



Patric Hooper

Founding Partner

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CAPABILITIES

Administrative Law
Compliance
False Claims Act
Fraud and Abuse, Stark, Anti-Kickback Counseling and Defense
Government Investigations
Provider and Supplier Operations
Medicare, Medicaid, Other Governmental Reimbursement and Payment

EDUCATION

University of San Diego
School of Law, J.D., 1973
University of California, Los Angeles, A.B., 1970

BAR ADMISSIONS

California, 1973

“Serving clients well as a litigator involves more than aggressive court representation. It often requires seeing beyond the four walls of the courtroom to find the most pragmatic solutions elsewhere, resolving matters in a way that best protects our clients’ legal and business interests.”

With a combination of skilled and creative courtroom advocacy, deep industry knowledge, and practical insights that can only come from decades of experience, Patric Hooper has established himself as one of the country’s most accomplished health care litigators. Called upon by clients across the health care spectrum to handle their most complex and consequential matters, Pat has obtained favorable outcomes and defended his clients’ interests in hundreds of high stakes, high-profile judicial and administrative proceedings involving fraud, abuse, and False Claims Act allegations.

A founding partner of Hooper, Lundy & Bookman, Pat is a hands-on trial lawyer who also understands that the optimal resolutions for his clients don’t always involve a jury verdict or court judgment. Leveraging his comprehensive knowledge of health care law and his productive working relationships with regulators, Pat can craft pragmatic solutions that protect his clients’ interests while avoiding prolonged and expensive litigation. As the government’s posture in fraud, abuse, and False Claims Act cases has become increasingly aggressive, Pat’s years of experience provide a steady hand to clients who find themselves in the government’s crosshairs.

Pat represents clients in every sector of the health care industry, including hospitals, clinical laboratories, physicians, and manufacturers of medical devices. *Chambers USA* remarks that Pat “retains his standing as a leading health care litigator. He frequently acts on large-scale actions, reimbursement disputes, and licensing issues on behalf of both for-profit and nonprofit entities.” His clients appreciate not only the results he obtains on their behalf but also his responsiveness and accessibility.

A seasoned appellate advocate as well as trial lawyer, Pat has been involved in some of the most important and complex Medicare, Medicaid, and CHAMPUS (TriCare) matters, as well as state anti-rebate and referral disputes.

Pat began his legal career with the California Department of Justice in 1973. As a Deputy Attorney General, he represented various state agencies in civil litigation involving health, education, and welfare matters. Since entering private practice in 1976, he has amassed an impressive track record of success and earned the trust of countless health care clients facing federal or state investigations, litigation, and other proceedings.

