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

In the Matter of the Accusation Against:	)	
Steven Matthew Rayle, M.D.	)	**Case No. 800-2017-036880**
Physician's and Surgeon's Certificate No. G 89164	)	
Respondent	)	

DECISION

The attached Proposed Decision is hereby amended, pursuant to Government Code section 11517(c)(2)(c) to correct technical or minor changes that do not affect the factual or legal basis of the proposed decision. The proposed decision is amended as follows:

Paragraph 1 - Expiration date of certificate is June 30, 2020

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 September 28, 2018.

IT IS SO ORDERED August 29, 2018 .

MEDICAL BOARD OF CALIFORNIA

By: Kristina Lawson

Kristina D. Lawson, Chair
Panel B

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

In the Matter of the Accusation Against: STEVEN MATTHEW RAYLE, M.D., Physician's and Surgeon's Certificate No. G89164 Respondent.	Case No. 800-2017-036880 OAH No. 2018010661

PROPOSED DECISION

Administrative Law Judge Juliet E. Cox, State of California, Office of Administrative Hearings, heard this matter on July 5, 2018, in Oakland, California.

Deputy Attorney General Carolyne Evans represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California (CA Board).

Attorney Paul Chan represented respondent Steven Matthew Rayle, M.D., who was present.

The matter was submitted for decision on July 5, 2018.

FACTUAL FINDINGS

1. Respondent Steven Matthew Rayle, M.D., currently holds Physician's and Surgeon's Certificate No. G89164. The CA Board issued this certificate June 1, 2012, and it expired June 30, 2018. No evidence established whether this certificate was renewed.

2. On December 21, 2017, acting in her official capacity as Executive Director of the CA Board, complainant Kimberly Kirchmeyer filed an accusation against respondent. Complainant alleges that the Arizona Medical Board (AZ Board) has disciplined respondent's license to practice medicine in Arizona, and that this Arizona order constitutes cause to discipline respondent's California physician's and surgeon's certificate. Respondent requested a hearing.

Arizona Disciplinary Order

3. In December 2013, respondent entered into a confidential Stipulated Rehabilitation Agreement (SRA) with the AZ Board. The SRA followed respondent's 60-day inpatient treatment for substance abuse, and his self-disclosure to the AZ Board about that treatment. The SRA called generally for respondent to participate in the Arizona Physician Health Program (PHP), a program that provides monitoring and support for physicians in substance abuse recovery.

4. In October 2015, respondent again sought inpatient mental health treatment, this time for post-traumatic stress disorder (PTSD). He made an interim consent agreement with the AZ Board to limit his practice until he completed that treatment.

5. Respondent also became delinquent on his financial obligations to the PHP.

6. Respondent completed his inpatient psychiatric treatment for PTSD in February 2016. Representatives from the PHP program reported to the AZ Board that respondent remained in full compliance with PHP monitoring; had failed no drug tests; and had continued with psychiatric care.

7. With respondent's consent, the AZ Board placed his Arizona license on probation for five years, retroactive to December 17, 2013. The AZ Board ordered respondent to continue participating fully in the PHP, including in pertinent part by:

a. Abstaining from alcohol and unprescribed mood-altering drugs;

b. Continuing treatment with a PHP-approved psychiatrist who provides quarterly reports;

c. Attending a relapse prevention group at least weekly;

d. Attending 12-step group meetings as directed by PHP representatives;

e. Submitting to random testing to confirm abstinence from alcohol and unprescribed mood-altering drugs; and

f. Paying all program costs.

8. In addition to placing respondent on probation as described in Finding 7, the AZ Board issued a letter of reprimand to respondent. That letter reprimanded respondent for having prescribed controlled substances to a friend on 11 occasions between 2012 and 2015, without having maintained medical records relating to this friend's care or prescriptions.

9. The AZ Board's probation order for respondent did not impose any probation conditions relating to his prescribing or record-keeping errors.

10. The five-year period of respondent's Arizona probation will end in December 2018. The terms of the AZ Board order require respondent to apply in writing for release from probation, documenting his full compliance with all probation conditions.

