BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Roy B. Del Rosario, M.D. Physician's and Surgeon's Certificate No. A 44914 Respondent.	Case No.: 800-2022-090494

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on December 22, 2025.

IT IS SO ORDERED: November 21, 2025.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Vice Chair
Panel A

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
JOSEPH F. MCKENNA III
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROY B. DEL ROSARIO, M.D.** **1672 W. Avenue J, Suite 110** **Lancaster, California 93534-2859** **Physician's and Surgeon's Certificate No. A 44914,** Respondent.	Case No. 800-2022-090494 OAH No. 2025030369 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, and by Joseph F. McKenna III, Deputy Attorney General.

2. Respondent Roy B. Del Rosario, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, California, 92620.

3. On or about June 13, 1988, the Board issued Physician's and Surgeon's Certificate No. A 44914 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-090494, and will expire on November 30, 2025, unless renewed.

JURISDICTION

4. On November 26, 2024, Accusation No. 800-2022-090494 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 26, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2022-090494 is attached hereto as Exhibit A and hereby incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, discussed with his counsel, and fully understands the charges and allegations contained in Accusation No. 800-2022-090494. Respondent has also carefully read, discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each right set forth above.

9. Respondent acknowledges the fact that, if adopted by the Board, the Board will report this Stipulated Settlement and Disciplinary Order to the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) and publicly post such enforcement action, and Respondent hereby waives all objections thereto.

CULPABILITY

10. Respondent understands and agrees that the charges and allegations contained in Accusation No. 800-2022-090494, if proven at an administrative hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. A 44914.

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case or factual basis for the charges and allegations contained in Accusation No. 800-2022-090494, and that he has thereby subjected his Physician's and Surgeon's Certificate to disciplinary action, and that he hereby agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

12. This Stipulated Settlement and Disciplinary Order shall be subject to approval by the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. If the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, except for this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this

Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion, and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

14. Respondent agrees that if an accusation is ever filed against him before the Board, all the charges and allegations contained in Accusation No. 800-2022-090494 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

ADDITIONAL PROVISIONS

15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.

16. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

17. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 44914 issued to Respondent ROY B. DEL ROSARIO, M.D., is revoked. However, the revocation is stayed, and Respondent is placed on probation for three (3) years from the effective date of the Decision on the following terms and conditions:

1. EDUCATION COURSE.

Within sixty (60) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any

areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE.

Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

3. MEDICAL RECORD KEEPING COURSE.

Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and

successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

4. MONITORING – PRACTICE.

Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering. Unless prior approval is granted by the Board or its designee, the monitor shall be in Respondent's field of practice and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved practice monitor with copies of the Decision and Disciplinary Order and Accusation No. 800-2022-090494, and a proposed monitoring plan. Within fifteen (15) calendar days of receipt of the Decision and Disciplinary Order and Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Disciplinary Order and the Accusation, fully

understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within sixty (60) calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved practice monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a practice monitor within sixty (60) calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The practice monitor shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within ten (10) calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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In lieu of a practice monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

5. NOTIFICATION.

Within seven (7) days of the effective date of this Decision, the Respondent shall provide true copies of the Decision and Disciplinary Order and Accusation No. 800-2022-090494, to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within fifteen (15) calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES.

During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

7. OBEY ALL LAWS.

Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

8. INVESTIGATION/ENFORCEMENT COST RECOVERY.

Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, investigation, expert review, and legal review, as applicable, in the amount of $53,239.75 (fifty-three thousand two hundred thirty-nine dollars and seventy-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such

costs shall be considered a violation of this agreement and shall be deemed an act of unprofessional conduct and a separate and distinct basis for discipline.

Payment must be made in full within thirty (30) calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered an act of unprofessional conduct and a violation of probation, and a separate and distinct basis for discipline.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

9. QUARTERLY DECLARATIONS.

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than ten (10) calendar days after the end of the preceding quarter.

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

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License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the dates of departure and return.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

12. NON-PRACTICE WHILE ON PROBATION.

Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds eighteen (18) calendar months, Respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

13. COMPLETION OF PROBATION.

Respondent shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. This term does not include cost recovery, which is due within thirty (30) calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. VIOLATION OF PROBATION.

Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. LICENSE SURRENDER.

Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of

probation, Respondent may request to surrender his license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the Board, or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

16. PROBATION MONITORING COSTS.

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

17. FUTURE ADMISSIONS CLAUSE.

If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-090494 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/05/2025

ROY B. DEL ROSARIO, M.D.
Respondent

I have read and fully discussed with Respondent Roy B. Del Rosario, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: November 6, 2025

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: November 6, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

JOSEPH F. MCKENNA III
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-090494

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ROY B. DEL ROSARIO, M.D.** **1672 W. Avenue J, Suite 110** **Lancaster, California 93534** **Physician's and Surgeon's Certificate No. A 44914,** Respondent.	Case No. 800-2022-090494 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

2. On or about June 13, 1988, the Board issued Physician's and Surgeon's Certificate No. A 44914 to Roy B. Del Rosario, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2025, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2220 of the Code states, in relevant part:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders ...

STATUTORY PROVISIONS

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code, states in relevant part:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> ...
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
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> ...

7. Unprofessional conduct under Code section 2234 is conduct which breaches the rules or ethical code of the medical profession or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

8. Section 2234 of the Code requires the Board to take action against any licensee charged with unprofessional conduct.

9. Section 2238 of the Code states, in relevant part:

> A violation of ... any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

10. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

11. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

GENERAL STATUTES

12. Section 11165 of the Health and Safety Code states, in relevant part:[1]

(a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances ... the Department of Justice shall ... maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

...

13. Section 11165.1 of the Health and Safety Code states, in relevant part:

(a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, Schedule IV, or Schedule V controlled substances pursuant to Section 11150 shall, upon receipt of a federal Drug Enforcement Administration (DEA) registration, submit an application developed by the department to obtain approval to electronically access information regarding the controlled substance history of a patient that is maintained by the department. Upon approval, the department shall release to the practitioner or their delegate the electronic history of controlled substances dispensed to an individual under the practitioner's care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

...

[1] Effective January 1, 2021, subdivision (a) of section 11165 of the Health and Safety Code was amended to add references to Schedule V controlled substances. (See Stats. 2019, c. 677, § 6.)

14. Section 11165.4 of the Health and Safety Code states, in relevant part:

> (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained from the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.
>
> ...

COST RECOVERY

15. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

PERTINENT CASE INFORMATION

16. On May 20, 2024, Respondent was interviewed by a Division of Investigation investigator and a district medical consultant working on behalf of the Board about Patients A, B, C, D, E, and F.[2] During the subject interview, Respondent answered questions regarding his care and treatment involving these six (6) patients that are relevant to the allegations and charges brought in Accusation No. 800-2022-090494. Specifically, Respondent answered several questions about the concomitant use of controlled substances of different classes that were being prescribed to these patients by him and other treating physicians;[3] whether he ever consulted the CURES database for information on controlled substance history of these patients whom he knew were being prescribed controlled substances by other treating physicians; and his documentation of pertinent medical information in chart notes of these patients.

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[2] To protect the confidentiality of the patients involved in this matter, their true names have not been used in this Accusation. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

[3] For example, opioids, benzodiazepines, sedatives, stimulants, and hypnotics.

FACTUAL ALLEGATIONS

17. Patient A

(a) In or about April 2015, Patient A, an adult female, established care with Respondent, a psychiatrist, for psychiatric care related to her diagnoses of Bipolar Disorder, Type 2, and Attention Deficit Hyperactivity Disorder, Inattentive Type.[4]

(b) While under Respondent's psychiatric care, Patient A was also under the care of Dr. S.S., a pain management physician, for treatment of chronic pain. Dr. S.S. prescribed opioids and carisoprodol to Patient A for her longstanding history of chronic pain.

(c) On or about December 1, 2017, Respondent documented an encounter with Patient A in a chart note. According to the note, Patient A reported "more anxiety" which Respondent noted occurred "on Xanax 0.5 mg three times a day." Patient A also described a "[illegible] stressor" but indicated that she was not depressed. Respondent described her mood as "anxious" and recommended increasing the dose of alprazolam to 1 mg, 4 times a day. At the time of this encounter, Patient A's medication regimen prescribed by Respondent included two (2) benzodiazepines (alprazolam, temazepam) and Adderall.

