

**SUPPLEMENTAL INFORMATION TO THE
APPLICATION FOR
CERTIFICATE OF PUBLIC ADVANTAGE**

SUBMITTED BY:

Hendrick Health System

PUBLIC REDACTED VERSION

This document and any attachments contain information that is proprietary, confidential, commercially sensitive, and/or competitive, and is protected from public disclosure pursuant to Tex. Gov't Code Ann. §§ 552.101, 552.104, 552.110(a)-(b), and any other applicable exception listed in Subchapter C of Chapter 552 of the Texas Government Code, Tex. Bus. & Com. Code Ann. § 15.10(i), and all other applicable statutes, rules, and regulations.

EXHIBIT 1

WITHHELD FROM PUBLIC RELEASE
NON-PUBLIC & CONFIDENTIAL
FILED UNDER SEAL

EXHIBIT 2- HENDRICK



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

HOSPITALS RENEWAL NOTICE

October 23, 2018

HENDRICK MEDICAL CENTER
1900 PINE
ABILENE, TX 79601

Client Code: 6810
License #: 000500
Expiration Date: 01/31/2019
Amount due: \$ 21,080.00

The information below reflects data currently stored in our database. Please review the data for accuracy. If your data does not match our records, please select the appropriate box(es) below.

Additionally, prior approval by the department is required for all design bed(s)/station(s) changes, location changes, changes in services, or a change of ownership. For additional information regarding these processes, please review the licensing rules at www.dshs.texas.gov/facilities/default.aspx. Please complete, sign, date the attached renewal application, and return it with all related documents and your license fee, within 30 day of the expiration date to:

HHSC-ARTS
Budget: ZZ101 Fund: 152 Service Code: 529201039
P.O. Box 149055
Austin, TX 78714-9055

Failure to submit your application timely may delay the renewal process. If you have any questions, please do not hesitate to contact the Facility Licensing Group at (512) 834-6648.

Attachments

CHECK OFF ITEMS BELOW THAT MAY DIFFER FROM YOUR FACILITY RECORDS

- Facility Name (d/b/a): HENDRICK MEDICAL CENTER
- Facility Address: 1900 PINE ABILENE, TX 79601
- Mailing Address: 1900 PINE ABILENE, TX 79601
- Telephone Number: 3256702000
- Fax Number: 3256702209
- Owner/Legal Name: HENDRICK MEDICAL CENTER
- Owner Mailing Address: 1900 PINE ABILENE, TX 796012432
- Tax Id Number or SS #: 750827446
- Total Beds: 540

To the best of my knowledge, the information on this renewal notice and accompanying renewal application are true and correct. I agree to comply with Health and Safety Code, Chapter 241 and Texas Administrative Code, Chapter 133.

Tim Lancaster
Name of Administrator/Program Sponsor/CEO (Please Print)

Signature of Administrator/Program Sponsor/CEO

President & CEO
Title

Date

tlancaster@ehendrick.org
Email Address
325-670-2201
Phone Number

SERVICE CODE: 529201039
DEPT ID: ZZ101 FUND: 152



TEXAS
Health and Human
Services

General and Special Hospital License Renewal Application

Name of Hospital: Hendrick Medical Center

Hospital License Number: 000500 Status: Profit Non-Profit

Renewal Fee Submitted By Mail Online (See Renewal Notice for Fee Amount)

Hospital within a hospital: Yes No

Type of Ownership:

<input type="checkbox"/> City	<input type="checkbox"/> Hospital District/Authority
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> County	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Limited Partnership (LP)
<input type="checkbox"/> LTD	<input type="checkbox"/> Partnership
<input type="checkbox"/> State	<input type="checkbox"/> Sole Owner/Proprietorship
<input type="checkbox"/> Other: _____	

1. HOSPITAL SERVICES: (Select either General or Special)

GENERAL - The term "general hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy, and regularly maintains, at a minimum, clinical laboratory services, diagnostic X-ray services, treatment facilities including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent.

Services: (Check all services offered)

- Surgery
- Obstetrical Care
- Clinical Laboratory Services (required contracted or onsite)
- Diagnostic X-ray Services (required)
- Emergency Department (required)
- Emergency Treatment Room (with approved ED waiver)
- Pediatric (if 15 or more pediatric beds)
- Comprehensive Medical Rehabilitation
- ESRD - Acute Services* (in an identifiable part of the hospital)
- Mental Health Services (in an identifiable part of the hospital)
- Chemical Dependency (in an identifiable part of the hospital)
 - Inpatient
 - Outpatient
- Other Definitive Medical or Surgical Treatment: _____

LICENSE NUMBER: 000500

SERVICE CODE: 529201039

- SPECIAL** - The term "special hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals who are regularly admitted, treated, and discharged and who require services more intensive than room, board, personal services, and general nursing care, and has clinical laboratory facilities, diagnostic X-ray facilities, treatment facilities, or other definitive medical treatment, has a medical staff in regular attendance, and maintains records of the clinical work performed for each patient.

Services: *(Check all services offered):*

- Medical
- Emergency Department
- Emergency Treatment Room *(required if no Emergency Department)*
- Clinical Laboratory Services *(contracted or onsite)*
- Diagnostic X-ray Services *(required)*
- Comprehensive Medical Rehabilitation
- Pediatric *(if 15 or more pediatric beds)*
- ESRD – Acute Services* *(in an identifiable part of the hospital)*
- Mental Health Services *(in an identifiable part of the hospital)*
- Chemical Dependency *(in an identifiable part of the hospital)*
 - Inpatient
 - Outpatient
- Other Definitive Medical Treatment: _____

***Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? Pediatric Adult

Does the hospital provide peritoneal dialysis? Yes No

How many stations does the hospital have? 12 *(not included in bed count)*

2. Does this location currently have a STATE waiver of any hospital regulations?

Yes No

If yes was marked, provide a copy of the waiver.

3. OTHER SERVICES: *(Select one of the following)*

- Long Term Acute Care Hospital
- Critical Access Hospital
- Skilled Nursing Unit
- Children's Hospital
- None

4. Does this hospital have physician owners? Yes No

If yes was marked, also complete the attached Physician Ownership Addendum.

LICENSE NUMBER: 000500

SERVICE CODE: 529201039

5. LICENSED BEDS:

a. How many total licensed beds are at this hospital location? 540

Total bed design capacity of this hospital only.

A change in the bed design capacity requires prior approval and possible fees.

b. How many emergency treatment room beds and/or emergency department beds are at this hospital location? 12

This count is not included in the licensed bed count above and will not affect fees.

A minimum of one bed is required.

c. Provide the total number of licensed beds in each unit or area of service at this hospital location:

<u>415</u>	Medical/Surgical		
	<i>(may include pediatric beds if pediatric bed count is less than 15 beds)</i>		
<u>35</u>	ICU/CCU		Postpartum
	Intermediate Care		Adolescent
	Universal Care	<u>10</u>	Pediatric <i>(if 15 or more beds)</i>
<u>25</u>	Neonatal ICU	<u>20</u>	Skilled Nursing
	Continuing Care Nursery	<u>31</u>	Comprehensive Medical Rehabilitation
<u>4</u>	Antepartum		Mental Health
	Labor/Delivery/Recovery/Postpartum		
	Chemical Dependency		

6. FEES: *(Fees paid to the department are not refundable)*

Total number of licensed beds: 540

(Include all licensed beds at all locations under a common license)

Total fee due is \$39.00 per bed + \$20.00 (Texas Online Subscription Fee).

Amount paid: \$ 21080.00

7. HOSPITAL DATABASE WORKSHEET:

Complete the Hospital Database Worksheet for all hospital locations. The worksheet is available on our website at:

<http://www.dshs.texas.gov/facilities/hospitals/forms.aspx#general-special>.

8. MEDICARE CERTIFICATION:

Is the hospital certified to participate in the Medicare Program? Yes No

If YES, provide the hospital's CCN Number: 450229

9. SAFE-READY FACILITY

Is your facility a SAFE-ready facility? Yes No

"SAFE-ready facility" means a health care facility designated as a Sexual Assault Forensic Exam-ready facility under TX Health and Safety Code Section 323.0015. A SAFE-ready facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

LICENSE NUMBER: 000500

10. ACCREDITATION:

(Check the appropriate category)

Attach a copy of the most recent hospital letter or certificate of accreditation.