Professional Experience

11. Respondent has practiced medicine in Arizona since 1987. He obtained his California certificate, as described in Finding 1, when he undertook a fellowship in palliative medicine and hospice care in California. Aside from this fellowship, respondent has never practiced medicine in California and has no plans to begin doing so.

12. In January 2011, respondent was present when a man shot Congresswoman Gabrielle Giffords, and many other people as well, at a shopping center near Tucson. Respondent rendered medical care to several people in the crowd, including to at least one person who died despite respondent's efforts. Respondent attributes his PTSD, for which he eventually sought treatment in 2015 as described above in Finding 4, in part to this experience.

13. Respondent worked in emergency medicine for about 20 years, but more recently has emphasized palliative and hospice care. Before undertaking substance abuse treatment in late 2013, respondent had worked at an inpatient hospice. He found this work rewarding but very stressful.

14. Respondent currently works two days each week as the medical director for Emerald Care, a service that provides medical care to elderly patients who reside at assisted living facilities. He also is an on-call physician for a hospice provider. Finally, respondent works part-time in a firefighters' occupational medicine clinic.

15. The prescriptions for which the AZ Board reprimanded respondent were for an elderly friend who refused to go to any medical provider; the controlled substances in question were anti-anxiety medications. Respondent did not maintain medical records regarding his friend's condition or her prescriptions. At the same time, he saw her almost every day and testified credibly that he monitored her condition. Respondent understands that such informal care risks patient harm, both because of the absence of documentation that could inform other providers and because it discourages the patient from seeking a more careful, objective physician-patient relationship. He does not believe that either of these harms occurred to this patient, but he testified credibly that he will not undertake similarly informal treatment in the future.

Substance Abuse and Mental Health Treatment

16. In early 2013, respondent began using kava, an herbal product he bought on the "supplement" aisle at a grocery store, as a relaxation and sleep aid. After using kava regularly for several months, respondent realized that he had developed a physical dependence on it; he experienced unpleasant neurological symptoms, including sweating,

when he delayed consuming kava. He also realized that the drug was affecting his cognitive ability. As described above in Finding 3, respondent sought treatment and reported himself to the AZ Board.[1]

17. Initially in the PHP, respondent attended three general 12-step meetings and one physician-specific 12-step meeting each week. He also attended a therapy group for physicians, as well as individual psychotherapy. He participated in a random bodily fluid testing program that included testing for kava consumption.

18. Respondent believes that the 12-step philosophy is "a great way to live." Although the PHP does not currently require respondent to attend 12-step meetings, he continues to attend at least one meeting each week with a group he has known for several years. Aside from the financial noncompliance described above in Finding 5, respondent always has satisfied all PHP requirements, with no missed test check-ins and no positive drug or alcohol tests. Respondent testified credibly and without contradiction that he no longer uses alcohol or any unprescribed mood-altering drugs.

19. Respondent volunteers at his local Veterans Administration clinic, where he and a friend organize a weekly 12-step meeting and "Big Book" study.

20. Respondent provided written character and professional references from seven people, most of whom have known and respected him for many years.

a. Lydia Ehlenberger, M.D., has known respondent professionally for more than 20 years. Dr. Ehlenberger is aware of the AZ Board's probation order and letter of reprimand, and believes despite those disciplinary actions that respondent is highly clinically competent as well as an "outstanding and empathetic" physician.

b. Erin Marie Brown, R.N., is a hospice nurse. She has known respondent professionally for more than 10 years, having worked with him both in a hospice and at an inpatient substance abuse treatment program. Brown has observed respondent's recovery from substance abuse and trusts him to treat patients with "respect and dignity."

c. Elena Volfson, M.D., has been respondent's professional monitor during his Arizona probation. She confirms that respondent "demonstrates good sobriety, and his prognosis for ongoing successful recovery is very high."

d. J. Alex McGlamery, M.D., worked with respondent in an urgent care clinic in the mid-1990's. They have remained friends, and Dr. McGlamery regularly attends the same 12-step meeting as respondent. Dr. McGlamery knows about the AZ Board's disciplinary actions regarding respondent, but nonetheless strongly respects both respondent's commitment to recovery and respondent's clinical skill.

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[1] No evidence suggested that respondent ever has abused any other drug, or that he ever has abused alcohol.

e. Rita Micheli, R.N., met respondent about 10 years ago working at the same hospice. Micheli knows that the AZ Board has disciplined respondent. She believes he has committed himself to sobriety and to community service, and she views him as a "mentor and leader" in hospice care.

f. Cynthia Abrams, R.N., is the founder and director of Emerald Care, described above in Finding 14. Abrams recruited respondent to work at Emerald Care, with full knowledge that the AZ Board had proposed to (and later did) discipline him. Abrams admires respondent's professional skills in treating Emerald Care's elderly patients.

g. Brian L. Cabin, M.D., has been respondent's friend for more than 30 years, and is respondent's personal physician. Cabin understands that the AZ Board has disciplined respondent. He describes respondent as a "diligent, hard-working, compassionate physician who puts his patients first" and who is "honest to a fault."

LEGAL CONCLUSIONS

1. Discipline against a medical license respondent holds in another state, on grounds that would have been cause for discipline in California, is cause for discipline against respondent's California physician's and surgeon's certificate. (Bus. & Prof. Code, §§ 141, subd. (a), 2305.) The matters stated in Findings 7 and 8 constitute cause for discipline against respondent's California certificate.

2. According to the CA Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines, 12th Edition 2016" (Cal. Code Regs., tit. 16, § 1361, subd. (a)), the minimum recommended discipline both for prescribing without adequate records and for substance abuse is stayed revocation of the physician's certificate, with five years' probation.

3. In this matter, even this minimum discipline would be inappropriate in light of the CA Board's fundamental mandates to protect public safety and facilitate physician rehabilitation. (Bus. & Prof. Code, § 2229, subds. (a), (b).) Monitoring respondent's probation for five years would place burdens on both the CA Board (despite respondent's obligation to pay probation costs) and on respondent; yet as noted above in Finding 11 the likelihood that respondent will begin practicing actively in California during the next several years is low. Moreover, with respect to respondent's substance abuse, the fundamental goals of probation for substance-abusing physicians are to ensure sobriety and to discourage relapse. The matters stated in Findings 3, 6, 7, 10, and 16 through 20 demonstrate that respondent's Arizona probation has served these goals, and do not demonstrate that any additional period of probation will be necessary. If respondent suffers additional discipline in Arizona, whether due to violating his Arizona probation or otherwise, the CA Board will have a further opportunity to take action.

4. In light of these considerations, a public letter of reprimand (Bus. & Prof. Code, §§ 495, 2227, subd. (a)(4)) is appropriate in this matter.

ORDER

Physician and Surgeon's Certificate No. G89164, issued to respondent Steven Matthew Rayle, M.D., is hereby publicly reprimanded.

DATED: July 27, 2018

DocuSigned by:
Juliet E. Cox
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JULIET E. COX
Administrative Law Judge
Office of Administrative Hearings

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Dec 21 20 17
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Steven Matthew Rayle, M.D.** **P.O. Box 64250** **Tucson, AZ 85728** **Physician's and Surgeon's Certificate No. G 89164,** Respondent.	Case No. 800-2017-036880 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On or about June 1, 2012, the Medical Board issued Physician's and Surgeon's Certificate Number G 89164 to Steven Matthew Rayle, 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, 2018, 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 unless otherwise indicated.

4. Section 2227 of the Code provides, in 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, be publicly reprimanded, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code provides that the Board shall take action against a licensee who is charged with unprofessional conduct.

6. Section 2305 of the Code states:

The revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state.

