

Testimony of Dr. Lynn Ianni
House Committee on Ways and Means
Hearing on Protecting Patients and Taxpayers: Cracking Down on Medicare Fraud
April 21, 2026

Chairman Smith, Ranking Member Neal, and distinguished Members of the Committee,

Thank you for the opportunity to speak with you today.

My name is Dr. Lynn Ianni. I am a licensed psychotherapist with nearly 40 years of clinical experience, specializing in trauma-informed care. Over the course of my career, I have worked with individuals, couples, and families across a wide range of settings. I come before you today not only as a clinician—but as a Medicare beneficiary and a victim of fraud.

In early 2024, I suffered a shoulder injury while playing pickleball and was referred by my primary care provider to physical therapy. I began treatment twice a week, and initially, everything proceeded as expected. My provider billed Medicare and my supplemental insurance, and payments were processed without issue.

But in July, at what was supposed to be my final appointment, everything changed.

I was called to the front desk and told that Medicare had denied my claim. The reason? According to their records, I was enrolled in hospice care.

At first, we laughed. It seemed like an obvious clerical error—surely something that could be quickly corrected. But that assumption could not have been more wrong.

That day, we called Medicare. What should have been a simple fix turned into an hours-long call, ending only with the suggestion that I file an appeal. My provider did so as well. And then... silence.

Weeks turned into months. I called Medicare repeatedly—often waiting on hold for hours—only to be told, over and over again, that no one could access my appeal, track its status, or provide any timeline for resolution. I received no acknowledgment that my appeal had even been received. Meanwhile, my claims continued to be denied.

My provider, understandably, needed to be paid. One Medicare agent even suggested I seek private legal counsel, warning me that the appeals process could take “a year or two”—with no guarantee of a resolution.

At the same time, I was required to continue paying my Medicare premiums or risk losing coverage entirely. And perhaps most alarming of all, I was locked out of receiving any medical care—because I had been falsely classified as a hospice patient.

Imagine being told, in effect, that you are at the end of your life—when you are not—and then being denied access to care because of that error.

It was not just frustrating. It was terrifying.

Desperate for answers, I began investigating on my own. A Medicare representative gave me the name of the hospice where I was supposedly enrolled. I looked it up. It appeared legitimate on the surface—listed on Medicare’s own website, with an NPI number, a named CEO, and an address.

But the address led to what looked like a strip mall. The phone number went unanswered.

As a clinician myself, I checked the NPI number of the physician listed with the hospice. I contacted his office. They were shocked. He was a surgeon in Santa Monica and had no connection whatsoever to this hospice. His identity had been used without his knowledge.

Despite uncovering clear evidence of fraud, nothing changed.

It wasn’t until I found an advocacy organization—by chance—that I was connected to California’s Senior Medicare Patrol. I shared my documentation with them, and after six months, I finally received a new Medicare card in the mail. No explanation. No acknowledgment. Just a quiet correction.

Eventually, Medicare paid my provider and removed the fraudulent hospice election designation.

I was fortunate. I had the training, persistence, and resources to keep pushing. But many others do not.

And that is why I am here today.

This is not just my story. It is evidence of a systemic failure—one that allows fraud to occur, prevents timely correction, and leaves vulnerable people without care, without answers, and without protection.

A system designed to safeguard our health instead created fear, confusion, and harm.

I urge you to consider what this experience would be like for someone older, unwell, or less able to advocate for themselves. How many people are currently trapped in similar situations, without the means to escape them?

You have the authority to address and remedy this.

Strengthen fraud detection. Improve responsiveness within the appeals process. Ensure accountability. And most importantly, make the system navigable for the people it is meant to serve.

Medicare is not just a program—it is a lifeline. It must function with integrity, efficiency, and compassion.

Thank you for listening to my story. I urge you to act—not just for me, but for the countless others who depend on you to protect their care, their dignity, and their lives.

