

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(f). Because Congress has clearly mandated that a practitioner possess State authority in order to be deemed a practitioner under the CSA, the 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., Hooper, supra*, 76 FR at 71,371–72; *Sheran Arden Yeates, M.D.*, 71 FR 39,130, 39,131 (2006); *Dominick A. Ricci, M.D.*, 58 FR 51,104, 51,105 (1993); *Bobby Watts, M.D.*, 53 FR 11,919, 11,920 (1988); *Blanton, supra*, 43 FR at 27,617.

Under the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act, “no controlled substance . . . may be dispensed without the written prescription of a practitioner.” 35 Pa. Stat. and Const. Stat. Ann. § 780–111(a) (West April 7, 2014 to October 23, 2019). Further, the definition of “practitioner,” as used in the Act, includes a “physician . . . or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance . . . in the course of professional practice . . . in the Commonwealth of Pennsylvania.” *Id.* at 780–102(b).

Here, the undisputed evidence in the record is that Respondent currently lacks authority to practice medicine in the Commonwealth of Pennsylvania. As already discussed, a physician must be a licensed practitioner to dispense a controlled substance in Pennsylvania. Thus, because Respondent lacks authority to practice medicine in the Commonwealth of Pennsylvania and, therefore, is not authorized to handle controlled substances in the Commonwealth of Pennsylvania, Respondent is not eligible to maintain a DEA registration. Accordingly, I will order that Respondent’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. BB3258034 issued to Parth S. Bharill, M.D. This Order is effective September 9, 2019.

Dated: July 29, 2019.  
**Uttam Dhillon,**  
*Acting Administrator.*  
 [FR Doc. 2019–17004 Filed 8–7–19; 8:45 am]  
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**DEPARTMENT OF JUSTICE**

**Drug Enforcement Administration**

[Docket No. DEA–392]

**Bulk Manufacturer of Controlled Substances Application: Alcami Wisconsin Corporation**

**ACTION:** Notice of application.

**DATES:** Registered bulk manufacturers of the affected basic classes, and applicants therefore, may file written comments on or objections to the issuance of the proposed registration on or before October 7, 2019.

**ADDRESSES:** Written comments should be sent to: Drug Enforcement Administration, Attention: DEA **Federal Register** Representative/DPW, 8701 Morrisette Drive, Springfield, Virginia 22152.

**SUPPLEMENTARY INFORMATION:** In accordance with 21 CFR 1301.33(a), this is notice that on March 12 2019, Alcami Wisconsin Corporation, W130N10497 Washington Drive, Germantown, Wisconsin 53022 applied to be registered as a bulk manufacturer of the following basic classes of controlled substances:

Controlled substance	Drug code	Schedule
Marihuana Extract .....	7350	I
Marihuana .....	7360	I
Tetrahydrocannabinols .....	7370	I
5-Methoxy-N-N-dimethyltryptamine.	7431	I
Thebaine .....	9333	II
Alfentanil .....	9737	II

The company plans to provide bulk active pharmaceutical ingredient to support clinical trials. In reference to drug codes 7350 marihuana extract, 7360 marihuana, and 7360 THC, the company plans to manufacturer these substances synthetically. No other activity for these drug codes is authorized for this registration.

Dated: July 30, 2019.  
**John J. Martin,**  
*Assistant Administrator.*  
 [FR Doc. 2019–17002 Filed 8–7–19; 8:45 am]  
**BILLING CODE 4410–09–P**

**DEPARTMENT OF JUSTICE**

**Drug Enforcement Administration**

**Anthony Schapera, M.D.; Decision and Order**

On December 31, 2018, the Assistant Administrator, Diversion Control Division, Drug Enforcement Administration (hereinafter, DEA or Government), issued an Order to Show Cause (hereinafter, OSC) to Anthony Schapera, M.D. (hereinafter, Registrant), of Bishop, California. OSC, at 1. The OSC proposes the revocation of Registrant’s Certificate of Registration No. AS3008213, the denial of any applications for renewal or modification of his registration, and the denial of “any applications for any other DEA registrations” on the ground that he “has no state authority to handle controlled substances.” *Id.* (citing 21 U.S.C. 824(a)(3)).

The substantive ground for the proceeding, as alleged in the OSC, is that Registrant is “without authority to handle controlled substances in the State of California, the state in which . . . [he is] registered with DEA.” *Id.* Specifically, the OSC alleges that the Medical Board of California revoked Registrant’s medical license effective June 22, 2018. *Id.*

The Show Cause Order notified Registrant of his right to request a hearing on the allegations or to submit a written statement while waiving his right to a hearing, the procedures for electing each option, and the consequences for failing to elect either option. *Id.* at 2 (citing 21 CFR 1301.43). The OSC also notified Registrant of the opportunity to submit a corrective action plan. OSC, at 2–3 (citing 21 U.S.C. 824(c)(2)(C)).

**Adequacy of Service**

In a Declaration dated March 19, 2019 (hereinafter, Declaration), a Diversion Investigator (hereinafter, DI) assigned to the Newark Field Division declared under penalty of perjury that he and another DI “personally served” the OSC on Registrant. Declaration, at 1. Attached to the DI’s Declaration is a DEA–12, Receipt for Cash or Other Items. According to the DI, Registrant acknowledged receipt of the OSC by signing this DEA–12 on January 17, 2019. *Id.*

In its Request for Final Agency Action (hereinafter, RFAA), the Government represents that “at least 30 days have passed since the . . . [OSC] was served on Registrant . . . and Registrant has not requested a hearing and has not otherwise corresponded or communicated with DEA” regarding the OSC “including the filing of any written statement in lieu of a hearing.” RFAA, at 2. The Government requests “a Final Order revoking Registrant’s DEA registration.” *Id.* at 4.

Based on the DI’s Declaration, the Government’s written representations, and my review of the record, I find that the Government accomplished service of the OSC on Registrant on January 17, 2019. I also find that more than 30 days have now passed since the Government accomplished service of the OSC. Further, based on the Government’s written representations, I find that neither Registrant, nor anyone purporting to represent him, requested a hearing, submitted a written statement while waiving Registrant’s right to a hearing, or submitted a corrective action plan. Accordingly, I find that Registrant has waived his right to a hearing and his right to submit a written statement and corrective action plan. 21 CFR 1301.43(d) and 21 U.S.C. 824(c)(2)(C). I, therefore, issue this Decision and Order based on the record submitted by the Government, which constitutes the entire record before me. 21 CFR 1301.43(e).

## Findings of Fact

### *Registrant’s DEA Registration*

Registrant is the holder of DEA Certificate of Registration No. AS3008213 at the registered address of 2385 Apache Drive, Bishop, CA 93514. GX 1 (Certification of Registration History), at 1. Pursuant to this registration, Registrant is authorized to dispense controlled substances in schedules II through V as a practitioner. *Id.* Registrant’s registration is in an “active pending status” and expires on February 28, 2021. *Id.*

### *The Status of Registrant’s State License*

On May 24, 2018, the Medical Board of California (hereinafter, MBC) issued a Decision ordering the revocation of Registrant’s medical license effective June 22, 2018. The MBC Decision adopts the Proposed Decision of Administrative Law Judge Jonathan Lew. ALJ Lew received evidence, heard oral argument, and closed the record before issuing the Proposed Decision. Registrant was represented by counsel before ALJ Lew.

The MBC Decision states that the causes for the revocation are (1) Registrant’s conviction of criminal offenses substantially related to the qualifications, functions, or duties of a physician and surgeon and that also constitute unprofessional conduct, and (2) Registrant’s impairment due to a mental condition that “impacts . . . [his] ability to safely engage in the practice of medicine at this time.” Decision, at 25.

According to California’s online records, of which I take official notice, Registrant’s license is still revoked.<sup>1</sup> Medical Board of California Online License Search, [http://www.mbc.ca.gov/Breeze/License\\_Verification.aspx](http://www.mbc.ca.gov/Breeze/License_Verification.aspx) (last visited July 29, 2019).

Accordingly, I find that Registrant currently is not licensed to engage in the practice of medicine in California, the State in which he is registered with the DEA.

