## 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).''). The Agency has applied these principles consistently. *See, e.g., Merry Alice Troupe, N.P.,* 89 FR 81,549, (2024); *Rachel Jackson, P.A.,* 90 FR 13,198 (2025).[5]

According to California statute, ''dispense'' means ''to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, furnishing, packaging, labeling, or compounding necessary to prepare the substance for that delivery.'' Cal. Health & Safety Code § 11010 (West 2026). Further, a ''practitioner'' means a person ''licensed, registered, or otherwise permitted, to distribute, dispense, conduct research with respect to, or administer, a controlled substance in the course of professional practice or research in [the] state.'' *Id.* at § 11026(c).

Here, the undisputed evidence in the record is that Registrant currently lacks authority to practice medicine in California. As discussed above, a physician must be a licensed practitioner to dispense a controlled substance in California. Thus, because Registrant currently lacks authority to practice medicine in California and, therefore, is not authorized to handle controlled substances in California, Registrant is not eligible to maintain a DEA registration in California. 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. AW8146602 issued to John Ramsay Walters, 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 John Ramsay Walters, M.D., to renew or modify this registration, as well as any other pending application of John Ramsay Walters, M.D., for additional registration in California. This Order is effective October 21, 2026.

## Signing Authority

This document of the Drug Enforcement Administration was signed on September 11, 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.*

[FR Doc. 2026–19230 Filed 9–18–26; 8:45 am]

**BILLING CODE 4410–09–P**

Administrator, Drug Enforcement Administration, at *dea.addo.attorneys@dea.gov*.

[5] 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.

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

### Esther Villanueva Valdes, M.D.; Decision and Order

On February 19, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Esther Villanueva Valdes, M.D., of Arecibo, Puerto Rico (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 4. The OSC proposed the revocation of Registrant's Certification of Registration No. BV4657485, alleging that Registrant is ''currently without authority to . . . handle controlled substances in the Commonwealth of Puerto Rico, the U.S. territory in which [she is] registered with DEA'' and has been mandatorily excluded from participation in Medicare, Medicaid, and all Federal health care programs pursuant to 42 U.S.C. 1320a–7(a). *Id.* at 2 (citing 21 U.S.C. 824(a)(3), (5)).[1]

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 3 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing, and the Agency finds her to be in default. RFAA, at 3.[2] ''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

[1] According to the OSC and Agency records, Registrant's registration expired on May 31, 2025. RFAAX 1, at 2. The fact that a registrant allows his or her registration to expire during the pendency of an administrative enforcement proceeding does not impact the Agency's jurisdiction or prerogative under the Controlled Substances Act to adjudicate the OSC to finality. *Jeffrey D. Olsen, M.D.,* 84 FR 68474, 68476–79 (2019).

[2] Based on the Government's submissions in its RFAA dated February 12, 2026, the Agency finds that service of the OSC on Registrant was adequate. The RFAA's included Declaration from a DEA Diversion Investigator (DI) indicates that on February 24, 2025, the DI emailed the OSC to Registrant and on that same day Registrant acknowledged receipt of the OSC via email. RFAAX 2, at 1; *see id.,* Attachment A. Here, the Agency finds that Registrant was successfully served the OSC by email.

default pursuant to 21 CFR 1301.43(c), (f), and 1301.46. RFAA, at 4; *see* 21 CFR 1316.67.[3]

## I. Loss of State Authority

### *A. 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 Puerto Rico medical license, issued by the Puerto Rico Board of Medical Licensure and Discipline (Board), expired on July 4, 2022. RFAAX 1, at 2. Registrant also held a Board controlled substance license that expired on August 31, 2023. *Id.*

According to Puerto Rico online records, of which the Agency takes official notice,[4] Registrant's medical license is expired and remains in such status. Commonwealth of Puerto Rico Department of Health, Division of Board of Licensing and Medical Discipline Verification Search, *https://orcps.salud.pr.gov/mbps/verificacion* (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to practice medicine in Puerto Rico, the jurisdiction in which she is registered with DEA.[5]

### *B. 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. *See, e.g., James L. Hooper, M.D.,* 76 FR 71371, 71372 (2011), *pet. for rev. denied,* 481 F. App'x 826 (4th Cir. 2012); *Frederick Marsh Blanton, M.D.,* 43 FR 27616, 27617 (1978).[6]

