

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 AARON L. LENT
Deputy Attorney General
4 State Bar No. 256857
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7545
Facsimile: (916) 327-2247
7

8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

Case No. 800-2018-041820

14 **Curtis Edward Rollins, M.D.**
NMCI Medical Clinic, Inc.
15 **3031 West March Ln., Ste. 123 S**
Stockton, CA 95219

A C C U S A T I O N

16
17 **Physician's and Surgeon's Certificate**
No. G 77431,

18 Respondent.
19

20 **PARTIES**

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

24 2. On or about August 16, 1993, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 77431 to Curtis Edward Rollins, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on June 30, 2021, unless renewed.

28 ///

1 JURISDICTION

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

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

9 5. Section 2234 of the Code, states:

10 "The board shall take action against any licensee who is charged with
11 unprofessional conduct. In addition to other provisions of this article, unprofessional
12 conduct includes, but is not limited to, the following:

13 "(a) Violating or attempting to violate, directly or indirectly, assisting in or
14 abetting the violation of, or conspiring to violate any provision of this chapter.

15 "(b) Gross negligence.

16 "(c) Repeated negligent acts. To be repeated, there must be two or more
17 negligent acts or omissions. An initial negligent act or omission followed by a
18 separate and distinct departure from the applicable standard of care shall constitute
19 repeated negligent acts.

20 "(1) An initial negligent diagnosis followed by an act or omission medically
21 appropriate for that negligent diagnosis of the patient shall constitute a single
22 negligent act.

23 "(2) When the standard of care requires a change in the diagnosis, act, or
24 omission that constitutes the negligent act described in paragraph (1), including, but
25 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
26 licensee's conduct departs from the applicable standard of care, each departure
27 constitutes a separate and distinct breach of the standard of care.

28 "(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."

1 6. Section 2529.1 of the Code states:

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

10 “..”

11 7. Section 820 of the Code states:

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

20 8. Section 822 of the Code states:

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

25 “(a) Revoking the licentiate’s certificate or license.

26 “(b) Suspending the licentiate’s right to practice.

27 “(c) Placing the licentiate on probation.

28 “(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

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

3 10. On or about May 10, 2018, Board Investigator Tassio was assigned to this matter and
4 thereafter searched the civil index and BreEZe¹ databases, which revealed that Respondent was
5 suspended by the North Carolina Medical Board. Investigator Tassio also discovered a news
6 article published by the Arizona Daily Sun, dated January 30, 2002, which stated that Respondent
7 pled guilty to a misdemeanor charge of possession of drug paraphernalia and a “Class 4 felony
8 count” of possession of a narcotic. According to the article, Respondent was sentenced to one
9 year of unsupervised probation and drug diversion in California from Coconino County, Arizona.

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

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

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

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

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

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

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

25 ¹ BreEZe is the California Department of Consumer Affairs’ licensing and enforcement
26 system and an online civil database for consumers, licensees and applicants. BreEZe enables
27 consumers to verify a professional license and file a consumer complaint. Licensees and
28 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.

1 allegations against him concerning his threats with a firearm and his illicit drug usage. During this
2 encounter, Respondent was armed with a firearm and an extra magazine on his person in his
3 office in the Urgent Care clinic. Respondent claimed he did not threaten P.S. with his firearm and
4 he stated that he also worked with the Sacramento County Sheriff's Office. Respondent showed
5 Investigator Tassio his concealed carry weapons (CCW) permit. Respondent provided
6 Investigator Tassio with his curriculum vitae and his personal history statement, dated January 15,
7 2018, which detailed his work history as well as his addiction to opioids dating back to 2001; his
8 multiple treatment/rehabilitation attempts; his use of buprenorphine³; and his claim that February
9 28, 2009 was his sobriety date.

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

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

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

17 b. Respondent told her that he self-prescribed Suboxone⁴ for opiate addiction,
18 took benzodiazepines⁵ and Ativan, as well as two other anti-psychotic medications, and that
19 he consumed alcohol.

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

22 ///

23 _____
24 ³ Buprenorphine is the generic name for Butrans which is an opioid used to treat opioid
25 addiction, moderate acute pain, and moderate chronic pain. When used in combination with
26 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.

27 ⁴ *Id.*

28 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

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

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

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

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

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

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

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

23 c. He recalled that on one occasion, all of the Norco⁶ at the Urgent Care clinic
24 went missing when Respondent was the only one who had control of the Norco at the time.

