unless it displays a currently valid OMB control number.

The authority for this action is the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Phadrea Ponds,

Information Collection Clearance Officer, National Park Service.

[FR Doc. 2026–17546 Filed 8–27–26; 8:45 am]

BILLING CODE 4312–52–P

INTERNATIONAL TRADE COMMISSION

[Investigation Nos. 701–TA–521 and 731–TA–1252–1255 and 1257 (Second Review)]

Certain Steel Nails From Malaysia, Oman, South Korea, Taiwan, and Vietnam; Scheduling of an Expedited Five-Year Reviews

AGENCY: United States International Trade Commission.

ACTION: Notice.

SUMMARY: The Commission hereby gives notice of the scheduling of expedited reviews pursuant to the Tariff Act of 1930 (''the Act'') to determine whether revocation of the antidumping duty orders on Malaysia, Oman, South Korea, Taiwan, and Vietnam, and a countervailing duty order on steel nails from Vietnam would be likely to lead to continuation or recurrence of material injury within a reasonably foreseeable time.

DATES: August 4, 2026.

FOR FURTHER INFORMATION CONTACT: Gregory Gutierrez (202–205–1999), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (*https://www.usitc.gov*). The public record for this proceeding may be viewed on the Commission's electronic docket (EDIS) at *https://edis.usitc.gov.*

SUPPLEMENTARY INFORMATION:

Background.—On August 4, 2026, the Commission determined that the domestic interested party group response to its notice of institution (91 FR 23454, May 1, 2026) of the subject five-year reviews was adequate and that the domestic interested party group response was inadequate. The Commission did not find any other circumstances that would warrant conducting full reviews.[1] Accordingly, the Commission determined that it would conduct expedited reviews pursuant to section 751(c)(3) of the Act (19 U.S.C. 1675(c)(3)).

For further information concerning the conduct of these reviews and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A and B (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207).

Staff report.—A staff report containing information concerning the subject matter of the reviews has been placed in the nonpublic record, and will be made available to persons on the Administrative Protective Order service list for these reviews on October 30, 2026. A public version will be issued thereafter, pursuant to § 207.62(d)(4) of the Commission's rules.

Written submissions.—As provided in § 207.62(d) of the Commission's rules, interested parties that are parties to the reviews and that have provided individually adequate responses to the notice of institution,[2] and any party other than an interested party to the reviews may file written comments with the Secretary on what determination the Commission should reach in the reviews. Comments are due on or before 5:15 p.m. on November 6, 2026, and may not contain new factual information. Any person that is neither a party to the five-year reviews nor an interested party may submit a brief written statement (which shall not contain any new factual information) pertinent to the reviews by November 6, 2026. However, should the Department of Commerce (''Commerce'') extend the time limit for its completion of the final results of its reviews, the deadline for comments (which may not contain new factual information) on Commerce's final results is three business days after the issuance of Commerce's results. If comments contain business proprietary information (BPI), they must conform with the requirements of §§ 201.6, 207.3, and 207.7 of the Commission's rules. The Commission's *Handbook on Filing Procedures,* available on the Commission's website at *https://www.usitc.gov/documents/handbook_on_filing_procedures.pdf,* elaborates upon the Commission's procedures with respect to filings.

In accordance with §§ 201.16(c) and 207.3 of the rules, each document filed by a party to the reviews must be served on all other parties to the reviews (as identified by either the public or BPI service list), and a certificate of service must be timely filed. The Secretary will not accept a document for filing without a certificate of service.

Authority: These reviews are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to § 207.62 of the Commission's rules.

By order of the Commission.

Issued: August 25, 2026.

Lisa Barton,

Secretary to the Commission.

[FR Doc. 2026–17555 Filed 8–27–26; 8:45 am]

BILLING CODE 7020–02–P

[1] A record of the Commissioners' votes, the Commission's statement on adequacy, and any individual Commissioner's statements will be available from the Office of the Secretary and at the Commission's website.

[2] The Commission has found the responses submitted on behalf of Mid Continent Steel & Wire, Inc, to be individually adequate. Comments from other interested parties will not be accepted (*see* 19 CFR 207.62(d)(2)).

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Leila Kump, M.D.; Decision and Order

On December 10, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause and Immediate Suspension of Registration (OSC/ISO) to Leila Kump, M.D., of Great Falls, Virginia (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 9. The OSC/ISO informed Registrant of the immediate suspension of her DEA registration, No. FK6611013, pursuant to 21 U.S.C. 824(d), alleging that her continued registration is ''an imminent danger to the public health or safety.'' *Id.* at 1. The OSC/ISO also proposed the revocation of her DEA registration, alleging that she currently lacks state authority to handle controlled substances in Virginia and that her continued registration is inconsistent with the public interest.[1] *Id.* (citing 21 U.S.C. 823(g)(1), 824(a)(3)–(4)).

[1] According to the OSC/ISO and Agency records, Registrant's registration expired on December 31, 2025. RFAAX 1, at 3. The Agency has previously held that it is within its jurisdiction and discretion to adjudicate a matter to finality where a registration expired after issuance of an OSC and before issuance of a final order. *See Jeffrey D. Olsen, M.D.,* 84 FR 68474, 68475–79 (2019); *see also Abdul Naushad, M.D.,* 89 FR 54059, 54060 (2024) (applying the same principle and adjudicating a matter to finality where a registration expired before issuance of the OSC). Here, adjudicating the matter to finality will achieve similar goals as in *Olsen;* it will support future interactions between the Agency

Continued

More specifically, the OSC/ISO alleged that Registrant currently lacks the requisite state authority to practice as a physician or prescribe controlled substances in Virginia, the state in which she is registered with DEA. RFAAX 1, at 4. The OSC/ISO further alleged that Registrant improperly prescribed opioids and benzodiazepines simultaneously to two patients, both of whom died of acute intoxication caused by the combination of controlled substances prescribed by Registrant.[2] *Id.* at 4–7.

On February 20, 2026, the Government submitted an RFAA requesting that the Agency issue a default final order revoking Registrant's registration. RFAA, at 1, 3. After carefully reviewing the entire record and conducting the analysis as set forth in detail below, the Agency grants the Government's request for final agency action and revokes Registrant's registration.

I. Default Determination

Under 21 CFR 1301.43, a registrant entitled to a hearing who fails to file a timely hearing request ''within 30 days after the date of receipt of the [OSC] . . . shall be deemed to have waived their right to a hearing and to be in default'' unless ''good cause'' is established for the failure. 21 CFR 1301.43(a), (c)(1). In the absence of a demonstration of good cause, a registrant who fails to timely file an answer also is ''deemed to have waived their right to a hearing and to be in default.'' 21 CFR 1301.43(c)(2). Unless excused, a default is deemed to constitute ''an admission of the factual allegations of the [OSC].'' 21 CFR 1301.43(e).

The OSC notified Registrant of her right to file a written request for hearing and answer, and that if she failed to file such a request and answer, she would be deemed to have waived her right to a hearing and be in default.[3] RFAAX 1, at 9 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing, file an answer, or respond to the OSC/ISO in any way. RFAA, at 1–2. Thus, the Agency finds that Registrant is in default and therefore has admitted to the factual allegations in the OSC/ISO. 21 CFR 1301.43(c)(1), (e), (f)(1).

II. Lack of State Authority

A. Findings of Fact

The Agency finds that, in light of Registrant's default, the factual allegations in the OSC/ISO are deemed admitted. 21 CFR 1301.43(e). Accordingly, Registrant is deemed to have admitted, in accordance with the OSC/ISO, that on September 24, 2025, the Virginia Board of Medicine (Board) suspended Registrant's Virginia state medical license. RFAAX 1, at 4. Specifically, the Board suspended Registrant's state medical license based on findings that her ''continued practice would pose a substantial danger to public health or safety.'' *Id.*

According to Virginia online records, of which the Agency takes official notice, the status of Registrant's medical license is currently listed as ''Revoked.'' [4] Virginia Department of Health Professions License Lookup, *https://dhp.virginiainteractive.org/Lookup/Index* (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to practice medicine in Virginia, the state in which she is registered with DEA.[5]

B. Discussion

Pursuant to 21 U.S.C. 824(a)(3), the Attorney General may suspend or revoke a registration issued under 21 U.S.C. 823 ''upon a finding that the registrant . . . has had his [or her] State license or registration suspended . . . [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances.'' With respect to a practitioner, DEA has also long held that the possession of authority to dispense controlled substances under the laws of the state in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. *Gonzales* v. *Oregon,* 546 U.S. 243, 270 (2006) (''The Attorney General can register a physician to dispense controlled substances 'if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices.' . . . The very definition of a 'practitioner' eligible to prescribe includes physicians 'licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which he practices' to dispense controlled substances. [21 U.S.C.] 802(21).''). The Agency has applied these principles consistently. *See, e.g., James L. Hooper, M.D.,* 76 FR 71371, 71372 (2011), *pet. for rev. denied,* 481 F. App'x 826 (4th Cir. 2012); *Frederick Marsh Blanton, M.D.,* 43 FR 27616, 27617 (1978).[6]

According to Virginia statute, ''dispense'' means ''to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing

and Registrant, inform current and prospective members of the registrant community about the Agency's expectations, provide continuing education to all DEA personnel, help coordinate law enforcement efforts, and inform stakeholders, such as legislators and the public, about the Agency's work. *Olsen,* 84 FR at 68479.

[2] The Government also alleged that Registrant ''practiced medicine in Maryland . . . while [her] Maryland medical license was suspended,'' and that she issued concurrent prescriptions for opioids and benzodiazepines to eight additional patients between June and September 2025. RFAAX 1, at 4, 7. The OSC/ISO, however, does not indicate the state or federal laws that these actions allegedly violated. *Id.; see Henry Emery, M.D.,* 90 FR 46927, 46929 (2025) (holding that in a public interest case alleging state law violations, ''[i]t is the burden of the Government to provide . . . notice of the state law [Registrant is] alleged to have violated''). Accordingly, the Agency will not adjudicate those allegations. Nevertheless, even without those allegations, as discussed herein, the record contains substantial evidence establishing bases for revocation under 21 U.S.C. 824(a)(3) (lack of state authority), and 21 U.S.C. 824(a)(4) (danger to public interest), to support granting the Government's RFAA.

