

Name of legislator with whom I met **OR** name and position of legislative staffer with whom I met

Please check the “health status”
of your legislator on the following PDA issues:

Date of my meeting

HB 2263 & SB 520: Assignment of Benefits



Clean bill of health (my legislator stated he/she supported these bills)



Needs follow-up preventive care (my legislator needs more information before making a decision)



Needs restorative treatment (my legislator stated he/she would not support these bills)



Other (please specify) _____

Health Care Practitioner Student Loan Forgiveness Funding



Clean bill of health (my legislator stated he/she supported more funding)



Needs follow-up preventive care (my legislator needs more information before making a decision)



Needs restorative treatment (my legislator stated he/she would not support more funding)



Other (please specify) _____

Medical Assistance Funding



Clean bill of health (my legislator stated he/she supported more funding)



Needs follow-up preventive care (my legislator needs more information before making a decision)



Needs restorative treatment (my legislator stated he/she would not support more funding)



Other (please specify) _____

General Comments:

Other Issues Discussed: