MDA® | Muscular Dystrophy Association

March 17th 2026

Chairman, John Joyce
Oversight and Investigations
2102 Rayburn House Office Building
Washington, District of Columbia 20515

Ranking Member, Yvett Clarke
Oversight and Investigations
2058 Rayburn House Office Building
Washington, DC 20515

Chairman Joyce and Ranking Member Clarke,

On behalf of the Muscular Dystrophy Association (MDA) and in service to the neuromuscular disease community, thank you for the opportunity to submit an organizational statement on the record in response to the subcommittee's hearing on fraud in Medicaid.

For over 75 years, MDA has led the way in accelerating research, advancing care, and advocating for families in the neuromuscular disease (NMD) community. Our mission is to empower people affected by muscular dystrophy, ALS, and hundreds of other neuromuscular conditions to live longer, more independent lives. Many in the NMD community rely on Medicaid, particularly for home and community-based services (HCBS), to receive the care they need and live the lives they deserve.

Medicaid is currently in an incredibly precarious position. As MDA repeatedly warned during the budget reconciliation process, the cuts to Medicaid in the One Big Beautiful Bill Act are likely to lead to further reductions in HCBS and even longer waitlists for life-enabling services. These cuts, and in particular, the restrictions on provider taxes, will have dire implications on access by altering Medicaid financing in a manner that places serious pressure on states, which will be forced to reduce coverage or cut payment rates to home care workers and direct support professionals. This will negatively impact the neuromuscular community's ability to receive the care they need to thrive.[1] Of particular note is that these services are vital in keeping communities out of institutions adhering to the promise of *Olmstead.*[2] It has long been noted that providing appropriate care via HCBS waivers is less expensive than institutionalization,[3] and moreover failing to provide integrated settings would only shift the cost and burden of enforcement to entities like the Office of Civil Rights and Department of Justice (both of which face deep strains in staffing and resources).

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[1] https://d3dkdvqff0zqx.cloudfront.net/groups/mda/attachments/6.16.2025%20Neuromuscular%20Advocacy%20Groups%20Oppose%20Reconciliation%20Cuts%20to%20Care%20-%20Final.pdf

[2] Olmstead v. L. C., 527 U.S. 581 (1999)

[3] https://files.kff.org/attachment/issue-brief-olmsteads-role-in-community-integration-for-people-with-disabilities-under-medicaid-15-years-after-the-supreme-courts-olmstead-decision

Fraud in Medicaid should be taken seriously. Fraud harms families and individuals in the NMD community, taxpayers, and the honest providers who work every day to deliver essential supports. It chips away at funds meant for patient care, including critical components of comprehensive neuromuscular care like durable medical equipment, home health care, orthotic braces, PT, diagnostic lab work, and ambulance services. Strong oversight and enforcement against bad actors is necessary and appropriate, however, it is essential that we do so without harming those that rely on the program. It is worth noting that in the 2025 Department of Justice and HHS-OIG report on efforts to reign in bad actors, no beneficiaries were included.[4]

Given the strain on the program, we are concerned that an overbroad approach to combating fraud in Medicaid may unintentionally harm those enrolled in the program. We would urge the committee, and agencies, to rely on proven measures to address fraud. This may include leaning on state Attorneys General, *qui tam* proceedings, the Office of the Inspector General, provider screenings, and data analytics among others. Irrespective of the methods used, it is vitally important that the focus remains on holding bad actors accountable, and limiting disruptions in care and services through rigorous and effective investigations and tactics.

For the foregoing reasons and more, we encourage the committee to balance strong enforcement mechanisms with protection for those that need Medicaid, and we look forward to working with you on these matters. Should you need any further information or have questions about the foregoing, please contact Joel Cartner, MDA's Director of Access Policy at jcartner@mdausa.org.

Sincerely,

Joel Cartner

Joel Cartner, Esq.
Director, Access Policy
Muscular Dystrophy Association

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[4] https://www.justice.gov/criminal/media/1425226/dl