

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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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).

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.

Administrator requesting that the Agency³ issue a default final order revoking Registrant's registration. RFAA, at 1, 10. After carefully reviewing the entire record and conducting the analysis as set forth in detail below, the Agency grants the Government's RFAA and revokes Registrant's registration.

I. Service of the OSC/ISO Satisfied Constitutional Due Process

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) recounts in detail, under penalty of perjury, the multiple attempts and methods to serve the OSC/ISO on Registrant's owner and its attorney. RFAA, at 2–3; RFAAX 3 & Attachments.

On December 18, 2025, the day after the OSC/ISO was issued, DI and other DEA personnel traveled to Registrant's registered location and the residence of Registrant's owner to attempt personal service of the OSC/ISO. RFAAX 3, at 4–5. On the same day, DI emailed a copy of the OSC/ISO to Registrant's attorney. RFAAX 3, at 5 & Attachment G.

On December 19, 2025, DI and other DEA personnel again attempted personal service of the OSC/ISO at Registrant's registered location. RFAAX 3, at 5. On the same day, DI emailed Registrant, asking that Registrant “[p]lease call or respon[d] to [the] email as soon as possible . . . regarding the DEA Registration for ATLANTIC TREATMENT CENTER, LLC.” *Id.* & Attachment H.

On December 22, 2025, DI mailed a copy of the OSC/ISO by United States Postal Service (USPS) certified mail to Registrant's registered address. RFAAX 3, at 5. The certified mail receipt and USPS tracking data show that the OSC/ISO was successfully delivered on December 26, 2025. RFAAX 3, at 5 & Attachment I (signed receipt) & Attachment J (tracking data).

On December 22, 2025, DI mailed a copy of the OSC/ISO by USPS certified mail to Registrant's attorney. RFAAX 3, at 5–6. The certified mail receipt and USPS tracking data show that the OSC/ISO was successfully delivered on December 29, 2025. RFAAX 3, at 6 & Attachment I (signed receipt) & Attachment K (tracking data).

On December 22, 2025, DI mailed a copy of the OSC/ISO by USPS certified

mail to the residential address of Registrant's owner. RFAAX 3, at 6. The USPS tracking data shows that the OSC/ISO was successfully delivered on December 26, 2025. *Id.* & Attachment L (tracking data).

On January 5, 2026, DI personally served the OSC/ISO on an individual at the office of Registrant's attorney. RFAAX 3, at 6 & Attachment M (a signed Form DEA–12, Receipt for Cash or Other Items, confirming service).

In sum, DI attempted to serve the OSC/ISO in-person at Registrant's registered location and residence. DI also attempted to serve the OSC/ISO by mail, and USPS certified mail receipts and tracking data show that the OSC/ISO was delivered to Registrant's registered location, residence, and its attorney's office. DI also emailed Registrant about its registration and did not receive a response. DI also successfully served the OSC/ISO in-person at Registrant's attorney's office. Accordingly, due to the multiple attempts and methods to serve the OSC/ISO on Registrant and its attorney, and the evidence showing that the OSC/ISO was received by certified mail at multiple locations and by an individual at Registrant's attorney's office, the Agency finds that constitutional due process notice requirements have been satisfied. *See Jones v. Flowers*, 547 U.S. 220, 226 (2006) (due process does not require actual notice but only “notice reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action” (quoting *Mullane v. Cent. Hanover Bank & Trust Co.*, 339 U.S. 306, 314 (1950))); *Dusenbery v. United States*, 534 U.S. 161, 170 (2002) (holding that the government is not required to undertake “heroic efforts” to ensure notice is delivered).

II. Registrant is in Default for Failure To Request a Hearing

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/ISO notified Registrant of its right to file a written request for hearing and answer, and that if it failed to file such a request and answer, it would be deemed to have waived its right to a hearing and be in default. RFAAX 2, at 6 (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, 3–5. 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).

