

# Consumer Perceptions of Health Care Fraud and Wasteful and Unnecessary Care

Prepared by Sai Loganathan, Lateefah Hughes, Tarcia Johnson, Charles Betely, and James Zimmerman

## Context

Make America Healthy Again and other policy initiatives have renewed focus on fraud, waste, and abuse (FWA) in U.S. health care. Estimates of the share of health care spending attributable to FWA vary widely, with some analyses suggesting substantial levels of improper or fraudulent payments.<sup>1</sup> The Government Accountability Office (GAO) estimates that during 2019–2022, Medicare experienced between \$233 billion and \$521 billion annually in improper payments and potential fraud.<sup>2</sup>

**What constitutes FWA?** Fraud occurs when payers are billed for medical services or equipment not provided. Care that is unnecessary for a cure or control of disease or services of low value that have less expensive or more effective substitutes are considered waste. Abuse refers to manipulation of payment rules to increase reimbursement, such as inappropriately upcoding diagnoses for claims and billing.

NORC at the University of Chicago conducted a nationally representative survey of adults 50 and older to provide a snapshot of everyday Americans' experiences and perceptions related to FWA.

**Why are consumers' perceptions important?** FWA undermines the integrity and sustainability of public insurance programs and contributes to rising health care costs. Beyond fiscal impacts, FWA can directly affect patients by exposing them to unnecessary services, avoidable out-of-pocket expenses, and potential safety risks. These practices also increase overall spending and contribute to higher premiums.

Consumer perceptions matter because patients are often the first to notice questionable billing or care they believe is unnecessary. Their experiences provide insight into how FWA appears in routine clinical settings and can inform more effective, targeted, and publicly supported policies to reduce FWA in the U.S. health care system.

## Key Findings

- About half of adults age 50 and older say fraud in the U.S. health care system is an extremely or very big problem.
- Older adults who are employed, those earning \$30,000 to under \$60,000, and non-metropolitan area residents are more likely to identify wasteful and unnecessary care as an extremely or very big problem.
- 1 in 5 older adults report receiving wasteful or unnecessary care.
- Two-thirds of older adults identify a lack of price transparency in health care as an extremely or very big problem.
- About two-thirds of older adults favor a rule requiring reimbursement for out-of-pocket expenses incurred from receiving wasteful and unnecessary care. About 10 percent oppose it.

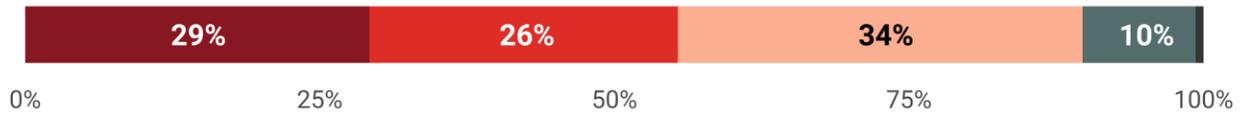
**This brief examines:** (1) Whether respondents report receiving treatments they perceive as unnecessary or wasteful; (2) Factors they believe contribute to unnecessary or wasteful care; and (3) Their level of support for a rule requiring refunds for their out-of-pocket costs related to unnecessary or wasteful care.

The findings are based on the Program Integrity Initiatives Poll, conducted by NORC from May 15–19, 2025, using AARP and NORC’s Foresight 50+® panel. The nationally representative survey included 1,029 adults age 50 and older. The findings encompass various demographic and socioeconomic groups—including age, sex, employment status, household income, and place of residence—to highlight differences in perceptions and impact on distinct populations. Refer to Appendix A for more information on the survey questions, responses, and methodology.

