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

In the Matter of the Accusation Against: Craig Bailey, M.D. Physician's and Surgeon's Certificate No. C 158468 Respondent.	Case No.: 800-2019-058643

DECISION

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

This Decision shall become effective at 5:00 p.m. on September 23, 2021.

IT IS SO ORDERED: August 24, 2021.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

ROB BONTA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
THOMAS OSTLY
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **CRAIG BAILEY, M.D.** **4570 Pickering Rd** **Bloomfield Hills MI 48301-3628** **Physician's and Surgeon's Certificate No. A 158468** Respondent.	Case No. 800-2019-058643 OAH No. 2021040056 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Thomas Ostly, Deputy Attorney General.

2. Respondent Craig Bailey, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about September 7, 2018, the Board issued Physician's and Surgeon's Certificate No. A 158468 to Craig Bailey, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-058643, and will expire on September 30, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-058643 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 11, 2020. Respondent filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-058643 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2019-058643. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2019-058643.

10. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-058643 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 158468 issued to Respondent CRAIG BAILEY, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. REVOCATION - SINGLE CAUSE. Certificate No. A 158468 issued to Respondent Craig Bailey, M.D. is revoked.

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

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

Respondent shall submit a certification of successful completion to the Board or its

designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

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

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

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

calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition

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

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-058643 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 5/3/2021

CRAIG BAILEY, M.D.
Respondent

ENDORSEMENT

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

DATED: May 21, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

/s/ Thomas Ostly

THOMAS OSTLY
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-058643

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Craig Bailey, M.D.** **4570 Pickering Rd.** **Bloomfield Hills, MI 48301-3628** **Physician's and Surgeon's Certificate No. C 158468,** Respondent.	Case No. 800-2019-058643 **A C C U S A T I O N**

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 September 7, 2018, the Medical Board issued Physician's and Surgeon's Certificate Number C 158468 to Craig Bailey, M.D. (Respondent). The Physician's and Surgeon's Certificate has now expired and has not been renewed.

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JURISDICTION

3. This Accusation is brought before the Medical Board of California under the authority of the following sections of the California Business and Professions Code (Code) and/or other relevant statutory enactment:

A. Section 2227 of the Code provides in part that the Board may revoke, suspend for a period not to exceed one year, or place on probation, the license of any licensee who has been found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

B. Section 2305 of the Code provides, in part, that the revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license 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 under the Medical Practice Act, constitutes grounds for discipline for unprofessional conduct.

C. Section 141 of the Code provides:

> "(a) For any licensee holding a license issued by a board under the jurisdiction of a 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 by 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 the 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."

FIRST CAUSE FOR DISCIPLINE

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

6. On July 24, 2019, the Michigan Board of Medicine issued a Final Order in File No. 43-18-151383. That Final Order found that on January 4, 2019, the Department of Licensing and

Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 et seq.

7. The Administrative Complaint alleged that the federal Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

8. The federal Centers for Disease Control and Prevention guidelines for opioid prescribing direct providers to use "extra precautions" when prescribing opioids with a daily morphine milligram equivalent (MME) of 50 or more. Those guidelines also direct providers to "avoid or carefully justify" increasing dosage to a daily MME of 90 or more.

9. From January l, 2017, through August 31, 2018, Respondent's patients utilized cash to pay for 31 % of prescriptions for controlled substances. The average in the State of Michigan for cash payments is around 10% and higher amounts may be indicative of diversion or other illicit purposes. Respondent indicated he was not aware if patients were utilizing cash payments, as he was not requesting Michigan Automated Prescribing System[1] (MAPS) reports. Furthermore, Respondent stated he was not aware that cash payments for controlled substances were considered a red flag for diversion.

10. From January 1, 2018, through August 31, 2018, approximately 92% of Respondent's controlled substance prescriptions were for oxymorphone ER 40 mg and oxycodone 30 mg.

11. On or about November 2, 2018, Respondent was interviewed by a Department investigator about his prescribing controlled substances.

