



U.S. DEPARTMENT OF LABOR OFFICE OF INSPECTOR GENERAL

PRESS RELEASE

U.S. Department of Labor, Office of Inspector General Joins U.S. Department of Justice in Announcing 2026 National Health Care Fraud Takedown

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FOR IMMEDIATE RELEASE

U.S. Department of Labor, Office of Inspector General

WASHINGTON, D.C. — The Office of Inspector General (OIG), U.S. Department of Labor (DOL), this week joined the U.S. Department of Justice in announcing the 2026 National Health Care Fraud Takedown, charging 455 defendants across 56 federal districts and 45 states and territories for alleged schemes involving over \$6.5 billion in false claims.

“Health care fraud is not a victimless crime — it robs American workers of their earned benefits, steals from taxpayers, and undermines the very programs meant to protect them. The Department of Labor, Office of Inspector General is committed to rooting out these despicable schemes with unrelenting determination,” **said Anthony P. D’Esposito, Inspector General, U.S. Department of Labor.** “Together, with our agency and law enforcement partners, we are dismantling fraudulent operations and holding perpetrators accountable for their crimes against the American people.”

This Takedown represents a new era of coordinated enforcement targeting complex fraud affecting Medicare, Medicaid, private insurers, employee health plans, and federally funded employee benefit programs. As part of this whole-of-government approach, the DOL Office of Inspector General contributed several significant investigations involving patient harm, billing fraud, false medical testing, kickbacks, and identity-based benefits fraud.

“Real care doesn’t come with kickbacks and fake claims. To every fraudster exploiting the system: your time is up. We will find you; we will investigate you, and we will bring you to justice,” **Inspector General D’Esposito added.**

DOL OIG Cases Included in the 2026 Takedown

- **Jason Finkelstein**, the medical director of a cardiovascular testing and treatment practice was charged in connection with an \$89 million scheme to bill for unnecessary cardiovascular tests, such as EKGs and echocardiograms, conducted on student athletes on school campuses. According to the charges, the defendant and his co-conspirators used marketing tactics designed to exploit fears surrounding sudden cardiac arrest in student athletes. The defendant then allegedly falsified diagnoses to defraud health care benefit programs for the testing. Despite knowing, as he wrote, that “these kids could be high risk . . . one of them drops dead on the field, they’re coming after both of us,” the defendant allegedly rubber stamped the test results as normal without reviewing them—sometimes approving test results within mere seconds. As a result, student athletes with cardiac abnormalities were not informed that they needed to stop participating in sports, putting them at risk of sudden cardiac arrest. Despite one patient’s test results showing an enlarged heart, the defendant allegedly signed off on the test results as normal within approximately 11 seconds of accessing the 63 cardiovascular test result images. Just 24 days later, the student athlete died from complications related to an enlarged heart during a basketball practice.
- **Luther Johnson III**, co-owner of Advanced Functional Rehab (AFR), a purported physical therapy business, was indicted on conspiracy to commit health care fraud for his role in scamming the U.S. Department of Labor’s Office of Workers’ Compensation Programs (OWCP). Johnson and a co-conspirator allegedly submitted false and fraudulent claims to OWCP for one-on-one physical therapy when patients were watching television, eating, using their personal phones or independently exercising. At times, Johnson and his co-conspirator billed OWCP for services when neither was onsite at AFR, instead monitoring patients remotely through a security camera. OWCP was billed at least \$3 million for claims involving services that were not provided and paid AFR approximately \$2.7 million.
- **Mareli Arias Batista** was indicted on numerous charges, including false representation of a social security number, aggravated identity theft, health care fraud, wire fraud, passport fraud and bank fraud. Batista allegedly fraudulently obtained unemployment insurance benefits, health care benefits, a passport and a mortgage by using the identity of an unwitting victim.

DOL OIG special agents played a critical role throughout this effort, contributing their dedicated investigative work, commitment to rooting out fraud, and strong interagency coordination to support this nationwide enforcement action. Multiple cases were jointly

developed with EBSA, HHS-OIG, FBI, IRS-CI, USPIS, OPM-OIG, DCIS, DSS, USDA-OIG, SSA-OIG, and other partners.

For additional information on DOL OIG, please visit oig.dol.gov. If you suspect wrongdoing involving DOL programs or operations, contact the DOL-OIG Hotline at (800) 347-3756 or oig.dol.gov/hotlinecontact.htm.

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