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

In the Matter of the Accusation Against: Curtis Edward Rollins, M.D. Physician's and Surgeon's Certificate No. G 77431 Respondent	Case No. 800-2018-041820

DECISION

The attached Proposed Decision 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 July 16, 2021.

IT IS SO ORDERED June 16, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Accusation Against:

CURTIS EDWARD ROLLINS, M.D., Respondent

Agency Case No. 800-2018-041820

OAH No. 2021030380

PROPOSED DECISION

Erin R. Koch-Goodman, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on March 22, through 24, 2021, from Sacramento, California.

Aaron Lent, Deputy Attorney General, represented William Prasifka (complainant), Executive Director, Medical Board of California (Board).

Michael Khouri and Michael Tran, Attorneys at Law, Khouri Law Firm, APC, represented Curtis Edward Rollins, M.D. (respondent), who was also present.

Oral and documentary evidence was received at hearing. The record was held open for the submission of simultaneous closing briefs by April 14, 2021. On April 14, 2021, complainant filed a Closing Brief, marked Exhibit 37. On April 15, 2021,

respondent filed a Closing Brief, marked Exhibit 38. The matter was submitted for decision on April 15, 2021.

FACTUAL FINDINGS

License History

1. On August 16, 1993, the Board issued Physician's and Surgeon's Certificate No. G77431 (license) to respondent. The license will expire on June 30, 2021, unless renewed or revoked.

2. On February 17, 2021, complainant, in his official capacity, made and filed a Petition for an Ex Parte Interim Suspension Order (ISO) against respondent. On February 19, 2021, the Ex Parte Petition was heard and an ISO issued, suspending respondent's license until such time as a noticed hearing could be held pursuant to Government Code section 11529. The Noticed ISO was set and heard on March 8, 2021. On March 23, 2021, a Noticed ISO was issued, suspending respondent's license until an accusation was issued and a decision rendered thereon.

3. On February 22, 2021, complainant, in his official capacity, made and served an Accusation seeking to discipline respondent's license. The Accusation alleges respondent's competency to practice medicine safely is impaired because he suffers from a mental illness and has engaged in unprofessional conduct showing an unfitness to practice medicine. Specifically, on October 7, 2020, Laura Davies, M.D. conducted a mental health evaluation of respondent. Dr. Davies diagnosed respondent with opioid use disorder, alcohol use disorder, cannabis use disorder, and antisocial personality disorder, and found him unable to practice medicine safely.

4. On or about March 9, 2021, respondent timely filed a Notice of Defense. This hearing followed.

Complaint and Investigation

5. On March 2, 2018, the Board received a complaint asserting respondent engaged in a variety of misconduct while practicing medicine. The complaint alleged, while working at the Santa Clara Urgent Care Facility (Urgent Care), respondent harassed, bullied, and threatened staff with a gun; treated patients while under the influence of alcohol and drugs; treated private addiction patients at the Urgent Care; falsified worker's compensation medical documentation; and failed to practice medicine within the standard of care. The Board solicited an investigation through the Department of Consumer Affairs, Health Quality Investigative Unit. Investigator Jaimee Tassio was assigned to the complaint.

6. Inspector Tassio obtained respondent's California license information and found his current place of employment; interviewed six witnesses, including respondent; secured medical records and Controlled Substance Utilization Review and Evaluation (CURES) reports[1]; located state license information from Arizona, North and South Carolina, and court documents from Arizona; and examined all of the same. She also engaged Dr. Davies for a mental health evaluation of respondent. Inspector Tassio compiled her research and drafted an Investigative Report, dated November 25, 2020, a Supplemental Investigative Report #1, dated February 18, 2021, and a Supplemental Investigative Report #2, dated March 3, 2021. Investigator Tassio's reports were marked, but not offered into evidence. Investigator Tassio testified at hearing. She

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[1] CURES tracks prescriptions for controlled substances, Schedule II through V.

authenticated the documents she received as a part of her investigation and the audio files of her May 1, 2019 interview with respondent, and discussed same.

INTERVIEWS WITH RESPONDENT, DRUG TESTS, AND CURES REPORTS

7. On June 19, 2018 Investigator Tassio briefly spoke to respondent. At that time, respondent informed Inspector Tassio he was armed; and provided Inspector Tassio with his concealed weapons permit. She requested a urine sample for testing and respondent obliged. Investigator Tassio sent the sample to Alere Toxicology. Alere Toxicology reported positive test results for: (1) 7-aminoclonazepam (metabolite of clonazepam[2]), screening level 100 ng/ml (nanogram/milliliter), result 194 ng/ml; (2) buprenorphine[3], screening level 10 ng/ml, result 53 ng/ml, and norbuprenorphine (a metabolite of buprenorphine), result 204 ng/ml; (3) ethylglucuronide (a metabolite of alcohol), screening level 500 ng/ml, result 26877 ng/ml and ethyl sulfate (a byproduct of alcohol), 3791 ng/ml; and (4) marijuana metabolite screening level 20 ng/ml, result 112 ng/ml. Inspector Tassio compared respondent's positive test results with his CURES reports, finding respondent had no active controlled substance prescriptions matching his test results for clonazepam and buprenorphine. In fact, respondent was last prescribed clonazepam, on January 10, 2018, six months earlier, with a dose of 0.5 mg tablets, twice a day, for 30 days. However, respondent had prescribed buprenorphine to patients almost daily in June 2018.

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[2] Clonazepam (Klonopin) is a benzodiazepine used to treat anxiety and seizures; and is a Schedule IV controlled substance.