12. Respondent stated that he does not have any Board certifications, nor does he have any specialized training in pain management.

13. Respondent stated he was familiar with the Michigan Guidelines on Prescribing of Controlled Substances but not in any detail. Respondent further stated that he was familiar with the CDC guidelines for opioid prescribing for pain and was also familiar with the warning against

[1] MAPS is Michigan's prescription monitoring program. MAPS is used to track controlled substances, schedules 2-5 drugs. It is a tool used by prescribers and dispensers to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.

prescribing opioids with benzodiazepines but that he was not familiar with either in any detail. In addition, Respondent stated that he was unaware that oxymorphone and oxycodone were highly abused and diverted medications.

14. Respondent stated that he does not document other prescribers and prescriptions of controlled substances in the medical records because his patients are not being treated by other physicians or receiving any other controlled substances.

15. A review of MAPS showed that some of his patients were receiving controlled substances from other prescribers. In one instance, the patient received a benzodiazepine along with the opioid that Respondent was prescribing, which is a combination the CDC cautions against.

16. Respondent stated that he does not utilize urine drug screens or MAPS reports and that he has not requested a report since April 4, 2017.

17. Subsequent to June 1, 2018, Respondent had issued twenty-one (21) prescriptions for controlled substances, yet he had not requested any MAPS reports contrary to the statutory mandate under MCL 333.7303a(4).

18. Respondent also stated that he does not order imaging studies before prescribing controlled substances and that he does not regularly order patient medical records.

19. Respondent stated that he limited his pain management practice to approximately thirty (30) patients. A review of MAPS data shows that he was treating more than this amount with oxymorphone and oxycodone.

20. Respondent conceded that many of his medical records looked the same and used the same wording. Respondent also stated that while he generally treated patients individually, there were some patients he would see as a group.

21. Respondent stated that is supervising approximately seventeen (17) Nurse Practitioners, but that he did not know their names.

22. The Michigan Board found the Administrative Complaint also notified Respondent that he, pursuant to MCL 333 .16231, Respondent's failure to respond to the Complaint within 30 days

from the date of receipt would be treated as an admission of the allegations contained in the Complaint and would result in transmittal of the Complaint directly to the Michigan Board of Medicine Disciplinary Subcommittee (DSC) for imposition of an appropriate sanction.

23. Contrary to MCL 333.16231, Respondent failed to provide a written response to the allegations set forth in the Complaint within 30 days from the date of receipt.

24. The DSC, having read the Complaint, considered the matter at a regularly scheduled meeting held in Lansing, Michigan on July 17, 2019, and imposed a sanction pursuant to MCL 333.16231.

25. The DSC also made several orders, including, that for violating MCL 333.16221(a), (b)(i), (b)(vi), (c)(iv) and (w), Respondent's license to practice as medicine in the state of Michigan was suspended for a minimum of one (1) day, commencing on the effective date of the Order and Respondent's license to practice medicine in the state of Michigan is limited for one year, commencing on the date of reinstatement. Reduction of the limitation period would only occur while Respondent is employed as a physician. The terms of limitation are that Respondent shall not obtain, possess, prescribe, dispense or administer any drug designated as a controlled substance under the Public Health Code or its counterpart in federal law unless the controlled substance is prescribed or dispensed by a licensed physician for Respondent as a patient.

26. A copy of the Final Order issued by the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Professional Licensing Board of Medicine Disciplinary Subcommittee is attached as Exhibit A. A copy of the Department of Licensing and Regulatory Affairs Administrative Complaint is attached as Exhibit B.

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 C 158468, issued to Craig Bailey, M.D.;

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

3. Ordering Craig Bailey, 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: NOV 25 2020

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

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Accusation No. 800-2019-058643

Exhibit A

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

CRAIG A. BAILEY, M.D.
License No. 43-01-093034,
Respondent.

File No. 43-18-151383

FINAL ORDER

On January 4, 2019, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 et seq.

