



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Work Session
Wednesday, November 30, 2011
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): 3a. Amendment to rules concerning licensing and reg of hospitals

Summary of Comments:

Regarding discussion draft of ED physician coverage

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER. Handwritten entries include Bobby Itillert, PO Box 13531, ATX, TX, 78711, and (512) 542-9253.

TX Physician Hospitals Advocacy Center

Signature: [Handwritten Signature]

Date: 11-30-11

- To Comment:
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List agenda title(s) or number(s): 3A E.D. Physician coverage

Summary of Comments: merits of rule

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Tony Wahl, ADDRESS: 1406 BRADY WIRE, CITY: Tyler, STATE: TX, ZIP: 75703, PHONE NUMBER: 903 534-5852, REPRESENTING: TEXAS SPINE & JOINT HOSPITAL

Signature: [Handwritten Signature] Date: 11/30/11

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topic(s)

List agenda title(s) or number(s): 3A

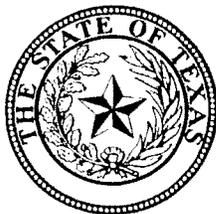
Summary of Comments: CONCERNING DISCUSSION/DRAFT VER PHYSICIAN
COURAGE RULE
Registrant information:

Please PRINT clearly

Form with fields for NAME: DUANE HILL, ADDRESS: 3650 LAUREL ST, CITY: BEAUMONT STATE: TX ZIP: 77707, PHONE NUMBER: (409) 782-8331 REPRESENTING: BEAUMONT BOARD + JOINT INSTITUTE

Signature: [Handwritten Signature] Date: 11/30/11

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List agenda title(s) or number(s): 3a - licensing & regulations of general and special hospitals

Summary of Comments: Recommending allowing physician to be in other areas of hospital and not just ED.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Debbie Kelly, ADDRESS: 18600 N. Hardy Oak Blvd., CITY: San Antonio, STATE: TX, ZIP: 78258, REPRESENTING: South Texas Spine & Surgical Hospital.

Signature: Debbie Kelley Date: 11/30/11

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topic(s)

List agenda title(s) or number(s):

3 a

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Charles Bailey, 1108 Leuca, Austin, TX, 78701, (512) 465-1030, and Texas Hospital Association.

Signature: Charles Bailey

Date: 11/30/11

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List agenda title(s) or number(s):

3a 24/7 physician ER coverage in hospitals

Summary of Comments:

support rule amendment allowing physician to be in

Registrant information: facility; will evaluate waiver options

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, filled with handwritten information.

Signature: Helen Kent Davis

Date: 11-30-11

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List agenda title(s) or number(s):

3.2

Summary of Comments:

CONCERN FOR SPECIFIC NAMED ENTITY TO DO EDUCATION ACCREDITATION

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: GKIzicki "AK" SPRINKLE, ADDRESS: 2801 WINSTON COURT, CITY: AUSTIN, STATE: TX, ZIP: 78731, PHONE NUMBER: 512 458-1888, REPRESENTING: TX AMBULANCE ACCO.

Signature: [Handwritten Signature]

Date: 11/30/11

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did not speak,
provide written
testimony only



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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): General Public Comment

Summary of Comments: Needs of persons with severe and persistent mental illness (SPMI)

Registrant information:

Please **PRINT** clearly

NAME: Marilyn Hartman
ADDRESS: 8807 Smoketree Cove
CITY: Austin STATE: TX ZIP: 78735
PHONE NUMBER: (512)327-8318 REPRESENTING: NAMI Austin (National Alliance on Mental Illness)

Signature: Marilyn W Hartman

Date: 11/30/11

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