[3] Buprenorphine (Butrans/Suboxone), is an opioid used to treat addiction and pain; and is a Schedule III controlled substance.

8. On May 1, 2019, Investigator Tassio conducted an extended interview of respondent, and recorded the same. During the interview, respondent told Investigator Tassio, among other things: he was a drug addict, in remission; as early as 1988, he was addicted to Demerol[4]; he almost overdosed on Demerol in 1997/1998; he has participated in several drug and alcohol treatment programs, in-patient and out-patient, but then relapsed; he has been licensed to practice medicine in California, Arizona, and North Carolina; he chose not to renew his Arizona medical license; he was required to participate in license diversion programs by Arizona and North Carolina; in 2009, he tested positive for buprenorphine and surrendered his medical license in North Carolina and his Drug Enforcement Administration (DEA) license was restricted, but he received a new DEA number when he returned to California; he goes to Reno every three months, uses an assumed name and pays cash to see a healthcare provider for an ongoing prescription for buprenorphine; he works fulltime at Urgent Care, but he also treats his own private cash-only patients for psychiatric and addiction treatment, including prescribing Suboxone.

9. On May 1, 2019, Inspector Tassio again requested a urine sample from respondent and he obliged. Investigator Tassio sent the sample to Phamatech Toxicology. Phamatech Toxicology reported positive test results for: buprenorphine, screening level 5 ng/ml, result 34 ng/ml, and marijuana metabolite screening level 20 ng/ml, result 187 ng/ml. Also at the interview, respondent was searched and was found in possession of multiple loose pills. Respondent identified the pills as buprenorphine, clonazepam, Flomax (prostate hyperplasia), Prozac (antidepressant),

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[4] Demerol (meperidine) is an opioid used to treat pain; and a Schedule II controlled substances.

and trazodone (antidepressant). Inspector Tassio compared respondent's positive test results with his CURES reports, finding respondent had no active prescriptions for buprenorphine. In fact, respondent was prescribed buprenorphine on June 21, 2019, 51 days after the test, with a dose of 8 mg tablets, once a day, for 30 days. However, respondent had prescribed buprenorphine to patients almost daily in April 2019, and he admitted obtaining buprenorphine for himself under an assumed name, out of state, every three months.

OUT-OF-STATE LICENSES AND DISCIPLINE

10. Respondent has been licensed to practice medicine in three states: California, Arizona, and North Carolina.[5] In addition, he has a pending application for medical licensure in South Carolina.

11. In May 1992, respondent graduated from the Medical University of South Carolina. In June 1992, he began an internship, residency, and fellowship at the University of California, Davis (UCD) Medical Center. He was licensed to practice medicine in California on August 16, 1993. He practiced medicine in California until October/November 2000, then moved to Arizona. Respondent moved back to California to practice in 2009.

Arizona Medical Board (Arizona MB)

12. On October 24, 2000, the Arizona MB issued an allopathic medical license (No. 28779) to respondent. In or about January 2001, Arizona received information from the Coconino County Sheriff's Office that respondent was under investigation for

[5] Respondent is also a licensed dentist in South Carolina.

drug-related activities; Arizona MB opened an investigation. On March 20, 2001, Arizona MB subpoenaed respondent for an interview, but agreed to postpone the interview if respondent immediately entered inpatient treatment at Talbott Marsh Recovery Campus (Talbott) alcohol and drug rehabilitation center in Atlanta, Georgia; respondent entered Talbott on March 23, 2001.

13. On July 19, 2001, Mohave County Attorney's Office issued a criminal inditement against respondent alleging, among other things, on or about March 18, 2001, respondent's home was searched and he was found in possession of several vials of Demerol, without a prescription for the same. On August 11, 2001, respondent completed the inpatient treatment program at Talbott, and moved back to California. On November 9, 2001, he enrolled in the California Physician Diversion Program (CA Diversion Program).

14. On January 30, 2002, in the Superior Court of the State of Arizona, in the County of Coconino, Case Number CR-2001-613, respondent, on a guilty plea, was convicted of violating Arizona Revised Statutes (A.R.S.) sections 13-3415, 13-3401, 13-901.01, 13-707 and 13-802 (possession of drug paraphernalia), a Class 1 misdemeanor; and 13-3408, 13-901.01, 13-701, and 13-801 (possession or use of narcotic drugs), a Class 4 felony. For the misdemeanor, respondent was sentenced to one year of unsupervised probation; for the felony, the sentence was suspended for one year, so long as respondent was actively participating in the CA Diversion Program.

15. On February 4, 2002, respondent signed a Consent Agreement, accepting discipline of his Arizona license: a Letter of Reprimand and a five-year probationary period, with terms and conditions including participation in either the CA Diversion Program or the Arizona Monitored Aftercare Program (MAP), and a restriction on prescribing, administering, or dispensing Schedule II controlled substances under his

license. Effective March 6, 2002, Arizona MB adopted the Consent Agreement, wherein respondent admitted to acting unprofessionally when he "wrongly obtained the narcotics by using his position as Coconino County Medical Examiner to order the narcotics and by prescribing medication to his pet." On March 10, 2003, on respondent's motion, the Coconino Court vacated and dismissed the felony conviction. On October 16, 2003, respondent cancelled his Arizona license. Respondent has not returned to Arizona to practice medicine.

North Carolina Medical Board (NCMB)

16. On June 30, 2005, NCMB issued respondent a resident training license (No. 129728), and in July 2005, respondent began a residency in psychiatry and behavior medicine at Wake Forest University School of Medicine (Wake Forest). On December 5, 2005, NCMB issued a Consent Order granting respondent a license (No. 2005-01895) to practice medicine and surgery, subject to terms and conditions including: refrain from alcohol and any mind-or-mood-altering drugs, notify NCMB of use of the same within 10 days, and submit to biological fluid testing. The Consent Order includes several recitals, including: respondent has a history of substance abuse and dependency; a history of criminal drug-related convictions; he has active medical licenses in Arizona and California and received license discipline in Arizona for fraudulently obtaining narcotics; he is being monitored by the CA Diversion Program from August 2001 until August 2006; and he agrees to be monitored by NCMB until specifically ordered otherwise.

17. On July 3, 2007, Wake Forest placed respondent on probation for one year, citing concerns about respondent's work ethic, attitude and willingness to follow new protocols. In September 2008, respondent wrote a prescription for his spouse for buprenorphine; respondent subsequently diverted the same. In or about

October/November 2008, respondent submitted a biological fluid sample and tested positive for buprenorphine. NCMB was not made aware of the positive test result, and on February 9, 2009, issued an Order relieving respondent of the obligations of the 2005 Consent Order. However, soon thereafter, NCMB learned of respondent's positive test result and informed respondent of its intent to issue a Notice of Charges against him. On February 16, 2009, respondent agreed to surrender his NCMB license. Without a license, Wake Forest released respondent from his residency.

18. On July 28, 2009, NCMB issued a Notice of Charges and Allegations (2009 Notice) against respondent, seeking to revoke his license. The Notice alleges, in or about September 2008, respondent prescribed Suboxone to his significant other and in October and November 2008, respondent diverted the same and failed to notify NCMB; and on February 9, 2009, NCMB, unaware of respondent's positive drug test, relieved respondent of his obligations under the 2005 Consent Order. The 2009 Notice alleges respondent acted unprofessionally, was unable to practice by reason of mental or physical abnormality including drugs, and his conduct violated the North Carolina Medical Practice Act. On September 9, 2009, NCMB issued a Consent Order suspending respondent's medical license indefinitely.

19. In 2011, respondent reapplied for an NCMB resident training license and reinstatement of his medical license. In April 2011, NCMB denied both applications citing: criminal history, history of substance abuse, Arizona MB and NCMB disciplinary histories, and failing to disclose prior license investigations and discipline (Arizona MB), medical conditions (opioid dependence), and academic discipline (placed on probation at Wake Forest on July 3, 2007) on his applications. Respondent requested a hearing, but on September 19, 2011 withdrew the request.

Drug Enforcement Administration (DEA)

20. On February 23, 2009, following the surrender of his North Carolina medical license, respondent surrendered his DEA Registration (No. BR5337262).[6] On August 5, 2009, in California, respondent applied for and received a new DEA Certificate of Registration (No. FR1575224) to handle "Schedules 2, 2N, and 3 controlled substances." On July 30, 2013, the registration was changed, authorizing respondent to dispense or prescribe "schedules 3, 4, or 5 narcotic controlled drugs or combinations of narcotic controlled drugs which have been approved by the Food and Drug Administration specifically for use in maintenance or detoxification treatment without obtaining the separate registration required by 21 CFR § 1301.13(e), if all conditions are met [i.e., Suboxone]." On September 1, 2020, respondent agreed to surrender his DEA Data-Waiver[7] and Schedule II authority until September 1, 2025. Respondent's DEA Registration is currently active and will expire on April 30, 2022.

MENTAL HEALTH EVALUATION - LAURA DAVIES, M.D., BOARD EXPERT

21. In August 2020, at the Board's request, respondent agreed to submit to a mental health evaluation. The Board retained Dr. Davies to conduct the mental health evaluation and determine whether respondent is safe to practice medicine. The Board

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[6] The record included no additional information on respondent's previous DEA Registration.

[7] A DATA waiver authorizes physicians to dispense or prescribe narcotic medications in settings other than an opioid treatment program. (https://nhsc.hrsa.gov/loan-repayment/receive-medication-assisted-treatment-training.)

provided Dr. Davies with the following materials to review: respondent's personal history statement, dated January 15, 2018, and curriculum vitae; Alere and Phamatech Toxicology reports; CURES reports for respondent's prescription history (April 30, 2016 to April 30, 2019) and prescribing history (2012 to 2019); recordings and transcript of respondent's May 1, 2019 interview; Board Investigative Report; and respondent's letter regarding supervision at Urgent Care, dated February 6, 2018. Dr. Davies reviewed these materials. On October 7, 2020, she interviewed respondent via telehealth for approximately 90 minutes. On November 2, 2020, Dr. Davies drafted a Report and submitted the same to Investigator Tassio. Dr. Davies testified at hearing consistent with her Report.

22. Dr. Davies completed her Bachelor of Arts in 1992 at Princeton University, before completing a Doctor of Medicine at the University of Southern California in 1997. Dr. Davies then completed a six-year residency (1997 to 2003) in child and adolescent psychiatry and general adult psychiatry at the University of California, San Francisco (UCSF). In 1998, she became licensed to practice medicine in California. She is a Diplomate of the American Board of Psychiatry and Neurology, with a subspecialty certification in child and adolescent psychiatry (both recertified in 2014). She is also licensed to practice medicine in Florida (2017), Hawaii (2019), and Ohio (2019). She has been an Expert Reviewer for the Board since 2007. She has evaluated approximately 50 physicians and completed approximately 150 chart reviews.

