Audit of the Drug Enforcement Administration's Registration Process for Medical Practitioners

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AUDIT DIVISION

26-069

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(U) Audit of the Drug Enforcement Administration's Registration Process for Medical Practitioners

(U) Introduction

(U) Federal law requires registration with the Drug Enforcement Administration (DEA), as part of its Diversion Control Program (DCP), by all businesses that import, export, manufacture, or distribute controlled substances; all health professionals licensed to dispense, administer, or prescribe controlled substances; and all pharmacies authorized to fill prescriptions. According to the DEA, its DCP registration process builds accountability within the pharmaceutical supply chain by allowing the DEA to identify controlled substances as they move through the system from the importation of raw materials, through the manufacturing and distribution processes, and if necessary to those who consume them.

(U) Audit Objective

(U) The Office of the Inspector General (OIG) initiated this audit of the DEA's registration process for medical practitioners to determine whether the DEA has adequate and effective controls to ensure medical practitioners meet DEA registration requirements. We focused on the DEA's procedures for ensuring that applicants and registrants fulfilled applicable requirements set forth in federal law, local licensing requirements, and DEA-instituted background checks.

(U) Results in Brief

(U) With the drastic rise in drug overdose deaths in the United States since 1999, the DEA's DCP registration process plays a critical role in ensuring that the distribution and handling of controlled substances, such as opioids, are properly managed by the pharmaceutical industry and by the licensed medical practitioners who prescribe them. However, we found that the DEA has not instituted quality assurance processes to help ensure that the high-volume of initial registrations and renewals received by the DEA each year are complete and accurate. In addition, we found that the DEA does not include registered medical practitioners in its Scheduled Investigation Program's annual workplan, which may increase the risk that non-compliant practitioners are being overlooked. We also found that the DEA does not adequately verify that eligible individuals who have been granted a DEA registration number have satisfied the important training requirements included in the Medication Access and Training Expansion Act (MATE Act).

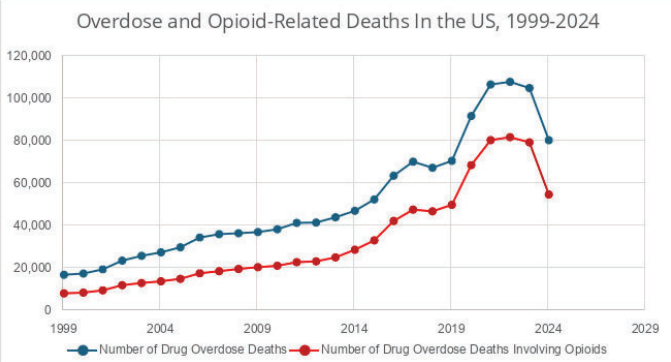
(U) Recommendations

(U) In this report we make five recommendations to help the DEA improve its oversight and management of this critical part of its diversion control efforts. The DEA concurred with our recommendations in response to a draft of this report, which can be found in Appendix 2. Our analysis of the DEA's response and actions needed to close the report can be found in Appendix 3.

(U) Drug Overdose Epidemic

(U) The Centers for Disease Control and Prevention (CDC) reports that between 1999 and 2020 nearly 1 million people died in the United States of a drug overdose. Beginning in 2019 and continuing during the height of the COVID-19 pandemic, drug overdose and opioid-related deaths rose dramatically until peaking in 2022, as shown in Figure 1.

(U) Figure 1



Source: CDC data

(U) The scope of the overdose epidemic in the United States illustrates why it is critical that any available preventative measures are effectively employed. Ensuring that only qualified businesses and medical practitioners receive and maintain DEA DCP registration numbers is one such preventative measure.

(U) Diversion Control Program Funding

(U) Fully funded by registrant fees, the DEA DCP collected over $1.8 billion between January 2022 and December 2024. As shown in Figure 2, registrant fees by practitioners who prescribe, research, and dispense controlled substances made up the vast majority (over 94 percent) of fees collected. The registration and renewal fee for medical practitioners is currently $888 for a registration period of 3 years.[1]

(U) The registration fee structure is periodically reassessed to ensure there is sufficient funding to cover the full costs of the DCP, to include personnel and operations. The latest assessment was conducted in 2020.