7. Section 141 of the Code states:

"(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

"(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a

disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

8. On or about August 3, 2017, the Arizona Medical Board issued an Order for a Letter of Reprimand and Probation; and Consent to the Same (Arizona Order). The Arizona Order found that Respondent engaged in unprofessional conduct. The circumstances are that Respondent deviated from the standard of care in that he wrote 11 prescriptions for controlled substances to a patient without documenting a patient evaluation, including history and physical examination to establish a diagnosis, identify underlying conditions, and monitor for effectiveness, side effects, and adverse effects of the medication. The Arizona Medical Board noted that "there was potential for patient harm in that the patient could have suffered untoward events due to inappropriate prescribing and lack of monitoring. In addition, the prescribing may have prevented the patient from receiving consistent care from a primary care physician."

Additionally, Respondent was disciplined for violating a confidential stipulated rehabilitation agreement (SRA) that he entered into with the Arizona Medical Board. Respondent entered into the SRA as part of his participation in the Physician Health Program (PHP) for substance abuse. As a result of Respondent's unprofessional conduct, the Arizona Medical Board issued a letter of reprimand to Respondent and placed him on probation for five years[1] and required that he continue to participate in the PHP. Respondent was also ordered to abstain from consuming any alcohol, illegal drugs, and required to attend 12 step meetings, participate in a random biological fluid testing program, and participate in psychiatric monitoring.

9. Respondent's conduct as set forth in paragraph 8 above, and the actions of the Arizona Medical Board, as set forth in the Arizona Order, constitute unprofessional conduct within the meaning of section 2305 and conduct subject to discipline within the meaning of section 141(a). The Arizona Order is attached as Exhibit A.

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[1] Respondent's PHP participation is retroactive to December 17, 2013.

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 Number G 89164, issued to Steven Matthew Rayle, M.D.;

2. Revoking, suspending or denying approval of Steven Matthew Rayle, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Steven Matthew Rayle, 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: December 21, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

Exhibit A

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **STEVEN M. RAYLE, M.D.** Holder of License No. 17733 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-15-1050A** **MD-15-1213A** **ORDER FOR A LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Steven M. Rayle, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for a Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 17733 for the practice of allopathic medicine in the State of Arizona.

MD-15-1050A

3. The Board initiated case number MD-15-1050A after receiving a complaint from a Tucson pharmacy stating that Respondent picked up a prescription for a controlled medication for a friend (Patient 1) that had been prescribed by Respondent.

4. Between 2012 and 2015, Respondent wrote 11 prescriptions for controlled substances to Patient 1. Respondent did not maintain medical records for the prescriptions.

5. The standard of care requires a physician to document a patient evaluation, including history and physical examination adequate to establish a diagnosis, identify underlying conditions, and monitor for effectiveness, side effects, and adverse effects of

the medication. Respondent deviated from the standard of care by repeatedly prescribing medications to Patient 1 without documenting a history and/or physical exam, and without monitoring for efficacy, side effects or adverse outcomes.

6. There was potential for patient harm in that Patient 1 could have suffered untoward events due to inappropriate prescribing and lack of monitoring. In addition, the prescribing may have prevented Patient 1 from receiving consistent care from a primary care physician.

MD-15-1213A

7. The Board initiated case number MD-15-1213A after receiving a report from the Physician Health Program ("PHP") Contractor stating that Respondent had become non-compliant with his December 17, 2015 confidential Stipulated Rehabilitation Agreement ("SRA").

8. In addition to the report from the PHP Contractor, Respondent also disclosed other health concerns.

9. The aforementioned information was presented to the investigative staff, the medical consultant and the lead Board member. All reviewed the information and concurred that an interim consent agreement to limit Respondent's practice was appropriate. Respondent entered into an Interim Consent Agreement for Practice Limitation on October 13, 2015.

10. Respondent presented for treatment on October 29, 2015 and was successfully discharged with staff approval on February 25, 2016.

11. Since completing treatment, Respondent has been fully compliant with monitoring as reported by the PHP Contractor. All drug screens have been valid and negative, and Respondent has continued with psychiatric care.

12. The PHP Contractor has opined that Respondent is safe to return to the practice of medicine provided that he enroll in and remain compliant with the PHP for a period of five (5) years with psychiatric requirements, retroactive to December 17, 2013.