According to the Puerto Rico Controlled Substances Act, ''[a]ny person who manufactures, distributes and dispenses controlled substances in the Commonwealth of Puerto Rico . . . shall obtain a registration certification annually, issued by the Secretary of Health, pursuant to the rules and regulations approved and promulgated by said government official.'' P.R. Laws Ann. tit. 24, § 2302(a) (current through all acts translated by the Translation Office of the Puerto Rico Government through the 2025 Legislative Session). Further, ''dispense'' means ''the prescribing, administering or delivering of a controlled substance to an ultimate user, by prescription or order for administering it. It includes the process of the compounding, labeling and packaging of a controlled substance for such delivery. The term 'dispenser' means the practitioner who so delivers a controlled substance.'' *Id.* § 2102(11).

Here, the undisputed evidence in the record is that Registrant lacks authority to dispense controlled substances in Puerto Rico. As discussed above, an individual must hold a controlled substance license and be licensed to practice medicine to dispense a controlled substance in Puerto Rico. Thus, because Registrant lacks authority to handle controlled substances in Puerto Rico, Registrant is not eligible to maintain a DEA registration in that jurisdiction. Accordingly, the Agency will order that Registrant's DEA registration be revoked.

Registrant's lack of state authority to handle controlled substances in Puerto Rico is sufficient by itself to support revoking Registrant's DEA registration. *Infra* n.9. The following mandatory exclusion ground provides an additional, independent basis for revoking Registrant's DEA registration.

## II. Mandatory Exclusion From Federal Health Care Programs

### *A. Findings of Fact*

Registrant is deemed to admit that on April 7, 2021, in the United States District Court for the District of Puerto Rico, Registrant pled guilty to one count of healthcare fraud in violation of 18 U.S.C. 1347 and judgment was entered against her on August 30, 2021.[7] RFAAX 1, at 2. As a result of Registrant's guilty plea and criminal conviction, the U.S. Department of Health and Human Services, Office of Inspector General (HHS/OIG), mandatorily excluded Registrant from participation in Medicare, Medicaid, and all Federal health care programs, effective March 20, 2022, for a minimum period of 8 years, pursuant to 42 U.S.C. 1320a–7(a). *Id.*

### *B. Discussion*

Pursuant to 21 U.S.C. 824(a)(5), the Attorney General is authorized to suspend or revoke a registration issued under section 823 of the CSA upon finding that the registrant ''has been excluded (or directed to be excluded) from participation in a program pursuant to section 1320a–7(a) of Title 42.'' The Agency has consistently held that it may also deny an application upon finding that an applicant has been excluded from a federal health care program. *Mark Agresti, M.D.,* 90 FR 30098, 30099 (2025); *Samirkumar Shah, M.D.,* 89 FR 71931, 71933 (2024); *Arvinder Singh, M.D.,* 81 FR 8247, 8248 n.3 (2016).

The Agency finds substantial record evidence that Registrant has been, and

[3] The RFAA states that ''the Administrator is authorized to render the Agency's final order, without holding a hearing or making findings of fact in this matter.'' RFAA, at 3–4 (citing 21 CFR 1301.43(c), (f), and 1301.46). However, 21 CFR 1316.67 requires that the Administrator's final order ''set forth the final rule and findings of fact and conclusions of law upon which the rule is based.'' *See JYA LLC d/b/a Webb's Square Pharmacy,* 90 FR 31244, 31246 n.7 (2025).

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

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

[6] This rule derives from the text of two provisions of the Controlled Substances Act (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). Under the CSA, the term ''state'' means ''a State of the United States, the District of Columbia, and any commonwealth, territory, or possession of the United States,'' including Puerto Rico. 21 U.S.C. 802(26). Because Congress has clearly mandated that a practitioner possess 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 jurisdiction in which he practices. *See, e.g., James L. Hooper,* 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,* 43 FR at 27617.

[7] *See United States* v. *Esther Villanueva-Valdes,* No. 3:21–cr–00101–ADC (D.P.R.).

remains, mandatorily excluded from federal health care programs pursuant to 42 U.S.C. 1320a–7(a).[8] Accordingly, the Agency finds that substantial record evidence establishes the Government's *prima facie* case for revocation of Registrant's registration under 21 U.S.C. 824(a)(5).