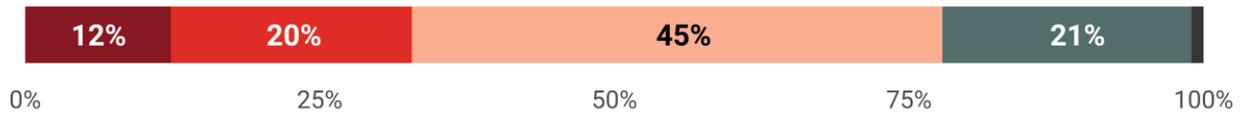
**How are these findings relevant to federal and state regulatory and policy agendas?** Survey responses indicate that many older adults, who are among the most frequent users of health care, view FWA as a serious concern. Their experiences and priorities have implications for policy initiatives aimed at strengthening consumer protections against unnecessary care, improving price and billing transparency, strengthening provider oversight and accountability, expanding patient education and engagement, and addressing out of pocket costs associated with wasteful services. These findings can inform legislative and regulatory efforts to reduce fraud, waste, and abuse while improving the quality, affordability, and integrity of care.

**About half of older adults say fraud in the U.S. health care system is an extremely or very big problem.**

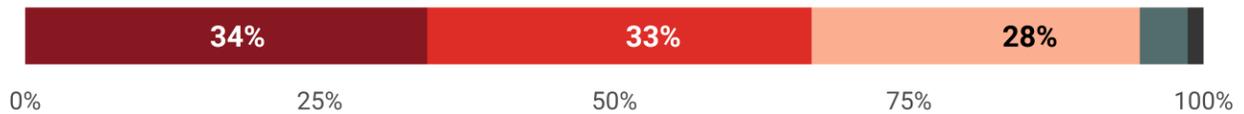
**How big of a problem is fraud in the U.S. health care system?**



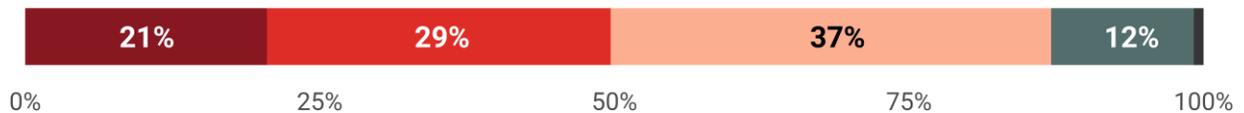
**How big of a problem is wasteful and unnecessary care in the U.S. health care system?**



**How big of a problem are high prices in the U.S. health care system?**



**How big of a problem is low-quality care in the U.S. health care system?**



Extremely big    Very big    Somewhat big    Not a problem at all    Don't know / Unknown

**Note:** Survey question: How big of a problem is each of the following in the U.S. health care system [fraud; wasteful and unnecessary care]? To examine differences by age group, the response categories 'extremely big' and 'very big' were merged. Differences between groups were assessed using a design-based Wald test with a 90% confidence level.

