

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

In the Matter of

STEVEN MICHAEL MORRIS, M.D.
License No. 43-01-059941

Complaint No. 43-18-149444
(consolidated with 43-18-149443,
43-17-149055, 43-17-148276,
43-17-148638, 43-17-148136,
43-17-148409)

ORDER OF SUMMARY SUSPENSION

An administrative complaint has been issued against Respondent under the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 *et seq.*, promulgated rules, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq.*

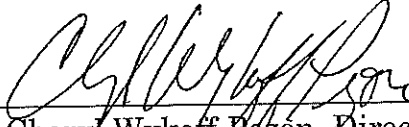
After consideration of the documentation filed in this case and consultation with the Chairperson of the Board of Medicine, the Department concludes that the public health, safety, or welfare requires emergency action, as allowed by section 16233(5) of the Public Health Code and section 92(2) of the Administrative Procedures Act.

THEREFORE, IT IS ORDERED that Respondent's license to practice medicine in the State of Michigan shall be summarily suspended commencing on the date this order is served.

Under Mich Admin Code, R 792.10702, Respondent has the right to petition for the dissolution of this order of summary suspension. This petition shall clearly state that it is a Petition for Dissolution of Summary Suspension and shall be filed with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, Michigan 48909, with a copy served upon the Department of Attorney General, Licensing & Regulation Division, P.O. Box 30758, Lansing, Michigan, 48909. Questions concerning the Order of Summary Suspension may be directed to (517) 373-1146. Upon receipt of such a petition, an administrative hearing will immediately be scheduled before an administrative law

judge, who shall dissolve the order of summary suspension unless sufficient evidence is produced to support a finding that the public health, safety, or welfare requires emergency action and a continuation of the suspension order.

DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS

By: 
Cheryl Wykoff-Pezon, Director
Bureau of Professional Licensing

Dated: 5/3/18

LF: 2018-0215598-A/Morris, Steven Michael, M.D., 149444/Order of Summary Suspension – 2018-04-26

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ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorneys General Graham H. Filler and Risa Hunt-Scully, on behalf of the Department of Licensing & Regulatory Affairs, Bureau of Professional Licensing (Complainant), files this complaint against Steven Michael Morris, M.D. (Respondent), alleging upon information and belief as follows:

1. The Board of Medicine, an administrative agency established by the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee (DSC).
2. Respondent is currently licensed to practice medicine pursuant to the Public Health Code. At all times relevant to this complaint Respondent practiced medicine, with a specialty in plastic surgery, in Midland, Michigan.
3. Section 16221(a) of the Code authorizes the Disciplinary Subcommittee to take disciplinary action against a licensee for a violation of general duty, consisting of negligence or failure to exercise due care, including negligent

delegation to, or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully practice as a medical doctor.

4. Section 16221(b)(i) of the Code authorizes the Disciplinary Subcommittee to take disciplinary action against a licensee for incompetence, which is defined in section 16106(1) of the Code to mean “a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice from the health profession, whether or not actual injury to an individual occurs.”

5. Section 16221(b)(ii) of the Code authorizes the Disciplinary Subcommittee to take disciplinary action against a licensee for a “substance use disorder” as defined at section 100d of the Mental Health Code, 1974 PA 258, MCL 330.1100d as a “chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences. Substance use disorder includes substance abuse.” “Substance abuse” means the taking of alcohol or other drugs at dosages that place an individual’s social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.” MCL 330.1100(d)(10).

6. Section 16221(b)(iii) of the Code authorizes the Disciplinary Subcommittee to take disciplinary action against a licensee for the “[m]ental or physical inability reasonably related to and adversely affecting the licensee’s or registrant’s ability to practice in a safe and competent manner.”

7. Section 16221(b)(vi) of the Code authorizes the Disciplinary Subcommittee to take disciplinary action against a licensee for “[l]ack of good moral character,” which is defined as “the propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner,” MCL 338.41.

8. Section 16221(b)(xi) of the Code authorizes the Disciplinary Subcommittee to take disciplinary action against a licensee for a “[c]onviction of a misdemeanor that is reasonably related to or that adversely affects the licensee’s or registrant’s ability to practice in a safe and competent manner.”

9. Section 16222(3) of the Code requires a licensee to “notify the department of any criminal conviction within 30 days after the date of the conviction.” Section 16221(f) of the Code provides the Disciplinary Subcommittee with authority to take disciplinary action against Respondent for a failure to notify under section 16222(3).

10. Section 16221(h) of the Code authorizes the Disciplinary Subcommittee to take disciplinary action against a licensee for “[a] violation, or aiding or abetting in a violation, of [Article 15] or of a rule promulgated under [Article 15].”