III. Applicable 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. DEA regulations require a specific registration “as a narcotic treatment program” for an entity, such as Registrant, to administer or dispense controlled substances “for the purpose of . . . detoxification treatment.” 21 CFR 1306.07(a); RFAAX 2, at 2. To obtain a DEA registration for this activity requires the registrant to possess state authority and certification from SAMHSA. 21 U.S.C. 823(g)(1), (h)(1); 21 CFR 1306.07(a); 42 CFR 8.11(c).

State licensure to handle controlled substances is a prerequisite to obtaining and maintaining a DEA registration. 21 U.S.C. 824(a)(3). Pursuant to 21 U.S.C. 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under 21 U.S.C. 823 “upon a finding that the registrant . . . has had [its] 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.”⁴

⁴ With respect to a practitioner, DEA has 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

³ The Controlled Substances Act delegates authority to the Attorney General, who has delegated it to the Administrator of DEA (the Agency). 28 CFR 0.100.

To conduct activities in Florida as a detoxification treatment facility, Registrant is required to comply with applicable Florida law, to include state law making it a felony to operate as a substance abuse service provider without a license. Fla. Stat. § 397.401(2); RFAAX 2, at 2; *see* Fla. Stat. § 397.401(1) (Florida law making it “unlawful for any person or agency to act as a substance abuse service provider unless it is licensed or exempt from licensure . . .”). Further, a pharmacy must maintain a state pharmacy license to operate as a pharmacy in Florida. Fla. Stat. § 465.015(1). Florida law defines “[t]he practice of the profession of pharmacy” to include “compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug.” Fla. Stat. § 465.003(22); *see* Fla. Stat. § 465.003(15) (defining “[m]edicinal drugs” or “drugs” as “those substances or preparations commonly known as ‘prescription’ or ‘legend’ drugs which are required by federal or state law to be dispensed only on a prescription”).

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. 802(21).”).

This rule derives from the text of two provisions of the CSA. First, Congress defined the term “practitioner” to mean “a physician . . . pharmacy, hospital, 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). Thus, Registrant, as a facility that dispenses controlled substances for the purpose of detoxification treatment, meets the definition of “practitioner” under the CSA. *See* 21 CFR 1306.07(a) (providing that registration “as a narcotic treatment program” authorizes the registrant to administer or dispense controlled substances “for the purpose of . . . detoxification treatment”).

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 it is no longer authorized to dispense controlled substances under the laws of the state in which it practices. *See, e.g., Elias Garcia Garcia, P.A.*, 90 FR 31242 (2025); *Jason Weakley, R.N., A.P.R.N.*, 90 FR 10085 (2025); *Khurshed Haider, M.D.*, 90 FR 21950 (2025). The Agency has applied this principle consistently. *See, e.g., Henry-Norbert O. Ndekwe, M.D.*, 90 FR 15990 (2025); *Benson Sergiles, P.A.*, 90 FR 32016 (2025); *Lawrence Rudolph, D.M.D.*, 89 FR 79310 (2024).

The CSA also authorizes DEA to revoke a detoxification treatment registration “upon a finding that the registrant has failed to comply with any standard referred to in section 823(h).” 21 U.S.C. 824(a) (paragraph below subsection (5)); ⁵ *Hollywood Med. Rehab. Care, Inc.*, 90 FR 47827, 47830–31 & n.7 (2025). One of the “standard[s] referred to in section 823(h)” requires a detoxification treatment facility, such as Registrant, to possess a current and valid federal certification from SAMHSA. 21 U.S.C. 823(h)(1), 824(a); 42 CFR 8.11(a)(1). Specifically, the CSA provides that DEA “shall register an applicant to dispense narcotic drugs to individuals for . . . detoxification treatment” if, among other things, the Secretary of HHS, acting through SAMHSA, determines that the applicant is “qualified . . . to engage in” detoxification treatment. 21 U.S.C.