## 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 (hereinafter, 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, the 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. *See, e.g., James L. Hooper, M.D., 76 FR 71,371 (2011), pet. for rev. denied, 481 Fed. Appx. 826 (4th Cir. 2012); Frederick Marsh Blanton, M.D., 43 FR 27,616, 27,617 (1978).*

This rule derives from the text of two provisions of the CSA. First, Congress

<sup>1</sup> 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). 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.” Accordingly, Registrant may dispute my finding by filing a properly supported motion for reconsideration within 15 calendar days of the date of this Order. Any such motion shall be filed with the Office of the Administrator and a copy shall be served on the Government. In the event Registrant files a motion, the Government shall have 15 calendar days to file a response.

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(f). Because Congress has clearly mandated that a practitioner possess State authority in order to be deemed a practitioner under the CSA, the 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., Hooper, supra*, 76 FR at 71,371–72; *Sheran Arden Yeates, M.D., 71 FR 39,130, 39,131 (2006); Dominick A. Ricci, M.D., 58 FR 51,104, 51,105 (1993); Bobby Watts, M.D., 53 FR 11,919, 11,920 (1988); Blanton, supra*, 43 FR at 27,617.

According to the California Uniform Controlled Substances Act, “No person other than a physician . . . shall write or issue a prescription.” Cal. Health & Safety Code § 11150 (West, Westlaw current with urgency legislation through Ch. 5 of 2019 Reg. Sess.). Further, “physician,” as defined by California statute, is a person who is “licensed to practice” in California. Cal. Health & Safety Code § 11024 (West, Westlaw current with urgency legislation through Ch. 5 of 2019 Reg. Sess.).

Here, the undisputed evidence in the record is that Registrant currently lacks authority to practice medicine in California. As already discussed, a physician must be licensed to practice medicine in order to write or issue a controlled substance prescription in California. Thus, because Registrant lacks authority to practice medicine in California and, therefore, is not authorized to dispense controlled substances in California, he is not eligible to maintain a DEA registration. Accordingly, I 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. 823(f) and 824(a), I hereby revoke DEA Certificate of Registration No. AS3008213 issued to Anthony Schapera, M.D. Further, I hereby deny

any pending application of Anthony Schapera, M.D. to renew or modify this registration, as well as any pending application of Anthony Schapera, M.D. for registration in California. This Order is effective September 9, 2019.

Dated: July 28, 2019.

**Uttam Dhillon,**

*Acting Administrator.*

[FR Doc. 2019-17003 Filed 8-7-19; 8:45 am]

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## DEPARTMENT OF JUSTICE

### Office of Justice Programs

[OJP (BJA) Docket No. 1763]

#### Notice of Renewal of the Charter for the Public Safety Officer Medal of Valor Review Board

**AGENCY:** Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), Justice.

**ACTION:** Renewal of the Charter.

**SUMMARY:** The Bureau of Justice Assistance provides notice that the charter of the Public Safety Officer Medal of Valor Review Board has been renewed.

**FOR FURTHER INFORMATION CONTACT:** Visit the website for the Public Safety Officer Medal of Valor Review Board at <https://www.bja.gov/programs/medalofvalor/index.html> or contact Gregory Joy, Policy Advisor, Bureau of Justice Assistance, Office of Justice Programs, 810 7th Street NW, Washington, DC 20531, by telephone at (202) 514-1369, toll free (866) 859-2687, or by email at [Gregory.joy@usdoj.gov](mailto:Gregory.joy@usdoj.gov).

**SUPPLEMENTARY INFORMATION:** The Bureau of Justice Assistance provides notice that the charter of the Public Safety Officer Medal of Valor Review Board has been renewed.

The Charter for the Public Safety Officer Medal of Valor Review Board was submitted to the U.S. Attorney General, who subsequent approved its renewal on April 24, 2019. Following this approval, separate correspondence were mailed June 5, 2019, to: The Honorable Lindsey Graham, Chairman, Committee on the Judiciary, United States Senate; The Honorable Dianne Feinstein, Ranking Member, Committee on the Judiciary, United States Senate; The Honorable Jerrold Nadler, Chairman, Committee on the Judiciary, U.S. House of Representatives; The Honorable Doug Collins, Ranking Member, Committee on the Judiciary, U.S. House of Representatives; and Ms. Sara Striner, Chair, Federal Advisory Committee Desk, Library of Congress.