(d) The chart note for December 1, 2017, did not document a medical rationale for the significant increase of dosage (160%) of alprazolam, considering Patient A's then current medication regimen included opioids and a sedative. Respondent, despite the significant increase in dosage of alprazolam, did not document any discussion with Patient A about the risks of the concomitant use of multiple benzodiazepines with opioids and a sedative. Respondent did not document any discussion or consideration of Patient A developing tolerance to alprazolam, where her reporting of increased anxiety could suggest a reduced effect of the medication at a previously effective dose.

[4] Conduct occurring more than seven (7) years from the filing date of this Accusation involving Patient A is for informational purposes only and is not alleged as a basis for disciplinary action.

(e) The chart note for December 1, 2017, does not contain a description of a mental status exam description; no medical rationale documented for the 160% increase in dosage of alprazolam; and the note contains illegible information.

18. Patient B

(a) In or about October 2014, Patient B, an adult female, established care with Respondent for psychiatric care related to her diagnoses of Major Depression, Recurrent, Severe, with Anxiety, and Unspecified Attention Deficit Hyperactivity Disorder.[5]

(b) Between in or about December 2017 and December 2020, Respondent routinely prescribed alprazolam, zolpidem, and Adderall to Patient B.

(c) Between in or about December 2017 and December 2020, while under Respondent's psychiatric care, Patient B filled multiple prescriptions for opioids from multiple different physicians.

(d) Between in or about December 2017 and December 2020, the medical record and chart notes do not document whether Respondent communicated with the physicians' prescribing opioids to Patient B.

(e) Between in or about December 2017 and December 2020, Respondent, despite coprescribing alprazolam, zolpidem, and Adderall to Patient B, and with knowledge of her opioid use, did not document any discussion with Patient B about the risks of concomitant use of different controlled substances.

(f) During his subject interview, Respondent admitted that he knew Patient B filled prescriptions for oxycodone not prescribed by him. Respondent also admitted that he never checked CURES to review the controlled substance history of Patient B. Respondent stated that he "periodically" received telephone calls from Patient B's pharmacy and that he was "aware of the medications ... opioid class [that] were prescribed to her."

[5] Conduct occurring more than seven (7) years from the filing date of this Accusation involving Patient B is for informational purposes only and is not alleged as a basis for disciplinary action.

(g) Between in or about December 2017 and December 2020, the chart notes do not contain important information including, but not limited to, no mental status exam description; no rationale for adding or changing medications; and the notes are often illegible.

19. Patient C

(a) In or about October 2006, Patient C, an adult female, established care with Respondent for psychiatric care related to her diagnoses of Major Depression, Recurrent, Severe, with Anxiety, and Attention Deficit Hyperactivity Disorder, Inattentive Type.[6]

(b) Between in or about April 2018 and September 2020, Respondent routinely prescribed clonazepam to Patient C.

(c) Over this same timeframe of more than two (2) years, the medical record and chart notes do not show Respondent made any attempts at tapering or decreasing the dosage level of clonazepam. The medical record and chart notes do not show Respondent informed Patient C about the risks associated with the long-term use of benzodiazepines.

(d) During his subject interview, Respondent admitted that he never checked CURES to review the controlled substance history of Patient C.

(e) Between in or about April 2018 and September 2020, the chart notes do not contain important information including, but not limited to, no mental status exam description; no rationale for adding or changing medications; and the notes are often illegible.

20. Patient D

(a) In or about December 1992, Patient D, an adult male, established care

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[6] Conduct occurring more than seven (7) years from the filing date of this Accusation involving Patient C is for informational purposes only and is not alleged as a basis for disciplinary action.

with Respondent for psychiatric care related to his diagnoses of Major Depression, recurrent, in partial remission, and generalized anxiety disorder.[7]

(b) Between in or about January 2018 and November 2020, Respondent routinely prescribed alprazolam, eszopiclone, and Adderall to Patient D. The medical record and chart notes during this timeframe do not provide clear descriptions as to the role that each drug provided in their treatment of specific symptoms for Patient D.

(c) Between in or about January 2018 and November 2020, while under Respondent's psychiatric care, Patient D filled multiple prescriptions for opioids from multiple different physicians.

(d) Between in or about January 2018 and November 2020, the medical record and chart notes do not document whether Respondent communicated with the physicians' prescribing opioids to Patient D.