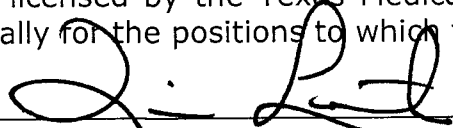
- Joint Commission (JC)
- American Osteopathic Association (AOA)
- DNV GL
- Center for Improvement in Healthcare Quality (CIHQ)
- Not accredited

11. FIRE SAFETY SURVEY:

Annual fire safety inspections are required for continued licensure status. Include a copy of a fire inspection report conducted within the last 12 months & a second report conducted within the last 13 to 24 months indicating approval by the local fire authority. **The fire inspector must be certified by the Texas Commission of Fire Protection in order to conduct the inspection.**

12. SIGNATURE AND ATTESTATION:

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.



Chief Executive Officer Signature

Tim Lancaster

Printed Name of CEO

325-670-2201

Telephone Number

Date Signed

President and CEO

Title

tlancaster@ehendrick.org

Email Address

13. HOSPITAL ADMINISTRATOR:

Tim Lancaster

Onsite Administrator in charge of day-to-day operations

325-670-2201

Telephone Number

President and CEO

Title

tlancaster@ehendrick.org

Email Address

LICENSE NUMBER: 000500

SERVICE CODE: 529201039

OWNERSHIP ADDENDUM

Complete if the owner is a Partnership or a Corporation. Attach additional pages if necessary.

The owner is a:

N/A

Partnership - List each general partner who is an individual.

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Corporation - List any individual who has an ownership interest of 25% or more in the corporation.

Print Name: _____ Percent Ownership _____%

Social Security Number: _____/_____/_____

Print Name: _____ Percent Ownership _____%

Social Security Number: _____/_____/_____

Print Name: _____ Percent Ownership _____%

Social Security Number: _____/_____/_____

LICENSE NUMBER: 000500

SERVICE CODE: 529201039

PHYSICIAN OWNERSHIP ADDENDUM

N/A

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: _____ Percent Ownership _____%

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____%

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____%

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____%

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____%

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

EXHIBIT 2- ABILENE REGIONAL



TEXAS
Health and Human
Services

General and Special Hospital License Renewal Application

Name of Hospital: ARMC, LP d/b/a Abilene Regional Medical Center

Hospital License Number: 000091 **Status:** Profit Non-Profit

Renewal Fee Submitted By Mail Online (See Renewal Notice for Fee Amount)

Hospital within a hospital: Yes No

Type of Ownership:

<input type="checkbox"/> City	<input type="checkbox"/> Hospital District/Authority
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> County	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Limited Partnership (LP)
<input type="checkbox"/> LTD	<input type="checkbox"/> Partnership
<input type="checkbox"/> State	<input type="checkbox"/> Sole Owner/Proprietorship
<input type="checkbox"/> Other: _____	

1. HOSPITAL SERVICES: (Select either General or Special)

GENERAL - The term "general hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy, and regularly maintains, at a minimum, clinical laboratory services, diagnostic X-ray services, treatment facilities including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent.

Services: (Check all services offered)

- Surgery
- Obstetrical Care
- Clinical Laboratory Services (required contracted or onsite)
- Diagnostic X-ray Services (required)
- Emergency Department (required)
- Emergency Treatment Room (with approved ED waiver)
- Pediatric (if 15 or more pediatric beds)
- Comprehensive Medical Rehabilitation
- ESRD – Acute Services* (in an identifiable part of the hospital)
- Mental Health Services (in an identifiable part of the hospital)
- Chemical Dependency (in an identifiable part of the hospital)
 - Inpatient
 - Outpatient
- Other Definitive Medical or Surgical Treatment: _____

SPECIAL - The term "special hospital" means any establishment offering services, facilities, and beds for use for more than twenty-four (24) hours for two (2) or more unrelated individuals who are regularly admitted, treated, and discharged and who require services more intensive than room, board, personal services, and general nursing care, and has clinical laboratory facilities, diagnostic X-ray facilities, treatment facilities, or other definitive medical treatment, has a medical staff in regular attendance, and maintains records of the clinical work performed for each patient.