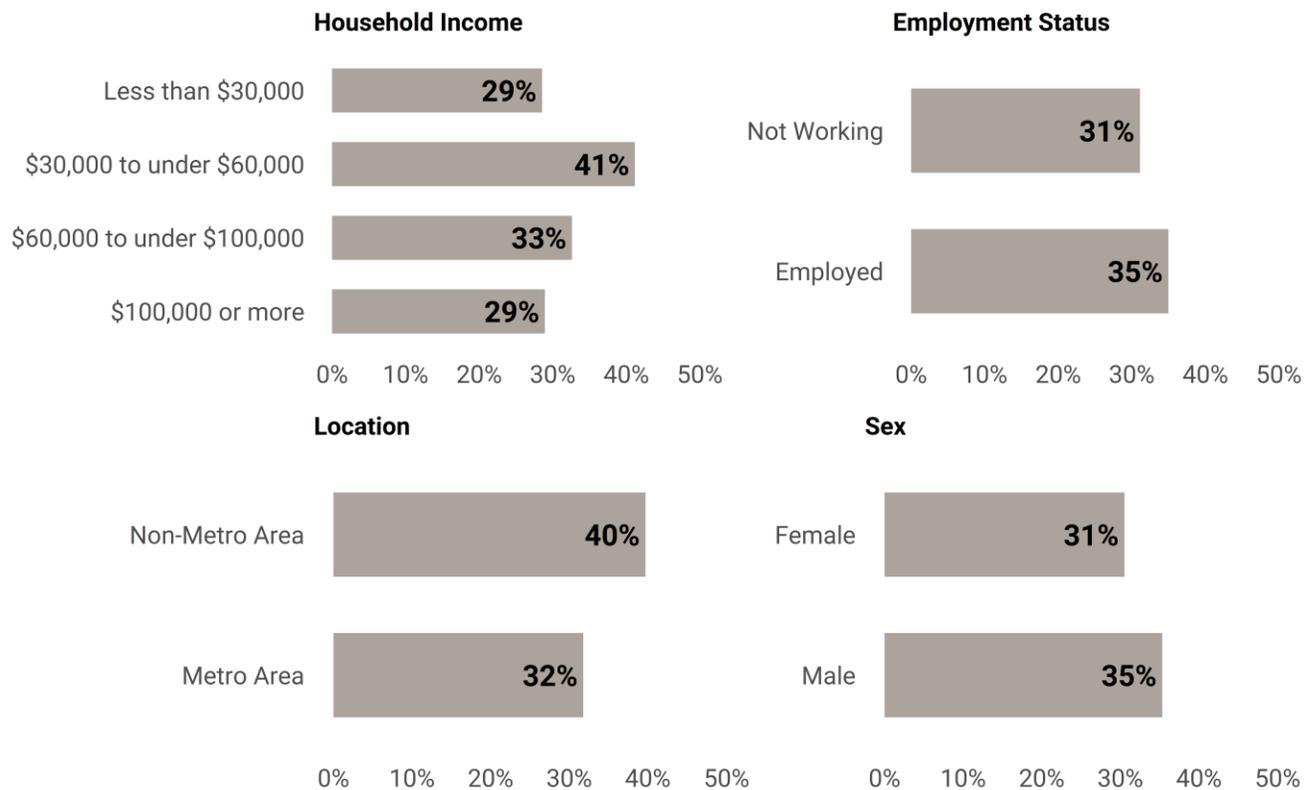
**Source:** Program Integrity Initiatives poll conducted May 15-19, 2025, with 1,029 adults age 50 and older nationwide.



- One-third of all older adults say the provision of wasteful and unnecessary care is an extremely or very big problem.
- Nearly two-thirds of older adults ages 50-64, many of whom are commercially insured with higher care needs, say that fraud in the U.S. health care system is an extremely or very big problem.
- Adults ages 50-64 are more likely to say health care fraud is an extremely or very big problem compared to those ages 65 and older—individuals who are more likely to have Medicare coverage (60 vs. 50 percent).
- Adults ages 50-64 are also more likely to identify unnecessary and wasteful care as an extremely or very big issue compared to those ages 65+ (37 vs. 28 percent).

**Employed individuals, those earning \$30,000 to under \$60,000, non-metro area residents, and men are more likely to identify wasteful and unnecessary care as extremely big or very big problems.**

**Percentage of older adults who view wasteful and unnecessary care as an extremely or very big problem**



**Note:** Survey questions: How big of a problem is each of the following in the U.S. health care system [wasteful and unnecessary care]? To examine differences across groups, the response categories ‘extremely big’ and ‘very big’ were merged. Differences between groups were assessed using a design-based Wald test with a 90% confidence level.

**Source:** Program Integrity Initiatives poll conducted May 15-19, 2025, with 1,029 adults age 50 and older nationwide.

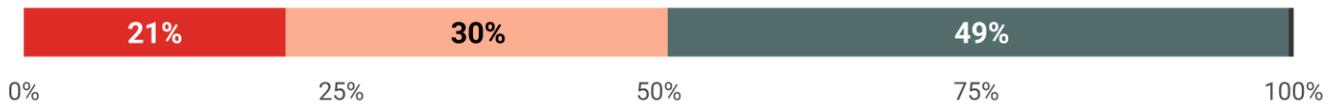


- Older adults with household incomes of \$30,000 to under \$60,000 are more likely to identify wasteful and unnecessary care as an extremely or very big problem, compared to those earning below \$30,000 (41 vs. 29 percent) and those earning \$100,000 or more (41 vs. 29 percent).
- Employed older adults are slightly more likely to view wasteful and unnecessary care as an extremely or very big problem, compared to those who are not working (35 vs. 31 percent).
- Residents of non-metro areas are more likely to say wasteful and unnecessary care is an extremely or very big problem, compared to those in metropolitan areas (40 vs. 32 percent).
- Men are slightly more likely to view wasteful and unnecessary care as an extremely or very big problem compared to women (35 vs. 31 percent).

