A picture containing text

Description automatically generatedCongressional Feedback Form

2024 AAOMS Day on the Hill

**Please email the completed form to Paula Kantas at pkantas@aaoms.org.**

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| **Your Name:** |  | | | | **State:** | |  | |
| **Elected Official’s Name:** | |  | | | | | | |
| **Who did you meet with?** | | | | **Elected Official** | | **Legis. Aide(s)** | | **Both** |
| **Legislative Aide’s Name(s):** | | |  | | | | | |

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| **Student Loan Repayment Reform** | | | | | | |
| **Was the lawmaker supportive of AAOMS’s position?** | **Highly Supportive** | **Supportive** | **Not Supportive** | | **Undecided** | |
| **House – Is the legislator interested in cosponsoring the**  **Resident Education Deferred Interest (REDI) Act?** | | | **Yes** | **No** | | **Maybe** |
| **Senate – Is the legislator interested in cosponsoring the**  **Resident Education Deferred Interest (REDI) Act?** | | | **Yes** | **No** | | **Maybe** |
| ***Any other comments or follow-up needed?*** | | | | | | |

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| **Craniofacial Anomalies** | | | | | | |
| **Was the lawmaker supportive of AAOMS’s position?** | **Highly Supportive** | **Supportive** | **Not Supportive** | | **Undecided** | |
| **House – Is the legislator interested in cosponsoring the Ensuring Lasting Smiles Act?** | | |  |  | |  |
| **Senate – Is the legislator interested in cosponsoring the Ensuring Lasting Smiles Act?** | | | **Yes** | **No** | | **Maybe** |
| ***Any other comments or follow-up needed?*** | | | | | | |

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| **Drug and Supply Shortages** | | | | | | | | |
| **Was the lawmaker supportive of AAOMS’s position?** | **Highly Supportive** | | **Supportive** | | **Not Supportive** | | | **Undecided** |
| **House – Is the legislator interested in cosponsoring HR 6802?** | | **Yes** | | **No** | | **Maybe** | | |
| **Senate – Is the legislator interested in cosponsoring S 2510?** | | **Yes** | | **No** | | | **Maybe** | |
| ***Any other comments or follow-up needed?*** | | | | | | | | |

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| **Grassroots/Political Action** | | |
| **Are you willing to serve as a key contact in your state and congressional district for legislative issues?** | **Yes** | **No** |
| **Are you willing to deliver an OMSPAC check to this electoral candidate if he/she meets OMSPAC selection criteria for the specialty’s political support?** | **Yes** | **No** |