Services: *(Check all services offered):*

- Medical
- Emergency Department
- Emergency Treatment Room *(required if no Emergency Department)*
- Clinical Laboratory Services *(contracted or onsite)*
- Diagnostic X-ray Services *(required)*
- Comprehensive Medical Rehabilitation
- Pediatric *(if 15 or more pediatric beds)*
- ESRD – Acute Services* *(in an identifiable part of the hospital)*
- Mental Health Services *(in an identifiable part of the hospital)*
- Chemical Dependency *(in an identifiable part of the hospital)*
 - Inpatient Outpatient
- Other Definitive Medical Treatment: _____

***Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? Pediatric Adult

Does the hospital provide peritoneal dialysis? Yes No

How many stations does the hospital have? _____ *(not included in bed count)*

2. Does this location currently have a STATE waiver of any hospital regulations?

Yes No

If yes was marked, provide a copy of the waiver.

3. OTHER SERVICES: *(Select one of the following)*

- Long Term Acute Care Hospital
- Critical Access Hospital
- Skilled Nursing Unit
- Children’s Hospital
- None

4. Does this hospital have physician owners? Yes No

If yes was marked, also complete the attached Physician Ownership Addendum.

5. LICENSED BEDS:

- a. How many total licensed beds are at this hospital location? 231
*Total bed design capacity of this hospital only.
 A change in the bed design capacity requires prior approval and possible fees.*
- b. How many emergency treatment room beds and/or emergency department beds are at this hospital location? 22
*This count is not included in the licensed bed count above and will not affect fees.
 A minimum of one bed is required.*
- c. Provide the total number of licensed beds in each unit or area of service at this hospital location:

<u>139</u>	Medical/Surgical <i>(may include pediatric beds if pediatric bed count is less than 15 beds)</i>		
<u>20</u>	ICU/CCU	<u>21</u>	Postpartum
	Intermediate Care		Adolescent
	Universal Care		Pediatric <i>(if 15 or more beds)</i>
<u>16</u>	Neonatal ICU	<u>25</u>	Skilled Nursing
	Continuing Care Nursery		Comprehensive Medical Rehabilitation
	Antepartum	<u>0</u>	Mental Health
<u>10</u>	Labor/Delivery/Recovery/Postpartum		
<u>0</u>	Chemical Dependency		

6. FEES: *(Fees paid to the department are not refundable)*

Total number of licensed beds: 231
(Include all licensed beds at all locations under a common license)

Total fee due is \$39.00 per bed + \$20.00 (Texas Online Subscription Fee).
Amount paid: \$9029.00

7. HOSPITAL DATABASE WORKSHEET:

Complete the Hospital Database Worksheet for all hospital locations. The worksheet is available on our website at:
<http://www.dshs.texas.gov/facilities/hospitals/forms.aspx#general-special>.

8. MEDICARE CERTIFICATION:

Is the hospital certified to participate in the Medicare Program? Yes No
If YES, provide the hospital's CCN Number: 450558

9. SAFE-READY FACILITY

Is your facility a SAFE-ready facility? Yes No

"SAFE-ready facility" means a health care facility designated as a Sexual Assault Forensic Exam-ready facility under TX Health and Safety Code Section 323.0015. A SAFE-ready facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

10. ACCREDITATION:

(Check the appropriate category)

Attach a copy of the most recent hospital letter or certificate of accreditation.