### III. Sanction

Where, as here, the Government has met its *prima facie* burden of showing that Registrant's registration should be revoked, the burden shifts to Registrant to show why she can be entrusted with a registration. *Morall* v. *Drug Enf't Admin.,* 412 F.3d. 165, 174 (D.C. Cir. 2005); *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 (2018). The issue of trust is necessarily a fact-dependent determination based on the circumstances presented by the individual practitioner. *Jeffrey Stein, M.D.,* 84 FR 46968, 46972 (2019); *see Jones Total Health Care Pharmacy,* 881 F.3d at 833. Moreover, as past performance is the best predictor of future performance, DEA Administrators have required that a registrant who has committed acts inconsistent with the public interest must accept responsibility for those acts and demonstrate that the registrant will not engage in future misconduct. *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). Historically, the Agency has considered acceptance of responsibility, egregiousness, and deterrence when making this assessment. *See Michael Bouknight,* 90 FR 31247, 31250 (2025); *Sasha Melissa Ikramelahai,* 90 FR 32017, 32020–21 (2025); *Frank Joseph Stirlacci, M.D.,* 85 FR 45229, 45239–40 (2020).

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 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. *See Jones Total Health Care Pharmacy,* 881 F.3d at 830–31; *Hoxie* v. *Drug Enf't Admin.,* 419 F.3d 477, 483–84 (6th Cir. 2005). Further, the Agency has found that the egregiousness and extent of the misconduct are significant factors in determining the appropriate sanction. *Jones Total Health Care Pharmacy,* 881 F.3d at 833 n.4, 834. 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 answer the allegations in the OSC and was deemed to be in default. 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 properly answer the allegations contained in the OSC and has not otherwise availed herself 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 her future compliance with the CSA, and has not demonstrated that she can be trusted with registration.

Accordingly, the Agency will order the revocation of Registrant's registration.[9]

### 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. BV4657485, issued to Esther Villanueva Valdes, 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 Esther Villanueva Valdes, M.D., to renew or modify this registration, as well as any other pending application of Esther Villanueva Valdes, M.D., for additional registration in Puerto Rico. This Order is effective October 21, 2026.

### Signing Authority

This document of the Drug Enforcement Administration was signed on September 11, 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.*

[FR Doc. 2026–19232 Filed 9–18–26; 8:45 am]

**BILLING CODE 4410–09–P**

[8] The underlying conviction forming the basis for mandatory exclusion from participation in federal health care programs need not involve controlled substances to provide the grounds for revocation or denial pursuant to Section 824(a)(5). *Jeffrey Stein, M.D.,* 84 FR 46968, 46971–72 (2019); *Narciso Reyes, M.D.,* 83 FR 61678, 61681 (2018); *KK Pharmacy,* 64 FR 49507, 49510 (1999) (collecting cases).

[9] In this matter there are two separate and distinct grounds by which the Government proposed revocation, Registrant's lack of state authority and her mandatory exclusion; each ground, standing alone, supports the Agency's decision to revoke.

## DEPARTMENT OF LABOR

### Agency Information Collection Activities; Submission for OMB Review; Comment Request; Qualification/Certification Program Request for MSHA Individual Identification Number (MIIN)

**ACTION:** Notice of availability; request for comments.

**SUMMARY:** The Department of Labor (DOL) is submitting this Mine Safety & Health Administration (MSHA)-sponsored information collection request (ICR) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (PRA). Public comments on the ICR are invited.

**DATES:** The OMB will consider all written comments that the agency receives on or before October 21, 2026.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** Nicole Bouchet by telephone at 202–693–0213, or by email at *DOL_PRA_PUBLIC@dol.gov.*

**SUPPLEMENTARY INFORMATION:** MSHA issues certifications, qualifications and approvals to the nation's miners to conduct specific work within the mines. Miners requiring qualification or certification from MSHA will register for an ''MSHA Individual Identification Number'' (MIIN). MSHA uses this unique number in place of individual SSNs for all MSHA collections. The MIIN identifier fulfills Executive Order 13402, Strengthening Federal Efforts Against Identity Theft, which requires Federal agencies to better secure government held data. For additional substantive information about this ICR,