**Opening Statement**
**Ranking Member Jamie Raskin**

**Hearing on "Improper Payments in State Administered Programs: Medicaid"**
**Subcommittees on Government Operations and Intergovernmental Affairs**

**April 12, 2018**

Thank you, Mr. Chairman, and thank you to all of our witnesses for testifying on this important subject.

Medicaid provides comprehensive affordable health care to more than 70 million Americans, regardless of their pre-existing health conditions. Roughly 40% of Medicaid beneficiaries are children—including nearly half of all kids with special health care needs, and one in four kids in my home state of Maryland. One in five Medicare beneficiaries relies on Medicaid for long-term care and other benefits.

Thanks to the Affordable Care Act's Medicaid expansion, an additional 12 million Americans have gained health coverage for the first time. Medicaid is an historic achievement for our people.

Today's hearing focuses on improper payments, which include overpayments, underpayments, and legitimate payments with paperwork errors, as well as fraudulent payments. This year, Medicaid's improper payment rate is 10.1%.

One dollar of an improper payment is a dollar too much, whether it is a dollar at the Pentagon or at the VA or in Medicaid. We can all agree that Medicaid's improper payment rate is too high. But solving that problem must take into account the fact that all 50 states administer their own Medicaid programs and they all have their own challenges with program integrity. Medicaid is large and decentralized, and it can be a leaky system.

So all 50 state Medicaid agencies along with the federal Centers for Medicare & Medicaid Services must work to lower the rate of improper payments—not only in the interest of preserving taxpayer dollars, but because fraud and inefficiency threaten the stability of the Medicaid program and deprive Medicaid enrollees of the benefits they rely on.

Fortunately, the Affordable Care Act gave CMS new program integrity tools to fight fraud, including enhanced provider screening requirements. I look forward to hearing from our witnesses how CMS and state Medicaid programs can successfully deploy their provider screening efforts and reduce the improper payment rate.

We should reject the notion that errors in Medicaid justify slashing federal funding, undermining the program's federal-state financing structure, or imposing work requirements on Medicaid beneficiaries. This is a non-sequitur.

If we found out that some fraction of bank tellers were dispensing the wrong amounts of cash to customers—either intentionally or by mistake—we would not jump to the conclusion that the entire banking sector is rife with fraud and should be dismantled.

I hope we will use this hearing as an opportunity to learn from experts about ways to improve the Medicaid program, not as a search for excuse to tear it down.

I'd like to close by sharing the experience of one of my constituents, Elena from Silver Spring, whose family relies on Medicaid. Her daughter has serious medical conditions affecting her heart, lungs, airway, and kidneys. She spent the first five months of her life in an ICU and had three major surgeries before she could use a ventilator and oxygen tank which allows her to breathe to this day. She must see over a dozen specialists to receive the care she needs. When Elena's daughter left the hospital at five months old, she had incurred over $3 million dollars in medical bills, an amount which is considerably higher now and includes medical supplies and equipment, medications, additional procedures, and more. Elena and her family have depended on Medicaid – and the Affordable Care Act – to save her family from financial ruin and save her daughter's life. Her story reminds us why Medicaid is so important and why we should do everything we can to strengthen this vital program. I hope this hearing brings us closer to that goal.

Thank you, Mr. Chairman.

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Contact: Aryele Bradford, Deputy Communications Director, (202) 225-1782.