[3] Based on the Government's submissions in its RFAA, the Agency finds that service of the OSC/ISO on Registrant was adequate. Specifically, the Declaration from a DEA Diversion Investigator (DI) indicates that on December 18, 2025, DI personally served the OSC/ISO on Registrant at her registered address. RFAAX 2, at 1.

[4] Under the Administrative Procedure Act, an agency ''may take official notice of facts at any stage in a proceeding—even in the final decision.'' United States Department of Justice, Attorney General's Manual on the Administrative Procedure Act 80 (1947) (Wm. W. Gaunt & Sons, Inc., Reprint 1979).

[5] Pursuant to 5 U.S.C. 556(e), ''[w]hen an agency decision rests on official notice of a material fact not appearing in the evidence in the record, a party is entitled, on timely request, to an opportunity to show the contrary.'' The material fact here is that Registrant, as of the date of this Decision and Order, is not licensed to practice as a physician in Virginia. Accordingly, Registrant may dispute the Agency's finding by filing a properly supported motion for reconsideration of findings of fact within fifteen calendar days of the date of this Order. Any such motion and response shall be filed and served by email to the other party and to the Office of the Administrator, Drug Enforcement Administration, at *dea.addo.attorneys@dea.gov.*

[6] This rule derives from the text of two provisions of the Controlled Substances Act. First, Congress defined the term ''practitioner'' to mean ''a physician . . . or other person licensed, registered, or otherwise permitted, by . . . the jurisdiction in which he practices . . . , to distribute, dispense, . . . [or] administer . . . a controlled substance in the course of professional practice.'' 21 U.S.C. 802(21). Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that ''[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices.'' 21 U.S.C. 823(g)(1). Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the CSA, DEA has held repeatedly that revocation of a practitioner's registration is the appropriate sanction whenever he or she is no longer authorized to dispense controlled substances under the laws of the state in which he or she practices. *See, e.g., Hooper,* 76 FR at 71371–72; *Sheran Arden Yeats, M.D.,* 71 FR 39130, 39131 (2006); *Dominick A. Ricci, M.D.,* 58 FR 51104, 51105 (1993); *Bobby Watts, M.D.,* 53 FR 11919, 11920 (1988); *Blanton,* 43 FR at 27617.

and administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.'' Va. Code § 54.1–3401 (2026). Additionally, Virginia law defines ''practitioner'' as ''a physician . . . or other person licensed, registered, or otherwise permitted to distribute, dispense, prescribe and administer, or conduct research with respect to a controlled substance in the course of professional practice or research in [Virginia].'' *Id.* Virginia law further defines a ''physician'' as ''a person licensed to practice medicine in [Virginia] or in the jurisdiction where the health care is to be rendered.'' Va. Code § 54.1–2982 (2026).

Here, the undisputed evidence in the record is that Registrant lacks authority to practice as a physician in Virginia. As discussed above, an individual must be a licensed practitioner to dispense a controlled substance in Virginia. Thus, because Registrant lacks authority to practice as a physician in Virginia and, therefore, is not authorized to handle controlled substances in Virginia, Registrant is not eligible to maintain a DEA registration in that state. Accordingly, the Agency will order that Registrant's DEA registration be revoked.

Registrant's lack of state authority to handle controlled substances in Virginia is sufficient by itself to support revoking Registrant's DEA registration. *Infra* n.12. The following public interest ground provides an additional, independent basis for revoking Registrant's DEA registration.

III. Public Interest Determination

A. Overview of Law

Congress enacted the Controlled Substances Act (CSA) ''to conquer drug abuse and control the legitimate and illegitimate traffic in controlled substances.'' *Gonzales* v. *Raich,* 545 U.S. 1, 12 (2005). A particular concern of Congress was ''the need to prevent the diversion of drugs from legitimate to illicit channels,'' and it ''devised a closed regulatory system making it unlawful to manufacture, distribute, dispense, or possess any controlled substance except in a manner authorized by the CSA.'' *Id.* at 12–13.

The CSA's requirements under this closed regulatory system include that ''[e]very person who dispenses, or who proposes to dispense, any controlled substance, shall obtain from the [DEA] a registration.'' 21 U.S.C. 822(a)(2); *see Gonzales* v. *Raich,* 545 U.S. at 27–28. To protect the American people and ensure compliance with the CSA, Congress empowered the Agency to deny, suspend, or revoke a registration if granting or continuing a registration would be inconsistent with the public interest. 21 U.S.C. 823(g)(1), 824(a)(4); *Gonzales* v. *Oregon,* 546 U.S. at 251.

In determining whether a registrant's registration is inconsistent with the public interest, the Agency analyzes five statutorily established ''public interest factors.'' *Gonzales* v. *Oregon,* 546 U.S. at 251; 21 U.S.C. 823(g)(1)(A)–(E). The five factors are:

> (A) The recommendation of the appropriate State licensing board or professional disciplinary authority.
>
> (B) The [registrant]'s experience in dispensing, or conducting research with respect to controlled substances.
>
> (C) The [registrant]'s conviction record under Federal or State laws relating to the manufacture, distribution, or dispensing of controlled substances.
>
> (D) Compliance with applicable State, Federal, or local laws relating to controlled substances.
>
> (E) Such other conduct which may threaten the public health and safety.

21 U.S.C. 823(g)(1).

These five public interest factors are considered in the disjunctive. *Gonzales* v. *Oregon,* 546 U.S. at 292–93 (Scalia, J., dissenting); *Robert A. Leslie, M.D.,* 68 FR 15227, 15230 (2003). Each factor is weighed on a case-by-case basis. *David H. Gillis, M.D.,* 58 FR 37507, 37508 (1993). Any one factor, or combination of factors, may be decisive, *Gillis,* 58 FR at 37508, and the Agency '' 'may give each factor the weight . . . deem[ed] appropriate in determining whether a registration should be revoked or an application for registration denied.' '' *Morall* v. *Drug Enf't Admin.,* 412 F.3d 165, 185 n.2 (D.C. Cir. 2005) (Henderson, J., concurring) (quoting *Robert A. Smith, M.D.,* 70 FR 33207, 33208 (2005)); *see Penick Corp., Inc.* v. *Drug Enf't Admin.,* 491 F.3d 483, 490 (D.C. Cir. 2007). The Agency has taken this approach for decades. *See Henry J. Schwarz, Jr., M.D.,* 54 FR 16422, 16424 (1989) (holding, in 1989, that ''[t]he [Agency] need not make findings as to all of the factors . . . [and that the Agency] may give each factor the weight [it] deems appropriate,'' and basing denial on only two factors); *Neveille H. Williams, D.D.S.,* 53 FR 23465, 23466 (1988) (holding, in 1988, and citing a 1986 case, that ''[a]ll factors need not be present for the [Agency] to'' issue a sanction and that the Agency ''may accord each factor the weight [it] deems appropriate in determining the public interest'' (citing *Paul Stepak, M.D.,* 51 FR 17556 (1986))).

While the Agency is required to consider each of the factors, it ''need not make explicit findings as to each one.'' *MacKay* v. *Drug Enf't Admin.,* 664 F.3d 808, 816 (10th Cir. 2011) (quoting *Volkman* v. *U. S. Drug Enf't Admin.,* 567 F.3d 215, 222 (6th Cir. 2009)); *Jones Total Health Care Pharmacy, LLC* v. *Drug Enf't Admin.,* 881 F.3d 823, 830 (11th Cir. 2018); *Hoxie* v. *Drug Enf't Admin.,* 419 F.3d 477, 482 (6th Cir. 2005). ''In short, . . . the Agency is not required to mechanically count up the factors and determine how many favor the Government and how many favor the registrant. Rather, it is an inquiry which focuses on protecting the public interest; what matters is the seriousness of the registrant's misconduct.'' *Jayam Krishna-Iyer, M.D.,* 74 FR 459, 462 (2009). Accordingly, Agency decisions have explained that findings under a single factor can support the revocation of a registration. *MacKay,* 664 F.3d at 821.

The Government has the burden of proof in this proceeding, 21 CFR 1301.44(e), and the Agency must make its findings based on ''substantial [record] evidence.'' 5 U.S.C. 556(d); *see* 5 U.S.C. 706(2); 21 U.S.C. 877. If the Government meets its burden of establishing a *prima facie* case that Registrant's registration is not in the public interest, then the burden shifts to Registrant to rebut the Government's case. *Pharmacy Doctor Enters., Inc.* v. *Drug Enf't Admin.,* 789 Fed. Appx. 724, 729 (11th Cir. 2019) (citing *Jones Total Health Care Pharmacy,* 881 F.3d at 830).

In this matter, the Government's evidence is confined to Factors B and D. RFAA, at 2–3; RFAAX 1, at 3–4. Evidence is considered under Factors B and D when it reflects experience dispensing controlled substances and compliance or non-compliance with laws related to controlled substances. *Kareem Hubbard, M.D.,* 87 FR 21156, 21162 (2022). To determine whether Registrant's continued registration is in the public interest, the Agency has evaluated the Government's allegations of Registrant's experience dispensing controlled substances and her non-compliance with applicable federal and state laws.

Registrant is registered in Virginia, and the OSC/ISO has alleged violations of state laws in Virginia. Accordingly, the Agency must evaluate the Government's evidence under Virginia's laws. *See Emery,* 90 FR at 46929 (explaining the Agency analyzes public interest allegations according to the laws in the state where registrant is registered with DEA).

B. Applicable Law and Standard of Care

According to the CSA's implementing regulations, a lawful controlled substance prescription is one that is ''issued for a legitimate medical purpose

by an individual practitioner acting in the usual course of his professional practice.'' 21 CFR 1306.04(a); *see Gonzales* v. *Oregon,* 546 U.S. at 274; *United States* v. *Hayes,* 595 F.2d 258, 260 (5th Cir. 1979), *rehearing den.,* 598 F.2d 620 (5th Cir. 1979), *cert. denied,* 444 U.S. 866 (1979). ''A practitioner must establish and maintain a *bona fide* doctor-patient relationship in order to act 'in the usual course of . . . professional practice' and to issue a prescription for a 'legitimate medical purpose.' '' *Dewey C. MacKay, M.D.,* 75 FR 49956, 49973 (2010).