- Joint Commission (JC)
- American Osteopathic Association (AOA)
- DNV GL
- Center for Improvement in Healthcare Quality (CIHQ)
- Not accredited

11. FIRE SAFETY SURVEY:

Annual fire safety inspections are required for continued licensure status. Include a copy of a fire inspection report conducted within the last 12 months & a second report conducted within the last 13 to 24 months indicating approval by the local fire authority. **The fire inspector must be certified by the Texas Commission of Fire Protection in order to conduct the inspection.**

12. SIGNATURE AND ATTESTATION:

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

Chief Executive Officer Signature

Mike Murphy

Printed Name of CEO

325-428-1010

Telephone Number

Date Signed

CEO

Title

mike.murphy@armc.net

Email Address

13. HOSPITAL ADMINISTRATOR:

Mike Murphy

Onsite Administrator in charge of day-to-day operations

325-428-1010

Telephone Number

CEO

Title

mike.murphy@armc.net

Email Address

LICENSE NUMBER: 000091

OWNERSHIP ADDENDUM

Complete if the owner is a Partnership or a Corporation. Attach additional pages if necessary.

The owner is a: N/A

Partnership - List each general partner who is an individual.

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Print Name: _____

Social Security Number: _____/_____/_____

Corporation - List any individual who has an ownership interest of 25% or more in the corporation.

Print Name: _____ Percent Ownership _____%

Social Security Number: _____/_____/_____

Print Name: _____ Percent Ownership _____%

Social Security Number: _____/_____/_____

Print Name: _____ Percent Ownership _____%

Social Security Number: _____/_____/_____

LICENSE NUMBER: 000091

PHYSICIAN OWNERSHIP ADDENDUM

N/A

Complete if the hospital has physician owners. Attach additional pages if necessary.

Print Name: _____ Percent Ownership _____ %

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____ %

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____ %

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____ %

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

Print Name: _____ Percent Ownership _____ %

Texas Medical Board License Number: _____

Social Security Number: _____

Address: _____

EXHIBIT 3

WITHHELD FROM PUBLIC RELEASE
NON-PUBLIC & CONFIDENTIAL
FILED UNDER SEAL

EXHIBIT 4- HENDRICK

WITHHELD FROM PUBLIC RELEASE
NON-PUBLIC & CONFIDENTIAL
FILED UNDER SEAL

EXHIBIT 4- ABILENE REGIONAL

WITHHELD FROM PUBLIC RELEASE
NON-PUBLIC & CONFIDENTIAL
FILED UNDER SEAL

EXHIBIT 5

Primarily, hospital quality is measured through the CMS Quality Star Rating System and the Leapfrog Group Grade System. The CMS Quality Star Rating for hospitals is based on certain quality measures related to: (1) mortality; (2) safety of care; (3) readmission; (4) patient experience; (5) effectiveness of care; (6) timeliness of care; and (7) efficient use of medical imaging. The Leapfrog grading system looks at publicly available measures of safety, such as among others: (1) outcome measures, including infections, falls and trauma, and preventable complications from surgery; and (2) process/structural measures, including strong nursing leadership and engagement, computerized physician order entry systems, safe medication administration, hand hygiene policies, and the right staffing for the ICU. The underlying metrics utilized by CMS and Leapfrog are the standard quality metrics that are generally relied upon in the industry.

EXHIBIT 6



Anthony Williams
Mayor

February 28, 2019

Senator Charles Perry
P. O. Box 12608 Capitol Station
Austin, Texas 78711

Dear Senator Perry:

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington D.C.

It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like ours that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like ours are under increasing pressure to make essential care available to residents covering a 19 county area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like ours rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community and provides more options to ensure high quality and cost effective healthcare is preserved in rural West Texas.

Sincerely,

Anthony Williams
Mayor



Taylor County Administration
300 Oak Street, Suite 200
Abilene, Texas 79602
325-674-1235
325-674-1365 fax
bollsd@taylorcountytexas.org

Downing A. Bolls, Jr.
Taylor County Judge

March 1, 2019

Senator Charles Perry
P. O. Box 12608
Capitol Station
Austin, Texas 78711

Re: Certificate of Public Advantage (COPA)

Dear Senator Perry,

This letter is to express interest and support for state legislation to address the growing issue of healthcare in geographically isolated areas such as rural Texas.

Rural hospitals in Texas are facing overwhelming operational challenges often resulting in their closure. Communities like ours are under increasing pressure to make essential care available to a growing number of people in a 19-county area. To address this, I understand that Texas will be looking at Certificates of Public Advantage (COPAs) which have been employed successfully in other states. It is also my understanding that important safeguards to consumers of health care will continue to be incorporated in state regulations and state oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

I believe that the state's Executive Branch, through the Texas Health and Human Services Commission, working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like ours rather than federal government agencies not as familiar with the challenges of preserving rural health care. I believe that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA), providing benefit to the community and provide more options to ensure high quality and cost effective healthcare in rural West Texas.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Downing A. Bolls, Jr.", is written over the typed name.

