



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services Council Work Session
Wednesday, September 5, 2012
Austin, Texas**

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. (*Please complete a separate form for each agenda topic on which you wish to provide comments*):

2A - ED STAFFING

Summary of Comments:

SUPPORT OF EMERGENCY DEPARTMENT STAFFING AMENDMENTS

Registrant information:

Please PRINT clearly

NAME: DUANE HILL		
ADDRESS: 3650 LAUREL STREET		
CITY: BEAUMONT	STATE: TX	ZIP: 77707
PHONE NUMBER: ()	REPRESENTING:	

Signature:

Date:

9-5-12

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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Physician Staffing of ED 2a

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER. Includes handwritten information for Brad McCall, Amarillo, TX, 79106, and Physicians Surgical Hospitals, LLC.

Signature: [Handwritten Signature]

Date: 9-5-12

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2a.

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 Lavaca, Suite 700, Austin, TX, 78701, (512) 465-1032, and Texas Hospital Association.

Signature: Charles Bailey Date: 9/5/12

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2a

Summary of Comments:

register concerns about proposed regulatory changes from clinical perspective

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Jeff Slepian, MD; ADDRESS: 815 South Palatka St. Third Floor; CITY: PENSACOLA; STATE: FL; ZIP: 32502; PHONE NUMBER: (850) 437-7700; REPRESENTING: EM CARE.

Signature: [Handwritten Signature]

Date: 9/5/12

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2A

Summary of Comments:

wish to give examples of deleterious patient outcomes due to Emergency physician not being on premises

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Alfredo Gueler MD, ADDRESS: 5110 ~~Watkins~~ ~~South~~, 5131 Braesheather Drive, CITY: Houston, STATE: Texas, ZIP: 77096, PHONE NUMBER: (713) 562-6449, REPRESENTING: Em Care Emergency Phys.

Signature: [Handwritten Signature] Date: 9/5/12

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29

Summary of Comments:

recommending no change to physician call response time

Registrant information:

Please PRINT clearly

NAME: GREG TILLERY	
ADDRESS: 815 S. PALAFOX ST.	
CITY: PENSACOLA STATE: FL ZIP: 32502	
PHONE NUMBER: (850) 4	REPRESENTING:

Signature: _____

Date: _____

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2.a. ED Stuffing

Summary of Comments:

Support of proposed rule

Registrant information:

Please PRINT clearly

NAME:	Tony Wahl		
ADDRESS:	1406 BRANDYWINE		
CITY:	TYLER	STATE:	TX ZIP: 75703
PHONE NUMBER:	903 525	REPRESENTING:	TEXAS SPINE & JOINT Hospi.

Signature: ³³²⁹ T Wahl

Date: 9/5/12

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