⁵ As the Agency previously discussed in *Hollywood Medical Rehabilitation Care, Inc.*, 90 FR at 47830–31 & n.7, the subsection of 21 U.S.C. 823 applicable to narcotic treatment programs was modified on December 2, 2022, and again on December 28, 2022. Prior to the modifications, the relevant subsection applicable to narcotic treatment programs was designated as 21 U.S.C. 823(g)(1), and it had three subparts, A–B, which outlined the prerequisites for registration as a narcotic treatment program. On December 2, 2022, the subsection was redesignated as 21 U.S.C. 823(h)(1), and it retained the same three subparts as the previous version, A–B. On December 28, 2022, the subsection was again redesignated as 21 U.S.C. 823(h), and the three subparts outlining the registration prerequisites were redesignated as 1–3. The December 28, 2022, citation is used throughout this decision.

21 U.S.C. 824(a), which authorizes the Attorney General to suspend or revoke the registration of a narcotic treatment program if the registration prerequisites are not met, references back to the relevant subsections of 21 U.S.C. 823. Prior to December 2, 2022, the revocation provisions of 824(a) referred to the registration prerequisites in 823(g)(1)(A–B). On December 2, 2022, 21 U.S.C. 824(a) was modified to reference the registration prerequisites in 823(h)(1)(A–B). However, 21 U.S.C. 824(a) was not modified again to reflect the December 28, 2022 redesignation from 823(h)(1) to 823(h). As explained below, this was clearly an unintentional technical error.

As currently written, 21 U.S.C. 824(a) would only authorize the Attorney General to revoke a registration if the applicant is not “qualified . . . to engage in the treatment with respect to which registration is sought,” because it only references 823(h)(1), and not (h)(2) or (h)(3). However, there have not been any substantive changes to 823 or 824 that reflect an intent to limit the Attorney General’s authority to revoke or suspend. Section 823(h) continues to clearly state that a registrant is not qualified to possess a registration unless all three subparts are met. Therefore, the Agency concludes that the failure to modify 824(a) on December 22, 2022, was an oversight, and that Congress intended for the Attorney General to retain authority to suspend or revoke a registration if a registrant fails to adhere to any of the three registration prerequisites or standards referred to in section 823(h). *See Dept. of Def., Army Air Force Exchange Serv. v. Fed. Labor Relations Auth.*, 659 F.2d 1140, 1160 (D.C. Cir. 1981), cert. denied, 455 U.S. 945 (1982) (stating a statute should be read in a “manner which effectuates rather than frustrates the major purpose of the legislative draftsmen”).

823(h)(1); RFAAX 2, at 2. To be qualified to engage in detoxification treatment, an opioid treatment program, such as Registrant, is required to “comply with all pertinent Federal and State laws and regulations,” and is required to hold “a current, valid certification from the Secretary [of HHS] to be considered qualified” under 21 U.S.C. 823(h)(1). 42 CFR 8.11(a)(1), (e)(1); RFAAX 2, at 2. Failure to maintain a current and valid certification from SAMHSA is grounds for revocation of a DEA detoxification treatment registration. 21 U.S.C. 823(h)(1), 824(a) (paragraph below subsection (5)); 42 CFR 8.11(a)(1), (e)(1).

IV. Findings of Fact

In light of Registrant’s default, the factual allegations in the OSC/ISO are deemed admitted. 21 CFR 1301.43(e). According to the OSC/ISO, Registrant is registered with DEA as a detoxification treatment center and authorized to handle controlled substances in Schedules II and III. RFAAX 2, at 3; *see* RFAAX 1, at 1. As discussed in greater detail below, this matter concerns the revocation of Registrant’s state license to operate as a substance abuse outpatient methadone detoxification treatment facility in Florida (number LIC–1048046), the loss of Registrant’s state pharmacy license (number PH34389), and the withdrawal of its federal certification from SAMHSA to operate an opioid treatment program (number FL10218M). RFAAX 2, at 3–5.

A. Registrant’s State Licenses

On or about April 18, 2025, the State of Florida Department of Children and Families (Department) issued an Administrative Complaint for License Revocation (Administrative Complaint) to Registrant providing notice of the revocation of Registrant’s license, number LIC–1048046, to operate a substance abuse outpatient methadone detoxification treatment facility in Florida.⁶ RFAAX 2, at 4; *see* RFAAX 3, Attachment B.