Similarly, Virginia law provides that ''[a] prescription shall be issued only to persons . . . with whom the practitioner has a bona fide practitioner-patient relationship.'' Va. Code § 54.1–3303(B). Virginia law further provides that ''[a] practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient.'' [7] RFAAX 1, at 2; Va. Code § 54.1–3303(B). To establish a bona fide practitioner-patient relationship, Virginia law requires the practitioner to take a medical history, examine the patient, inform the patient of the risks of the treatment, initiate follow-up intervention in the event of ''serious side effects,'' and prescribe the controlled substance in good faith for a ''medicinal or therapeutic purpose within the course of [the practitioner's] professional practice.'' RFAAX 1, at 2; Va. Code § 54.1–3303(B) & (D).

Before prescribing an opioid for pain lasting less than a month, Virginia law requires a physician to consider non-opioid medication, check the Prescription Drug Monitoring Program (PDMP), take a patient history, assess the patient's risk of substance abuse, and perform a physical examination. RFAAX 1, at 2–3; 18 Va. Admin. Code § 85–21–30(A)(B); *see* 18 Va. Admin. Code § 85–21–20 (defining ''acute pain'' as ''pain of any origin that has existed less than one month''). If the physician determines that opioid therapy is necessary, Virginia law requires the physician to prescribe the opioid at the lowest effective dose for the fewest days possible. RFAAX 1, at 3; 18 Va. Admin. Code § 85–21–30(A).

Virginia law acknowledges the increased risk of overdose for patients who take an opioid concurrently with a benzodiazepine: ''[d]ue to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines . . . , the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.'' RFAAX 1, at 3 (quoting 18 Va. Admin. Code § 85–21–40(C)). When a physician prescribes an opioid and benzodiazepine concurrently, Virginia law requires the physician to also prescribe an ''opioid reversal agent.'' RFAAX 1, at 3 (quoting 18 Va. Admin. Code § 85–21–40(B)(3)).

Virginia law allows for the discipline of a physician who engages in ''unprofessional conduct,'' including revocation of the physician's medical license. RFAAX 1, at 3; Va. Code § 54.1–2915(A). Virginia law defines examples of unprofessional conduct to include: ''[c]onducting [the physician's] practice in such a manner as to be a danger to the health and welfare of [her] patients or to the public,'' and ''[v]iolating any provision of statute or regulation, state or federal, relating to the manufacture, distribution, dispensing, or administration of drugs.'' RFAAX 1, at 3 (quoting Va. Code § 54.1–2915(A)(13) & (17)).

C. Findings of Fact

In light of Registrant's default, the factual allegations in the OSC/ISO are deemed admitted. 21 CFR 1301.43(e). Accordingly, Registrant is deemed to have admitted that between March 2025 and April 2025, Registrant issued numerous concurrent prescriptions for opioids and benzodiazepines to individuals J.S. and D.S., and that both individuals died of acute intoxication caused by the concurrent prescriptions for opioids and benzodiazepines issued by Registrant. RFAAX 1, at 3–7.

i. March 2025: Individual J.S.

On March 4, 2025, Registrant issued a prescription for oxycodone/acetaminophen [8] 10 mg/325 mg (12 count) and diazepam [9] 5 mg (10 count) to J.S. RFAAX 1, at 4. Each prescription had the instruction to ''[t]ake 1 tablet orally every 12 hours[.] Take as needed.'' *Id.*

On March 21, 2025, Registrant directed J.S. to take three tablets of oxycodone/acetaminophen 10 mg/325 mg and three tablets of diazepam 5 mg shortly before undergoing an outpatient procedure in Registrant's office. *Id.* At the beginning of the procedure, Registrant administered lidocaine, an unscheduled local anesthetic, to J.S. at the site of the procedure. *Id.* at 5.

Registrant concurrently prescribed, and directed the use of, the opioids and benzodiazepines on March 4 and 21, 2025, as described above, without maintaining sufficient clinical documentation, without conducting an appropriate medical evaluation, and without mitigating the risks of concurrent prescribing of an opioid and benzodiazepine. *Id.* Specifically, Registrant prescribed J.S. an opioid treatment for pain concurrently with a local anesthetic, demonstrating that Registrant failed to meaningfully consider ''non-opioid treatment for pain'' as an alternative. *Id.* Registrant further failed to inform J.S. of the risks of taking oxycodone, diazepam, and combining both substances. *Id.* Registrant failed to document any ''extenuating circumstances'' justifying the concurrent prescribing of an opioid and a benzodiazepine to J.S. *Id.* Registrant failed to prescribe J.S. oxycodone in the ''lowest effective dose.'' *Id.* Registrant failed to mitigate the risks to J.S. of concurrently using an opioid and benzodiazepine, such as prescribing or administering an opioid reversal agent. *Id.* Registrant practiced medicine ''in such a manner as to be a danger to the health and welfare of [her] patients.'' *Id.*

On March 21, 2025, J.S. developed respiratory distress while in Registrant's office after ingesting the opioids and benzodiazepines issued by Registrant, and died of acute intoxication due to the combined effects of oxycodone, diazepam, and lidocaine issued concurrently by Registrant. *Id.*

ii. April 2025: Individual D.S.

