



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Work Session
Wednesday, February 24, 2016
Austin, Texas

Registration forms **MUST** be turned in before the beginning of the meeting.
Each registrant's comment time is limited to **THREE** minutes.

Please **PRINT** clearly

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s):

List agenda title(s) or number(s) 2j

Summary of comments: Newborn Screening fees - concerns

Registrant Information:

Please **PRINT** clearly

NAME: <u>ELIZABETH SJIBERG (show. berg)</u>		
ADDRESS: <u>1108 LAVACA SUITE 700</u>		
CITY: <u>AUSTIN</u>	STATE: <u>TX</u>	ZIP: <u>78701</u>
PHONE NUMBER: <u>512/465-7539</u>	REPRESENTING: <u>Texas Hospital ASSOCIATION</u>	

Signature: Elizabeth M Sjiberg

To comment:

1. Register by completing the form
2. Turn the form in before the start of the meeting
3. Wait for the chair to call on you
4. Limit your comments to three minutes
5. Individuals cannot accumulate time from other speakers



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List agenda title(s) or number(s) 2J: Newborn screening fees

Summary of comments: Support increase + encourage DSHS to work with health plans

Registrant Information:

Please **PRINT** clearly

NAME: <u>RACHEL JEW, NPaff</u>		
ADDRESS: <u>401 W 15th St, suite 1082</u>		
CITY: <u>Austin</u>	STATE: <u>TX</u>	ZIP: <u>78701</u>
PHONE NUMBER: <u>512-370-1509</u>	REPRESENTING: <u>Tx Pediatric Society</u>	

Signature: 

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