13. On July 18, 2016, Respondent entered into an Interim Consent Agreement for participation in the Board's PHP with psychiatric requirements.

14. On July, 20, 2016, Respondent's Interim Consent Agreement for Practice Limitation was vacated.

15. Respondent has continued to be compliant with the terms of his July 18, 2016 Interim Consent Agreement.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate records on a patient.").

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("Any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

4. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r) ("Violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under the provisions of this chapter.").

ORDER

IT IS HEREBY ORDERED THAT:

1. This Order supersedes all other Orders issued in this matter.

2. Respondent is issued a Letter of Reprimand.

3. Respondent's license is placed on Probation for **five years**[1] and is subject to his continued participation in the Board's Physician Health Program ("PHP") and compliance with the following terms and conditions:

4. Respondent shall not consume alcohol or any food or other substance containing poppy seeds or alcohol.

5. Respondent shall not take any illegal drugs or mood altering medications.

6. Respondent shall enter into treatment with a PHP Contractor approved psychiatrist and shall comply with any and all treatment recommendations, including taking any and all prescribed medications. Respondent shall instruct the treating psychiatrist to submit quarterly reports to the PHP Contractor regarding diagnosis, prognosis, current medications, recommendation for continuing care and treatment, and ability to safely practice medicine. The reports shall be submitted quarterly to the PHP Contractor, the commencement of which to be determined by the PHP Contractor. Respondent shall provide the psychiatrist with a copy of this Order. Respondent shall pay the expenses for treatment and be responsible for paying for the preparation of the quarterly reports.

7. Respondent shall attend the PHP's relapse prevention group therapy sessions one time per week for the duration of this Order, unless excused by the relapse prevention group facilitator for good cause. Individual relapse therapy may be substituted for one or more of the group therapy sessions, if PHP pre-approves substitution. The relapse prevention group facilitators or individual relapse prevention therapist shall submit monthly reports to the PHP regarding attendance and progress.

8. If requested by the PHP Contractor, Respondent shall attend ninety 12-step meetings or other self-help group meetings appropriate for substance abuse and approved by the PHP Contractor, for a period of ninety days. Upon completion of the ninety

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[1] Respondent's PHP participation shall be retroactive to December 17, 2013.

meetings in ninety days, Respondent shall participate in a 12-step recovery program or other self-help program appropriate for substance abuse as recommended by the PHP Contractor. Respondent shall attend a minimum of three 12-step or other self-help program meetings per week. Two meetings per month must be Caduceus meetings. Respondent must maintain a log of all self-help meetings.

9. Respondent shall promptly obtain a primary care physician and shall submit the name of the physician to the PHP Contractor in writing for approval. The approved primary care physician ("PCP") shall be in charge of providing and coordinating Respondent's medical care and treatment. Except in an Emergency, Respondent shall obtain medical care and treatment only from the PCP and from health care providers to whom the PCP refers Respondent. Respondent shall promptly provide a copy of this Order to the PCP. Respondent shall also inform all other health care providers who provide medical care or treatment that Respondent is participating in the PHP. "Emergency" means a serious accident or sudden illness that, if not treated immediately, may result in a long-term medical problem or loss of life.

10. All prescriptions for controlled substances shall be approved by the PHP Contractor prior to being filled except in an Emergency. Controlled substances prescribed and filled in an emergency shall be reported to the PHP within 48 hours. Respondent shall take no Medication unless the PCP or other health care provider to whom the PCP refers Respondent prescribes and the PHP Contractor approves the Medication. Respondent shall not self-prescribe any Medication. "Medication" means a prescription-only drug, controlled substance, and over-the counter preparation, other than plain aspirin, plain ibuprofen, and plain acetaminophen.

11. Respondent shall submit to random biological fluid, hair and/or nail testing for the duration of this Order (as specifically directed below) to ensure compliance with the PHP.