Downing A. Bolls, Jr.



"RENTECH Boilers for people who know and care."[®]

2/27/2018

Senator Charles Perry
P. O. Box 12608 Capitol Station
Austin, Texas 78711

Dear Senator Perry:

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like ours that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like ours are under increasing pressure to make essential care available to residents covering a 19-county area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like ours rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community and provides more options to ensure high quality and cost-effective healthcare is preserved in rural West Texas.

Sincerely,

A handwritten signature in blue ink that reads "Jack Rentz". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Jack Rentz
Chairman



Taylor County
300 Oak Street, Suite 204
Abilene, Texas 79602
325-669-6266
statlerc@taylorcountytexas.org

Chuck Statler
Commissioner, Precinct 4
Taylor County

March 1, 2019

Senator Charles Perry
P.O. Box 12608
Capitol Station
Austin, TX 78711

Dear Senator Perry,

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like ours that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like ours are under increasing pressure to make essential care available to residents covering a 19 county area. It is our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like ours rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community and provides more options to ensure high quality and cost effective healthcare is preserved in rural West Texas.

Sincerely,

A handwritten signature in blue ink that reads "Chuck Statler". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Chuck Statler
Commissioner, Pct. #4

Angie Wiley
3442 South 10th Street
Abilene, TX 79605
wileys5@suddenlink.net

February 27, 2019

The Honorable Charles Perry
P.O. Box 12068
Capitol Station
Austin, TX 78711

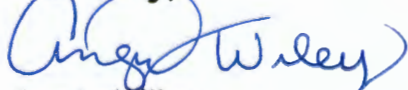
Dear Senator Perry,

The intent of this letter is to express support for Texas state legislation that would assure that decisions impacting healthcare in rural markets such as Taylor County, are made by Texas officials and not federal government agencies in Washington, D.C. It is my understanding that states can preempt federal control over certain hospital affiliations and/or mergers by approving a Certification of Public Advantage (COPA). The impact of a COPA for the Abilene community would be significant, as we strive to provide quality healthcare to residents in a 19 county rural area where hospitals are closing and the uninsured rate is rising. It is important that medical communities in larger towns like Abilene have the opportunity to provide the highest quality of affordable and cost effective medical care to rural areas that no longer have hospitals. Important safeguards for healthcare consumers, I understand, will be incorporated through state regulations and oversight throughout the COPA application and process.

We are in need of legislation that allows the state of Texas to decide if a proposed hospital acquisition or merger is in the best interest of the state and our rural communities. The Health and Human Services Commission and the Office of the Attorney General of the State of Texas are more adequately qualified than federal entities to supervise Texas hospitals applying for COPA.

In closing, as an involved member of the community and elected public servant, I am supportive of the proposed COPA legislation that would allow medical communities like Abilene to be a part of the solution for rural communities to have reliable healthcare close to home. Thank you for your service and time spent on this important legislation.

Sincerely,



Angie Wiley
Community Volunteer
Abilene ISD School Board Member

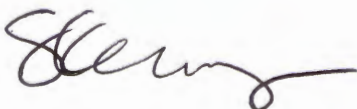
February 26, 2019

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like ours that are surrounded by predominantly rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like ours are under increasing pressure to make essential care available to residents covering a 19 county area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is also affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like ours rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community and provides more options to ensure high quality and cost effective healthcare is preserved in rural West Texas.

Sincerely,



Stephen Lowry, MD
Trustee, Wylie ISD School Board



Office of the President

February 28, 2019

Senator Charles Perry
P. O. Box 12608 Capitol Station
Austin, Texas 78711

Dear Senator Perry:

As the president of McMurry University in Abilene, Texas, I know the importance of quality health care for our 1,145 students and 200 employees. Most of our students and all of our employees come from Taylor County and the surrounding rural areas. Even the students who come from other more populated areas of Texas make Abilene their home for at least four years. One of the key elements of quality of life is having access to excellent health care. Thus, I support the approval of state legislation that assures that decisions affecting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington D.C.

It is my understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). Communities like ours are under increasing pressure to make essential care available to residents covering a 19 county area. It is also my understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation. These regulations will ensure residents receive the highest quality of care, which is affordable and cost effective.

Most leadership principles emphasize the importance of having vital decisions made at a management level that is closest to the issue at hand. On issues as significant as the health of the community, it stands to reason that our state officials are in a better position to understand the challenges of preserving rural health care in remote areas of Texas than officials in Washington D.C. I have confidence that the Texas Health and Human Services Commission, whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General, has a better grasp of this issue than individuals at federal government agencies.

For the reasons listed above, I believe the proposed COPA legislation will benefit our community and will provide more options to ensure that high quality and cost effective healthcare is preserved in rural West Texas. Therefore, I strongly support this legislation and appreciate your willingness to bring this forward to the legislature. Clearly, the public advantage to the Taylor County community and its surrounding areas would be enormous.

Sincerely,

Sandra S. Harper, PhD
President, McMurry University



February 26, 2019

Honorable Charles Perry
Texas Senator
P. O. Box 12608 Capitol Station
Austin, Texas 78711

Dear Senator Perry:

This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like ours that are surrounded by predominately rural areas this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like ours are under increasing pressure to make essential care available to residents covering a 19-county area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like ours rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community and provides more options to ensure high quality and cost-effective healthcare is preserved in rural West Texas.

Sincerely,

Douglas Peters
President & CEO

Educating Students for Christian Service and Leadership Throughout the World

Office of the President
206 Hardin Administration Building, ACU Box 29100, Abilene, Texas 79699-9100
325-674-2412 • Fax 325-674-2958



March 1, 2019

Senator Charles Perry
P. O. Box 12608 Capitol Station
Austin, Texas 78711

Dear Senator Perry:

As president of Abilene Christian University, this letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington, D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers if the State approves a Certificate of Public Advantage (COPA). For certain communities like ours that are surrounded by predominately rural areas, this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like ours are under increasing pressure to make essential care available to residents covering a 19-county area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor -- working in collaboration with the Texas Office of Attorney General -- can better decide what is best for unique communities like ours rather than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community and provides more options to ensure high quality and cost effective healthcare is preserved in rural West Texas.

Sincerely,

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

Phil Schubert, Ed.D.
President

FIRST FINANCIAL BANKSHARES

F. Scott Dueser
Chairman,
President and
Chief Executive Officer

February 26, 2019

Senator Charles Perry
P.O. Box 12608 Capitol Station
Austin TX 78711

Dear Senator Perry:

I am very concerned about rural healthcare. This letter is to express interest and support for State Legislation to assure that decisions impacting healthcare in geographically isolated markets such as Taylor County, Texas, are made by Texas officials and not federal government agencies in Washington D.C. It is our understanding that federal law provides that States can preempt certain federal control over some hospital affiliations/mergers, if the State approves a Certificate of Public Advantage (COPA). For certain communities like ours that are surrounded by predominately rural areas, this is important as rural hospitals in Texas have closed and the uninsured rate rises. Communities like ours are under increasing pressure to make essential care available to residents covering a 19-county area. It is also our understanding that important safeguards to consumers of health care will continue to be incorporated in State regulations and State oversight associated with this proposed legislation to ensure residents receive the highest quality of care, which is affordable and cost effective.

The Texas State's Executive Branch through the Texas Health and Human Services Commission whose Commissioner is appointed by the Governor working in collaboration with the Texas Office of Attorney General can better decide what is best for unique communities like ours. This is a much better solution than federal government agencies not as familiar with the challenges of preserving rural health care in more remote areas of Texas.

For the reasons listed above, I believe the proposed COPA legislation to be beneficial to the community and provides more options to ensure high quality and cost effective healthcare is preserved in rural West Texas.

Sincerely



Scott Dueser
Chairman, President
and Chief Executive Officer

FSD:cg