(e) Between in or about January 2018 and November 2020, Respondent, despite coprescribing alprazolam, eszopiclone, and Adderall to Patient D, and with knowledge of his opioid use, did not document any discussion with Patient D about the risks of concomitant use of different controlled substances. Respondent did not document a medical rationale for the chronic use of psychostimulants during this timeframe given that Patient D was taking opioids, and he did not have an established diagnosis of ADHD.

(f) During his subject interview, Respondent admitted that he knew Patient D filled prescriptions for oxycodone not prescribed by him. Respondent stated that his knowledge of Patient D's use of oxycodone came from the patient himself. Respondent admitted that he never checked CURES to review the controlled substance history of Patient D.

(g) Between in or about January 2018 and November 2020, the chart notes do not contain important information including, but not limited to, no mental status exam

[7] Conduct occurring more than seven (7) years from the filing date of this Accusation involving Patient D is for informational purposes only and is not alleged as a basis for disciplinary action.

description; no rationale for adding or changing medications; inaccuracies and inconsistencies in documentation of changes in dosage levels of drugs; and the notes are often illegible.

21. Patient E

(a) In or about January 2003, Patient E, an adult male, established care with Respondent for psychiatric care related to his diagnoses of Major Depression, recurrent, and post-traumatic stress disorder (PTSD).[8]

(b) Between in or about April 2018 and May 2019, Respondent, notwithstanding risk of complications, routinely prescribed a drug combination of clonazepam and phenobarbital for treatment of Patient E's PTSD. Respondent did not document a medical rationale for using this drug combination to treat Patient E's PTSD.

(c) During his subject interview, Respondent admitted that he never checked CURES to review the controlled substance history of Patient E. Respondent also stated that the phenobarbital was prescribed "off-label" to treat Patient E's PTSD.

(d) Between in or about April 2018 and May 2019, the chart notes do not contain important information including, but not limited to, no mental status exam description; no rationale for adding or changing medications; and the notes are often illegible.

22. Patient F

(a) In or about January 2015, Patient F, an adult male, established care with Respondent for psychiatric care related to his diagnoses of Major Depression, recurrent, severe; ADHD, inattentive type; unspecified neurodegenerative disorder; and "probable obsessive compulsive disorder."[9]

[8] Conduct occurring more than seven (7) years from the filing date of this Accusation involving Patient E is for informational purposes only and is not alleged as a basis for disciplinary action.

[9] Conduct occurring more than seven (7) years from the filing date of this Accusation involving Patient F is for informational purposes only and is not alleged as a basis for disciplinary action.

(b) Between in or about February 2018 and December 2020, Respondent routinely prescribed lorazepam and methylphenidate to Patient F.

(c) Between in or about February 2018 and December 2020, while under Respondent's psychiatric care, Patient F filled multiple prescriptions for morphine, opioids, and carisoprodol from multiple different physicians.

(d) During his subject interview, Respondent admitted that he knew Patient F filled prescriptions for opioids not prescribed by him. Respondent stated that he did not contact the pain management physicians prescribing opioids to Patient F. Respondent admitted he never checked CURES to review the controlled substance history of Patient F

(e) Between in or about February 2018 and December 2020, the chart notes do not contain important information including, but not limited to, no mental status exam description; no rationale for adding or changing medications; inaccuracies and inconsistencies in documentation of changes in dosage levels of drugs; and the notes are often illegible.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

23. Respondent has subjected his Physician's and Surgeon's Certificate No. A 44914 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patient A, as more particularly alleged hereinafter:

24. Paragraph 17, above, is hereby incorporated by reference and realleged as if fully set forth herein.

25. Respondent committed gross negligence in his care and treatment of Patient A including, but not limited to, the following:

a) On or about December 1, 2017, Respondent, notwithstanding Patient A's concomitant use of multiple benzodiazepines, opioids, and a sedative, significantly increased Patient A's alprazolam dosage level by 160%.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

26. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 44914 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, D, E, and F, as more particularly alleged hereinafter:

27. Patient A

(a) Paragraphs 17 and 25, above, are hereby incorporated by reference and realleged as if fully set forth herein.

(b) In the December 1, 2017, chart note, Respondent failed to document in the note important information including, but not limited to, a description of a mental status exam; a medical rationale for the 160% increase in dosage of alprazolam; and the note contains illegible information.