25 ⁶ Norco is a brand name for acetaminophen and hydrocodone bitartrate. It is an opioid
26 analgesic combination product used to treat moderate to moderately severe pain. Prior to October
27 6, 2014, hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to
28 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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 a. He admitted that he had begun "chipping"⁸ since 1988 and was addicted to
7 Demerol⁹ while he was an oral surgeon. By 1996, he believed he had drug problem and was
8 unable to complete a drug program to assist him. In 2001, he claimed he went into another
9 treatment program when he was the Chief Medical Examiner for Arizona, but lost that job
10 and came to work at the Sacramento County Coroner's Office, where he registered for the
11 California Diversion Program.

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

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

24
25 ⁸ "Chipping" is a term used to describe an occasional drug user typically involving
26 opiates. (*The natural history of "chipping"*, Am. J. Psychiatry 1976; 133:37-40, NE Zinberg and
27 RC Jacobson.)

28 ⁹ Demerol is a brand name for meperidine, 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.

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

9 e. In regards to firearms, Respondent stated he has a CCW and usually carries his
10 1911 handgun with him into the clinic where he stores it in his office desk drawer because
11 he claimed he was scared of the Mexican cartel. He denied threatening anyone with the
12 gun. However, during deer season in September 2016 or 2017, he was involved in a
13 shooting in Yolo County while hunting. Respondent claimed that he was shot at and shot
14 back in retaliation at who he believed was the Mexican cartel.

15 f. Respondent denied drinking alcoholic beverages while at work.

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

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

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

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

1 prescription holder or permit the distribution or sale of a controlled substance that is otherwise
2 inconsistent with the prescription]; four counts of Health and Safety Code §11350(a) [felonious
3 possession of controlled substance specified in sections (b), (c), (e), or (f)]; and Penal Code
4 §22810(e)(1) [misdemeanor possession of a tear gas weapon that expels a projectile, or that
5 expels the tear gas by any method other than an aerosol spray, or that contains more than 2.5
6 ounces net weight of aerosol spray].

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

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

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

17 26. On or about September 30, 2020, Investigator Tassio provided L.D., M.D., with the
18 following case materials in order for Dr. L.D. to conduct Respondent's mental evaluation: the
19 initial complaint document sent to the CCU in March 2018, that was dated February 28, 2018;
20 Respondent's personal history statement, dated January 15, 2018; Respondent's curriculum vitae;
21 the Alere Toxicology Lab results; the Phamatech, Inc. Laboratories Toxicology results; CURES
22 PAR for Respondent from 2012 to 2019; CURES prescriber report for Respondent from April 30,
23 2016 through April 30, 2019; the transcript and digital recording of the subject interview that took
24 place on May 1, 2019; Investigator Tassio's report of investigation in this matter; and
25 Respondent's letter, dated February 6, 2018 regarding P.S.

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

28 ///

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

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

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

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

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

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

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

24 **FIRST CAUSE FOR DISCIPLINE**
25 **(Mental or Physical Impairment)**

26 30. Respondent's Physician's and Surgeon's Certificate No. G 77431 is subject to
27 disciplinary action under section 822 of the Code in that his ability to practice medicine safely is
28

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

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

5 **SECOND CAUSE FOR DISCIPLINE**
6 **(General Unprofessional Conduct)**

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

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

15 **DISCIPLINARY CONSIDERATIONS**

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

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

1 medical license No. 2005-01895, Respondent's medical license was indefinitely suspended for
2 unprofessional conduct and the inability to practice medicine with reasonable skill and safety to
3 patients based on Respondent's conduct of (1) prescribing Suboxone to a person with whom he
4 had a significant emotional relationship, (2) diverting Suboxone to himself, and (3) concealing his
5 use of Suboxone from the Board and the North Carolina Physicians Health Program (N.C.P.H.P.),
6 in violation of both his N.C.P.H.P. contract and his Consent Order with the Board. That decision
7 is now final and is incorporated by reference as if fully set forth herein.

8 **PRAYER**

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

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 77431, issued
12 to Curtis Edward Rollins, M.D.;
- 13 2. Revoking, suspending or denying approval of Curtis Edward Rollins, M.D.'s
14 authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Curtis Edward Rollins, M.D., if placed on probation, to pay the Board the
16 costs of probation monitoring; and
- 17 4. Taking such other and further action as deemed necessary and proper.

18
19 DATED: **FEB 22 2021**


20 WILLIAM PRASIFKA
21 Executive Director
22 Medical Board of California
23 Department of Consumer Affairs
24 State of California
25 Complainant

24 SA2020304822
25 34812369.docx