

Testimony of T. March Bell

Nominee for Inspector General -- Department of Health and Human Services

U.S. Senate Committee on Finance

Good morning, Chairman Crapo, Ranking Member Wyden, and Members of the Senate Finance Committee. It is an honor to appear before you as President Trump's Nominee for the Inspector General of the Department of Health and Human Services (HHS). I thank the President and the Secretary for their support. Also, great thanks to my wife of 47 years, Mariam Bell, who is here today. I firmly believe that with each passing day, due to their leadership, America is on the path to generational change in the health of our fellow citizens and in the health care system itself.

It's great to be back in the Senate. Just forty plus short years ago, 1982, I began my career in Washington DC as a counsel on the Senate Judiciary Committee assigned to the Subcommittee on Security and Terrorism, chaired by then Senator Jeremiah Denton, a former Vietnam naval aviator and prisoner of war.

The early 1980s marked the emergence of public choice theory, the idea that over time government agencies choose their own well-being and the well-being of government adjacent non-government organizations over the core mission that Congress has assigned to them. Many people believe, as I do, that it is the central problem of the large federal bureaucracy.

This theory has taken deep roots at HHS today, producing waste, fraud and abuse. During the first Trump Administration, as Chief of Staff of the Office for Civil Rights, here's what I saw:

- I learned from the Chief Information Officer that HHS had over twenty procurement centers and that different parts of HHS were paying substantially different prices for the same computers from the same vendors.
- I learned that HHS has 522 separate line-item programs and that each often had 8 to 10 subprograms. Within that list were two dozen virtually identical job training programs. I learned from one program manager that her greatest challenge was getting her \$1 billion training budget out the door so Congress would not cut her off. She said that "We are in every Ritz Carlton in the country every August," to beat the deadline of the end of the fiscal year.
- I learned from a Centers for Disease Control and Prevention (CDC) annual report that certain disparities in health outcomes—such as higher diabetes and higher breast cancer rates—were due to diagnosis occurring sometimes decades too late. CDC made practical, commonsense suggestions to address this challenge. When I asked the authors of the report whether the CDC's practical recommendations were being implemented their countenance dropped – "not really" was the response.
- Every time we met with doctors we heard the same complaint – "I spend about a fourth of my time filling out paperwork to comply with federal regulations." Doctors often say that the joy of the work they do is sullied by the drudgery of the compliance paperwork.

If confirmed as Inspector General I will examine, evaluate, audit, and investigate to support the initiatives of President Trump and Secretary Kennedy.

The traditional tools of the Inspector General are well known:

- *Remain independent while promoting transparency;*
- *Being tough but fair when making evaluations or recommendations is essential; and,*
- *Produce timely materials without compromising quality with clear accessible reports and regular communication.*

But the current challenges will require more than this list – the Office of the Inspector General must help explain what is actually going on and provide actionable information in support of the President’s and Secretary’s courageous and innovative change of direction for the improved health of all Americans.

I am happy to answer any questions.