23. Dr. Davies has practiced psychiatry for 24 years, holding academic credentials at UCSF in child and adolescent psychiatry and pediatrics and psychiatry, working for the United States Department of State in Moscow as a regional medical officer/psychiatrist for government employees, and in private practice, providing

psychotherapy and consultation. Currently, Dr. Davies is in private practice in San Francisco. She has staff privileges at St. Francis Hospital and Marin General Hospital.

24. In her Report, Dr. Davies summarized the information received from the Board and respondent, noting his presenting problem, current psychiatric symptoms, medical history, psychiatric and neuropsychiatric history, family and social history, and a mental status examination. Using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Dr. Davies diagnosed respondent with opioid use disorder, severe; alcohol use disorder, mild; cannabis use disorder, unspecified; and antisocial personality disorder. Specifically, Dr. Davies found respondent's behavior exhibited a problematic pattern of opioid, alcohol, and cannabis use leading to clinically significant impairment or distress, and a pervasive pattern of disregard for and violation of the rights of others. Given the above, Dr. Davies found respondent unsafe to practice medicine.

25. To support the substance use disorder diagnoses, Dr. Davies referenced respondent's repeated and unsuccessful efforts to cut down or control his use of opioids, alcohol, and cannabis. She also noted respondent's continued use of opioids, alcohol, and cannabis, despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the same. Dr. Davies offered several examples:

- "He lies about his [drugs and alcohol] intake and the effect it has on him."
- "He reports that he is 'sober' despite several drug tests showing not only buprenorphine but also cannabis, and his admission of regular alcohol use."
- "His use of marijuana is greater than just 'CBD oil' as it appeared on two drug screens almost a year apart."

- "He has obtained controlled substance, buprenorphine, under an alias in another state, for several years."
- "He [has] prescribed controlled substances to himself [and] his partner."
- He has an "utter lack of insight into the potential problems associated with alcohol intake."
- "[He] has been through rehabilitation many times, and for extended periods of time (at least 9 months residential and 6 months halfway house house), as a consequence of not following laws, rules, or probation [and h]e has [n]ever gone voluntarily."

26. To support the antisocial personality disorder diagnosis, Dr. Davies cited examples of respondent's failure to conform to social norms and appreciate social and professional boundaries, his poor decision-making, a lack of insight or remorse (i.e., irresponsibility), and deceitfulness. For example, he is trained in pathology but is practicing occupational medicine in an urgent care clinic, while also providing psychiatric and opioid addiction treatment to private pay patients. He is the full-time physician at the Urgent Care but sees his private pay patients at the same time. He maintains more than the 30 patient Suboxone limit, treating 35 to 40 addiction patients, and storing their medical charts in an unsecured location. He engages in social activities with some of his addiction patients (e.g., hunting and fishing). He has provided ongoing care and treatment to his spouse, ordering diagnostic tests and prescribing controlled substances, including clonazepam; thereby practicing neurology, oncology and psychiatry. He has diverted his spouse's clonazepam. Finally, "[respondent] reported, as if it were inconsequential, that he killed another person" while "he was a physician on a private hunting trip. He actively sought out the

individual and killed him, and does not express remorse.....[Respondent] tried to mask [the killing] as a 'justified use of force.'"

27. In sum, Dr. Davies found respondent has built his life around "deceit and manipulation," giving "varying explanations of whether he could or could not renew his license in Arizona" and "how [and when] he obtained his [S]uboxone patients."

> He asserted that he never prescribed Class 2 substances, but has multiple stimulant prescriptions on his CURES. He said he wasn't breaking the law by working in a "shady" clinic which he knew was not reporting income correctly. He failed to take any personal responsibility and repeatedly blamed others for his failures. He may be the only person who states that "the first two years of dental school and medical school are identical." The American Dental Education Association reports that the first two years include basic biological sciences with an emphasis on oral anatomy, physiology and histology. This emphasis is not present in medical school.

Dr. Davies concludes her report with her recommendations, including: "[respondent] cannot practice medicine safely."

Respondent

28. Respondent testified at hearing. He admits having a long history of substance abuse, beginning in 1988, when he was an oral surgeon. He also admits to multiple stops in drug treatment facilities. Nonetheless, he denies any current substance abuse and identifies his sobriety date as February 29, 2009; he indicates the

NCMB required him to reset his sobriety date after his 2008 positive Suboxone test. Currently, respondent admits drinking alcohol two or three times per week and taking Suboxone daily to prevent any opioid cravings or highs from the same. He admits seeing a physician in Nevada every three months for a personal Suboxone prescription and does not believe the Board needs to know about his Suboxone use. He admits pleading guilty to a drug charge in Arizona in 2001, but only because police raided his home and his partner had illegal drugs in the house. He admits to receiving out-of-state license discipline in Arizona in 2002, because of the guilty plea, but in 2003, he cancelled the license because he was not interested in going back to Arizona. He admits receiving license discipline in North Carolina: in 2005, after completing four years in the CA Diversion Program, North Carolina extended his diversion requirements for another five years; and in 2009, because he tested positive for Suboxone in 2008. Respondent points out that his 2008 positive result was the only positive test result in his nine years of biological fluid testing. He admits surrendering his North Carolina license in February 2009, which forced him to leave his Wake Forest residency with only four months remaining.

29. Respondent disputes Dr. Davies findings, asserting "she is delusional." He notes she never met him in-person and she did not administer any assessments or order any laboratory testing. He denies ever smoking marijuana but admits to using CBD oil for muscle pain following chest surgery. In addition, he believes Dr. Davies to be "anti-gun" and therefore she was consumed with respondent owning any weapons. However, he has a concealed carry permit and has carried a handgun almost his whole life. He denies threatening anyone with a firearm or telling Dr. Davies he killed anyone during a 2017 hunting trip.