12. Respondent shall provide the PHP Contractor in writing with one telephone number that shall be used to contact Respondent on a 24 hour per day/seven day per week basis to submit to biological fluid, hair and nail testing to ensure compliance with the PHP. For the purposes of this section, telephonic notice shall be deemed given at the time a message to appear is left at the contact telephone number provided by Respondent. Respondent authorizes any person or organization conducting tests on the collected samples to provide testing results to the PHP Contractor. Respondent shall comply with all requirements for biological fluid, hair and/or nail collection. Respondent shall pay for all costs for the testing.

13. Respondent shall provide the PHP Contractor with written notice of any plans to travel out of state.

14. Respondent shall immediately notify the Board and the PHP Contractor in writing of any change in office or home addresses and telephone numbers.

15. Respondent provides full consent for the PHP Contractor to discuss the Respondent's case with the Respondent's PCP or any other health care providers to ensure compliance with the PHP.

16. The relationship between the Respondent and the PHP Contractor is a direct relationship. Respondent shall not use an attorney or other intermediary to communicate with the PHP Contractor on participation and compliance issues.

17. Respondent shall be responsible for all costs, including costs associated with participating in the PHP at the time service is rendered, or within 30 days of each invoice sent to the Respondent. An initial deposit of two months PHP fees is due upon entering the program. Failure to pay either the initial PHP deposit or monthly fees 60 days after invoicing will be reported to the Board by the PHP Contractor and may result in disciplinary action.

18. Respondent shall immediately provide a copy of this Order to all employers, hospitals and free standing surgery centers where Respondent currently has or in the future gains or applies for employment or privileges. Within 30 days of the date of this Order, Respondent shall provide the PHP Contractor with a signed statement of compliance with this notification requirement. Respondent is further required to notify, in writing, all employers, hospitals and free standing surgery centers where Respondent currently has or in the future gains or applies for employment or privileges, of a chemical dependency relapse or a violation of this Order.

19. In the event Respondent resides or practices as a physician in a state other than Arizona, Respondent shall participate in the rehabilitation program sponsored by that state's medical licensing authority or medical society. Respondent shall cause the monitoring state's program to provide written quarterly reports to the PHP Contractor regarding Respondent's attendance, participation, and monitoring. The monitoring state's program and Respondent shall immediately notify the PHP Contractor if Respondent: a) is non-compliant with any aspect of the monitoring requirements; b) relapses; c) tests positive for controlled substances; d) has low specific gravity urine drug test(s), missed and/or late urine drug tests, or otherwise rejected urine drug tests; and e) is required to undergo any additional treatment.

20. The PHP Contractor shall immediately notify the Board if Respondent is non-compliant with any aspect of the monitoring requirements or this Order.

21. In the event of chemical dependency relapse by Respondent or Respondent's use of controlled substances or alcohol in violation of this Order, Respondent shall promptly enter into an Interim Consent Agreement for Practice Restriction that requires, among other things, that Respondent not practice medicine until such time as Respondent successfully completes long-term inpatient treatment for chemical dependency designated by the PHP and obtains affirmative approval from the

Executive Director, in consultation with the Lead Board Member and Chief Medical Consultant, to return to the practice of medicine. Prior to approving Respondent's request to return to the practice of medicine, Respondent may be required to undergo any combination of physical examination, psychiatric or psychological evaluation. In no respect shall the terms of this paragraph restrict the Board's authority to initiate and take disciplinary action for violation of this Order.

22. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in the State of Arizona.

23. Respondent shall appear in person before the Board and/or its staff and th PHP Contractor for interviews upon request, with reasonable notice.

24. Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 14 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

DATED AND EFFECTIVE this 3rd day of August, 2017.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

8. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

10. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[V]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

11. Respondent has read and understands the conditions of probation.

STEVEN M. RAYLE, M.D.

DATED: 7-14-17

EXECUTED COPY of the foregoing mailed this 3rd day of August, 2017 to:

Steven M. Rayle, M.D.
Address of Record

Greenberg and Sucher, P.C.
Address on file

ORIGINAL of the foregoing filed this 3rd day of August, 2017 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Board staff