(U) Figure 2[2]

Source: OIG analysis of DEA data

(U) DCP Registration Process

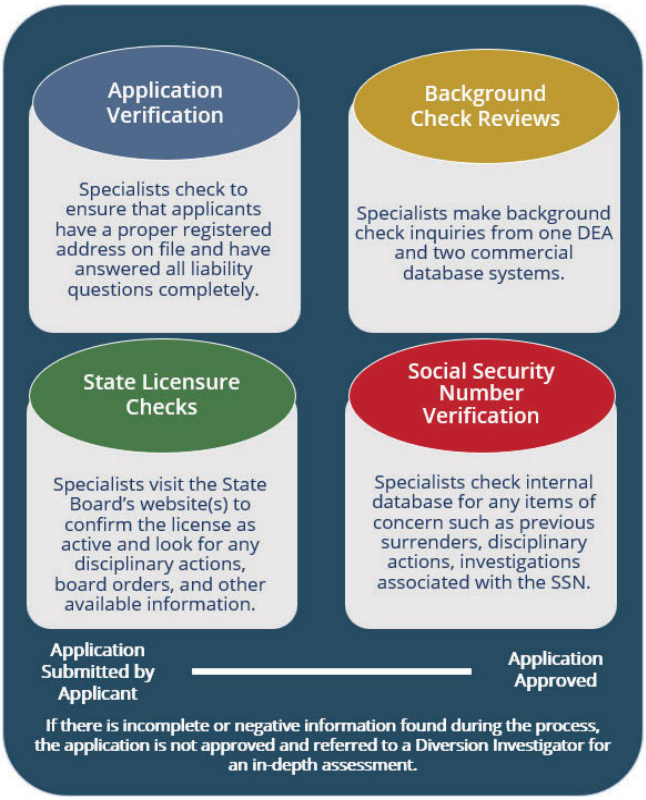
(U) To register with the DEA, individuals and entities must submit an electronic application. Upon receipt, the application is typically processed by 1 of 81 DEA Registration Program Specialists (Specialists) onboard as of July 2025. These Specialists are located within the 23 DEA Field Divisions throughout the country and are responsible for processing registration applications from applicants with a registered address in a Specialist's assigned region, or area of responsibility. As described further in Figure 3, Specialists review the registrant applications for compliance with federal and state laws and regulations; verify application contents; and perform Social Security Number verifications, background checks, state license verification, and address verifications.

[1] (U) Registration fees range from $296 for researchers, analytical labs, and narcotic treatment programs to $3,699 for manufacturers.

[2] (U) In Figure 2, similar registrant business activities are combined. The "Other" category includes: (1) Analytical Labs, (2) Automated Dispensing Units, (3) Chemical Distributors, (4) Chemical Exporters, (5) Chemical Importers, (6) Chemical Manufacturers, (7) Compounder/Maintenance, (8) Compounder/Maintenance/Detox, (9) Detoxification, (10) Distributors, (11) Exporters, (12) Hospitals/Clinics, (13) Importers, (14) Maintenance, (15) Maintenance/Detox, (16) Manufacturers, (17) Researchers/Canine Handlers, (18) Reverse Distributors, and (19) Teaching Institutions.

(U) Figure 3

(U) DEA Application Review



Source: OIG summary of DEA information

(U) If a Specialist identifies derogatory information during their review of an initial application, the Specialist is required to refer the potential registrant to a DEA Diversion Investigator for further review.[3]

(U) Once all federal and state requirements are met, the new registrant application is approved by the Specialist, and a DEA registration number is generated and valid for 3 years. Between fiscal years (FY) 2022 and 2024, the DEA received over 2.1 million initial and renewal applications.

(U) Specialist Oversight

(U) When a Specialist completes the required background checks and other required reviews during the new application process, the Specialist must then notate completion of the checks in the application system. This generally occurs without any verification or secondary review by a supervisor. If the Specialist does not document an exception within the system, the application is approved, and a DEA registration number is generated.

(U) In addition to a general lack of supervisory review, we found that the DEA does not have a standardized quality assurance program for its registration process. Instead, the DEA relies on local supervisors to proactively decide whether to conduct internal quality assurance checks on newly approved applications, which according to both group supervisors that we interviewed, could result in errors not being detected in a timely manner.

(U) Furthermore, the lack of a required supervisory review or a standard quality assurance process for approved applications means that the DEA does not have reasonable assurance that initial application reviews by its Specialists are free of human error, which can potentially lead to approved applications that do not meet the required eligibility requirements.