The Complaint notified Respondent that, pursuant to MCL 333.16231, Respondent's failure to respond to the Complaint within 30 days from the date of receipt would be treated as an admission of the allegations contained in the Complaint and would result in transmittal of the Complaint directly to the Michigan Board of Medicine Disciplinary Subcommittee (DSC) for imposition of an appropriate sanction.

Contrary to MCL 333.16231, Respondent failed to provide a written response to the allegations set forth in the Complaint within 30 days from the date of receipt.

The DSC, having read the Complaint, considered this matter at a regularly scheduled meeting held in Lansing, Michigan on July 17, 2019, and imposed a sanction pursuant to MCL 333.16231. Therefore,

IT IS ORDERED that for violating MCL 333.16221(a), (b)(i), (b)(vi), (c)(iv) and (w) Respondent's license to practice as medicine in the state of Michigan is SUSPENDED for a minimum of one (1) day, commencing on the effective date of this Order.

IT IS FURTHER ORDERED that Respondent's license shall be automatically reinstated IF WITHIN SIX (6) MONTHS FROM THE EFFECTIVE DATE OF THIS ORDER:

1. Respondent has paid the fine as set forth below, and Respondent has successfully completed and submitted proof acceptable to the Department of completing at least five (5) hours of live in-person continuing education accepted by the Michigan Board of Medicine (Board) in each of the following areas: (a) controlled substance prescribing; (b) ethics; (c) pain management; and d) medical record keeping for a total of at least 20 hours. This continuing education shall **not** apply in computing Respondent's current continuing education requirements for license renewal.

   Respondent shall seek and obtain pre-approval of the continuing education courses from the Chairperson of the Board or the Chairperson's designee.

   Respondent shall mail requests for pre-approval and proof of the successful completion of the continuing education to the address set forth below.

IT IS FURTHER ORDERED that in the event Respondent's license to practice remains suspended for more than six (6) months, Respondent must apply for reinstatement of the license. In the event Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with MCL 333.16245 and 333.16247.

IT IS FURTHER ORDERED that Respondent's license to practice medicine in the state of Michigan is limited for one year, commencing on the date of reinstatement.

Reduction of the limitation period shall only occur while Respondent is employed as a physician. The terms of limitation shall be as follows:

1. CONTROLLED SUBSTANCES. Respondent shall not obtain, possess, prescribe, dispense or administer any drug designated as a controlled substance under the Public Health Code or its counterpart in federal law unless the controlled substance is prescribed or dispensed by a licensed physician for Respondent as a patient.

IT IS FURTHER ORDERED that Respondent may petition for reclassification at the end of the one (1) year limitation period, in accordance with Mich Admin Code, R 792.10712.

IT IS FURTHER ORDERED that Respondent shall be placed on PROBATION to run concurrent with the period of limitation, commencing on the effective date reinstatement. The probationary period shall only be reduced while Respondent is employed as a physician. The terms of probation shall be as follows:

1. MEETING WITH BOARD APPROVED REVIEWER: Within 30 days of the effective date of this Order, Respondent shall submit to the Department written correspondence requesting approval of a proposed physician reviewer who shall review Respondent's professional practice and records and provide quarterly reports to the Department focusing Respondent's practice, documentation and appropriate delegation to mid-level practitioners. The request shall include, at a minimum, a current curriculum vitae or resume, the individual's name, address, telephone number, and monitoring organization affiliation, if applicable. Respondent shall provide a copy of this Order, and the Complaint to the proposed reviewer before requesting approval.

Respondent shall direct any communications that are required by the terms of this Order to the address as set forth below.

Once the physician reviewer has been identified and approved, Respondent shall then be responsible for scheduling the time and place of the meetings with the physician reviewer. Respondent shall meet quarterly with the physician reviewer to review Respondent's professional practice and records.

The initial meeting shall occur at the end of the third month of probation, and subsequent meetings shall occur every third month thereafter until the period of probation ends. The physician reviewer shall submit reports to the Department as set forth below.