11. Section 16233(5) of the Public Health Code provides for the summary suspension of a license, reading, in pertinent part, as follows:

After consultation with the chair of the appropriate board or task force or his or her designee, the department may summarily suspend a license or registration if the public health, safety, or welfare requires emergency action in accordance with section 92 of the Administrative Procedures Act of 1969, being section 24.292 of the Michigan Compiled Laws. If a licensee or registrant is convicted of a felony; a misdemeanor punishable by imprisonment for a maximum term of 2 years; or a misdemeanor involving the illegal delivery, possession, or use of a controlled substance, the department shall find that the public health, safety, or welfare requires emergency action and, in accordance with section 92 of the Administrative Procedures Act of 1969, shall summarily suspend the licensee's license or the registrant's registration.

12. Section 16226 of the Code authorizes the Disciplinary Subcommittee to impose sanctions against persons licensed by the Board if, after opportunity for a hearing, the Disciplinary Subcommittee determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

FACTUAL ALLEGATIONS

Financial Fraud

13. In 2017, Respondent received thousands of dollars from multiple patients for surgeries he never performed. Respondent failed and/or refused to refund their money.

A.H.

14. In April 2017, A.H. (initials used to protect patient confidentiality) prepaid Respondent \$2,640.00 toward anticipated surgery. On July 7, 2017, Respondent charged A.H. an additional \$1,360.00 on a credit card for the surgery. A.H. was advised that surgery was scheduled for July 21, 2017 at MidMichigan Medical Center – Midland (MMMCM). Thereafter, Respondent's office informed A.H. the surgery was rescheduled to August 10, 2017 and then to August 24, 2017.

15. On August 23, 2017, A.H. contacted MMMCM and was advised Respondent had no surgeries scheduled for August 24, 2017. A.H. requested Respondent to refund her money. Respondent failed to refund the money for surgery he never performed.

A.D.

16. On June 7, 2017, A.D. prepaid Respondent \$8,000.00 for anticipated surgery scheduled at MMMCM on June 29, 2017.

17. On June 29, 2017, A.D. was advised that Respondent was ill so the surgery was rescheduled to June 30, 2017.

18. On June 30, 2017, A.D. presented to MMMCM for surgery, was given an I.V., and spent approximately two hours in the preoperative area preparing for surgery. A.D. was eventually advised that Respondent was too ill to complete the surgery and had to be driven home.

19. In August 2017, A.D. received a refund of \$3,900.00. Despite multiple requests, Respondent never refunded the remainder of A.D.'s money for surgery he never performed.

K.R.

20. On August 1, 2017, K.R. paid Respondent a deposit of \$510.00 toward anticipated surgery. K.R. was advised the surgery would occur on September 7, 2017. On August 30, 2017, K.R. paid an additional \$2,890.00.

21. On August 31, 2017, Respondent's office advised K.R. the surgery date was not set in stone and that they needed to check with MMMCM.

22. K.R. contacted Respondent's office on September 8, 2017 and was advised Respondent had taken a one-month leave of absence and that he was not permitted to use the hospital's operating rooms.

23. K.R. contacted MMMCM and learned that Respondent did not have privileges at the facility. K.R. demanded a refund from Respondent but he failed to refund the money for surgery he never performed.

P.S.

24. On August 24, 2017, P.S. prepaid Respondent \$3,900.00 toward anticipated surgery. Respondent charged P.S. an additional \$2,000.00 on a credit card for the surgery. P.S. was advised that surgery was scheduled for September 7, 2017.

25. On August 24, 2017 and August 25, 2017, P.S. called MMMCM to confirm the surgery date, but each time, she was advised the hospital had no record of surgeries scheduled for Respondent.

26. On September 6, 2017, P.S. called MMMCM and was advised Respondent did not have privileges there. J.M. called Respondent's office and demanded a refund. Respondent failed to refund the money for surgery he never performed.

D.S.1

27. In May 2017, D.S.1 prepaid Respondent \$15,000 for anticipated surgery. In June 2017, D.S.1 had to cancel the procedure due to health

complications. D.S.1 requested a refund but Respondent failed to refund the money for surgery he never performed.

A.M.

28. In July 2017, A.M. prepaid Respondent \$3,700 for anticipated surgery. A.M. was advised the surgery was scheduled in August 2017. Respondent cancelled on more than one occasion and the surgery never took place. Despite A.M. requesting a refund, Respondent failed to refund her money for surgery he never performed.

D.S.2

29. In the fall of 2017, D.S.2 prepaid Respondent \$9,435.00 for anticipated surgery. During an appointment, Respondent advised D.S.2 that his license was suspended but he would be getting it back soon. Respondent offered to take 15% off the bill if D.S.2 prepaid. The surgical procedure never occurred and Respondent failed to refund D.S.2's money he received for surgery he never performed.