(U) While we recognize that it may not be practical for a supervisor to review every application processed by a Specialist, we believe the DEA should have a reliable method of verifying and testing the work of its Specialists. Accordingly, we recommend that the DEA develop and implement standardized quality assurance measures to better ensure that registrant applications processed and approved by DEA Specialists meet eligibility requirements.

(U) Application Renewals

(U//~~LES~~) When a renewal application is submitted, it is electronically reviewed by the DEA's registration system [redacted]. Between FYs 2022 and 2024, approximately 1.5 million renewal applications were auto-approved by the system without a secondary review by a Specialist or Diversion Investigator.

(U) We asked the DEA whether a risk assessment had been performed prior to implementing the auto-approve function in its registration system. According to DEA officials, the decision to auto-approve renewal applications was made prior to the current leadership and evidence of a documented risk assessment could not be located.

[3] (U) Supervisory Diversion Investigators serve as the direct supervisors of the DEA Specialists.

(U//LES) We have concerns with the DEA's renewal process. [redacted], the DEA is relying on the good faith and veracity of renewal applicants [redacted], DEA may not be aware of the potentially disqualifying action.

(U//LES) [redacted]. Therefore, we recommend that the DEA perform a comprehensive risk assessment of its automated renewal process to determine if it is adequately ensuring that renewals are only granted to worthy applicants based on accurate submissions. This risk assessment should include consideration of the implementation of a routine quality assurance process for renewal applications.

(U) Specialist Workload and Staffing

(U) As noted above, the DEA's DCP registration process involves numerous steps that depend on the careful and diligent work of its Specialists. From October 2021 to September 2024, Specialists reviewed over 672,363 initial applications and application renewals that were not automatically approved.

(U) Moreover, application review is not a Specialist's only duty. Specialists also conduct presentations and training exercises for the registrant community, and they serve as DEA's liaisons to the public, medical community, government personnel, and registrants for matters related to the DEA's registration program.

(U) The DEA registrant population is growing at an estimated 3 percent annually (about 66,000 new registrants per year). Despite the continued growth in the number of applications, DEA's Specialist staffing levels have recently declined by six personnel from July 2024 to July 2025. This recent decrease along with an extended hiring freeze during 2025 has led to a 19-percent vacancy rate in the Specialist position, which currently has a ceiling of 100 positions.

(U) The DEA informed us that Diversion Investigators are currently assisting the 81 Specialists with their growing workload but consider it a temporary solution that cannot be sustained long-term. As of July 2025, the DEA had submitted a hiring freeze exemption request to enable the hiring of more Specialists.

(U) Given the potential need to incorporate new quality assurance measures alongside Specialists' existing duties, we recommend that the DEA take steps to close the gap between its previously established Specialist staff ceiling and current Specialist staffing level and develop a strategy to optimize its registration application process, which may include increasing assigned resources and other enhancements.

(U) State Licensing and Other Verifications for Medical Practitioners

(U) In 2016, the Government Accountability Office (GAO) found that 864 of the 1.4 million registrants it reviewed were potentially ineligible or presented an increased risk of illicit diversion because they either did not possess state-level controlled substance authority, were reported deceased by the Social Security Administration, were incarcerated for drug-related and non-drug-related crimes, had active or recent warrants, or were listed as sex offenders.[4]

(U) Based on this prior GAO work, we selected a judgmental sample of active DEA medical practitioners (the largest subset of registrants) to determine whether they were properly licensed in their states, which is something that DEA Specialists are required to review when processing applications.[5] We verified the applicants' respective state board licenses online, which is the same practice utilized by Specialists. Our sample of 300 included 30 medical practitioners each from 10 different states.

(U) Overall, we found that 297 of the 300 applicants had active licenses to practice within their respective states. The remaining three applicants held a DEA registration with an expired state license.

[4] (U) U.S. Government Accountability Office (GAO), Controlled Substances: DEA Should Take Additional Actions to Reduce Risks in Monitoring the Continued Eligibility of Its Registrants, GAO-16-310 (May 2016), www.gao.gov/assets/gao-16-310.pdf.

[5] (U) According to 21 U.S.C. § 823, to obtain a DEA registration, practitioners must be licensed under state law to prescribe controlled substances.

(U~~//LES~~) During our review of the same 300, we also found that 8 had arrests and medical probationary periods on their state licensing record, and 3 others had minor errors in state license numbers. On the DEA registration form there are liability questions that inquire about an applicant's criminal history, if the applicant has ever had a state professional license placed on probation, and other questions to gauge an applicant's risk. [redacted] however, according to DEA documentation, only two of these applications were referred to a Diversion Investigator or Group Supervisor for further review, as required.