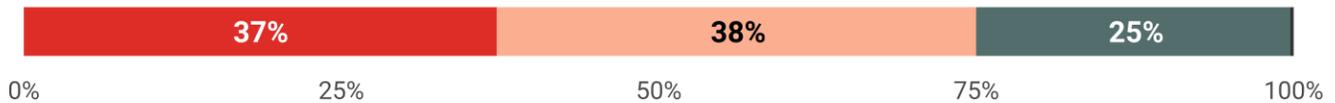
## About 1 in 5 older adults report receiving wasteful and unnecessary care.

Do you believe you have ever received care that was wasteful and unnecessary?

All respondents

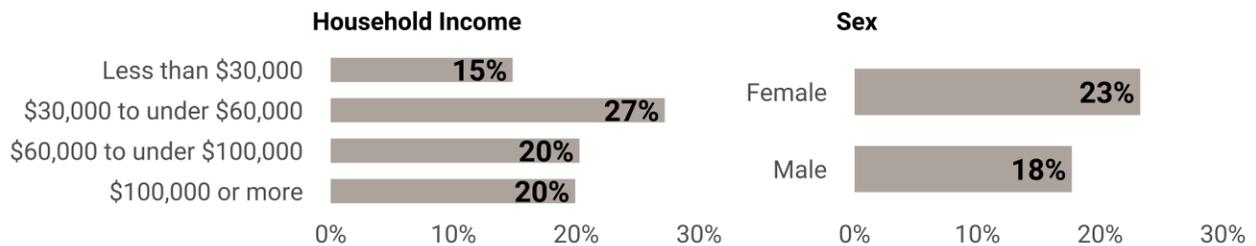


Respondents who say wasteful and unnecessary care is an extremely or very big problem



Yes, I have | I'm not sure if I have or not | No, I have not | Don't know / Unknown

Percentage of older adults who believe they have received wasteful and unnecessary care (all respondents)



**Note:** Survey question: Do you believe you have ever received care that was wasteful and unnecessary? Differences between groups were assessed using a design-based Wald test with a 90% confidence level.

**Source:** Program Integrity Initiatives poll conducted May 15-19, 2025, with 1,029 adults age 50 and older nationwide.

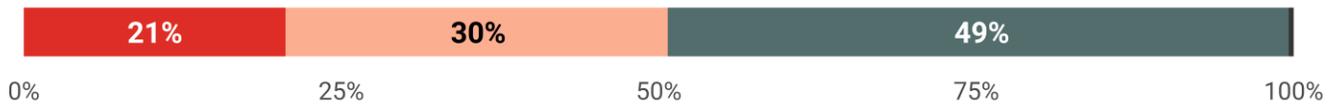


- Among older adults who identify wasteful and unnecessary care as an extremely or very big issue, over a third (37 percent) report receiving wasteful and unnecessary care.
- Older adults with household incomes of \$30,000 to under \$60,000 are more likely to report receiving wasteful and unnecessary care, compared to those earning below \$30,000 (27 vs. 15 percent) and those earning \$100,000 or more (27 vs. 20 percent).
- Although men were slightly more likely than women to identify wasteful and unnecessary care as an extremely or very big problem, women were more likely to report receiving wasteful and unnecessary care (23 vs. 18 percent).
- Older adults' reports of receiving wasteful and unnecessary care did not vary considerably by employment status or location of residence.

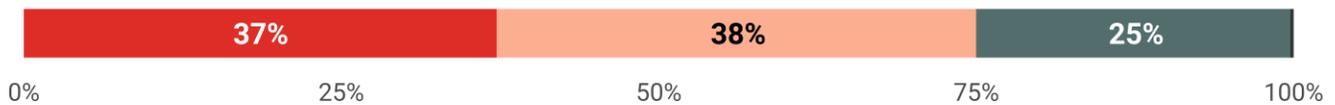
## Two-thirds of older adults identify a lack of price transparency in health care as an extremely or very big problem.