2. PHYSICIAN REVIEWER CHANGE: If the approved physician reviewer is unable to review Respondent's professional practice, Respondent shall report this information in writing to the Department within 15 days of such change and request approval of another physician reviewer. Respondent shall submit the request for the designated physician reviewer assignment to the Department at the address and in the same manner as set forth above.

3. RECORDS REVIEW: During the period of probation, the designated physician reviewer shall review 25 of Respondent's current patient's charts quarterly. The designated physician reviewer shall check the patient charts for appropriate documentation, including the presence or absence of the following: medical history and physical examination; diagnostic, therapeutic, and laboratory results; evaluation and consultations; treatment objectives; discussion of risks and benefits; treatments; medications (including date, type, dosage and quantity prescribed); instructions and agreements; and periodic reviews. This review may occur at the quarterly meetings set forth above.

4. DESIGNATED PHYSICIAN REVIEWER REPORTS: Respondent's designated physician reviewer shall file reports with the Department, as further provided below, advising of Respondent's practice, documentation and appropriate delegation to mid-level practitioners. If, at any time, Respondent fails to comply with minimal standards of acceptable and prevailing practice, or appears unable to practice with reasonable skill and

safety, the designated physician reviewer shall immediately notify the Department.

Respondent is responsible to ensure that the designated physician reviewer submits quarterly reports.

5. REPORT OF NON-EMPLOYMENT: If, at any time during the period of probation, Respondent is not employed as a physician, Respondent shall file a report of non-employment with the Department. Respondent shall file this report within 15 days after becoming unemployed. Respondent shall continue to file reports of non-employment on a quarterly basis until Respondent returns to practice as a physician. If Respondent subsequently returns to practice as a physician, Respondent shall notify the Department of this fact within 15 days after returning to practice.

6. RESIDENCY AND PRACTICE OUTSIDE MICHIGAN: Periods of residency and practice outside Michigan shall not reduce the probationary period of this Order. Respondent shall report any change of residency or practice outside Michigan no more than 15 days after the change occurs. Compliance with this provision does not satisfy the requirements of MCL 333.16192(1) and MCL. 333.16221(g) regarding Respondent's duty to report name or mailing address changes to the Department.

7. REPORTING PROCEDURE: Unless requiring immediate notification as indicated above, all reports required herein shall be filed on a quarterly basis, the first report to be filed at the end of the third month of probation, and subsequent reports to be filed every three months thereafter until Respondent is discharged from probation.

   Respondent authorizes the Department or its authorized representative to periodically contact the reviewing individual or agency to inquire of Respondent's progress.

   Respondent shall direct any communications that are required by the terms of this Order to: **BPL-Monitoring@michigan.gov** or by mail to **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30670, Lansing, MI 48909.**

The timely filing of all information relating to this Order shall be Respondent's responsibility, and failure to file the required information within the time limitations herein provided shall be deemed a violation of an order of the Board.

8. COMPLIANCE WITH THE PUBLIC HEALTH CODE: Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated under the Public Health Code.

9. COSTS. Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

IT IS FURTHER ORDERED that Respondent shall be automatically discharged from probation upon reclassification of Respondent's license from a limited status to a full and unlimited status, PROVIDED Respondent has complied with the terms of this Order and not violated the Public Health Code.

IT IS FURTHER ORDERED that Respondent is FINED $12,500.00 to be paid prior to reinstatement of the license. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and shall clearly display **File Number 43-18-151383**.

This Order is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law.

IT IS FURTHER ORDERED that if Respondent violates any provision of this Order, or fails to complete any terms of the order, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

IT IS FURTHER ORDERED that this Order shall be effective 30 days after date signed by the DSC's Chairperson or authorized representative, as set forth below.

Dated: 07/24/19

MICHIGAN BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

By: _____
Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing
Authorized Representative

KP

Accusation No. 800-2019-058643

Exhibit B

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

CRAIG A. BAILEY, M.D.
License No. 43-01-093034,

File No. 43-18-151383

Respondent.