(U) Although the concerns noted above make up a relatively small percentage of the 300 registrations reviewed, we believe these are illustrative of issues that could be identified through the type of quality assurance processes recommended above for both initial and renewal applications. In addition, we are particularly concerned about 6 of the 8 registrants we identified with arrests and medical probationary periods on their state licensing records that were not referred to Diversion Investigators for review. We recommend that the DEA perform a thorough review of the six OIG-identified registrants with arrests and medical probationary periods to determine whether their applications were properly completed and adjudicated and subsequently take any necessary and required actions.

(U) Scheduled Investigation Program

(U) In addition to the background checks completed during the initial registration application review process, the DEA Diversion Control Division oversees registrants through its mandated Scheduled Investigations Program. According to the DEA, each Division Office requires Diversion Investigators to conduct scheduled investigations of registrants, in accordance with a DEA Headquarters-developed workplan. The DEA's goal is to complete 100 percent of the scheduled workplan every year.

(U) However, through our review of the most recent Scheduled Investigations Program workplan, we found that the DEA did not specify the number of scheduled investigations for medical practitioners even though they make up the vast majority of all registrants. According to a DEA official, it is currently unable to support scheduled investigations for medical practitioners because of insufficient staffing. As of April 2025, DEA's Diversion Control Division had less than 700 Diversion Investigators responsible for over 1.9 million medical practitioners. A DEA official told us that, currently, investigations into medical practitioners generally result from complaints received from a patient, staff, pharmacist, or employer, as well as tips from the public.

(U) We believe that sufficient oversight of medical practitioners is a crucial part of the DEA's efforts to prevent drug diversion. While complaint-driven investigations are rightfully prioritized, we believe the DEA can further minimize risks and realize deterrent and detection control benefits by performing scheduled investigations of medical practitioners through its DCP annual workplan. Therefore, we recommend that the DEA assess its Scheduled Investigation Program to determine the number of additional Diversion Investigators it needs to best ensure a practical percentage of its annual workplan includes medical practitioners and take steps to ensure it resources this program to achieve its annual workplan goals.

(U) Implementation of the MATE Act Training Requirement

(U) The Consolidated Appropriations Act of 2023 included the Medication Access and Training Expansion (MATE) Act, which became effective in June 2023.[6] The MATE Act requires all DEA-registered medical practitioners, except for veterinarians, to complete a one-time, 8-hour training on the treatment and management of patients with opioid or substance use disorders. These registrants must have satisfied the training requirement at the time of their initial application or by the time of their next scheduled registration renewal.

(U) According to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Service Administration (SAMSHA), the new training requirements enable practitioners to screen more widely for substance use disorders, treat pain appropriately, prevent substance misuse, and engage in life-saving interventions.[7]

(U) Medical practitioners are considered to have met the MATE Act training requirement if they are board certified in addiction medicine or addiction psychiatry, or if they

[6] (U) Pub. L. No. 117-328.

[7] (U) U.S. Department of Health and Human Services Substance Abuse and Mental Health Service Administration's "Recommendations for Curricular Elements in Substance Use Disorders Training," www.samhsa.gov/substance-use/treatment/resources/mat-act/training-requirements/curricular-elements-training (Accessed April 2026).

graduated in good standing (within 5 years of registering for or renewing their registration) from a U.S.-based medical, dental, physician assistant, or advanced nursing school that included a curriculum with at least 8 hours on treating and managing patients with opioid or substance use disorders or safe pharmacological management of dental pain.

(U) Ten of the 14 Specialists we interviewed told us that they are frequently contacted by applicants to learn more about the MATE Act. The Specialists also told us that applicants ask whether they need to complete the required training. Specialists typically refer the applicants to the DEA or SAMSHA website for additional guidance.

(U) Currently, to address the MATE Act training requirement, all medical practitioner applicants must attest that they met the training requirement by checking a box on the online DEA registration form. Without this attestation, the application will not be transmitted to the Specialist for processing. All 14 Specialists we interviewed confirmed that the DEA does not collect or request any training documentation or evidence, other than the attestation, to verify that the practitioners have fulfilled the training requirements of the MATE Act. The only exception would be if such documentation was specifically requested during an investigation by a Diversion Investigator.

