## DEPARTMENT OF JUSTICE

### Antitrust Division

### Notice Pursuant to the National Cooperative Research and Production Act of 1993—Bytecode Alliance Foundation

Notice is hereby given that, on May 29, 2025, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Bytecode Alliance Foundation (''Bytecode Alliance Foundation'') has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Renderlet, Inc., Brooklyn, NY, has been added as a party to this venture.

Also, SingleStore, San Francisco, CA, has withdrawn as a party to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Bytecode Alliance Foundation intends to file additional written notifications disclosing all changes in membership.

On April 20, 2022, Bytecode Alliance Foundation filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to section 6(b) of the Act on May 13, 2022 (87 FR 29379).

The last notification was filed with the Department on March 19, 2025. A notice was published in the **Federal Register** pursuant to section 6(b) of the Act on April 21, 2025 (90 FR 16704).

**Suzanne Morris,**

*Deputy Director Civil Enforcement Operations, Antitrust Division.*

[FR Doc. 2025–14051 Filed 7–24–25; 8:45 am]

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## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

### Taha Dias, M.D.; Decision and Order

On November 4, 2024, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Taha Dias, M.D., of Frostproof, Florida (Registrant). OSC, at 1; Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1. The OSC proposed the revocation of Registrant's DEA Certificate of Registration No. BD9971208, alleging that Registrant has committed such acts as would render its registration inconsistent with the public interest. OSC, at 1 (citing 21 U.S.C. 823(g)(1); 824(a)(4)).[1]

More specifically, the OSC alleged that between July 2022 and December 2023, Registrant repeatedly violated federal and Florida state law by issuing prescriptions for controlled substances outside the usual course of professional practice and for other than a legitimate medical purpose, in violation of 21 CFR 1306.04(a); and Fla. Stat. § 456.44(3).[2] OSC, at 3.

On February 7, 2025, the Government submitted a request for final agency action (RFAA) requesting that the Agency issue a default final order revoking Registrant's registration. RFAA, at 1. After carefully reviewing the entire record and conducting the analysis as set forth in more 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).

Here, 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. RFAAX 1, at 4–6 (citing 21 CFR 1301.43). According to the Government's RFAA, Registrant failed to request a hearing. RFAA, at 1. Thus, the Agency finds that Registrant is in default and therefore has admitted to the factual allegations in the OSC. 21 CFR 1301.43(e).

#### II. Applicable Law

As the Supreme Court stated in *Gonzales* v. *Raich,* 545 U.S. 1 (2005), ''the main objectives of the [Controlled Substances Act (CSA)] were to conquer drug abuse and control the legitimate and illegitimate traffic in controlled substances.'' 545 U.S. at 12. *Gonzales* explained that:

> Congress was particularly concerned with the need to prevent the diversion of drugs from legitimate to illicit channels. To effectuate these goals, Congress 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 . . . . The CSA and its implementing regulations set forth strict requirements regarding registration, labeling and packaging, production quotas, drug security, and recordkeeping.

*Id.* at 12–14.

The OSC/ISO's allegations concern the CSA's ''statutory and regulatory provisions . . . mandating . . . compliance with . . . prescription requirements'' and, therefore, go 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,'' and ''to prevent the diversion of drugs from legitimate to illicit channels.'' *Id.* at 12–14, 27.

##### *A. Allegation That Registrant Improperly Prescribed Controlled Substances*

According to the CSA's implementing regulations, prescriptions may only be issued by an individual practitioner who is ''[a]uthorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession'' and has either been issued a DEA registration or is exempted from registration under DEA regulations. 21 CFR 1306.03. Furthermore, a lawful controlled substance order or 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). 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

[1] Based on the Government's submissions in its RFAA dated February 7, 2025, the Agency finds that service of the OSC on Registrant was adequate. Specifically, the Declaration from a DEA Diversion Investigator (DI) indicates that the DI successfully served the OSC via email to Registrant's registered email address and via mail to Registrant's registered address. RFAAX 2, at 2. On November 22, 2024, Registrant called the DI and the DI informed Registrant that she had mailed and emailed a copy of the OSC, and informed Registrant of the OSC's meaning and effect.

[2] The Agency need not adjudicate the criminal violations alleged in the OSC/ISO. *Ruan* v. *United States,* 597 U.S. 450 (2022) (decided in the context of criminal proceedings).

medical purpose.' '' *Dewey C. MacKay, M.D.,* 75 FR 49956, 49973 (2010).

Moreover, Florida law requires a practitioner to, among other things: (1) prescribe controlled substances only after conducting a complete medical history and physical examination; (2) document the presence of one or more recognized medical indications for the use of a controlled substance; (3) create a written treatment plan with goals and objectives; (4) discuss the risks and benefits of the use of controlled substances with the patient; (5) see the patient at regular intervals and conduct periodic reviews of the effectiveness of the treatment; (6) assess patient risk for aberrant drug-related behavior, continue to monitor that risk on an ongoing basis, and provide special attention to patients at risk for abusing their medication; and (7) maintain accurate, current, and complete records that are accessible and readily available for review. Fla. Stat. § 456.44; *see also* Fla. Admin. Code Ann. r. 64B8–9.013(2) (imposing similar requirements on practitioners prescribing controlled substances to treat acute pain).