On April 10, 2025, Registrant issued prescriptions for oxycodone/acetaminophen 10 mg/325 mg (12 tablets) and diazepam 5 mg (10 tablets) to D.S. RFAAX 1, at 5. Each prescription had the instruction to ''[t]ake 1 tablet orally every 12 hours[.] Take as needed.'' *Id.*

On April 12, 2025, Registrant directed D.S. to take two tablets of oxycodone/acetaminophen 10 mg/325 mg and two tablets of diazepam 5 mg before undergoing an outpatient procedure in Registrant's office. *Id.* at 6. At the beginning of the procedure, Registrant administered lidocaine to D.S. at the site of the procedure. *Id.*

Registrant concurrently prescribed, and directed the use of, the opioids and benzodiazepines on April 10 and 12, 2025, as described above, without maintaining sufficient clinical

[7] As opposed to the CSA, which categorizes controlled substances in five schedules, I through V, Virginia law categorizes controlled substances in six schedules, I through VI. Va. Code §§ 54.1–3446, 3448, 3450, 3452, 3454, 3455.

[8] Oxycodone is a Schedule II opioid. 21 CFR 1308.12(b)(1)(xiv).

[9] Diazepam is a Schedule IV benzodiazepine. 21 CFR 1308.14(c)(18).

documentation, without conducting an appropriate medical evaluation, and without mitigating the risks to the patient of concurrent prescribing of an opioid and benzodiazepine. *Id.* Specifically, Registrant prescribed to D.S. an opioid treatment for pain concurrently with a local anesthetic, demonstrating that she failed to meaningfully consider ''non-opioid treatment for pain'' as an alternative. *Id.* Registrant further failed to inform D.S. of the risks of taking oxycodone, diazepam, and combining the two controlled substances. *Id.* Registrant also failed to document any ''extenuating circumstances'' justifying the concurrent prescribing of an opioid and a benzodiazepine to D.S. *Id.* Registrant failed to prescribe D.S. oxycodone in the ''lowest effective dose.'' *Id.* Registrant failed to mitigate the risks to D.S. of concurrently taking an opioid and benzodiazepine, such as prescribing or administering an opioid reversal agent. *Id.* Registrant practiced medicine ''in such a manner as to be a danger to the health and welfare of [her] patients.'' *Id.*

On April 12, 2025, D.S. developed respiratory distress while in Registrant's office after ingesting the opioid and benzodiazepine issued by Registrant. *Id.* On April 15, 2025, D.S. died of acute intoxication due to the combined effects of oxycodone, diazepam, and lidocaine issued concurrently by Registrant. *Id.*

iii. Expert Review

DEA retained an independent medical expert to review materials, including Registrant's medical records for J.S. and D.S. and the controlled substance prescriptions Registrant issued to J.S. and D.S. RFAAX 1, at 8. Based upon Registrant's deviations from the standard of care, the medical expert concluded that the prescriptions for controlled substances that Registrant issued to J.S. and D.S., as described herein, *supra* Sections III.C.i–ii., violated minimal medical standards applicable to the practice of medicine in Virginia. *Id.*

D. Conclusions of Law

The Agency has found above that between March 2025 and April 2025, Registrant issued numerous concurrent prescriptions for opioids and benzodiazepines to individuals J.S. and D.S., and that both individuals died of acute intoxication caused by the concurrent use of opioids and benzodiazepines issued by Registrant. *Supra* Sections III.C.i–ii.

Specifically, the Agency found, with respect to individuals J.S. and D.S., that Registrant failed to meaningfully consider ''non-opioid treatment for pain'' as an alternative, in violation of 18 Va. Admin. Code § 85–21–30(A); failed to inform them of the risks of taking oxycodone, diazepam, and combining both substances, in violation of Va. Code § 54.1–3303(B); failed to document any ''extenuating circumstances'' justifying the concurrent prescribing of an opioid and a benzodiazepine, in violation of 18 Va. Admin. Code § 85–21–40(B)(2); failed to prescribe oxycodone in the ''lowest effective dose,'' in violation of 18 Va. Admin. Code § 85–21–30(A); failed to mitigate the risks of concurrently using an opioid and benzodiazepine, such as prescribing or administering an opioid reversal agent, in violation of 18 Va. Admin. Code § 85–21–40(B)(3); and practiced medicine ''in such a manner as to be a danger to the health and welfare of [her] patients,'' in violation of Va. Code. § 54.1–2915(A)(13).

The Agency has further found that these concurrent opioid and benzodiazepine prescriptions issued to J.S. and D.S., that caused their deaths, were not for a legitimate medical purpose, were issued outside the usual course of professional practice, violated minimal medical standards applicable to the practice of medicine in Virginia, and violated federal and Virginia law.[10] *See* 21 CFR 1306.04(a); Va. Code. § 54.1–2915(A)(13); Va. Code § 54.1–3303(B); 18 Va. Admin. Code § 85–21–30(A); 18 Va. Admin. Code § 85–21–40(B)(2), (3); RFAAX 1, at 8; *supra* Section III.C.iii.