(U) Because the DEA only requires a registering medical practitioner to attest to meeting the training requirements of the MATE Act, the DEA cannot verify an applicant's actual compliance with this federal law unless an investigation is initiated. This creates a risk of misrepresentation that could lead to the inappropriate prescribing of pharmaceuticals and increase the possibility that an inadequately trained or untrained medical practitioner obtains a DEA registration while lacking the ability to identify and treat individuals with substance use disorders.

(U) We believe this risk is further elevated because, as described above, the DEA does not currently include registered medical practitioners in its Scheduled Investigation Program, which could serve as a mechanism to help ensure compliance with this one-time, MATE Act training requirement. Accordingly, we encourage the DEA to consider this specific risk as part of its assessment of its Scheduled Investigation Program (in response to Recommendation 5).

(U) Conclusion and Recommendations

(U) We believe the DEA should have robust quality assurance processes that help ensure the growing volume of initial registration and renewal applications are complete and accurate and that DEA registration numbers are only granted to those who meet the stringent requirements set out in federal law. Without quality assurance processes for new applications and auto-approved renewal applications, the DEA runs the risk that unqualified or otherwise ineligible medical practitioners may obtain or maintain a DEA registration, risking illicit and improper prescribing of controlled substances. Further, the DEA's current practice of not including medical practitioners in its annual workplan for scheduled investigations leaves the largest block of DEA registrants—those prescribing controlled substances—without routine oversight in the absence of a specific allegation of wrongdoing.

(U) We recommend that the DEA:

1. (U) Develop and implement standardized quality assurance measures to better ensure that registrant applications processed and approved by DEA Specialists meet eligibility requirements.
2. (U) Perform a comprehensive risk assessment of its automated renewal process to determine if it is adequately ensuring that renewals are only granted to worthy applicants based on accurate submissions. This risk assessment should include consideration of the implementation of a routine quality assurance process for renewal applications.
3. (U) Take steps to close the gap between its previously established Specialist staff ceiling and current Specialist staffing level and develop a strategy to optimize its registration application process, which may include increasing assigned resources and other enhancements.
4. (U) Perform a thorough review of the six OIG-identified registrants with arrests and medical probationary periods to determine whether their applications were properly completed and adjudicated and subsequently take any necessary and required actions.
5. (U) Assess its Scheduled Investigation Program to determine the number of additional Diversion Investigators it needs to best ensure a practical percentage of its annual workplan includes medical practitioners and take steps to ensure it resources this Program to achieve its annual workplan goals.

(U) APPENDIX 1: Audit Scope and Methodology

(U) Scope and Methodology

(U) Generally, the scope of our audit was October 2021 through August 2025, typically involving data for FYs 2022 through 2024. To achieve our audit objective, we reviewed DEA training materials, policies, procedures, and manuals and federal regulations related to the DEA DCP registration program. We also interviewed DEA program officials and personnel who are responsible for reviewing applications for practitioner eligibility. Additionally, we observed Specialists completing the application review to acquire a better understanding of the application review processes.

(U) Statement on Compliance with Generally Accepted Government Auditing Standards

(U) We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

(U) Compliance with Laws and Regulations

(U) In this audit, we tested, as appropriate given our audit objectives and scope, selected transactions, records, procedures, and practices, to obtain reasonable assurance that the DEA's management complied with federal laws and regulations for which non-compliance, in our judgment, could have a material effect on the results of our audit.

(U) Our audit included examining, on a test basis, the DEA's compliance with the following laws and regulations that could have a material effect on the DEA's operations:

- 21 U.S.C. § 801 et seq.
- 21 C.F.R. § 1301
- Consolidated Appropriations Act of 2023, Section 1263

(U) This testing included interviewing DEA personnel, reviewing policies and procedures, and observing application review practices. Nothing came to our attention that caused us to believe that the DEA was not in compliance with the aforementioned laws and regulations.

(U) Internal Controls

(U) In this audit, we performed testing of internal controls significant within the context of our audit objectives. We did not evaluate the internal controls of the DEA to provide assurance on its internal control structure as a whole. DEA management is responsible for the establishment and maintenance of internal controls in accordance with 21 U.S.C. § 801 et seq.; 21 C.F.R. § 1301; and the Consolidated Appropriations Act of 2023, § 1263. Because we do not express an opinion on the DEA's internal control structure as a whole, we offer this statement solely for the information and use of the DEA.[8]

(U) Sample-Based Testing

(U) To accomplish our audit objective, we performed sample-based testing of applications for registrants active between FY 2022 and FY 2024 to determine whether medical practitioners were properly licensed in their states, which is one of the reviews that the DEA Specialists are required to complete when processing applications. In this effort, we employed a judgmental sampling design to obtain broad exposure to numerous facets of the areas we reviewed. This non-statistical sample design did not allow projection of the test results to the universe from which the samples were selected.

(U) Computer-Processed Data

(U) We obtained information from the DEA's Registrant Datasets Access Database as well as online state medical board license databases for the States of California, Delaware, Florida, Georgia, Nevada, New York, Oregon, Pennsylvania, and Texas. We did not test the reliability of these systems as a whole; therefore, any findings involving information from those systems were verified with documentation from other sources.

[8] However, because this report contains sensitive information that must be appropriately controlled, a redacted copy of this report with sensitive information removed will be made available publicly.

(U) APPENDIX 2: Drug Enforcement Administration's Response to the Draft Audit Report

U.S. Department of Justice
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, Virginia 22152

www.dea.gov

MEMORANDUM

TO: Jason R. Malmstrom
Assistant Inspector General for Audit
Department of Justice
Office of the Inspector General

FROM: Eric W. Baldus
Deputy Chief Inspector
Office of Inspections

ERIC BALDUS
Digitally signed by ERIC BALDUS
Date: 2026.06.03 10:09:42 -04'00'

SUBJECT: (U)DEA Response to the Office of Inspector General Draft Report titled, *Audit of the Drug Enforcement Administration's Registration Process for Medical Practitioners*

(U) The Drug Enforcement Administration (DEA) has received the Department of Justice (DOJ) Office of the Inspector General's (OIG), Atlanta Regional Audit Office Report titled, *Audit of the Drug Enforcement Administration's Registration Process for Medical Practitioners*.

(U) DEA appreciates OIG's work to determine if DEA has adequate and effective controls to ensure medical practitioners meet DEA registration requirements. The report makes 5 recommendations to help DEA improve its oversight and management of this critical part of Diversion Control efforts.

(U) During OIG's audit, an examination of DEA's practitioner renewal process was characterized as a completely unreviewed and automatic approval system workflow. DEA respectfully asserts that the use of the terms "auto-approved" and "automated renewal process" as they relate to the application renewal process for medical practitioners does not accurately reflect the operational design or functionality of the practitioner renewal process.

(U) DEA's practitioner renewal process is neither automatic nor instantaneous, although certain portions of the process are system-assisted and designed to streamline renewal submissions. Accordingly, DEA recommends that the process be referred to as the "Controlled Substances Act (CSA) Online Renewal Process" rather than an "auto-approved" or "automated renewal process."

(U) DEA registrants submit renewal applications electronically through the Diversion Control Division (DC) website. The online renewal process consists of six (6) sections - Personal/Business Information, Activity Update, State license(s), Background Information,

payment, and Confirmation. Practitioners are required to use information from their current DEA registration certificate in order to successfully access and complete the renewal application.

(U) The final step of the renewal application process includes a warning and consent statement pursuant to 21 U.S.C. § 843(d), which reinforces applicant accountability and certification requirements associated with the submission. For these reasons, DEA maintains that the practitioner renewal process should not be characterized as an "automatic approval" process. Rather, it is a structured online renewal system that incorporates multiple controls to ensure regulatory compliance and appropriate oversight of practitioner registrations.

(U) DEA provides the response below to the report's recommendations:

(U) Recommendation 1: Develop and implement standardized quality assurance measures to better ensure that registrant applications processed and approved by DEA Specialists meet eligibility requirements.

(U) DEA Response

(U) DEA concurs with the recommendation. DEA's Registrant Information Consolidated System ("RICS/CSA II") supports standardized implementation of federal regulations, as it is programmed in accordance with Title 21, Part 1300 of the Code of Federal Regulations. Using RICS/CSA II, DEA will further conduct a review of the registration process to determine areas where quality assurance measures could be implemented at the supervisory level. Once complete, DEA will provide support documentation of the standardized quality assurance measures to ensure that applications are processed and approved to meet eligibility requirements for closure of this recommendation.

(U) Recommendation 2: Perform a comprehensive risk assessment of its automated renewal process to determine if it is adequately ensuring that renewals are only granted to worthy applicants based on accurate submissions. This risk assessment should include consideration of the implementation of a routine quality assurance process for renewal applications.

(U)DEA Response

(U)DEA concurs with the recommendation. See response to recommendation 1.