Florida law also requires that medical records have ''sufficient detail to clearly demonstrate why the course of treatment was undertaken'' and ''contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately.'' Fla. Admin. Code Ann. R. 64B8–9.003.

## III. Findings of Fact

In light of Registrant's default, the factual allegations in the OSC are deemed admitted. 21 CFR 1301.43(e). Accordingly, Registrant admits that between July 5, 2022, and December 4, 2023, he issued numerous controlled substance prescriptions without conducting medical examinations, establishing bona fide physician-patient relationships, and maintaining proper medical records.

Specifically, Registrant admits that he issued nine prescriptions for promethazine with codeine (a Schedule V opioid) to nine individuals,[3] knowing that these prescriptions would be obtained by someone with no legitimate relationship to the nine individuals to whom the prescriptions were issued. RFAAX 1, at 11. Registrant admits that on July 5, 2022, he sent a text message to the pharmacist in charge of a local pharmacy, Mr. Y.A., informing Mr. Y.A. that he would be sending these nine prescriptions that lacked a legitimate medical purpose. Registrant admits that these prescriptions were issued outside the usual course of professional practice in Florida and lacked a legitimate medical purpose.

Registrant also admits that between December 9, 2022, and December 4, 2023, he issued nine prescriptions for controlled substances to M.S., including prescriptions for oxycodone (a Schedule II opioid), alprazolam (a Schedule IV benzodiazepine), and promethazine with codeine. RFAAX 1, at 11. Registrant issued these prescriptions to M.S.—who was confined in a correctional facility at the time—without conducting a medical examination or evaluation or establishing a bona fide physician-patient relationship. *Id.* Registrant admits that these prescriptions were issued outside the usual course of professional practice in Florida and lacked a legitimate medical purpose. *Id.*

Accordingly, the Agency finds substantial record evidence that Registrant issued at least 18 prescriptions that lacked a legitimate medical purpose, and that Registrant issued these prescriptions outside the usual course of professional practice in Florida.

## IV. Public Interest Determination

### *A. Legal Background on Public Interest Determinations*

When the CSA's requirements are not met, the Attorney General ''may deny, suspend, or revoke [a] registration if . . . the [registrant's] registration would be 'inconsistent with the public interest.' '' *Gonzales* v. *Oregon,* 546 U.S. 243, 251 (2006) (quoting 21 U.S.C. 824(a)(4)). In the case of a ''practitioner,'' Congress directed the Attorney General to consider five factors in making the public interest determination. *Id.;* 21 U.S.C. 823(g)(1)(A–E).[4]

The five factors are considered in the disjunctive. *Gonzales* v. *Oregon,* 546 U.S. at 292–93 (Scalia, J., dissenting) (''It is well established that these factors are to be considered in the disjunctive,'' quoting *In re Arora,* 60 FR 4447, 4448 (1995)); *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); *see Morall* v. *Drug Enf't Admin.,* 412 F.3d 165, 181 (D.C. Cir. 2005) (describing the Agency's adjudicative process as ''applying a multi-factor test through case-by-case adjudication,'' quoting *LeMoyne-Owen Coll.* v. *N.L.R.B.,* 357 F.3d 55, 61 (D.C. Cir. 2004)). Any one factor, or combination of factors, may be decisive, *David H. Gillis, M.D.,* 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,* 412 F.3d. at 185 n.2 (Henderson, J., concurring) (quoting *Robert A. Smith, M.D.,* 70 FR 33207, 33208 (2007)); *see also Penick Corp.* v. *Drug Enf't Admin.,* 491 F.3d 483, 490 (D.C. Cir. 2007).

Moreover, 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, as the Tenth Circuit has recognized, 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).

### *B. Registrant's Registration Is Inconsistent With the Public Interest*

While the Agency has considered all the public interest factors of 21 U.S.C. 823(g)(1),[5] the Government's evidence

[3] These individuals included R.S., J.M., P.C., A.C., K.S., B.M., J.L., V.L., and D.R.

[4] 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)(A–E).

[5] As to Factor A, there is no record evidence of disciplinary action against Registrant's state medical license. 21 U.S.C. 823(g)(1)(A). State authority to practice medicine is ''a necessary, but not a sufficient condition for registration.'' *Robert A. Leslie, M.D.,* 68 FR at 15230. Therefore, ''[t]he fact that the record contains no evidence of a recommendation by a state licensing board does not weigh for or against a determination as to whether

in support of its *prima facie* case is confined to Factors B and D. OSC, at 3–4. Evidence is considered under Factors B and D when it reflects compliance or non-compliance with laws related to controlled substances and experience dispensing controlled substances. *Kareem Hubbard, M.D.,* 87 FR 21156, 21162 (2022).