Significant Substance Abuse Issues

30. Respondent has a significant substance abuse issue that affects his ability to safely practice medicine.

31. In 2017, on multiple occasions, Respondent came to his office for the purpose of treating patients while under the influence of and/or impaired by alcohol.

32. In 2017, on multiple occasions, Respondent consumed alcohol in his office to the point of intoxication while patients were waiting to be seen. On several of these occasions, Respondent had to be assisted to the parking lot by his driver

due to his level of intoxication. On one occasion, Respondent was so intoxicated he had to be carried down the stairs.

33. In 2017, Respondent consumed large amounts of alcohol on a daily basis. His driver purchased up to nine large bottles of wine for Respondent each day, sometimes more.

34. In June 2017, Respondent was scheduled to perform surgery at MMMCM. MMMCM staff suspected Respondent was under the influence and requested him to submit to a blood test. Respondent refused and left the facility.

35. On or about June 2, 2017, Respondent came to his office appearing to be very intoxicated (described by office staff as being "falling down drunk.") Due to Respondent's intoxicated state, staff rescheduled Respondent's patients for another day.

36. In 2017, on several occasions, Respondent had his driver purchase alcohol and bring it to him at his office. Respondent consumed alcohol in his office while patients were waiting to be seen.

37. On January 31, 2017, Respondent was sentenced to five days in jail and to one year of probation for Operating While Intoxicated – Second Offense by the Midland County District Court.

38. Respondent has been subject to court-ordered alcohol testing through bond and probation orders. Respondent used various methods in attempt to subvert the alcohol test results. For example, he purchased synthetic urine from the internet so as to be able to provide a clean screen. Respondent also used an

equation using his body mass index and elapsed time to calculate how much alcohol he could consume without detection between breathalyzer testing intervals.

39. On September 20, 2017, an administrative complaint was filed against Respondent alleging he had two operating while intoxicated incidents and was subsequently convicted (and that he failed to report the convictions as required). The complaint further alleged Respondent was noncompliant with the Health Professional Recovery Program (HPRP). A consent order was entered on March 14, 2018 placing Respondent on one year of probation and ordering Respondent to comply with HPRP requirements.

Domestic Violence

40. Respondent has issues with violence and has been physically abusive toward his wife.

41. On or about September 26, 2016, Respondent was arrested in Minnesota for domestic assault against his wife. He pled guilty to Domestic Assault on April 7, 2017 and was placed on two years of probation.

42. In 2017, Respondent and his wife boarded a cruise ship for what was to be a family vacation. However, before the ship left dock, Respondent engaged in an altercation with his wife and both were removed from the ship by Port Authority. Respondent was intoxicated during this incident.

43. On more than one occasion, Respondent's personal assistant physically separated Respondent from Respondent's wife during domestic disputes/altercations.

COUNT I

44. Respondent's conduct as described above constitutes a violation of general duty consisting of negligence or failure to exercise due care in violation of section 16221(a) of the Code.

COUNT II

45. Respondent's conduct as described above constitutes incompetence in violation of section 16221(b)(i) of the Code.

COUNT III

46. Respondent's conduct as described above constitutes a substance use disorder in violation of section 16221(b)(ii) of the Code.

COUNT IV

47. Respondent's conduct as described above constitutes the mental or physical inability to practice in a safe and competent manner in violation of section 16221(b)(iii) of the Code.

COUNT V

48. Respondent's conduct as described above constitutes a lack of good moral character in violation of section 16221(b)(vi) of the Code.

COUNT VI

49. Respondent's conduct as described above constitutes a conviction of a misdemeanor that is reasonably related to or that adversely affects his ability to

practice in a safe and competent manner in violation of Section 16221(b)(xi) of the Code.

COUNT VII

50. Respondent's conduct as described above constitutes a failure to timely report a criminal conviction to the Bureau contrary to section 16222(3) of the Code and in violation of section 16221(f) of the Code.

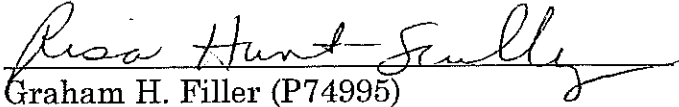
FURTHER, Complainant requests that pending the hearing and final determination, Respondent's license to practice as a medical doctor in the State of Michigan continue to be summarily suspended pursuant to section 92 of the Administrative Procedures Act and section 16233(5) of the Public Health Code for the reason that, based upon the allegations set forth herein, to permit Respondent to continue to practice the profession constitutes a danger to the public health, safety and welfare requiring emergency action.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, Respondent has 30 days from receipt of this complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(9), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the complaint and shall result in

transmittal of the complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully submitted,

BILL SCHUETTE
Attorney General


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Dated: May 7, 2018

LF: 2018-0215598-A/Morris, Steven Michael, M.D., 149444/Administrative Complaint – 2018-04-26