(U) Recommendation 3: Take steps to close the gap between its previously established Specialist staff ceiling and current Specialist staffing level and develop a strategy to optimize its registration application process, which may include increasing assigned resources and other enhancements.

(U)DEA Response

(U) DEA concurs with the recommendation. DEA has experienced significant loss of personnel due to a variety of factors, such as the Deferred Retirement Program (DRP), and

remains under a federal hiring freeze, which prevents the agency from hiring personnel to fill staffing gaps. DEA remains committed to closing the staffing gap between the established Specialist staff ceiling and the current Specialist staffing level once the current federal hiring freeze is lifted. During the interim, DEA will continue to assess the needs of the program and provide enhancements of training and assign Diversion Investigators to assist with Registration Program Specialist workload in field divisions as needed. Once the hiring freeze is lifted, DEA will take steps to close the gap between its previously established Specialist staff ceiling and current Specialist staffing level and develop a strategy to optimize its registration application process for closure of this recommendation.

(U) Recommendation 4: Perform a thorough review of the six OIG-identified registrants with arrests and medical probationary periods to determine whether their applications were properly completed and adjudicated and subsequently take any necessary and required actions.

(U)DEA Response

(U) DEA concurs with the recommendation. In February 2026, DEA conducted a review of the six OIG-identified registrants with arrests and medical probationary periods to determine whether their applications were properly adjudicated. The review did not reveal the existence of adverse actions by the practitioners identified by OIG relative to their handling of controlled substances. DEA will provide support documentation for the review and will request closure of this recommendation upon completion.

(U) Recommendation 5: Assess its Scheduled Investigation Program to determine the number of additional Diversion Investigators it needs to best ensure a practical percentage of its annual workplan includes medical practitioners and take steps to ensure it resources this Program to achieve its annual workplan goals.

(U)DEA Response

(U) DEA concurs with the recommendation. In the FY2026 scheduled investigation workplan, the Diversion Control Division has incorporated medical practitioners into the identified type of registrants that are required to meet the workplan goals. DEA assesses the scheduled investigation work plan on an annual basis to ensure a practical percentage includes medical practitioners. DEA has completed actions to assess its scheduled investigation program to determine the needs of Diversion Investigators, ensuring that resources to achieve the annual workplan have been met. DEA has provided the FY 2026 annual Workplan memo under separate cover and requests closure of this recommendation.

(U) If you have any questions regarding this response, please contact Janice Swygert, Acting Section Chief, External Audit Liaison Team, at (571) 776-3119.

(U) APPENDIX 3: Office of the Inspector General Analysis and Summary of Actions Necessary to Close the Audit Report

(U) The Office of the Inspector General (OIG) provided a draft of this audit report to the Drug Enforcement Administration (DEA). The DEA's response is incorporated in Appendix 2 of this final report. In response to our audit report, the DEA concurred with our recommendations and discussed the actions it will implement in response to our findings. As a result, the status of the audit report is resolved.

(U) In its response, the DEA stated that the OIG characterized its practitioner renewal process as a "completely unreviewed" and "automatic approval system workflow" and objected to our use of the terms "auto-approved" and "automated renewal process" to describe its process. First, we note that the OIG does not describe the practitioner renewal process as "completely unreviewed" or as an "automatic approval system workflow." Furthermore, the OIG adopted the term, and variations of, "auto-approved" from the DEA's use on multiple occasions in documentation it provided to the OIG. The description of the renewal process presented in the report, including when renewal applications are automatically renewed, is accurate and wholly consistent with the evidence and terminology provided to the OIG by the DEA.

(U) The following provides the OIG analysis of the response and summary of actions necessary to close the report.

(U) Recommendations for DEA:

1. **(U) Develop and implement standardized quality assurance measures to better ensure that registrant applications processed and approved by DEA Specialists meet eligibility requirements.**

   (U) Resolved. The DEA concurred with our recommendation. The DEA stated in its response that its Registrant Information Consolidated System (RICS/CSA II) supports standardized implementation of federal regulations, as it is programmed in accordance with Title 21, Part 1300 of the Code of Federal Regulations. The DEA stated that, using RICS/CSA II, it will further conduct a review of the registration process to determine areas where quality assurance measures could be implemented at the supervisory level. Once complete, the DEA stated that it will provide support documentation of the standardized quality assurance measures to ensure that applications are processed and approved to meet eligibility requirements. As a result, this recommendation is resolved.