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Director, Bureau of Professional Licensing, complains against Respondent Craig A. Bailey, as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 et seq. Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed to practice medicine in the state of Michigan. Respondent also holds an active controlled substance license.

3. At times relevant to this Complaint, Respondent operated several private practices in Southeast Michigan.

4. Oxycodone (e.g., Percocet), a schedule 2 controlled substance, is an opioid used to treat pain, and is commonly abused and diverted.

5. Oxymorphone, a schedule 2 controlled substance, is an opioid used to treat pain, and is a commonly abused and diverted drug. Oxymorphone 40 mg is the most commonly abused and diverted strength of oxymorphone.

6. The federal Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

7. The federal Centers for Disease Control and Prevention guidelines for opioid prescribing direct providers to use "extra precautions" when prescribing opioids with a daily morphine milligram equivalent (MME) of 50 or more. Those guidelines also direct providers to "avoid or carefully justify" increasing dosage to a daily MME of 90 or more.

8. Complainant reviewed data from the Michigan Automated Prescription System (MAPS), the State of Michigan's prescription monitoring program, which gathers data regarding controlled substances dispensed in Michigan.

9. From January 1, 2017, through August 31, 2018, Respondent's patients utilized cash to pay for 31% of prescriptions for controlled substances. The average in the State of Michigan for cash payments is around 10% and higher amounts may be indicative of diversion or other illicit purposes. Respondent indicated he was not aware if patients were utilizing cash payments, as he was not requesting MAPS reports. Furthermore, Respondent stated he was not aware that cash payments for controlled substances were considered a red flag for diversion.

10. MAPS data for 2017 though the 2nd quarter of 2018 revealed that Respondent ranked among the highest Michigan prescribers of the following commonly abused and diverted controlled substances:

	2017 Q4 Rank	*2018 Q1 Rank*	*2018 Q2 Rank*
Oxymorphone ER 40 mg	16	15	28
Oxycodone 30 mg	91	82	64

11. From January 1, 2018, through August 31, 2018, approximately 92% of Respondent's controlled substance prescriptions were for Oxymorphone ER 40 mg and Oxycodone 30 mg.

Investigative Interview

12. On or about November 2, 2018, Respondent was interviewed by a Department investigator about his prescribing controlled substances.

13. Respondent stated that he does not have any Board certifications, nor does he have any specialized training in pain management.

14. Respondent stated he was familiar with the Michigan Guidelines on Prescribing of Controlled Substances but not in any detail. Respondent further stated that he was familiar with the CDC guidelines for opioid prescribing for pain and was also familiar with the warning against prescribing opioids with benzodiazepines but that he was not familiar with either in any detail. In addition, Respondent stated that he was unaware that Oxymorphone and Oxycodone were highly abused and diverted medications.

15. Respondent stated that he does not document other prescribers and prescriptions of controlled substances in the medical records because his patients are not being treated by other physicians or receiving any other controlled substances. A review

of MAPS shows that some of his patients were receiving controlled substances from other prescribers. In one instance (Patient LK), the patient received a benzodiazepine along with the opioid that Respondent was prescribing, which is a combination the CDC cautions against.

16. Respondent stated that he does not utilize urine drug screens or MAPS reports and that he has not requested a report since April 4, 2017.

17. Subsequent to June 1, 2018, Respondent has issued twenty-one (21) prescriptions for controlled substances, yet he has not requested any MAPS reports contrary to the statutory mandate under MCL 333.7303a(4).

18. Respondent also stated that he does not order imaging studies before prescribing controlled substances and that he does not regularly order patient medical records.

19. Respondent stated that he limited his pain management practice to approximately thirty (30) patients. A review of MAPS data shows that he was treating more than this amount with Oxymorphone and Oxycodone.

20. Respondent conceded that many of his medical records looked the same and used the same wording. Respondent also stated that while he generally treated patients individually, there were some patients he would see as a group.

21. Respondent stated that is supervising approximately seventeen (17) Nurse Practitioners, but that he did not know their names.