E. Public Interest Conclusion

While the Agency considered all the public interest factors of 21 U.S.C. 823(g)(1), its findings are relevant to Factor B (experience dispensing controlled substances) and Factor D (compliance or non-compliance with laws related to controlled substances).[11] 21 U.S.C. 823(g)(1); *Hubbard,* 87 FR at 21162. Accordingly, the Agency finds that after considering the public interest factors, and the facts deemed admitted by virtue of Registrant's default, the Government satisfied its *prima facie* burden of showing that Registrant's continued registration would be ''inconsistent with the public interest.'' 21 U.S.C. 824(a)(4). The Agency further finds that there is insufficient mitigating evidence to rebut the Government's *prima facie* case. Thus, the only remaining issue is whether revocation of Registrant's registration is the appropriate sanction.

IV. Sanction

Where, as here, the Government has met its burden of showing that Registrant's continued registration is inconsistent with the public interest, the burden shifts to Registrant to show why she can be entrusted with a registration. *Morall,* 412 F.3d at 174; *Jones Total Health Care Pharmacy,* 881 F.3d at 830; *Garrett Howard Smith, M.D.,* 83 FR 18882, 18904 (2018). The issue of trust is necessarily a fact-dependent determination based on the circumstances presented by the individual registrant. *Jones Total Health Care Pharmacy,* 881 F.3d at 833; *Jeffrey Stein, M.D.,* 84 FR 46968, 46972 (2019). Moreover, as ''past performance is the best predictor of future performance,'' the Agency requires that a registrant

[10] The Agency finds that, when viewed in totality, Registrant's conduct was egregious and strayed so far outside the bounds of conduct resembling legitimate medical practice that it constituted drug pushing. *United States* v. *Moore,* 423 U.S. 122, 143 (1975); *United States* v. *Collier,* 478 F.2d 268, 274 (5th Cir. 1973). Specifically, Registrant's egregious misconduct, which caused the deaths of two individuals, included the failure to: meaningfully consider non-opioid treatment alternatives; inform the individuals of the risks of taking oxycodone, diazepam, and combining both substances; document ''extenuating circumstances'' justifying the concurrent prescribing of an opioid and a benzodiazepine; prescribe oxycodone in the ''lowest effective dose;'' and mitigate the risks of concurrently using an opioid and benzodiazepine. RFAAX 1, at 4–8. Further, an independent medical expert opined that Registrant's practice of combining oxycodone and a benzodiazepine was ''dangerous.'' *Id.* at 8.

[11] Although the Agency has frequently analyzed Factors B and D together, Congress must have intended Factor B to encompass conduct that is not captured under Factor D. *See Kungys* v. *United States,* 485 U.S. 759, 778 (1988) (referencing the ''cardinal rule of statutory interpretation that no provision should be construed to be entirely redundant''); *see also Syed Jawed Akhtar-Zaidi, M.D.,* 80 FR 42962, 42969 n.17 (2015) (holding that ''[p]roof that a physician knowingly diverted controlled substances is the best evidence for assessing his experience in dispensing controlled substances [Factor B], although it is also relevant in assessing his compliance with applicable laws related to controlled substances [Factor D]''). Thus, even though the Agency has made findings under Factors B and D in this case, and both factors together support revocation, the findings under Factor B or D alone are sufficient to support the Agency's sanction. *See MacKay* v. *Drug Enf't Admin.,* 664 F.3d 808, 821 (10th Cir. 2011) (holding that ''findings under a single factor . . . are sufficient to support the revocation of a registration'' (quoting *Jayam Krishna-Iyer, M.D.,* 74 FR 459, 462 (2006))); *see also supra* Section III.A. A registrant's failure to adhere to the state's standard of care (*i.e.,* Factor B), as Registrant did here, creates an environment that encourages the abuse or diversion of controlled substances. As the opioid epidemic surges and other controlled substances, such as amphetamines, ketamine, and benzodiazepines, are increasingly abused, DEA must remain vigilant to protect the public against registrants who fail to employ adequate safeguards against abuse and diversion. Accordingly, basing revocation on findings under a single factor, such as Factor B, is consistent with the CSA's core purpose of protecting the public from the dangers of drug abuse and diversion. *Gonzales* v. *Raich,* 545 U.S. at 12–14.

who has committed acts inconsistent with the public interest accepts responsibility for those acts, understands the gravity and seriousness of the misconduct, and demonstrates that the registrant will not engage in future misconduct. *ALRA Labs., Inc.* v. *Drug Enf't Admin.,* 54 F.3d 450, 452 (7th Cir. 1995); *Jones Total Health Care Pharmacy,* 881 F.3d at 831–33. The Agency requires a registrant's unequivocal acceptance of responsibility. *Janet S. Pettyjohn, D.O.,* 89 FR 82639, 82641 (2024); *Mohammed Asgar, M.D.,* 83 FR 29569, 29573 (2018); *Jones Total Health Care Pharmacy,* 881 F.3d at 830–31. In addition, a registrant's candor during the investigation and hearing, if one is requested, is an important factor in determining acceptance of responsibility and the appropriate sanction. *Jones Total Health Care Pharmacy,* 881 F.3d at 830–31; *Hoxie,* 419 F.3d at 483–84. Further, the Agency considers the egregiousness and extent of the misconduct as significant factors in determining the appropriate sanction. *Jones Total Health Care Pharmacy,* 881 F.3d at 834 & n.4. The Agency also considers the need to deter similar acts by a registrant and by the community of registrants. *Stein,* 84 FR at 46972–73.

