Congressional 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** |