Expert Overview of Respondent's Practice

22. The Department subpoenaed ten (10) medical records of patients being treated by Respondent.

23. An expert reviewed the individual medical files Respondent produced and discovered the following deficiencies consistently across files:

(a) Respondent failed to obtain patient records from previous treating physicians and failed to document patient histories.

(b) Respondent failed to document detailed physical examinations.

(c) Respondent's records fail to show any documentation of treatment goals and progress.

(d) Respondent also fails to show that patients understand the risk/benefits related to controlled substance prescribing.

(e) Respondent fails to refer patients to pain management specialists when the standard of care clearly requires it.

(f) Respondent's records contain no evidence of monitoring medication tolerance, side-effects, MAPS reports, or drug screenings.

(g) Respondent's records fail to show any evidence of individualized treatment plans.

(h) Respondent failed to exercise due care in all ten (10) of the patient examples.

Individual Patient Examples

24. The expert discovered the following deficiencies in the individual medical files Respondent produced, in addition to those noted above:

Patient DG[1]

(a) Respondent did not obtain a MAPS report on DG, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(b) Despite the lack of records or MAPS, Respondent initially prescribed oxymorphone at a level of 240 MME's/day, which is well above what is recommended.

(c) Respondent failed to exercise due care in treating DG.

[1]Initials are used to protect confidentiality.

Patient IM

(d) As with the other reviewed patients, Respondent failed to obtain a MAPS report on IM, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(e) Respondent initially prescribed oxymorphone at a level (240 MME/day) that was twice as what she had previously been receiving (120 MME/day) and failed to document any reason why.

(f) Respondent failed to exercise due care in treating IM.

Patient JU

(g) As with the other reviewed patients, Respondent failed to obtain a MAPS report on JU, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(h) Respondent failed to exercise due care in treating JU.

Patient KT

(i) As with the other reviewed patients, Respondent failed to obtain a MAPS report on KT, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(j) Respondent failed to exercise due care in treating KT.

Patient KS

(k) As with the other reviewed patients, Respondent failed to obtain a MAPS report on KS, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(l) Respondent failed to exercise due care in treating KS.

Patient LB

(m) As with the other reviewed patients, Respondent failed to obtain a MAPS report on LB, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(n) Respondent failed to exercise due care in treating LB.

Patient LK

(o) As with the other reviewed patients, Respondent failed to obtain a MAPS report on LK, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment. This patient's age (69) placed her at even greater risk of harm from opioid therapy.

(p) Respondent failed to exercise due care in treating LK.

Patient MS

(q) As with the other reviewed patients, Respondent failed to obtain a MAPS report on MS, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(r) Respondent failed to exercise due care in treating MS.

Patient RC

(s) As with the other reviewed patients, Respondent failed to obtain a MAPS report on RC, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(t) Respondent failed to exercise due care in treating RC.

Patient YL

(u) As with the other reviewed patients, Respondent failed to obtain a MAPS report on YL, nor did he document obtaining records or a detailed patient history. Respondent also failed to document treatment planning and monitoring the effectiveness of treatment.

(v) Respondent failed to exercise due care in treating YL.

COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully engage in the practice of the health profession in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct fails to conform to minimal standards of acceptable, prevailing practice for the health profession in violation of MCL 333.16221(b)(i).

COUNT III

Respondent's conduct demonstrates Respondent's lack of a "propensity . . . to serve the public in the licensed area in a fair, honest, and open manner," MCL 338.41(1), and accordingly a lack of "good moral character," in violation of MCL 333.16221(b)(vi).

COUNT IV

Respondent's conduct, as set forth above, constitutes selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of MCL 333.16221(c)(iv).

COUNT V

Respondent failed to review a patient report from the electronic monitoring system prior to prescribing a controlled substance, contrary to MCL 333.7303a(4) and in violation of MCL 333.16221(w).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer it in writing and to show compliance with all lawful requirements for retention of the license. Respondent shall submit the written answer to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this complaint. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 01/04/2019

By: Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing