COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine Docket No. 25-297

In the Matter of )

**JASON D. POIRIER, M.D.** )

BRN **256193** )

 )

VOLUNTARY AGREEMENT NOT TO PRACTICE MEDICINE

This Agreement is entered into between the Board of Registration in Medicine

(Board) and the physician, **JASON D. POIRIER, M.D.** (physician).

1. The physician agrees to cease the practice of medicine in the Commonwealth of Massachusetts effective immediately.
2. The Board agrees that it will not take action to summarily suspend the physician’s license on the basis of information known to the Board as of the date concerning the docketed complaint set forth in the caption of this Agreement except as provided in paragraph 8.
3. The physician and the Board agree that this Agreement will remain in effect until the Board determines that this Agreement should be modiﬁed or terminated; or until the Board takes other action against the physician’s license to practice medicine; or until the Board takes ﬁnal action on the docketed complaints set forth in the caption of this Agreement.
4. The physician is entering this Agreement voluntarily.
5. The physician understands and agrees that this Agreement is a public document and may be subject to a press release or disclosure as required under Massachusetts public records law.
6. The physician understands and agrees that this action is non-disciplinary, but will be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank and the Federation of State Medical Boards.
7. The physician understands and agrees that upon the Board’s acceptance of this Agreement, the physician’s license status shall be Voluntary Agreement not to

Practice, a non-disciplinary status[1](#_bookmark0). The physician further understands and agrees that while this Agreement is in effect, if the physician holds a Massachusetts Controlled Substance Registration (MCSR), the MCSR status shall be “Terminated,” a non-disciplinary status.

1. The physician understands and agrees that any violation of this Agreement shall constitute sufficient grounds for immediate summary suspension of the physician’s license to practice medicine, or any such lesser sanction as the Board may deem ﬁt to impose, effective upon written notice to the physician, notwithstanding the provisions of paragraph 2. If the Board suspends the physician’s license pursuant to this paragraph, the suspension shall remain in effect until the Board takes an action as set forth in paragraph 3.
2. The physician understands and agrees that by voluntarily agreeing not to practice medicine in the Commonwealth of Massachusetts pursuant to this Agreement, the physician does not waive any right to contest any allegations brought against the physician by the Board and the physician’s signature on this Agreement does not constitute any admissions on the physician’s part. Nothing contained in this Agreement shall be construed as an admission or acknowledgment by the physician of wrongdoing of any kind in the practice of medicine or otherwise.

1 In the event that the physician’s license lapses prior to or during the period that this Agreement remains in effect, the license status shall be Lapsed while under Voluntary Agreement not to Practice, a non-disciplinary status.

1. The physician agrees to provide a complete copy of this Agreement, within twenty- four (24) hours of notiﬁcation of the Board’s acceptance of this Agreement, by certiﬁed mail, return receipt requested, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which I practice medicine; any in-state or out-of-state health maintenance organization with which I have privileges or any other kind of association; any state agency, in-or-out-of-state, with which I have a provider contract; any in-state or out-of-state medical employer, whether or not I practice medicine there; the Drug Enforcement Administration Boston Diversion Group; Massachusetts Department of Public Health Drug Control Program; and the state licensing boards of all states in which I have any kind of license to practice medicine. I will certify to the Board within seven (7) days that I have 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.
2. This Agreement represents the entire agreement between the parties at this time.

Signed by Jason D. Poirier, M.D. 5/13/25

**JASON D. POIRIER, M.D.** DATE

Licensee

*[If the physician is represented by counsel*] I certify that I have explained to the physician the legal rights and consequences of executing this agreement.

DATE

Attorney for **JASON D. POIRIER, M.D.**

Accepted by the Board of Registration in Medicine this 14th day of May , 2025.

 Signed by Booker T. Bush, M.D.

Booker T. Bush, M.D.

Board Chair or Designee

Ratiﬁed by the Board of Registration in Medicine this 15th day of May , 2025.

 Signed by Booker T. Bush, M.D.

Booker T. Bush, M.D.

Board Chair or Designee