Here, Registrant did not timely request a hearing, or timely answer the allegations, and was therefore deemed to be in default. 21 CFR 1301.43(c)(1), (e), (f)(1); RFAA, at 1–2. Thus, there is no record evidence that Registrant takes responsibility, let alone unequivocal responsibility, for the misconduct. Accordingly, she has not convinced the Agency that her future controlled-substance-related actions will comply with the CSA such that she can be entrusted with the responsibilities of holding a registration.

Further, the interests of specific and general deterrence weigh in favor of revocation. Registrant's misconduct in this matter concerns the CSA's ''strict requirements regarding registration'' and, therefore, goes to the heart of the CSA's ''closed regulatory system'' specifically designed ''to conquer drug abuse and to control the legitimate and illegitimate traffic in controlled substances.'' *Gonzales* v. *Raich,* 545 U.S. at 12–14. Registrant's egregious misconduct involved using her registration to issue dangerous concurrent combinations of controlled substances that led to acute intoxication and death for two individuals. If the Agency were to allow Registrant to maintain her registration under these circumstances, it would send a dangerous message that prescribing controlled substances in accord with minimal state standards and compliance with state and federal law is not essential to maintaining a registration.

In sum, Registrant has not offered any evidence on the record that rebuts the Government's case for revocation of her registration, and Registrant has not demonstrated that she can be entrusted with the responsibility of holding a DEA registration.

Accordingly, the Agency will order the revocation of Registrant's registration.[12]

Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 824(a), I hereby revoke DEA Certificate of Registration No. FK6611013 issued to Leila Kump, M.D. Further, pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 823(g)(1), I hereby deny any pending applications of Leila Kump, M.D., to renew or modify this registration, as well as any other pending application of Leila Kump, M.D., for additional registration in Virginia. This Order is effective September 28, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on August 25, 2026, by DEA Administrator Terrance C. Cole. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

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[12] In this matter there are two separate and distinct grounds by which the Government proposed revocation, Registrant's lack of state authority and her registration being inconsistent with the public interest; each ground, standing alone, supports the Agency's decision to revoke.

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Atlantic Treatment Center, LLC; Decision and Order

On December 17, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause and Immediate Suspension of Registration (OSC/ISO) to Atlantic Treatment Center, LLC, of Pompano Beach, Florida (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 2, at 1, 7. The OSC/ISO informed Registrant of the immediate suspension of its DEA registration, No. RA0645400, pursuant to 21 U.S.C. 824(d), alleging that its continued registration is ''an imminent danger to the public health or safety.'' *Id.* at 1. The OSC/ISO also proposed the revocation of its DEA registration, alleging that it lacks state authority and federal certification to continue operating as a provider of substance use disorder treatment services. *Id.* (citing 21 U.S.C. 823(h), 824(a), 824(a)(3)).[1]

More specifically, the OSC/ISO alleged that Registrant, a detoxification treatment center providing substance use disorder treatment services, had its state license to provide such services revoked and was instructed by the applicable state governing body to ''immediately cease and desist any and all services which require licensure for treatment.'' RFAAX 2, at 3–4. The OSC/ISO also alleged that Registrant's federal certification to provide such services was withdrawn by the Substance Abuse and Mental Health Services Administration (SAMHSA).[2] *Id.* at 1, 5.

On April 8, 2026, the Government submitted an RFAA to the

[1] According to the OSC/ISO and Agency records, Registrant's registration expired on June 30, 2026. RFAAX 2, at 3. The Agency has previously held that it is within its jurisdiction and discretion to adjudicate a matter to finality where a registration expired after issuance of an OSC and before issuance of a final order. *Jeffrey D. Olsen, M.D.,* 84 FR 68474, 68475–79 (2019); *see Abdul Naushad, M.D.,* 89 FR 54059, 54060 (2024) (applying the same principle and adjudicating a matter to finality where a registration expired before issuance of the OSC). Here, adjudicating the matter to finality will achieve similar goals as in *Olsen;* it will support future interactions between the Agency and Registrant, inform current and prospective members of the registrant community about the Agency's expectations, provide continuing education to all DEA personnel, help coordinate law enforcement efforts, and inform stakeholders, such as legislators and the public, about the Agency's work. *Olsen,* 84 FR at 68479.

[2] SAMHSA, an agency of the U.S. Department of Health and Human Services (HHS), has been delegated by statute the authority to ''establish and implement . . . a comprehensive program to improve the provision of treatment and related services to individuals with respect to substance use disorders.'' 42 U.S.C. 290aa(a), (d)(2).