Here, as found above, Registrant is deemed to have admitted and the Agency finds that Registrant issued 18 prescriptions that lacked a legitimate medical purpose and were issued outside the usual course of professional practice. Accordingly, the Agency finds substantial record evidence that Registrant violated 21 CFR 1306.04(a) and Fla. Stat. § 456.44. The Agency further finds that after considering the factors of 21 U.S.C. 823(g)(1), Registrant's continued registration is ''inconsistent with the public interest.'' 21 U.S.C. 824(a)(4). Accordingly, 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 also finds that there is insufficient mitigating evidence to rebut the Government's *prima facie* case. Thus, the only remaining issue is whether, in spite of Registrant's misconduct, he can be trusted with a registration.

## V. Sanction

Where, as here, the Government has met the burden of showing that Registrant's continued registration is inconsistent with the public interest, the burden shifts to Registrant to show why he can be entrusted with a registration. *Morall,* 412 F.3d. at 174; *Jones Total Health Care Pharmacy, LLC* v. *Drug Enf't Admin.,* 881 F.3d 823, 830 (11th Cir. 2018); *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. *Jeffrey Stein, M.D.,* 84 FR 46968, 46972 (2019); *see also Jones Total Health Care Pharmacy,* 881 F.3d at 833. Moreover, as past performance is the best predictor of future performance, the Agency requires that a registrant who has committed acts inconsistent with the public interest accept responsibility for those acts and demonstrate that he will not engage in future misconduct. *See Jones Total Health Care Pharmacy,* 881 F.3d at 833; *ALRA Labs, Inc.* v. *Drug Enf't Admin.,* 54 F.3d 450, 452 (7th Cir. 1995). 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); *see also Jones Total Health Care Pharmacy,* 881 F.3d at 830–31. In addition, a registrant's candor during the investigation and hearing is an important factor in determining acceptance of responsibility and the appropriate sanction. *See 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. *See 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. *Jeffrey Stein, M.D.,* 84 FR at 46972–73.

Here, Registrant did not timely request a hearing, or timely or properly answer the allegations, and was therefore deemed to be in default. 21 CFR 1301.43(c)(1), (e), (f)(1); RFAA, at 1. To date, Registrant has not filed a motion with the Office of the Administrator to excuse the default. 21 CFR 1301.43(c)(1). Registrant has thus failed to answer the allegations contained in the OSC and has not otherwise availed himself of the opportunity to refute the Government's case. As such, Registrant has not accepted responsibility for the proven violations, has made no representations regarding his future compliance with the CSA, and has not demonstrated that he can be trusted with registration. Accordingly, the Agency will order the revocation of Registrant's registration.

## Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 824(a) and 21 U.S.C. 823(g)(1), I hereby revoke DEA Certificate of Registration No. BD9971208 issued to Taha Dias, 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 Taha Dias, M.D. to renew or modify this registration, as well as any other pending application of Taha Dias, M.D. for registration in Florida. This Order is effective August 25, 2025.

## Signing Authority

This document of the Drug Enforcement Administration was signed on July 21, 2025, by Acting Administrator Robert J. Murphy. 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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continuation of the Respondent's DEA certification is consistent with the public interest.'' *Roni Dreszer, M.D.,* 76 FR 19434, 19444 (2011). As to Factor C, there is no evidence in the record that Registrant has been convicted of any federal or state law offense ''relating to the manufacture, distribution, or dispensing of controlled substances.'' 21 U.S.C. 823(g)(1)(C). However, as Agency cases have noted, ''the absence of such a conviction is of considerably less consequence in the public interest inquiry'' and is therefore not dispositive. *Dewey C. MacKay, M.D.,* 75 FR at 49973. As to Factor E, the Government's evidence fits squarely within the parameters of Factors B and D and does not raise ''other conduct which may threaten the public health and safety.'' 21 U.S.C. 823(g)(1)(E). Accordingly, Factor E does not weigh for or against Registrant.

## DEPARTMENT OF JUSTICE

**[OMB Number 1117–0NEW]**

## Agency Information Collection Activities; Proposed eCollection eComments Requested; New collection; Title—User Access Request Form for EPIC System Portal (ESP)

**AGENCY:** Drug Enforcement Administration, Department of Justice.

**ACTION:** 60-Day notice.

**SUMMARY:** The Drug Enforcement Administration, Department of Justice (DOJ), will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995.

**DATES:** Comments are encouraged and will be accepted for 60 days until September 23, 2025.

**FOR FURTHER INFORMATION CONTACT:** If you have additional comments especially on the estimated public burden or associated response time, suggestions, or need a copy of the proposed information collection instrument with instructions or additional information, please contact Benjamin Inks, Writer/Editor, Office of Compliance, Policy Administration Section 700 Army Navy Drive Arlington VA 22202, telephone: 571–672–4524, email: *Benjamin.B.Inks@dea.gov.*

**SUPPLEMENTARY INFORMATION:** Written comments and suggestions from the public and affected agencies concerning