

Register pursuant to section 6(b) of the Act on October 11, 2024 (89 FR 82628).

Suzanne Morris,

Deputy Director Civil Enforcement Operations, Antitrust Division.

[FR Doc. 2025–06810 Filed 4–18–25; 8:45 am]

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DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Integrated Photonics Institute for Manufacturing Innovation Operating Under the Name of the American Institute for Manufacturing Integrated Photonics

Notice is hereby given that, on March 11, 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”), The Integrated Photonics Institute for Manufacturing Innovation operating under the name of the American Institute for Manufacturing Integrated Photonics (“AIM Photonics”) 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, Aeluma, Inc., Goleta, CA; The Regents of the University of Michigan, Ann Arbor, MI; and MISUMI USA Inc., Schaumburg, IL, have been added as parties to this venture.

Also, CSPEED Inc., Palo Alto, CA; DeepSight Technology Inc., Santa Clara, CA; Luna Innovations, Blacksburg, VA; Ortho-Clinical Diagnostics, Inc., Raritan, NJ; Seagate Technology LLC, Fremont, CA; and Texas A&M University, College Station, TX, have withdrawn as parties to this venture.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 AIM Photonics intends to file additional written notifications disclosing all changes in membership.

On June 16, 2016, AIM Photonics 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 July 25, 2016 (81 FR 48450).

The last notification was filed with the Department on December 6, 2024. A

notice was published in the **Federal Register** pursuant to section 6(b) of the Act on February 28, 2025 (90 FR 10947).

Suzanne Morris,

Deputy Director Civil Enforcement Operations, Antitrust Division.

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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

John Stanton, M.D.; Decision and Order

On November 22, 2023, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to John Stanton, M.D., of Clarksville, Tennessee (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 2, at 1, 4. The OSC proposed the revocation of Registrant’s DEA Certificate of Registration No. BS1750048, alleging that Registrant’s registration should be revoked because Registrant is “currently without authority to handle controlled substances in the State of Tennessee, the state in which [he is] registered with DEA.” *Id.* at 2 (citing 21 U.S.C. 824(a)(3)).¹

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 2, at 3 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing. RFAA, at 2.² “A

¹ The OSC also proposed the revocation of Registrant’s registration because Registrant was convicted of a federal felony related to controlled substances and was mandatorily excluded from participation in Medicare, Medicaid, and all federal health care programs pursuant to 42 U.S.C. 1320a–7(a). *Id.* at 1. In its RFAA, the Government referenced these additional allegations in the introductory paragraph, the procedural background, and the proposed findings of fact. RFAA, at 1–3. However, in the “Proposed Conclusions of Law and Argument” section of the RFAA through the remainder of the document, the Government only discussed the aforementioned loss of state authority allegation. *Id.* at 3–6. As such, the Government appears to have dropped the felony conviction and mandatory exclusion allegations and the Agency does not consider them in this decision.

² Based on the Government’s submissions in its RFAA dated February 14, 2024, the Agency finds that service of the OSC on Registrant was likely adequate. Specifically, an included Declaration from a DEA Diversion Investigator (DI) indicates that on or about December 11, 2023, Registrant was sent a copy of the OSC through certified mail to his registered address, the address where he is currently incarcerated, and two separate attorney addresses. RFAAX 3, at 1–2. Though there is no documented confirmation of receipt from either Registrant or his attorneys, all copies of the OSC that were mailed had tracking numbers attached. *Id.*, Attachments A–D.

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), (f), 1301.46. RFAA, at 3; *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 admitted. According to the OSC, on April 27, 2023, the State of Tennessee Department of Health, Board of Medical Examiners revoked Registrant’s Tennessee medical license. RFAAX 2 at 2. According to Tennessee online records, of which the Agency takes official notice, Registrant’s Tennessee medical license remains revoked.³ Tennessee Department of Health Licensure Verification, <https://internet.health.tn.gov/Licensure> (last visited date of signature of this Order). Accordingly, the Agency finds that Registrant is not licensed to practice as a physician in Tennessee, the state in which he is registered with DEA.⁴

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

³ 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).

⁴ 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 Decision, is not licensed to practice medicine in Tennessee. 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 Office of the Administrator, Drug Enforcement Administration at dea.addo.attorneys@dea.gov.

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., *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).⁵

According to Tennessee 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, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.” Tenn. Code Ann. sec. 39–17–402(7) (2024). Further, a “practitioner” means “a physician . . . or other 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 this state.” *Id.* at sec. 39–17–402(23)(A).

Here, the undisputed evidence in the record is that Registrant lacks authority to practice medicine in Tennessee. As discussed above, an individual must be a licensed practitioner to dispense a controlled substance in Tennessee. Thus, because Registrant lacks authority to practice medicine in Tennessee and, therefore, is not authorized to handle controlled substances in Tennessee, Registrant is not eligible to maintain a DEA registration. 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. BS1750048 issued to John Stanton, 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 Stanton, M.D., to renew or modify this registration, as well as any other pending application of John Stanton, M.D., for additional registration in Tennessee. This Order is effective May 21, 2025.

Signing Authority

This document of the Drug Enforcement Administration was signed on April 15, 2025, by Acting Administrator Derek Maltz. 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. 2025–06825 Filed 4–18–25; 8:45 am]

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NUCLEAR REGULATORY COMMISSION

[Docket No. 50–261; NRC–2025–0076]

Duke Energy Progress, LLC; H.B. Robinson Steam Electric Plant, Unit No. 2; Subsequent License Renewal Application

AGENCY: Nuclear Regulatory Commission.

ACTION: Notice; receipt.

SUMMARY: The U.S. Nuclear Regulatory Commission (NRC) has received an application for the renewal of Facility Operating License No. DPR–23, which authorizes Duke Energy Progress, LLC (Duke, the applicant) to operate H.B. Robinson Steam Electric Plant (Robinson), Unit 2. The renewed license would authorize the applicant to operate Robinson, Unit 2, for an additional 20 years beyond the period specified in the current license. The current operating license for Robinson, Unit 2, expires July 31, 2030.

DATES: The subsequent license renewal application referenced in this document is available on April 21, 2025.

ADDRESSES: Please refer to Docket ID NRC–2025–0076 when contacting the NRC about the availability of information regarding this document. You may obtain publicly available information related to this document using any of the following methods:

- **Federal Rulemaking Website:** Go to <https://www.regulations.gov> and search for Docket ID NRC–2025–0076. Address questions about Docket IDs in *Regulations.gov* to Bridget Curran; telephone: 301–415–1003; email: Bridget.Curran@nrc.gov. For technical questions, contact the individual listed in the **FOR FURTHER INFORMATION**

CONTACT section of this document.

- **NRC’s Agencywide Documents Access and Management System (ADAMS):** You may obtain publicly available documents online in the ADAMS Public Documents collection at <https://www.nrc.gov/reading-rm/adams.html>. To begin the search, select “Begin Web-based ADAMS Search.” For problems with ADAMS, please contact the NRC’s Public Document Room (PDR) reference staff at 1–800–397–4209, at 301–415–4737, or by email to PDR.Resource@nrc.gov. The ADAMS accession number for each document referenced (if it is available in ADAMS) is provided the first time that it is mentioned in this document.

- **NRC’s PDR:** The PDR, where you may examine and order copies of publicly available documents, is open by appointment. To make an

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.