**Do you believe you have ever received care that was wasteful and unnecessary?**

**All respondents**

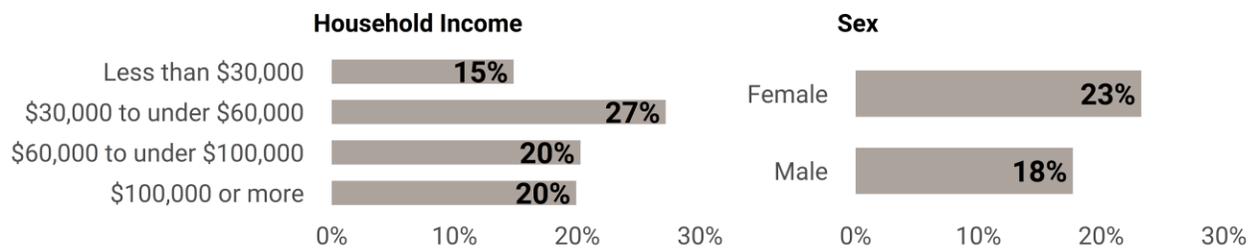


**Respondents who say wasteful and unnecessary care is an extremely or very big problem**



■ Yes, I have 
 ■ I'm not sure if I have or not 
 ■ No, I have not 
 ■ Don't know / Unknown

**Percentage of older adults who believe they have received wasteful and unnecessary care (all respondents)**



**Note:** Survey questions: Do you think health care providers have financial incentives to provide wasteful and unnecessary health care in the U.S. health care system? Do you have a trusted source of information to help you select a high performing health care provider in the U.S. health care system? How big of a problem is price transparency of health care services to the public? How big of a problem is patients' control of their health care?

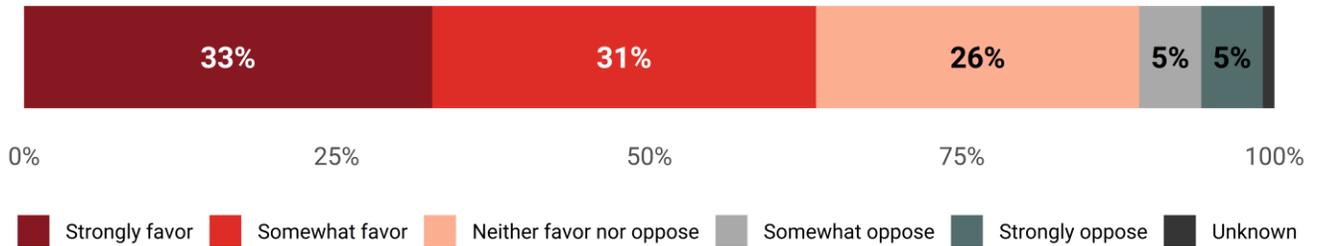
**Source:** Program Integrity Initiatives poll conducted May 15-19, 2025, with 1,029 adults age 50 and older nationwide.



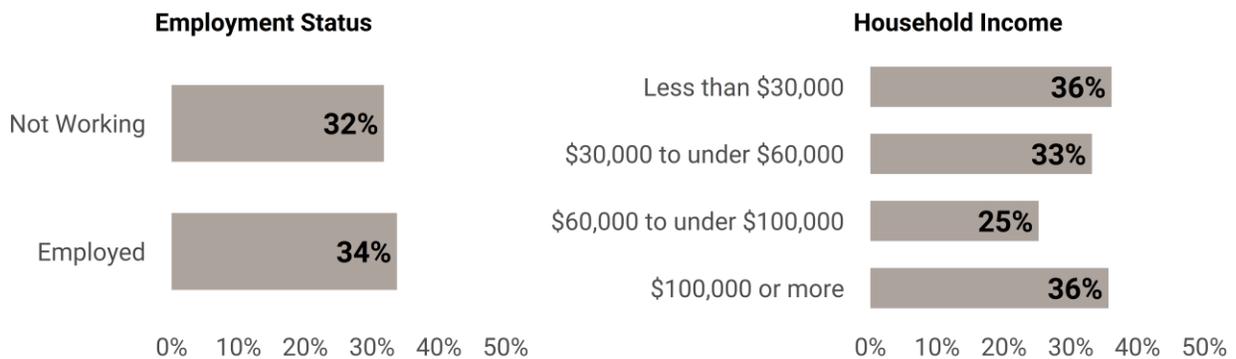
- About half of older adults (49 percent) say that health care providers are motivated by financial incentives to deliver unnecessary and wasteful treatments.
- Roughly one-third (35 percent) of older adults report they lack a trusted source of information to help them choose high-performing health care providers, despite recognizing the need for one.
- Two-thirds (67 percent) of older adults say the lack of price transparency in the U.S. health care system is an extremely or very big problem.
- Half of older adults (50 percent) consider patients' lack of control over their health care decisions to be an extremely or very big problem.