Representative Matters

- *Agendia, Inc. v. Azar*, 420 F. Supp. 3d 985 (C.D. Cal. 2019), rev'd on appeal 4 F. 4th 896 (9th Cir. 2021). While reversed on appeal, the district court and appellate court decisions involve very important principles of administrative and constitutional law that will continue to evolve and apply to the health care industry. Other appellate courts could disagree with the Ninth Circuit's decision, ultimately resulting in Supreme Court review.
- *United States ex rel. Jamison v. McKesson*, 649 F. 3d 322 (5th Cir. 2011). The court decided that a qui tam relator may not bring a False Claims Act case against a provider of health care services based on information the relator obtained under the Freedom Of Information Act.
- *United States ex. rel. Polansky v. Executive Health Resources Inc.*, 196 F. Supp. 3d 477 (E.D. Pa. 2016), The court dismissed False Claims Act complaint on the grounds that the relator did not meet the pleading requirements of the Federal Rules of Civil Procedure.
- *United States ex rel. Martinez v. Orange County Global Medical Center*, 2017 WL 9482462 (C.D. Cal. 2017). The court determined that Medicare Advantage Program overpayments may not be material for False Claims Act liability.
- *Labotest v. Bonta*, 297 F.3d 892 (9th Cir. 2002) and *Azer v. Connell*, 306 F. 3d 930 (9th Cir. 2002). The court applied Federal Medicaid requirements to limit the authority of State Medicaid agencies to recover overpayments/suspend payments to a provider.
- *Cleanmasters Industries, Inc. v. Shewry*, 491 F. Supp. 2d 937 (C.D. Cal. 2007). The court held that Medicaid payment suspensions trigger due process protections and also declared a portion of the Medicaid statute to be unconstitutional. The California Legislature amended the Medi-Cal statute as a result.
- *U.S. v. Mackby*, 261 F.3d 568 (9th Cir. 2001). The court held that treble damages and civil penalties awarded under the False Claims Act are subject to scrutiny and court review under the Excessive Fines Clause of the Constitution.
- *Hanlester Laboratories v. Shalala*, 51 F.3d 1390 (9th Cir. 1995). The court held that the "willful and knowing" requirements of the Medicare and Medicaid Anti-Kickback Statute require the government to prove a provider had specific intent to violate the law to establish liability. Congress amended the AKS as a result.
- *NME v. Bowen*, 851 F.2d 291 (9th Cir. 1988). The court held that Medicare regulations trump contrary regulatory "guidance" regarding the application of generally accepted accounting principles to Medicare reimbursement.
- *Mt. Diablo v. Bowen*, 860 F.2d 951 (9th Cir. 1988). The court held that a Medicare manual provision was invalid and unenforceable because it was not enacted in accordance with APA rulemaking requirements.
- *People v. Duz-Mor Diagnostic Lab*, 68 Cal. App 4th 654 (1998). The court concluded that payments made by a laboratory to a third party to market laboratory services and charging doctors less than Medi-Cal for lab services do not constitute unfair business practices or violate State False Claims Act.
- *Doctors' Medical Lab v. Connell*, 69 Cal App 4th 891 (1999). The court held that State Controller lacks authority under federal Medicaid regulations to recoup overpayments from Medi-Cal provider.
- *Amisub PSL v. State of Colorado*, 879 F.2d, 789 (10th Cir. 1989).

Recognition

- Best Lawyers, Health Care Law, 1993-2025
- Chambers USA, Top Healthcare Lawyer: California, 2005-2025
- Daily Journal's Top Health Care Lawyers in California , 2020 and 2022

- Legal 500, 2020
- Super Lawyers, Southern California, 2004-2025
- UCLA Longevity Center ICON Award for "Visionary Leadership in Healthcare Law, 2013

Professional Affiliations

- American Bar Association
- American Health Lawyers Association
- California Clinical Laboratory Association
- California Healthcare Association
- California Society for Health Care Attorneys
- California State Bar Association
- Los Angeles County Bar Association
- National Association of Psychiatric Treatment Centers for Children

News

- Hooper, Lundy & Bookman Earns Top Rankings in Chambers USA 2025
- Pat Hooper Quoted in Modern Healthcare
- Hooper, Lundy & Bookman Congratulates 2025 Southern California Super Lawyers
- Thirty-One HLB Attorneys Have Been Named "Best Lawyers in America 2025" and "Ones to Watch"
- Hooper, Lundy & Bookman Again Ranked Among Top Health Law Firms In The United States By Chambers USA

Insights

- Supreme Court Decision Overturns Deference to Agency Interpretations of the Law
- Key Case Interprets California's Criminal Insurance Fraud and Self-Referral Laws
- Advisory Opinion on Sub-Regulatory Medicare Guidance
- AseraCare Court Confirms that Difference of Reasonable Clinical Opinion Cannot Alone Establish Objective Falsity in False Claims Cases
- MOB Leases With Unusual Terms Withstand Appraiser Whistleblower Claims

Events

- The CCLA 2018 Annual Conference
- Hospital Compliance Seminar
- Hooper, Lundy & Bookman, P.C. and FTI Consulting, Inc. Present: 2017 Health Care Fraud & Abuse Update Seminar