28. Patient B

(a) Paragraph 18, above, is hereby incorporated by reference and realleged as if fully set forth herein.

(b) Between in or about December 2017 and December 2020, Respondent, despite coprescribing alprazolam, zolpidem, and Adderall to Patient B, and with knowledge of her opioid use, failed to document any discussion with Patient B about the risks of concomitant use of different controlled substances.

(c) Between in or about December 2017 and December 2020, Respondent failed to document important information in the chart notes including, but not limited to, a description of a mental status exam; a rationale for adding or changing medications; and the notes often contain illegible information.

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29. Patient C

(a) Paragraph 19, above, is hereby incorporated by reference and realleged as if fully set forth herein.

(b) Between in or about April 2018 and September 2020, Respondent failed to taper or decrease the dosage level of clonazepam for Patient C, and/or inform Patient C about the risks associated with the long-term use of benzodiazepines.

(c) Between in or about April 2018 and September 2020, Respondent failed to document important information in the chart notes including, but not limited to, a description of a mental status exam; a rationale for adding or changing medications; and the notes often contain illegible information.

30. Patient D

(a) Paragraph 20, above, is hereby incorporated by reference and realleged as if fully set forth herein.

(b) Between in or about January 2018 and November 2020, Respondent, failed to document any discussion with Patient D about the risks of concomitant use of different controlled substances, and/or failed to document a medical rationale for the chronic use of psychostimulants given that Patient D was taking opioids and did not have an established diagnosis of ADHD.

(c) Between in or about January 2018 and November 2020, Respondent failed to document important information in the chart notes including, but not limited to, a description of a mental status exam; a rationale for adding or changing medications; the notes contain inaccuracies and inconsistencies in documentation of changes in dosage levels of drugs; and the notes often contain illegible information.

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31. Patient E

(a) Paragraph 21, above, is hereby incorporated by reference and realleged as if fully set forth herein.

(b) Between in or about April 2018 and May 2019, Respondent, routinely prescribed a dangerous drug combination of clonazepam and phenobarbital for treatment of Patient E's PTSD, and/or failed to document a medical rationale for using this drug combination to treat Patient E's PTSD.

(c) Between in or about April 2018 and May 2019, Respondent failed to document important information in the chart notes including, but not limited to, a description of a mental status exam; a rationale for adding or changing medications; and the notes often contain illegible information.

32. Patient F

(a) Paragraph 22, above, is hereby incorporated by reference and realleged as if fully set forth herein.

(b) Between in or about February 2018 and December 2020, Respondent failed to document important information in the chart notes including, but not limited to, a description of a mental status exam; a rationale for adding or changing medications; the notes contain inaccuracies and inconsistencies in documentation of changes in dosage levels of drugs; and the notes are often illegible.

THIRD CAUSE FOR DISCIPLINE

(Violation of State Statute Regulating Dangerous Drugs: Failure to Consult CURES)

33. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 44914 to disciplinary action under section 2227 of the Code and section 11165.4, subdivision (d), paragraph (1) of the Health and Safety Code, as well as sections 2227 and 2234, as defined by section 2238, of the Code, in that on one or more occasions on or after October 2, 2018, he failed to consult the CURES database to review the controlled substance history of Patients B, C, D, E, and F, before prescribing them a Schedule II, Schedule III, and/or Schedule IV controlled

substance(s) for the first time, or at least once every six months thereafter if the controlled substance(s) remained part of the treatment of the respective patient, as more particularly alleged in paragraphs 18(f), 19(c), 20(f), 21(c), and 22(d), above, which are hereby incorporated by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

34. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 44914 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records relating to the provision of services to Patients A, B, C, D, E, and F, as more particularly alleged in paragraphs 17, 18, 19, 20, 21, and 22, above, which are hereby incorporated by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 44914, issued to Respondent Roy B. Del Rosario, M.D.;

2. Revoking, suspending, or denying approval of Respondent Roy B. Del Rosario, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Roy B. Del Rosario, M.D., to pay the Board the costs of the investigation and enforcement of this case;

4. Ordering Respondent Roy B. Del Rosario, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

5. Taking such other and further action as deemed necessary and proper.

DATED: NOV 26 2024

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant