

administer drugs that are subject to the [New Mexico] Controlled Substances Act.” *Id.* § 30–31–2(P). “Physician assistants may prescribe, administer, dispense and distribute dangerous drugs; including Schedule II–V controlled substances, where there is an established physician assistant-patient relationship.” N.M. Admin. Code 16.10.16.8(A) (2024). In this context, the physician assistant must be licensed by the New Mexico Medical Board to practice as such. *Id.* §§ 16.10.16.1, 16.10.16.7(E).

Here, the undisputed evidence in the record is that Registrant lacks authority to practice as a physician assistant in New Mexico because his New Mexico physician assistant license has been revoked. As discussed above, an individual must be a licensed practitioner to dispense a controlled substance in New Mexico. Thus, because Registrant lacks authority to practice as a physician assistant in New Mexico and, therefore, is not authorized to dispense controlled substances in New Mexico, Registrant is not eligible to maintain a DEA registration in New Mexico. Accordingly, the Agency will order that Registrant’s DEA registration be revoked.

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. MH4317702, issued to John Hanley, P.A. 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 John Hanley, P.A., to renew or modify this registration, as well as any other pending application of John Hanley, P.A., for additional registration in New Mexico. This Order is effective August 8, 2025.

Signing Authority

This document of the Drug Enforcement Administration was signed on July 2, 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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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. 25–22]

Andrew Jones, M.D.; Decision and Order

On December 9, 2024, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Andrew Jones, M.D., of Houston, Texas (Respondent). OSC, at 1, 4. The OSC proposed the revocation of Respondent’s DEA Certificate of Registration Nos. FJ3614826 and FJ9984154, alleging that Respondent is “without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of Texas, the state in which [he is] registered with DEA.” *Id.* at 2 (citing 21 U.S.C. 824(a)(3)).

On January 8, 2025, Respondent filed a request for a hearing and filed a Supplemental Answer to the allegations in the OSC. On January 23, 2025, the Government filed a Motion for Summary Disposition, to which Respondent filed a Notice of Filing of Evidence and Response to the Government’s Motion for Summary Disposition on February 5, 2025. On February 11, 2025, Administrative Law Judge Teresa A. Wallbaum (the ALJ) granted the Government’s Motion for Summary Disposition and recommended the revocation of Respondent’s registrations, finding that because Respondent lacks state authority to handle controlled substances in Texas, the state in which he is registered with DEA, “[t]here is no genuine issue of material fact in this case.” Order Granting the Government’s Motion for Summary Disposition, and Recommended Rulings, Findings of Fact, Conclusions of Law, and Decision of the Administrative Law Judge (RD), at 7. Respondent did not file exceptions to the RD.

Having reviewed the entire record, the Agency adopts and hereby incorporates by reference the entirety of the ALJ’s rulings, findings of fact, conclusions of law, and recommended sanction as found in the RD and summarizes and expands upon portions thereof herein.

Findings of Fact

On or about April 4, 2024, the Texas Medical Board temporarily restricted Respondent’s Texas medical license. RD, at 3.¹ Respondent is restricted from possessing, administering, distributing, or prescribing controlled substances in the State of Texas. *Id.* According to Texas online records, of which the Agency takes official notice, Respondent’s Texas medical license is active; however, it remains restricted.² Texas Medical Board Healthcare Provider Search, <https://profile.tmb.state.tx.us> (last visited date of signature of this Order). Accordingly, the Agency finds that Respondent does not have the state authority to handle controlled substances in Texas, the state in which he is registered with DEA.³

Discussion

Pursuant to 21 U.S.C. 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under section 823 of the Controlled Substances Act (CSA) “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

¹ See also Government’s Notice of Filing of Evidence and Motion for Summary Disposition, Exhibit 1, at 6.

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 Respondent, as of the date of this Order, is not licensed to practice medicine in Texas. Respondent may dispute this fact 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 Office of the Administrator, Drug Enforcement Administration, at dea.addo.attorneys@dea.gov.

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).’ 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).⁴

According to Texas statute, “dispense” means “the delivery of a controlled substance in the course of professional practice or research, by a practitioner or person acting under the lawful order of a practitioner, to an ultimate user or research subject. The term includes the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.” Tex. Health & Safety Code Ann. § 481.002(12) (West 2025). Further, a “practitioner” includes “a physician . . . or other person licensed, registered, or otherwise permitted to distribute, dispense, analyze, conduct research with respect to, or administer a controlled substance in the course of professional practice or research in this state.” *Id.* at § 481.002(39)(A).

Here, the undisputed evidence in the record is that Respondent lacks authority to handle controlled substances in Texas. As discussed above, an individual must be a licensed practitioner to dispense a controlled substance in Texas. Thus, because Respondent has no state authority to handle controlled substances in Texas, Respondent is not eligible to maintain a DEA registration in Texas. RD, at 8. Accordingly, the Agency will order that

Respondent’s DEA registrations be revoked.

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 Nos. FJ3614826 and FJ9984154 issued to Andrew Jones, 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 Andrew Jones, M.D., to renew or modify these registrations, as well as any other pending application of Andrew Jones, M.D., for additional registration in Texas. This Order is effective August 8, 2025.

Signing Authority

This document of the Drug Enforcement Administration was signed on July 1, 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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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Hayriye Gok, M.D.; Decision and Order

On February 20, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Hayriye Gok, M.D., of Philadelphia, Pennsylvania (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 4. The OSC proposed the revocation of Registrant’s Certificate of Registration (COR) No. FG3991115, alleging that Registrant is “currently without authority to . . . handle controlled substances in the Commonwealth of Pennsylvania, the state in which [she is] registered with DEA.” *Id.* at 2 (citing 21 U.S.C. 824(a)(3)).

The OSC notified Registrant of her right to file a written request for hearing,

and that if she failed to file such a request, she would be deemed to have waived her right to a hearing and be in default. *Id.* at 2–3 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing. RFAA, at 4.¹ “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.* at 1301.43(f)(1). Here, the Government has requested final agency action based on Registrant’s default pursuant to 21 CFR 1301.43(c) and (f), 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. According to the OSC, Registrant’s Pennsylvania medical license was temporarily suspended by the Pennsylvania State Board of Medicine (Board) on November 21, 2024. RFAAX 1, at 2; *see also* RFAAX 3.² According to Pennsylvania online records, of which the Agency takes

¹ Based on the Government’s submissions in its RFAA dated April 3, 2025, the Agency finds that service of the OSC on Registrant was adequate. The included declaration from a DEA Diversion Investigator (DI) indicates that on February 20, 2025, DI attempted to serve Registrant the OSC at her DEA registered address and to contact her using her DEA registered telephone number, but both attempts were unsuccessful. RFAAX 2, at 1. Later that same day, DI successfully served Registrant the OSC via her DEA registered email address. *Id.* at 1–2. Registrant responded to DI’s email, confirming receipt and stating that she “read the [OSC],” but she did not request a hearing in her responses. *Id.* Accordingly, the Agency finds that the Government’s service of the OSC on Registrant was adequate. *See 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); *Emilio Luna, M.D.*, 77 FR 4829, 4830 (2012) (same).

² Although not required, the Government also submitted the Board’s Memorandum Order, which indefinitely suspended Registrant’s state medical license on February 25, 2025. RFAA, at 4; *see also* RFAAX 4. While this submission cannot be admitted by default because it was not originally included in the OSC, the Agency does take notice of the development and its inclusion in the RFAA. *See Victor Augusto Silva, M.D.*, 90 FR 16002, 16002 n.4 (2025) (finding that “a registrant’s deemed admission of the factual allegations based on a default applies to the facts in the OSC only”).

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., James L. Hooper, M.D.*, 76 FR at 71371–72; *Sheran Arden Yeates, 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); *Frederick Marsh Blanton, M.D.*, 43 FR at 27617.