

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

CHESTER R. BADGER, JR., D.O., RESPONDENT

File No. 03-06-629

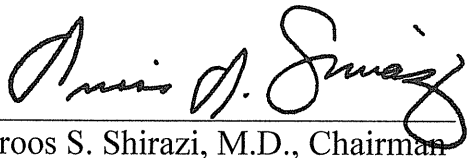
TERMINATION ORDER

Date: January 1, 2010.

1. Respondent was issued Iowa license No. 3765 on October 19, 2006.
2. Respondent's Iowa medical license is active and will next expire on May 1, 2010.
3. Respondent currently practices family medicine in Fort Madison, Iowa.
4. Respondent has a history of substance abuse. Respondent formerly practiced medicine in Missouri where the Missouri Medical Board placed him on probation subject to certain terms and conditions for substance abuse monitoring until October 2010.
5. On October 19, 2006, the Board granted Respondent a permanent Iowa medical license subject to a Consent Agreement. Under the terms of the of the Consent Agreement, the Board placed Respondent on probation for a period of four (4) years subject to counseling and monitoring for substance abuse.
6. Recently, the Board voted to terminate the terms and conditions of Respondent's probation.

THEREFORE IT IS HEREBY ORDERED: that the terms and conditions of Respondent's probation are terminated and Respondent's Iowa medical license is returned to its full privileges, free and clear of all restrictions.

IOWA BOARD OF MEDICINE

A handwritten signature in black ink, appearing to read "Siroos S. Shirazi". The signature is fluid and cursive, with a horizontal line drawn underneath it.

Siroos S. Shirazi, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF IOWA

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

CHESTER R. BADGER, JR., D.O., RESPONDENT

File No. 03-06-629

CONSENT ORDER

COMES NOW the Iowa Board of Medical Examiners, (the Board), and
Chester R. Badger, Jr., D.O., (Respondent), on October 17, 2006, and enter into the
following Consent Order.

1. **PERMANENT MEDICAL LICENSE:** The Board hereby grants Applicant
Iowa permanent medical license number 3765, under the following terms and
conditions, which have been imposed with the Respondent's consent.

2. **SUBSTANCE ABUSE HISTORY:** Respondent has a history of substance
abuse. Respondent currently practices medicine in Missouri where the Missouri Medical
Board placed him on probation subject to certain conditions for substance abuse monitoring
until October 2010.

3. **FOUR YEARS PROBATION:** Respondent shall be placed on **probation for
a period of four (4) years** from the date of this Order subject to the following terms and
conditions:

A. **Monitoring Program:** Prior to practicing medicine in Iowa, Respondent shall
contact the Coordinator of Monitoring Programs, Iowa Board of Medical

Examiners, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph. #515-281-6491, to establish a monitoring program.

- B. **Alcohol and Illicit Drugs:** Respondent shall abstain from the personal use of alcohol and illicit drugs.
- C. **Controlled or Prescription Drugs:** Respondent shall not use any controlled or prescription drug in any form unless the controlled or prescription drug has been prescribed for Respondent's use by another duly licensed treating physician or other qualified treating health care provider. Respondent shall provide the Board written notice within 72 hours of the use of any controlled or prescription drug. Respondent shall inform any treating physician or other treating health care provider of his history of substance abuse prior to receiving any prescription drug.
- D. **Drug Screening Program:** Respondent shall fully comply with the Board's drug screening program. Respondent shall provide random witnessed blood or urine specimens when required. Respondent shall also provide random witnessed blood or urine specimens on demand by an agent of the Board. The specimens shall be used for drug and alcohol screening, all costs of which shall be paid by Respondent.
- E. **Alcoholics Anonymous Meetings:** Respondent shall attend at least three (3) meetings of Alcoholics Anonymous (AA) or a similar substance abuse program weekly. Respondent may include one Caduceus group meeting as part of the three (3) weekly meetings. Respondent shall obtain documentation

of attendance and include copies of this documentation with his quarterly reports. Respondent shall have at least weekly contact with his AA sponsor.

F. **Substance Abuse Treatment:** Respondent shall attend Board-approved substance abuse treatment.

- (1) The substance abuse physician or counselor shall continue to submit written quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation.
- (2) Respondent shall continue with counseling until discharged by the Board-approved physician or counselor and until Respondent's discharge from counseling is approved by the Board.
- (3) Respondent shall meet with his Board-approved counselor as frequently as recommended by the counselor and approved by the Board. All costs shall be the responsibility of Respondent.

G. **Worksite Monitor:** Respondent shall have a physician who regularly observes and/or supervises him at all practice locations serve as his worksite monitor. The Board shall provide a copy of all Board orders relating to this matter with the worksite monitor. The worksite monitor shall provide a written statement indicating that they agree to act as the worksite monitor under the terms of this agreement. The worksite monitor shall agree to inform the Board immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of the terms of this Settlement Agreement

or any violation of the laws and rules governing the practice of medicine. The monitor shall agree to submit quarterly reports to the Board concerning Respondent's progress. The reports shall be filed with the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation.

- H. **Quarterly Reports:** Respondent shall file sworn quarterly reports with the Board attesting to his compliance with all the terms and conditions of this Reinstatement Order, including attendance at meetings with his counselor. The reports shall be filed not later than 1/10, 4/10, 7/10 and 10/10 of each year of Respondent's probation.
- I. **Board Appearances:** Respondent shall make an appearance before the Board annually or upon request. Respondent shall be given written notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 12.6(6)(d).
- J. **Monitoring Fee:** Respondent shall make a payment of \$100 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The Monitoring Fee shall be received by the Board no later than the 15th of the month three months after the date of this order and every quarter thereafter. The Monitoring Fee shall be sent to: Coordinator of Monitoring Programs, Iowa Board of Medical Examiners, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medical Examiners. The Monitoring Fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

4. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

5. In the event Respondent violates or fails to comply with any of the terms or conditions of this Order, the Board may initiate action to suspend or revoke Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 25.

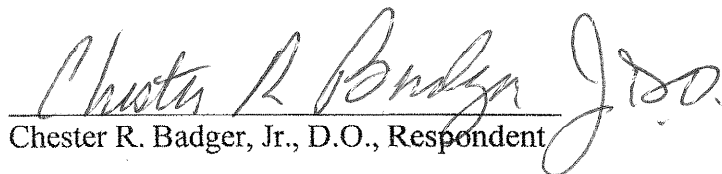
6. In the event Respondent leaves Iowa to reside or practice outside the state, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside the state of Iowa will not apply to the duration of the Order.

7. This Order constitutes the resolution of a contested case proceeding.

8. This Order is voluntarily submitted by Respondent to the Board for consideration.

9. This Order is subject to approval by the Board. If the Board fails to approve this Order, it shall be of no force or effect to either party.

10. The Board's approval of this Order shall constitute a **Final Order** of the Board.


Chester R. Badger, Jr., D.O., Respondent

Subscribed and sworn to before me on 10/16, 2006.


Notary Public, State of Missouri





TRACEY J. FICKBOHM
Jackson County
My Commission Expires
February 5, 2008

This Order is approved by the Board on October 19, 2006.

A handwritten signature in black ink, appearing to read 'Yasyn Lee', written over a horizontal line.

Yasyn Lee, M.D., Chairperson
Iowa Board of Medical Examiners
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686