30. Ultimately, respondent strongly disagrees with Dr. Davies diagnoses. More importantly, respondent believes he has always provided excellent care and treatment to patients and been a reliable employee. He has never received a patient complaint, nor has he had a medical malpractice lawsuit brought against him.

Analysis

31. The report and testimony of Dr. Davies were thorough, persuasive, and unchallenged by competent medical evidence. Dr. Davies diagnosed respondent with opioid use disorder, severe; alcohol use disorder, mild; cannabis use disorder, unspecified; and antisocial personality disorder. She supported her opinions using specific examples of respondent's conduct, much of which respondent did not deny. Further, Dr. Davies showed how respondent demonstrated a problematic pattern of opioid, alcohol, and cannabis use leading to clinically significant impairment or distress and a pervasive pattern of disregard for and violation of the rights of others. Ultimately, Dr. Davies found respondent unsafe to practice medicine. Her opinion is unchallenged.

32. In 2002, 2005, 2009, and 2011, respondent's out-of-state medical licenses were disciplined; the conduct underlying the out-of-state discipline is the same or similar to the facts Dr. Davies relied upon to support her findings about respondent. In 2021, respondent continues to use controlled substances in such a manner as to cause himself serious injury, risk the public health and safety, thus demonstrating his inability to safely practice medicine due to a mental impairment affecting competency. When all the evidence is considered, respondent's license should be revoked.

LEGAL CONCLUSIONS

Standard/Burden of Proof

1. To revoke or suspend respondent's medical license, complainant must establish the allegations and violations alleged in the Accusation by clear and convincing evidence to a reasonable certainty. (*Ettinger v. Bd. of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) The requirement to produce clear and convincing evidence is "a heavy burden, far in excess of the preponderance of evidence standard that is sufficient in most civil litigation. [Citations omitted.] Clear and convincing evidence requires a finding of high probability. The evidence must be so clear as to leave no substantial doubt. It must be sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations omitted.]" (*Christian Research Institute v. Alnor* (2007) 148 Cal.App.4th 71, 84.)

Causes of Action

2. Business and Professions Code[8] section 822 authorizes the Board to revoke, suspend or restrict a physician's license when it is established that the physician's ability to safely practice medicine is impaired due to mental or physical illness affecting competency. A license disciplined for that reason shall not be reinstated unless the Board has received competent evidence of the absence of such a condition and is satisfied that the physician again can safely practice medicine.

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[8] All further references are to the Business and Professions Code unless otherwise indicated.

3. Section 2234 provides, "[t]he Board shall take action against any licensee who is charged with unprofessional conduct." Section 2239,[9] subdivision (a), provides, in pertinent part:

> The use . . . of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022 . . . to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct . . . .

Causes for Discipline

4. Cause exists for disciplinary action under section 822, by reason of the matters set forth in the Factual Findings as a whole. Complainant proved, by clear and convincing evidence, respondent's ability to safely practice medicine is impaired due to mental illness affecting his competency.

5. Cause exists for disciplinary action under sections 2234 and 2239, by reason of the matters set for forth in the Factual Findings as a whole. Complainant proved, by clear and convincing evidence, respondent used controlled substances

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[9] The Accusation incorrectly cites to section 2529.1, relevant to the practice of psychoanalysis.

and/or dangerous drugs to the extent and in such a manner as to be dangerous or injurious to himself, other persons and the public, and to the extent that such use impairs the ability of the licensee to practice medicine safely.

6. When all the evidence is considered, and in an effort to sufficiently protect the public health, safety and welfare, respondent's certificate must be REVOKED.

ORDER

The Physician and Surgeon License No. G77431 issued to Curtis Edward Rollins, M.D., is REVOKED.

DATE: May 21, 2021

ERIN R. KOCH-GOODMAN
Administrative Law Judge
Office of Administrative Hearings

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

In the Matter of the Accusation Against:	Case No. 800-2018-041820
Curtis Edward Rollins, M.D. **NMCI Medical Clinic, Inc.** **3031 West March Ln., Ste. 123 S** **Stockton, CA 95219** **Physician's and Surgeon's Certificate No. G 77431,** Respondent.	**ACCUSATION**

PARTIES

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

2. On or about August 16, 1993, the Medical Board issued Physician's and Surgeon's Certificate No. G 77431 to Curtis Edward Rollins, 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 June 30, 2021, unless renewed.

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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 2227 of the Code provides in pertinent part, 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.

5. Section 2234 of the Code, states:

> "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:
>
> "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> "(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.
>
> "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> "(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> "(d) Incompetence.
>
> "(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> "(f) Any action or conduct that would have warranted the denial of a certificate.
>
> "(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. Section 2529.1 of the Code states:

"(a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

"..."

7. Section 820 of the Code states:

"Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822."

8. Section 822 of the Code states:

"If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

"(a) Revoking the licentiate's certificate or license.

"(b) Suspending the licentiate's right to practice.

"(c) Placing the licentiate on probation.

"(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

"The licensing section shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated."

FACTUAL ALLEGATIONS

9. On or about March 2, 2018, the Medical Board of California's Central Complaint Unit (CCU) received a complaint from a nurse practitioner regarding the Respondent who was working at the Santa Clara Urgent Care clinic. The complaint detailed numerous incidents

involving the Respondent which included being threatened with a firearm, unprofessional conduct, bullying the medical staff, poor medical record keeping, and impairment while on duty.