## About two-thirds of older adults support a rule requiring reimbursement for any out-of-pocket expenses related to wasteful and unnecessary care.

**Do you support a rule that would require patients to be reimbursed for any out-of-pocket costs that they had to pay when they received wasteful and unnecessary care?**



### Percentage of older adults who strongly favor the proposed out-of-pocket reimbursement rule



**Note:** Survey question: Do you favor, oppose, or neither favor nor oppose a rule that would require patients to be reimbursed for any out-of-pocket costs they had to pay when they received wasteful and unnecessary health care in the U.S. health care system? Differences between groups were assessed using a design-based Wald test with a 90% confidence level.

**Source:** Program Integrity Initiatives poll conducted May 15-19, 2025, with 1,029 adults age 50 and older nationwide.



- Support for a reimbursement rule is similar among employed (34 percent) older adults and those who are not working (32 percent).
- Older adults with household incomes of \$60,000 to under \$100,000 show the lowest support for the reimbursement rule (25 percent), compared to those in other income brackets (36 percent for less than \$30,000, 36 percent for \$100,000 or more, and 33 percent for \$30,000 to under \$60,000).
- Support for the reimbursement rule did not vary significantly by sex or urbanicity.

## ACKNOWLEDGEMENTS

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### ABOUT NORC

NORC at the University of Chicago conducts research and analysis that decision-makers trust. As a nonpartisan research organization and a pioneer in measuring and understanding the world, we have studied almost every aspect of the human experience and every major news event for more than eight decades. Today, we partner with government, corporate, and nonprofit clients around the world to provide the objectivity and expertise necessary to inform the critical decisions facing society.

## References

Shrank WH, Rogstad TL, Parekh N. (2019) Waste in the US Health Care System: Estimated Costs and Potential for Savings. *JAMA*. 2019;322(15):1501–1509. doi:10.1001/jama.2019.13978

<sup>2</sup> U.S. House of Representatives, Committee on Oversight, hearing, February 26, 2025.

<https://oversight.house.gov/release/hearing-wrap-up-congress-and-doge-are-utilizing-gaos-high-risk-list-to-combat-waste-fraud-and-abuse/>

## APPENDIX A. SUMMARY OF SURVEY QUESTIONS, RESULTS, AND METHODOLOGY

# The Program Integrity Initiatives Poll

**Conducted Using the Foresight 50+ Panel  
with Funding from NORC at the University of Chicago**

*Interviews: May 15–19, 2025*

*1,029 adults*

*Margin of sampling error: +/- 4.2 percentage points at the 90 percent confidence level among all adults*

*NOTE: All results show percentages among all respondents, unless otherwise labeled.*

**Question 1: How big of a problem is each of the following in the U.S. health care system?**

NORC Foresight 50+ Panel May 15–19, 2025	Extremely big	Very big	Somewhat big	Not a problem at all	Don't know/ Unknown
Patients receiving wasteful and unnecessary care	140	201	454	225	9
Fraud	289	268	357	106	9
Price transparency of health care services to the public	356	340	277	42	14
Patients' control of their health care	222	303	373	121	10

**Question 2: Do you have a trusted source of information to help you select a high performing health care provider in the U.S. health care system?**

NORC Foresight 50+ Panel May 15–19, 2025	Yes, please specify the information source [SMALL TEXT BOX]	No, but I would like one	No, I do not need one	Unknown
	274	368	376	11

1. Yes, please specify the information source [SMALL TEXT BOX]
2. No, but I would like one
3. No, I do not need one

**Question 3: Do you believe you have ever received health care that was wasteful and unnecessary in the U.S. health care system?**

NORC Foresight 50+ Panel May 15–19, 2025	Yes, I have	I'm not sure if I have or not	No, I have not	Don't know/ Unknown
	229	295	499	6

1. Yes, I have
2. I'm not sure if I have or not
3. No, I have not

**Question 4: Do you favor, oppose, or neither favor nor oppose a rule that would require patients to be reimbursed for any out-of-pocket costs they had to pay when they received wasteful and unnecessary health care in the U.S. health care system?**

NORC Foresight 50+ Panel May 15–19, 2025	Strongly favor	Somewhat favor	Neither favor nor oppose	Somewhat oppose	Strongly oppose	Don't know/ Unknown
	322	322	284	53	41	7

1. Strongly favor
2. Somewhat favor
3. Neither favor nor oppose
4. Somewhat oppose
5. Strongly oppose

**Question 5: Do you think health care providers have financial incentives to provide wasteful and unnecessary health care in the U.S. health care system?**

NORC Foresight 50+ Panel May 15–19, 2025	Yes, they do	I'm not sure if they do	No, they do not	Don't know/ Unknown
	525	416	83	5

1. Yes, they do
2. I'm not sure if they do
3. No, they do not

## STUDY METHODOLOGY

This survey was conducted using the NORC Foresight 50+ panel and with funding from NORC at the University of Chicago.

Data were collected using the Foresight 50+ Omnibus, a monthly multi-client survey using NORC's probability-based panel designed to be representative of the U.S. household population of adults age 50 and older. The survey was part of a larger study that included questions about other topics not included in this report. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame and then contacted by U.S. mail, email, telephone, and field interviewers (face-to-face). The panel provides sample coverage of approximately 97 percent of the U.S. household population. Those excluded from the sample include people with P.O. Box-only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings. Of note for this study, the panel may also exclude adults age 50 and older who live in some institutional types of settings, such as skilled nursing facilities or nursing homes, depending on how addresses are listed for the facility.

Interviews for this survey were conducted between May 15 and 19, 2025, with adults age 50 and older representing the 50 states and the District of Columbia. Panel members were randomly drawn from NORC, and 1,029 completed the survey—994 via the web and 35 by telephone. Panel members were invited by email or by phone from a NORC telephone interviewer. Interviews were conducted in English. Respondents were offered a small monetary incentive for completing the survey. The overall margin of sampling error is +/- 4.2 percentage points at the 90 percent confidence level, including the design effect. The margin of sampling error may be higher for subgroups. The number of sampled household units is 5,100, and the number of completes is 1,029, resulting in a final stage completion rate of 20.2 percent, a design effect of 1.91, and a cumulative response rate of 3.0 percent. Sampling error is only one of many potential sources of error, and there may be other unmeasured error in this or any other survey.

Quality assurance checks were conducted to ensure data quality. In total, 21 interviews were removed for nonresponse to at least 50 percent of the questions asked of them, for completing the survey in less than one-third the median interview time for the full sample, or for straight-lining all grid questions asked of them. These interviews were excluded from the data file prior to weighting.

Once the sample was selected and fielded, and all the study data were collected and made final, a poststratification process was used to adjust for any survey nonresponse as well as any noncoverage or under- and oversampling resulting from the study-specific sample design.

Poststratification variables included age, gender, census division, race/ethnicity, and education. Weighting variables were obtained from the 2024 Current Population Survey. The weighted data reflect the U.S. population of adults age 50 and older.

More information on the NORC panel methodology is available at: <https://NORC.norc.org/about-NORC/Pages/Panel-Design.aspx>.

For more information, email Lateefah Hughes at [hughes-lateefah@norc.org](mailto:hughes-lateefah@norc.org).