This completes the process to renew the Charter for an additional 2-year period.

**Gregory Joy,**

*Policy Advisor/Designated Federal Officer, Bureau of Justice Assistance.*

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## DEPARTMENT OF LABOR

### Employment and Training Administration

#### Allocating Grants to States for Reemployment Services and Eligibility Assessments (RESEA) in Accordance With Title III, Section 306 of the Social Security Act (SSA)

**AGENCY:** Office of Unemployment Insurance (OUI), Employment and Training Administration (ETA), Department of Labor (DOL).

**ACTION:** Notice.

**SUMMARY:** The Bipartisan Budget Act of 2018 (BBA), Public Law 115-123 (2018), established permanent authorization for the RESEA program by enacting section 306 of title III, (SSA). This notice announces the formula to allocate base funds for the RESEA program, as provided under Section 306(f)(1), SSA, 42 U.S.C. 506(f)(1).

On April 4, 2019, ETA published a notice in the **Federal Register** (84 FR 13319) requesting public comment concerning the development of a proposed formula that ETA will use to distribute funding to States for RESEA. The notice presented a description of a proposed allocation formula and public comments were requested. The comment period closed on May 6, 2019. This notice summarizes and responds to the comments received and publishes the final allocation formula that will take effect in Fiscal Year (FY) 2021.

**DATES:** The RESEA allocation formula described in this notice will take effect in FY 2021.

**ADDRESSES:** Questions about this notice may be submitted to the U.S. Department of Labor, Employment and Training Administration, Office of Unemployment Insurance, 200 Constitution Avenue NW, Room S-4524, Washington, DC 20210, Attention: Lawrence Burns, or by email at [DOL-ETA-UI-FRN@dol.gov](mailto:DOL-ETA-UI-FRN@dol.gov).

**FOR FURTHER INFORMATION CONTACT:** Lawrence Burns, Division of Unemployment Insurance Operations, at 202-693-3141 (this is not a toll-free number), TTY 1-877-889-5627, or by email at [Burns.Lawrence@dol.gov](mailto:Burns.Lawrence@dol.gov).

**SUPPLEMENTARY INFORMATION:**

## I. Introduction

Since 2005, DOL and participating State workforce agencies have been addressing individual reemployment needs of Unemployment Insurance (UI) claimants and working to prevent and detect UI improper payments through the voluntary UI Reemployment and Eligibility Assessment (REA) program and, beginning in FY 2015, through the voluntary RESEA program.

On February 9, 2018, the President signed the BBA, which included amendments to the SSA creating a permanent authorization for the RESEA program. The RESEA provisions are contained in section 30206 of the BBA, enacting new section 306 of the SSA. 42 U.S.C. 506. Section 306, SSA also contains provisions for funding the RESEA program.

The primary goals of the RESEA program are to: Improve employment outcomes for individuals that receive unemployment compensation (UC) by reducing average duration of receipt of UC through employment; strengthen program integrity and reduce improper payments; promote alignment with the broader vision of the Workforce Innovation and Opportunity Act through increased program integration and service delivery for job seekers; and establish RESEA as an entry point to other workforce system partner programs for individuals receiving UC. Core services that must be provided to RESEA participants are:

- UI eligibility assessment, including review of work search activities, and referral to adjudication, as appropriate, if an issue or potential issue is identified;
- Labor market and career information that address the claimant's specific needs;
- Enrollment in Wagner-Peyser Act funded Employment Services;
- Support to the claimant to develop and implement an individual reemployment plan; and
- Information regarding, and access to, American Job Center services and providing referrals to reemployment services and training, as appropriate, to support the claimant's return to work.

## II. Background

Section 306, SSA, specifies three uses for amounts appropriated for the RESEA program and designates the proportion of annual appropriations to be assigned to these uses: (1) Base funding (84 percent to 89 percent of the appropriation depending on the year) for States to operate the RESEA program, (2) outcome payments (10 percent to 15 percent of the