10. On or about May 10, 2018, Board Investigator Tassio was assigned to this matter and thereafter searched the civil index and BreEZe[1] databases, which revealed that Respondent was suspended by the North Carolina Medical Board. Investigator Tassio also discovered a news article published by the Arizona Daily Sun, dated January 30, 2002, which stated that Respondent pled guilty to a misdemeanor charge of possession of drug paraphernalia and a "Class 4 felony count" of possession of a narcotic. According to the article, Respondent was sentenced to one year of unsupervised probation and drug diversion in California from Coconino County, Arizona.

11. On or about June 18, 2018, Investigator Tassio conducted a telephonic interview and thereafter on June 19, 2018 an in-person interview of medical assistant L.E.[2] During these interviews, L.E. conveyed the following:

a. She worked with the Respondent at the Santa Clara Urgent Care clinic located in the State of California.

b. Respondent would often sleep in the back part of the business where the clinic conducted therapeutic massages.

c. She was aware of and had seen Respondent carry a firearm at the clinic.

d. On one occasion, she had questioned the Respondent as to why he was leaving for breakfast when there were patients in the waiting room. Respondent yelled at L.E. in the reception area in front of patients, threatening to fire her.

e. She was aware that P.S., another employee at the Urgent Care clinic, was scared of the Respondent.

12. On or about June 19, 2018, Investigator Tassio went to the Santa Clara Urgent Care clinic to conduct a site visit and contacted the Respondent. The Respondent was advised of the

[1] BreEZe is the California Department of Consumer Affairs' licensing and enforcement system and an online civil database for consumers, licensees and applicants. BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

[2] To protect the privacy of the witnesses, the witnesses' names and information were not included in this pleading. All witnesses will be fully identified in discovery.

allegations against him concerning his threats with a firearm and his illicit drug usage. During this encounter, Respondent was armed with a firearm and an extra magazine on his person in his office in the Urgent Care clinic. Respondent claimed he did not threaten P.S. with his firearm and he stated that he also worked with the Sacramento County Sheriff's Office. Respondent showed Investigator Tassio his concealed carry weapons (CCW) permit. Respondent provided Investigator Tassio with his curriculum vitae and his personal history statement, dated January 15, 2018, which detailed his work history as well as his addiction to opioids dating back to 2001; his multiple treatment/rehabilitation attempts; his use of buprenorphine[3]; and his claim that February 28, 2009 was his sobriety date.

13. On or about June 19, 2018, Respondent submitted a urine sample that was tested by Alere Toxicology Lab and yielded positive results for: 7-aminoclonazepam, buprenorphine, norbuprenorphine, ethyl sulfate, ethyl glucuronide, and marijuana metabolites.

14. On or about July 3, 2018, Investigator Tassio conducted an interview of nurse P.S. During this interview, P.S. conveyed the following:

a. She worked with and shared office space with the Respondent at the Santa Clara Urgent Care clinic located in the State of California.

b. Respondent told her that he self-prescribed Suboxone[4] for opiate addiction, took benzodiazepines[5] and Ativan, as well as two other anti-psychotic medications, and that he consumed alcohol.

c. She saw Respondent's hands shake often and that he would take drinks from a flask that he kept in his doctor's jacket pocket in the office of the clinic.

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[3] Buprenorphine is the generic name for Butrans which is an opioid used to treat opioid addiction, moderate acute pain, and moderate chronic pain. When used in combination with naloxone for treating opioid addiction, it is known by the trade name Suboxone. Buprenorphine is a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 §1308.13(e). Buprenorphine is a dangerous drug pursuant to Business and Professions Code §4022.

[4] *Id.*

[5] Benzodiazepines are medications commonly used for the management of anxiety disorders. They are a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 §1308.14(c) and Health and Safety Code §11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code §4022

d. She observed Respondent would sometimes begin speaking erratically, and at times she would have to correct Respondent's patients' charts.

e. On one occasion, she asked Respondent why he left the clinic in the middle of his shift, to which Respondent said he could do anything he wanted and would go to the shooting range.

f. She described instances where Respondent would bully and harass her. For instance, Respondent would complain about P.S. in passing to their colleagues, complain to her about the length of her lab coat, and would snap at her and get frustrated when she would ask a question regarding a patient's chart.

g. On or about February 8, 2016, prior to 3:00 p.m., P.S. heard a snort behind her and when she turned around, she saw Respondent hunched over his desk drawer with what appeared to be a white powdery substance around his nose. Respondent told her it was his nasal spray, and then placed a gun on his desk in between P.S. and himself, and told her that he would not mind putting a bullet in someone's head if they got in his way, or something to that effect.

15. On or about June 25, 2018, Investigator Tassio conducted an interview of B.T., M.D. During this interview, Dr. B.T. conveyed the following:

a. He met the Respondent through the Medical Board of California's Diversion program for impaired doctors and worked with the Respondent at the Santa Clara Urgent Care clinic.

b. He stated that Respondent had an active addiction and he had found Respondent drinking on the job in the afternoon when they worked together.

c. He recalled that on one occasion, all of the Norco[6] at the Urgent Care clinic went missing when Respondent was the only one who had control of the Norco at the time.

[6] Norco is a brand name for acetaminophen and hydrocodone bitartrate. It is an opioid analgesic combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 §1308.13(e). On October 6, 2014, hydrocodone combination products were reclassified as Schedule II controlled substances. Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and Professions Code §4022

When confronted, Respondent brought all of the Norco back and left the clinic a short time thereafter for other employment.

d. He was aware that Respondent was investigated by the Drug Enforcement Administration (DEA) about Suboxone and that Respondent would bring his gun to work every day, which he would leave in his office desk at the clinic.