⁶ The Department’s Administrative Complaint provides that Registrant’s license to operate a substance abuse outpatient methadone detoxification treatment facility in Florida was revoked due to Registrant’s lack of accreditation by an accrediting organization and providing medication assisted treatment maintenance services for which Registrant is not licensed by the State of Florida. RFAAX 2, at 4; *see* RFAAX 3, Attachment B, at 1, 5. The Administrative Complaint further found that Registrant “blatantly disregard[ed] Florida Statute and Florida Administrative Code requirements set forth for licensure of substance use disorder treatment as evidenced by continued non-compliance,” therefore, “the Department is hereby revoking the current license.” RFAAX 3, Attachment B, at 5.

According to Florida online records, of which the Agency takes official notice,⁷ Registrant's Florida outpatient methadone detoxification treatment facility license is currently in an inactive status.⁸ Florida Department of Children and Families, Provider Substance Use Disorder Licensing and Designation Search, *sudprovidersearch.myflfamilies.com* (last visited date of signature of this Order).⁹

Accordingly, Registrant is currently without authority to provide substance use disorder treatment services in Florida. RFAAX 2, at 5. Due to the lack of state authority to provide substance use disorder treatment services, Registrant is unable to dispense controlled substances for such purposes in Florida, the state in which Registrant is registered with DEA as a detoxification treatment facility.¹⁰ *Id.*

⁷ 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).

⁸ After the Administrative Complaint notified Registrant of the revocation of its license, on or about April 30, 2025, Registrant sought to renew its revoked Florida license number LIC-1048046 to continue operating as an outpatient methadone detoxification treatment facility in Florida. RFAAX 2, at 4. Following continuous requests for further information and unannounced site visits conducted by the Department, on or about May 30, 2025—the date the license was set to expire—the Department issued an Administrative Complaint Notice of Denial of License Renewal Application (Notice of Denial), denying Registrant's application to renew its revoked license. *Id.*; see RFAAX 3, Attachment C, at 1, 5, 15. Thus, in addition to being revoked, effective May 30, 2025, Registrant's Florida license to provide outpatient methadone detoxification treatment expired and remained expired following denial of the renewal application. *Id.*

⁹ 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 facts here are that Registrant, as of the date of this Order, lacks the requisite state authority and federal certification to handle controlled substances for detoxification treatment services in Florida, and also lacks state authority to operate a pharmacy in Florida. Accordingly, Registrant may dispute the Agency's findings 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*.

¹⁰ On or about June 6, 2025, the Department issued a Notification of the Operation of Unlicensed Treatment Services (Notification of Unlicensed Treatment) to Registrant. RFAAX 2, at 4; RFAAX 3, Attachment D. The Department's Notification of Unlicensed Treatment reiterates that Registrant's Florida license to provide outpatient methadone detoxification treatment was revoked on April 18, 2025, and renewal was denied on May 30, 2025. RFAAX 2, at 4; RFAAX 3, Attachment D, at 1.

The Department's Notification of Unlicensed Treatment also noted that Registrant was operating

Further, Registrant also lacks state authority to handle controlled substances as a pharmacy in Florida. The Agency takes official notice, *supra* nn.7 & 9, that Registrant's Florida state pharmacy license, number PH34389, is listed in "disciplinary relinquish" status, meaning Registrant was disciplined by the state regulatory body and Registrant "offered to give up [its] license to practice in the state of Florida to avoid further prosecution in a disciplinary case," and that Registrant "is not authorized to practice in the state of Florida." Florida Department of Health License Verification, <https://mqa-internet.doh.state.fl.us/mqasearchservices/healthcareproviders> (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not currently licensed to engage in the practice of pharmacy in Florida, the state in which Registrant is registered with DEA.

