PRESS RELEASE

National Health Care Fraud Takedown Results in 455 Defendants Charged in Connection with Over $6.5 Billion in Alleged Fraud

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Record Medicaid Fraud Charges Largest Number of States Participating in Health Care Fraud Takedown History

The Justice Department today announced the 2026 National Health Care Fraud Takedown, which resulted in charges against 455 defendants, including 90 doctors and other licensed medical professionals, for their alleged participation in health care fraud and opioid abuse schemes involving over $6.5 billion in false claims and significant patient harm, including death. Today's Takedown represents a new era in federal, state, and international cooperation to combat health care fraud: cases in 56 federal districts and 45 U.S. states and territories, with 50 state Medicaid Fraud Control Units participating, the most in Department history. In addition, unprecedented international cooperation over the two-week Takedown resulted in the apprehension and return to the United States of the following health care fraudsters: one defendant in Kyrenia in connection with an over $3.7 billion scheme; two defendants in Estonia in connection with a previously charged $10.6 billion scheme; and, in the Philippines, one of FBI's Most Wanted Fraudsters in connection with a previously-charged $1.2 billion telemedicine

fraud scheme. The Takedown involves the cutting-edge use of data analytics to target the worst actors; the seizure of over $182 million in cash, luxury vehicles, jewelry, and other assets; and full-spectrum accountability for all criminal actors from doctor's offices to corporate boardrooms.

Today's coordinated enforcement action involves a whole-of-government approach, including:

- Actions by the Centers for Medicare and Medicaid Services (CMS) to suspend 1,079 providers and revoke billing privileges for 1,403 providers.
- 48 Civil Monetary Payment settlements amounting to over $73 million, over 1,400 provider exclusions, and 25 actions by the U.S. Department of Health and Human Services, Office of Inspector General ("HHS-OIG") under the Civil Monetary Penalties Law seeking more than $10 billion in payments to the Medicare Trust Fund from payments that CMS caught and suspended before the funds were paid to the fraudulent providers.
- Civil charges against 13 defendants for $14.8 million in health care fraud schemes, as well as civil settlements with 31 defendants totaling $23 million.
- 928 administrative cases by the Drug Enforcement Administration (DEA) seeking the revocation of authority to handle and/or prescribe controlled substances since October 1, 2025.

"This year's National Health Care Fraud Takedown represents the greatest whole-of-government effort to combat health care fraud in our Nation's history," said Acting Attorney General Todd Blanche. "Under the decisive leadership of President Donald Trump, Vice President JD Vance, the White House Task Force to Eliminate Fraud, and our law enforcement partners, this administration has ushered in a new era of enforcement that will safeguard taxpayer dollars."

"We are aggressively scaling our offensive against anyone using health care as a front to steal from the American people," said Assistant Attorney General Colin M. McDonald of the Justice Department's National Fraud Enforcement Division. "As today's cases and arrests show, there is no case too big, no scheme too complex, and no hiding place too remote for our relentless fraud-fighting team. Our message is simple: if you put profit over patients, you should expect to be put in prison."

"Health care fraud steals from taxpayers, exploits vulnerable patients, and puts lives at risk," said U.S. Department of Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr. "Today's historic enforcement action sends a clear message: if you use our health care system to enrich yourself at the expense of patients or the American people, we will find you, we will prosecute you, and we will hold you accountable. HHS will continue working with our law enforcement partners to protect patients, safeguard taxpayer dollars, and restore integrity to our health care system."

“The coordination in the Health Care Fraud Takedown reinforces the Trump Administration’s efforts to end the crimes of bad actors who have ripped off U.S. taxpayers,” said Department of Homeland Security Secretary Markwayne Mullin. “This is a whole of government effort, to hold those who defraud our nation accountable. Our message is clear: if you steal from American taxpayers, you will face the consequences.”

“This results of this nationwide healthcare takedown are historic,” said FBI Director Kash Patel. “Under the leadership of President Trump, Vice President Vance, and the White House Task Force to Eliminate Fraud, this FBI worked alongside our DOJ partners to arrest and charge over 450 people, including almost 100 medical professionals, for over $6 billion in alleged healthcare fraud schemes - showing the enormous amount of work done by our interagency law enforcement team over the last month and beyond. While today’s announcement is one of the largest on record–every arrest is a continued message to criminal actors who rob American taxpayers that you will not get away with your crimes.”

Fraudulent Wound Care Schemes

Charges were filed against 11 defendants, including a company executive and eight medical professionals, across six districts in connection with billions of dollars in fraudulent claims for amniotic wound allografts. In the District of Arizona, the Vice President of Sales for a company that sold allografts was charged in a nationwide illegal kickback and health care fraud scheme. From approximately December 2021 through June 2024, providers billed Medicare over $4 billion for this company’s allografts, resulting in over $2 billion in payments. This significant spike in allograft billings was alleged to have been driven not by medical necessity, but by a kickback scheme that generated substantial profit margins and lavish lifestyles for marketers and providers who participated. The company did not manufacture allografts and instead acquired allografts from tissue banks and relabeled them for sale at a 2,000% mark-up, charging up to $1,450 per square centimeter. The defendant is alleged to have paid illegal kickbacks of approximately 40% of that amount, allowing marketers and medical providers to pocket approximately $500-600 per square centimeter. These lucrative kickbacks allegedly caused the defendant and others to target hospice patients and apply the allografts without coordination with the patients’ treating physicians, without proper treatment for infection, to superficial wounds that did not need this treatment, and to areas that far exceeded the size of the wound. The defendant received over $24 million from the company, which he used to purchase multi-million-dollar houses, million-dollar life insurance policies, luxury vehicles, including a $135,000 Maserati, and luxury watches. This follows 15.5- and 14-year sentences obtained last year in connection with the scheme.

Today’s charges reflect the Department’s intention to prosecute both the architects of fraud and those who betray their oath to carry out the scheme. In the Southern District of Texas, a nurse practitioner was charged for a $906 million scheme in which she applied medically unnecessary allografts and billed Medicare more than $1 million per patient on average. As