16. On or about July 3, 2018, Investigator Tassio conducted an interview of medical assistant J.C. During this interview, J.C. conveyed the following:

a. He worked with the Respondent at the Santa Clara Urgent Care clinic located in the State of California and was aware that Respondent carried a .45 caliber handgun to work at the clinic, which he would take out and place on his desk.

b. On one occasion, a few years prior to 2018, he recalled three bottles of Norco were taken from the Urgent Care clinic, but believed two bottles were returned. He said that the Urgent Care clinic kept a log of Norco and someone would be responsible for auditing the medication at the beginning and end of the day.

c. J.C. witnessed Respondent screaming and threatening to fire L.E. within earshot of patients waiting in the reception area of the clinic.

d. He described Respondent as having mood swings where he would seem "pissy" one minute and "happy" the next, as if he had bipolar disorder.

e. He said that Respondent has his own private Suboxone patients as well as psychiatric patients.

17. On or about February 27, 2019, Investigator Tassio ran a Controlled Substance Utilization Review and Evaluation System (CURES)[7] Patient Activity Report (PAR) for Respondent.

18. On or about April 30, 2019, Investigator Tassio conducted a CURES search with Respondent as a prescriber and obtained a certified copy of the report.

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and is a Schedule II controlled substance pursuant to California Health and Safety Code §11055, subdivision (b).

[7] CURES is a database maintained by the DOJ detailing the prescription history of physicians and patients (Health & Safety Code §11165).

19. On or about May 1, 2019, Investigator Tassio assisted the Santa Clara County District Attorney's Office during the execution of a search warrant at the Santa Clara Urgent Care clinic, of the Respondent and his personal vehicle. Investigator Tassio and DEA agents on scene conducted a recorded, and later transcribed, interview with the Respondent. During this interview, Respondent conveyed the following:

a. He admitted that he had begun "chipping[8]" since 1988 and was addicted to Demerol[9] while he was an oral surgeon. By 1996, he believed he had drug problem and was unable to complete a drug program to assist him. In 2001, he claimed he went into another treatment program when he was the Chief Medical Examiner for Arizona, but lost that job and came to work at the Sacramento County Coroner's Office, where he registered for the California Diversion Program.

b. During the last year of the California Diversion Program, Respondent went to North Carolina to do a psychiatry residency for an addiction medicine program. As a term of his Diversion Program, Respondent had to restart his 5-year diversion program time in North Carolina since he did not finish his time in California. In 2009, while in North Carolina, he tested positive for buprenorphine, and subsequently had his DEA license restricted. He received a new DEA number in 2011 when he came to California.

c. He admitted that had been getting his own buprenorphine prescription from a provider in Reno, Nevada since 2009 and does not use his real name to obtain the prescription. Respondent sees his Reno doctor about every three months and pays in cash. Respondent would not divulge the name of his provider because he did not know how the Medical Board of California would react and he knew North Carolina did not allow doctors to be on buprenorphine.

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[8] "Chipping" is a term used to describe an occasional drug user typically involving opiates. (*The natural history of "chipping"*, Am. J. Psychiatry 1976; 133:37-40, NE Zinberg and RC Jacobson.)

[9] Demerol is a brand name for meperedine, a synthetic opioid pain medication of the phenylpiperidine class. It is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 §1308.12. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

d. He stated that he works at the Santa Clara Urgent Care clinic where he has personal psychiatric patients and thirty-five (35) Suboxone patients, in addition to patients from the clinic. He admitted he did not apply for the waiver to have up to 100 Suboxone patients and that his Suboxone patients found him from the Substance Abuse and Mental Health Services Administration (SAMHSA) website. Respondent only takes cash or check payments from these patients, in which the first patient visit is approximately $300 and subsequent appointments are $150 each. He maintains all of these medical files and records separately on paper at his medical office at the Santa Clara Urgent Care clinic.

e. In regards to firearms, Respondent stated he has a CCW and usually carries his 1911 handgun with him into the clinic where he stores it in his office desk drawer because he claimed he was scared of the Mexican cartel. He denied threatening anyone with the gun. However, during deer season in September 2016 or 2017, he was involved in a shooting in Yolo County while hunting. Respondent claimed that he was shot at and shot back in retaliation at who he believed was the Mexican cartel.

f. Respondent denied drinking alcoholic beverages while at work.

g. During the interview with Respondent, he identified the following multiple loose prescription drug pills on his person in his jacket pocket as: trazodone, Flomax, clonazepam, buprenorphine, and Prozac.

20. After the interview with the Respondent concluded on or about May 1, 2019, Investigator Tassio compared the prescription drugs Respondent identified on his person against the CURES PAR report from February 27, 2019 and discovered that the trazodone and Prozac were not shown on the report.

21. On or about May 1, 2019, Respondent submitted a urine sample that was tested by Phamatech, Inc. Laboratories and yielded positive results for buprenorphine and a marijuana metabolite.

22. The Santa Clara County District Attorney's Office investigators made a probable cause arrest of the Respondent on or about May 1, 2019 for violation of the California Health and Safety Code §11550(e)(2) [felonious use of a controlled substance by a person other than the

prescription holder or permit the distribution or sale of a controlled substance that is otherwise inconsistent with the prescription]; four counts of Health and Safety Code §11350(a) [felonious possession of controlled substance specified in sections (b), (c), (e), or (f)]; and Penal Code §22810(e)(1) [misdemeanor possession of a tear gas weapon that expels a projectile, or that expels the tear gas by any method other than an aerosol spray, or that contains more than 2.5 ounces net weight of aerosol spray].