B. Registrant's Federal Certification

On or about July 23, 2025, Florida's Substance Use Disorders & State Opioid Treatment Authority notified SAMHSA of Registrant's involuntary discontinuation of opioid treatment. RFAAX 2, at 5; RFAAX 3, Attachment E, at 1. Therefore, on or about July 24, 2025, SAMHSA notified Registrant that, in accordance with 42 CFR 8.1 l(c)(2), it was withdrawing Registrant's opioid treatment program certification. *Id.*

V. Discussion

Here, the undisputed evidence in the record is that Registrant currently lacks state authority and federal certification to handle controlled substances for detoxification treatment in Florida. RFAAX 2, at 4–5. Specifically, Registrant's Florida state license was revoked, and its federal certification was withdrawn. *Id.* As discussed above, a registrant must maintain state licensure and federal certification to provide substance abuse treatment services in order to maintain a DEA registration as a detoxification treatment facility. Thus, because Registrant currently lacks such state authority and federal certification, and, therefore, is not currently authorized to handle controlled substances as a detoxification treatment facility in Florida, Registrant is not

unlicensed substance use disorder treatment services at its location in Pompano Beach, Florida. RFAAX 2, at 4; RFAAX 3, Attachment D, at 1–2. The Department's Notification of Unlicensed Treatment stated that it was evident that clients were receiving methadone maintenance for which Registrant is not licensed. *Id.* Therefore, in the Department's Notification of Unlicensed Treatment, the Department issued a notification that Registrant must "immediately cease and desist any and all services which require licensure for treatment." *Id.*

eligible to maintain a DEA detoxification treatment facility registration in Florida. Accordingly, the Agency will order that Registrant's DEA registration be revoked.¹¹ 21 U.S.C. 823(g)(1), 823(h)(1), 824(a); 21 CFR 1306.07(a); 42 CFR 8.11(a)(1), (c), (e)(1); Fla. Stat. § 397.401(1)–(2); see *Serenity Café*, 77 FR 35027, 35028 (2012) (denying application for narcotic treatment program registration because applicant lacked state authority and, therefore, did not meet the CSA's definition of a practitioner); *Habit Mgmt. Inst., Inc.*, 60 FR 41900, 41900 (1995) (denying application for narcotic treatment program registration because applicant lacked the requisite authorization from the Food and Drug Administration).

In addition, publicly available state government evidence, of which the Agency takes official notice, *supra* nn.7 & 9, establishes that Registrant currently lacks authority to operate a pharmacy in Florida. As already discussed, a pharmacy must be licensed to dispense a medicinal drug, including a controlled substance, in Florida. Thus, because Registrant lacks authority to practice pharmacy in Florida and, therefore, is not authorized to dispense controlled substances in Florida, Registrant is not eligible to maintain DEA registration in that state. Accordingly, the Agency finds that lack of state authority to practice pharmacy in Florida provides an additional, independent basis for revocation of Registrant's DEA registration. 21 U.S.C. 824(a)(3); Fla. Stat. §§ 465.015(1), 465.003(15), (22).

Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 823(g), 823(h), 824(a), and 824(a)(3), I hereby revoke DEA Certificate of Registration No. RA0645400 issued to Atlantic Treatment Center, LLC. Further, pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 823(g), 823(h), 824(a), and 824(a)(3), I hereby deny any pending

¹¹ The OSC/ISO also alleged that a March 2025 on-site inspection revealed recordkeeping inadequacies and that an August 2025 on-site inspection revealed unlicensed dispensing of controlled substances for substance abuse treatment. RFAAX 2, at 3–4. The OSC/ISO, however, does not establish a factual basis for the recordkeeping inadequacies or specify the specific laws the unlicensed dispensing allegedly violated. Further, the RFAA bases the request for revocation on "lack of state authorization and SAMHSA certification," and does not mention the recordkeeping or dispensing allegations. RFAA, at 6. Accordingly, this Decision does not adjudicate the recordkeeping or dispensing allegations. Regardless, Registrant's lack of state authority and federal certification are sufficient by themselves to support revocation of its registration.

applications of Atlantic Treatment Center, LLC, to renew or modify this registration, as well as any other pending application of Atlantic Treatment Center, LLC, for additional registration in Florida. This Order is effective September 28, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on August 21, 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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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Thomas Earley, D.D.S.; Decision and Order

On April 7, 2026, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Thomas Earley, D.D.S., of Englewood, Ohio (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 2, at 1, 3. The OSC proposed the revocation of Registrant's Certificate of Registration No. AE2384636, alleging that Registrant is “currently without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of Ohio, the state in which [he is] registered with DEA.” *Id.* at 2 (citing 21 U.S.C. 824(a)(3)).

The OSC notified Registrant of his right to file a written request for hearing, and that if he failed to file such a request, he would be deemed to have waived his right to a hearing and be in default. *Id.* at 2 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing, and the Agency finds him to be in default. RFAA, at 3.¹ “A default,

unless excused, shall be deemed to constitute a waiver of the registrant's/applicant's right to a hearing and an admission of the factual allegations of the [OSC].” 21 CFR 1301.43(e).

Further, “[i]n the event that a registrant . . . is deemed to be in default . . . DEA may then file a request for final agency action with the Administrator, along with a record to support its request. In such circumstances, the Administrator may enter a default final order pursuant to [21 CFR] 1316.67.” *Id.* 1301.43(f)(1). Here, the Government has requested final agency action based on Registrant's default pursuant to 21 CFR 1301.43(c)(1), (f)(1), and 1301.46. RFAA, at 1; *see also* 21 CFR 1316.67.

Findings of Fact

The Agency finds that, in light of Registrant's default, the factual allegations in the OSC are deemed admitted. 21 CFR 1301.43(e). According to the OSC, Registrant's dental license expired on December 31, 2025. RFAAX 2, at 1. According to Ohio online records, of which the Agency takes official notice, Registrant's Ohio dental license status remains expired.² eLicense Ohio Professional Licensure License Lookup, https://elicense.ohio.gov/oh_verifylicense (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to practice dentistry in Ohio, the state in which he is registered with DEA.³

Investigator (DI) indicates that on April 13, 2026, the DI unsuccessfully attempted to serve Registrant at his registered location. RFAAX 5, at 2. The same day, the DI emailed Registrant a copy of the OSC to three different email addresses linked to Registrant. *Id.* There is no evidence indicating that the emails were undeliverable. The DI additionally mailed a copy of the OSC to Registrant's potential home address and registered address. *Id.* Here, the Agency finds that Registrant was successfully served the OSC by email and that the DI's efforts to serve Registrant by other means were “reasonably calculated, under all the circumstances, to apprise [Registrant] of the pendency of the action.” *Jones v. Flowers*, 547 U.S. 220, 226 (2006) (quoting *Mullane v. Central Hanover Bank & Trust Co.*, 339 U.S. 306, 314 (1950)); *see also Mohammed S. Aljanaby, M.D.*, 82 FR 34552, 34552 (2017) (finding that service by email satisfies due process where the email is not returned as undeliverable and other methods have been unsuccessful).

² 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).

³ 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 Order, is not licensed to practice dentistry in Ohio. Accordingly,

Discussion

Pursuant to 21 U.S.C. 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under 21 U.S.C. 823 “upon a finding that the registrant . . . has had his 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. 802(21).”)⁴ The Agency has applied these principles consistently. *See, e.g., Lawrence Rudolph, D.M.D.*, 89 FR 79310 (2024); *Henry-Norbert O. Ndekwe, M.D.*, 90 FR 15990 (2025); *Benson Sergiles, P.A.*, 90 FR 32016 (2025).

According to Ohio statute, “[n]o person shall knowingly obtain, possess, or use a controlled substance or a

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.

⁴ This rule derives from the text of two provisions of the Controlled Substances Act (CSA). 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 is no longer authorized to dispense controlled substances under the laws of the state in which he practices. *See, e.g., Elias Garcia Garcia, P.A.*, 90 FR 31242 (2025); *Jason Weakley, R.N., A.P.R.N.*, 90 FR 10085 (2025); *Khurshed Haider, M.D.*, 90 FR 21950 (2025).

¹ Based on the Government's submissions in its RFAA dated June 8, 2026, the Agency finds that service of the OSC on Registrant was adequate. The included declaration from a DEA Diversion