   (U) This recommendation can be closed when we receive evidence that the DEA developed and implemented standardized quality assurance measures to better ensure that applications that are processed and approved meet eligibility requirements.

2. **(U) Perform a comprehensive risk assessment of its automated renewal process to determine if it is adequately ensuring that renewals are only granted to worthy applicants based on accurate submissions. This risk assessment should include consideration of the implementation of a routine quality assurance process for renewal applications.**

(U) Resolved. The DEA concurred with our recommendation and referenced its response to Recommendation 1. While it can be inferred in its response to Recommendation 1, we emphasize that the DEA include in its review of the registration process and the application of quality assurance measures both an assessment of its automated renewal process and the implementation of a routine quality assurance process for renewal applications.

(U) This recommendation can be closed when we receive evidence that the DEA performed a comprehensive risk assessment of its automated renewal process, including the consideration of a routine quality assurance process for renewal applications, to determine if it is adequately ensuring that renewals are only granted to worthy applicants based on accurate submissions.

3. **(U) Take steps to close the gap between its previously established Specialist staff ceiling and current Specialist staffing level and develop a strategy to optimize its registration application process, which may include increasing assigned resources and other enhancements.**

(U) Resolved. The DEA concurred with our recommendation. The DEA stated in its response that it has experienced significant loss of personnel due to a variety of factors, such as deferred resignation and retirement programs, and remains under a federal hiring freeze, which prevents the agency from hiring personnel to fill staffing gaps. The DEA stated that it remains committed to closing the staffing gap between the established Specialist staff ceiling and the current Specialist staffing level once the current federal hiring freeze is lifted. The DEA stated that, during the interim, it will continue to assess the needs of the program and provide enhancements of training and assign Diversion Investigators to assist with Specialist workload in field divisions as needed. Once the hiring freeze is lifted, the DEA stated that it will take steps to close the gap between its previously established Specialist staff ceiling and current Specialist staffing level and develop a strategy to optimize its registration application process. As a result, this recommendation is resolved.

(U) This recommendation can be closed when we receive documentation of the steps that DEA has taken to close the gap between its previously established Specialist staff ceiling and current Specialist staffing level and has developed a strategy to optimize its registration application process.

4. **(U) Perform a thorough review of the six OIG-identified registrants with arrests and medical probationary periods to determine whether their applications were properly completed and adjudicated and subsequently take any necessary and required actions.**

(U) Resolved. The DEA concurred with our recommendation. The DEA stated in its response, that in February 2026, it reviewed the six OIG-identified registrants with arrests and medical probationary periods to determine whether their applications were properly adjudicated. The DEA concluded through its review that there were not adverse actions by the practitioners identified by OIG relative to their handling of controlled substances. The DEA also stated that it will provide the OIG with supporting documentation of its completed review. As a result, this recommendation is resolved.

(U) This recommendation can be closed when we receive evidence that the DEA performed a thorough review of the six OIG-identified registrants and that the evidence reflects the

determination of the proper completion and adjudication of the applications and any necessary or required subsequent actions taken by the DEA.

5. **(U) Assess its Scheduled Investigation Program to determine the number of additional Diversion Investigators it needs to best ensure a practical percentage of its annual workplan includes medical practitioners and take steps to ensure it resources this Program to achieve its annual workplan goals.**

(U) Resolved. The DEA concurred with our recommendation. The DEA stated in its response that it has incorporated medical practitioners into its fiscal year (FY) 2026 workplan. The DEA also stated that it assesses the scheduled investigation workplan on an annual basis to ensure a practical percentage includes medical practitioners. The DEA stated that it completed actions to assess its Scheduled Investigation Program to determine the needs of Diversion Investigators, ensuring that resources to achieve the annual workplan have been met. Separate from its response, the DEA provided its FY 2026 annual workplan memorandum for scheduled investigations. Based on this documentation the DEA requested closure of this recommendation.

(U) We reviewed the documentation provided and found that each Diversion Group will perform a review of some medical practitioner registrants as part of its scheduled investigations workplan. However, the DEA did not provide any documentation explaining how it determined that the number of medical practitioners selected for review was a practical percentage of the annual workplan. The DEA also did not provide any detail on how it determined the resources necessary to perform those reviews.

(U) This recommendation can be closed when we receive documentation of the DEA's assessment that resulted in the decision to include the stated number of medical practitioner assessments in its annual workplan as well as an assessment of the resources necessary to perform those reviews.