23. In August 2019, Investigator Tassio obtained certified medical records from O'Connor Hospital, El Camino Hospital, and Dr. K.M. for Respondent's medical records, as well as certified medical records from the Santa Clara Urgent Care clinic for Respondent's partner's medical records.

24. On or about September 1, 2020, Investigator Tassio received an email from the Respondent stating that he surrendered his DEA license for writing Schedule II controlled substances, as well as his DATA waiver, which means he is no longer writing Suboxone prescriptions.

25. On or about September 1, 2020, Investigator Tassio received a signed Voluntary Agreement for Mental Evaluation from Respondent.

26. On or about September 30, 2020, Investigator Tassio provided L.D., M.D., with the following case materials in order for Dr. L.D. to conduct Respondent's mental evaluation: the initial complaint document sent to the CCU in March 2018, that was dated February 28, 2018; Respondent's personal history statement, dated January 15, 2018; Respondent's curriculum vitae; the Alere Toxicology Lab results; the Phamatech, Inc. Laboratories Toxicology results; CURES PAR for Respondent from 2012 to 2019; CURES prescriber report for Respondent from April 30, 2016 through April 30, 2019; the transcript and digital recording of the subject interview that took place on May 1, 2019; Investigator Tassio's report of investigation in this matter; and Respondent's letter, dated February 6, 2018 regarding P.S.

27. On or about October 7, 2020, Dr. L.D. conducted a clinical diagnostic evaluation and interview with the Respondent via telehealth video conferencing due to the COVID-19 pandemic.

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28. On or about November 2, 2020, Dr. L.D. drafted her clinical diagnostic evaluation and report regarding the Respondent. Dr. L.D. opined in her report the following:

a. Respondent suffers from severe opioid use disorder, mild alcohol use disorder, cannabis use disorder, and antisocial personality disorder;

b. Respondent has poor insight and judgment and is not currently sober given his positive drug test results for buprenorphine, cannabis, and his continued use of alcohol;

c. Even though Respondent attends twice a week meetings for his sobriety, he continues to consume alcoholic beverages and he did not believe Suboxone was part of his chemical dependency;

d. In light of Respondent going through rehabilitation multiple times due to consequences rather than voluntarily, and his use of an alias in another state in order to obtain a prescription for buprenorphine, a controlled substance, Respondent's behavior is indicative of someone with Antisocial Personality Disorder; and

e. Respondent's life is built around deceit and manipulation insofar as Respondent attributed his problems to other people throughout his career; he altered significant facts during his interview with Dr. L.D., for instance, whether or not he was eligible to renew his Arizona medical license; and Respondent's account of killing someone while appearing indifferent about the incident.

29. Dr. L.D. concluded that the Respondent exhibits conduct inconsistent with the ethics of a physician and that Respondent has a severe opioid use disorder, cannabis use disorder, mild alcohol use disorder, and antisocial personality disorder which impact his ability to safely engage in the practice of medicine at this time, such that Respondent's continued practice of medicine poses a present danger and threat to the public health, welfare and safety.

FIRST CAUSE FOR DISCIPLINE
(Mental or Physical Impairment)

30. Respondent's Physician's and Surgeon's Certificate No. G 77431 is subject to disciplinary action under section 822 of the Code in that his ability to practice medicine safely is

impaired because he is mentally ill or physically ill affecting his competency, as more particularly alleged hereinafter:

31. Complainant realleges paragraphs 9 through 29, and those paragraphs are hereby incorporated by reference as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

32. Respondent's Physician's and Surgeon's Certificate No. G 77431 is further subject to disciplinary action under sections 2227 and 2234, as defined by sections 2234 and 2529.1, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter:

33. Complainant realleges paragraphs 9 through 29, and those paragraphs are hereby incorporated by reference as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

34. To determine the degree of discipline, if any, to be imposed on Respondent, Curtis Edward Rollins, M.D., Complainant alleges that on or about March 6, 2002, in a prior disciplinary action titled *In the Matter of the State of Arizona Medical Examiners Board Against Curtis Edward Rollins, M.D. license No. 28779* before the Board of Medical Examiners in the State of Arizona, in Case No. MD-01-0214, Respondent was issued a Letter of Reprimand and his medical license was placed on probation for five years for unprofessional conduct based on (1) habitual intemperance in the use of alcohol or habitual substance abuse, (2) using controlled substances, and (3) violating state laws or rules and regulations applicable to the practice of medicine. That decision is now final and is incorporated by reference as if fully set forth herein.

35. To determine the degree of discipline, if any, to be imposed on Respondent Curtis Edward Rollins, M.D., Complainant further alleges that on or about September 9, 2009, in a prior disciplinary action titled *In the Matter of the State of North Carolina Medial Board Against Curtis Edward Rollins, M.D.* before the North Carolina Medical Board, as to Respondent's

medical license No. 2005-01895, Respondent's medical license was indefinitely suspended for unprofessional conduct and the inability to practice medicine with reasonable skill and safety to patients based on Respondent's conduct of (1) prescribing Suboxone to a person with whom he had a significant emotional relationship, (2) diverting Suboxone to himself, and (3) concealing his use of Suboxone from the Board and the North Carolina Physicians Health Program (N.C.P.H.P.), in violation of both his N.C.P.H.P. contract and his Consent Order with the Board. That decision is now final and is 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. G 77431, issued to Curtis Edward Rollins, M.D.;

2. Revoking, suspending or denying approval of Curtis Edward Rollins, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Curtis Edward Rollins, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: FEB 22 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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