare and Medicaid fraud.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 31, 2025

Mr. BEAN of Florida (for himself and Mr. HARIDOPOLOS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To require the Inspector General of the Department of Health and Human Services to submit a report on Medicare and Medicaid fraud.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''We Want Our Healthcare Money Back Act of 2025''.

SEC. 2. REPORT ON MEDICARE AND MEDICAID FRAUD.

(a) REPORT.—Not later than 3 months after the date of the enactment of this Act, and not less frequently than

every 3 months thereafter until the date that is 2 years after the date of the enactment of this Act, the Inspector General of the Department of Health and Human Services (in this section referred to as the ''Inspector General'') shall submit a report on Medicare and Medicaid fraud, including the information described in subsection (b), to the following committees:

(1) The Committee on Ways and Means of the House of Representatives.

(2) The Committee on Energy and Commerce of the House of Representatives.

(3) The Committee on Finance of the Senate.

(4) The Committee on Health, Education, Labor, and Pensions of the Senate.

(b) INFORMATION DESCRIBED.—For purposes of subsection (a), the information described in this subsection is, with respect to the 3-month period ending on the date that is 1 month before the date on which the report under such subsection is required to be submitted—

(1) the number of investigations of Medicare and Medicaid fraud conducted by the Inspector General during such period;

(2) the number of criminal prosecutions and civil actions alleging Medicare and Medicaid fraud

commenced during such period as a result of an investigation conducted by the Inspector General;

(3) the dollar amount of fraud alleged in each such criminal prosecution and civil action;

(4) the charges alleged in each such criminal prosecution and civil action; and

(5) the number of individuals and entities excluded from participating in any Federal health care program (as such term is defined in section 1128B of the Social Security Act (42 U.S.C. 1320a–7b)) during such period due to a criminal conviction or other act related to Medicare and Medicaid fraud.

(c) MEDICARE AND MEDICAID FRAUD DEFINED.—In this section, the term ''Medicare and Medicaid fraud'' means fraud related to the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1306 et seq.).

(d) NO ADDITIONAL FUNDS AUTHORIZED.—No additional amounts are authorized to be appropriated to carry out this section, and this section shall be carried out using amounts otherwise appropriated to the Secretary of Health and Human Services or the Inspector

General of the Department of Health and Human Services.

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