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Wyden Statement at Finance Hearing to Discuss Healthcare.gov Enrollment Controls
As Prepared for Delivery

Let me begin my remarks by saying that on this side of the aisle, we don't take a back seat to anybody in fighting fraud and protecting taxpayer dollars. One dollar ripped off is one dollar too many. But let's be perfectly clear about one thing: The report up for discussion today is not about any real-world fraud.

This study looks at a dozen fictitious cases – and not one of them was a real person who filed taxes or got medical services. No fast-buck fraudster got a government check sent to their bank account. Moreover, the government auditors acknowledge today that their work, quote, "cannot be generalized to the full population of applicants or enrollees."

None of the fictitious characters in this study stepped foot in a hospital or a doctor's office. And the fact is, when you actually show up for medical services, it's a lot harder to fake your way into receiving taxpayer-subsidized care. Often before any services are delivered, providers ask for a photo I.D. with an insurance card. And if you've stolen an identity, there's probably a medical history belonging to somebody else that should set off alarm bells.

If you're a real person signing up in the insurance marketplace, you have to attest under penalty of perjury that the information you provide is correct. And if you falsify the application, you face the prospect of a fine of up to \$250,000.

Another big anti-fraud check went untested in this study. That is, squaring up tax returns with the information from your insurance application. The GAO's testimony today calls it a, quote, "key element of back-end controls." If your tax return and personal info don't match, the gambit's up. But the study before us today ignores that anti-fraud check. It looks at only part of the picture when it comes to stopping fraud.

As I said at the beginning, there are always methods of strengthening any program and rooting out fraudsters and rip-off artists. Part of any smart, ferocious strategy against fraud, on one hand, is drawing a distinction between aggressively going after scammers, and on the other, not harming a law-abiding American who's made an honest, often technical mistake.

A retiree nearing Medicare age shouldn't get kicked to the curb because she accidentally submitted an incorrect document. A transgender American shouldn't lose health coverage after a name change because some forms don't match. I can't imagine the Congress wants a system that nixes the health insurance coverage of Americans because of simple issues like those.

A recent Gallup report stated that the rate of Americans without health insurance is the lowest they've ever measured. This is the first Finance Committee hearing on health care since the Supreme Court's landmark decision upholding the law that made that possible. The fact is, the Affordable Care Act has extended health care coverage to more than 16 million real people who use their insurance to see real doctors. At some point down the road, GAO is expected to complete their report. At that time, let's work responsibly to draw conclusions on a bipartisan basis about how the committee can work to improve American health care.

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