

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2021-045

In the Matter of

RAYMOND K. SAULS, M.D.

**CONSENT ORDER**

Pursuant to G.L. c. 30A, § 10, Raymond K. Sauls, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 17-050.

**Findings of Fact**

1. The Respondent was born on G.L. c. 4, § 7(26)(c). He graduated from the Autonomous University of Guadalajara in Mexico in 1988. He has been licensed to practice medicine in Massachusetts under certificate number 76468 since 1992. He has privileges at Clinton Hospital and Health Alliance.

## Massachusetts Prescription Awareness Tool

2. The Massachusetts Prescription Awareness Tool (MassPAT) is an online database that lists all Schedule II to V prescriptions as well as gabapentin prescriptions filled by patients at pharmacies.

3. Beginning on or about December 5, 2014, physicians were required to check MassPAT prior to prescribing opioids listed in Schedules II and III.

### Patient A

4. Patient A is a male born in [REDACTED].

5. In [REDACTED] 2009, the Respondent became Patient A's Primary Care Physician (PCP).

6. In [REDACTED] 2009, the Respondent began treating Patient A with Schedule II opioids for [REDACTED] pain.

7. In [REDACTED] 2010, the Respondent began treating Patient A's [REDACTED] with benzodiazepines which are Schedule IV medications.

8. Patient A's history of [REDACTED] made him a high risk for [REDACTED].

9. Combining [REDACTED] with [REDACTED] increases the risk of overdose.

10. The Respondent failed to document risk-benefit conversations with Patient A regarding the combination of benzodiazepines and opioids.

11. From [REDACTED] 2014 to [REDACTED] 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient A.

12. The Respondent failed to order urine drug tests for Patient A.

## Patient B

13. Patient B is a female born in [REDACTED].
14. In [REDACTED] 1996, the Respondent became Patient B's PCP.
15. In [REDACTED] 2009, the Respondent began treating Patient B's [REDACTED] pain with Schedule II opioids and Patient B's [REDACTED] with benzodiazepines.
16. Patient B's history of G.L. c. 4, § 7(26)(c) [REDACTED] made her a high risk for G.L. c. 4, § 7(26)(c).
17. The Respondent failed to document risk-benefit conversations with Patient B regarding the combination of benzodiazepines and opioids.
18. From [REDACTED] 2014 to [REDACTED] 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient B.
19. The Respondent failed to order urine drug tests for Patient B.

## Patient C

20. Patient C was a female born in [REDACTED].
21. In 1997, the Respondent became Patient C's PCP.
22. In [REDACTED] 2003, the Respondent began prescribing Patient C opioids for pain.
23. By [REDACTED] 2013, the Respondent was treating Patient C with Schedule II opioids.
24. In [REDACTED] 2014, the Respondent began prescribing Patient C benzodiazepines for [REDACTED].
25. Patient C's history of G.L. c. 4, § 7(26)(c) [REDACTED] made her a high risk for G.L. c. 4, § 7(26)(c).
26. The Respondent failed to document risk-benefit conversations with Patient C regarding the combination of benzodiazepines and opioids.

27. From G.L. c. 4, § 7(26)(c), 2014 to G.L. c. 4, § 7(26)(c) 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient C.

28. The Respondent failed to order urine drug tests for Patient C.

29. The Respondent failed to follow the standard of care when treating the above three patients.

#### Patient D

30. Patient D is a female born in G.L. c. 4, § 7(26)(c)

31. In 2000, the Respondent became Patient D's PCP.

32. In 2007, the Respondent began prescribing Patient D Schedule II opioids for her G.L. c. 4, § 7(26)(c) pain.

33. From G.L. c. 4, § 7(26)(c) 2014 to G.L. c. 4, § 7(26)(c) 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient D.

#### Patient E

34. Patient E was a male born in G.L. c. 4, § 7(26)(c)

35. In 2009, the Respondent became Patient E's PCP.

36. In 2010, the Respondent began prescribing Patient E Schedule II opioids for G.L. c. 4, § 7(26)(c) pain.

37. From G.L. c. 4, § 7(26)(c) 2014 to G.L. c. 4, § 7(26)(c) 2019, the Respondent failed to query MassPAT when prescribing opioids to Patient E.

### Conclusion of Law

A. The Respondent has violated G.L. c. 112, § 5, eighth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine including practicing medicine with negligence on a repeated occasions.

B. Pursuant to G.L. c. 112, §5, eighth par. (b), and 243 C.M.R. 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has committed an offense against any provisions of the laws of the Commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder, to wit:

1. 105 CMR 700.00 as it pertains to mandatory review of the MassPAT system for the issuance of certain prescriptions.

### Sanction and Order

The Respondent's license is hereby REPRIMANDED. A permanent license restriction is also imposed pursuant to M.G.L. c. 112, s. 5A and 243 C.M.R. 1.05(7), that prohibits the Respondent from prescribing controlled substances in Schedules II and IV. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

### Execution of this Consent Order

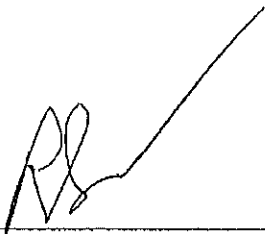
Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on her behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

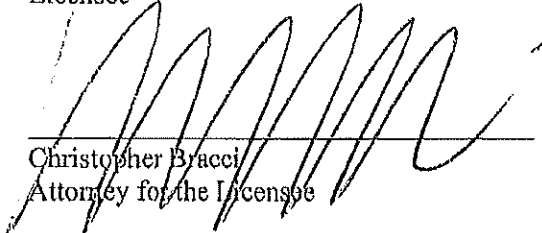
The Respondent shall provide a complete copy of this Consent with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which s/he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of this practice restriction. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



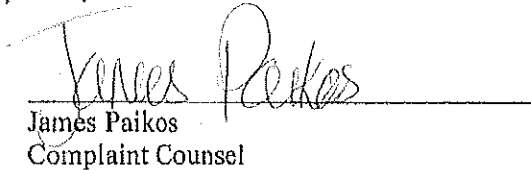
Raymond K. Sauls, M.D.  
Licensee

10-7-21  
Date



Christopher Bracci  
Attorney for the Licensee

10/12/21  
Date



James Paikos  
Complaint Counsel

10/12/21  
Date

So ORDERED by the Board of Registration in Medicine this 4th day of November,  
2021.



~~George Abraham, M.D.~~  
~~Board Chair~~  
X

Julian Robinson, M.D.  
Board Chair