Senator/Representative’s Name ____________________________ State ________________________

Your Name (please print clearly) ____________________________________________________

1. Did the Representative/Senator attend the meeting? □ Yes □ No

2. Others attending the visit:
   Congressional staff:
   □ Health LA: _________________________________________________________________
   □ Chief of Staff: _____________________________________________________________
   □ Other: ___________________________________________________________________

   Other physicians: ______________________________________________________________

ISSUES

1. Medical Liability
   Is the Representative/Senator willing to co-sponsor ACEP’s medical liability reform legislation for hospitals/physicians who provide EMTALA-mandated services (H.R. 836/S.884)? □ Yes □ No

2. Mental Health
   Is the Representative/Senator in favor of providing additional resources for providers of mental health services? □ Yes □ No
   Is the Representative/Senator aware of how the shortage of psychiatric beds affects care for all emergency department patients? □ Yes □ No

3. NIH Office of Emergency Care Research (OECR) Appropriations Request
   Will the Representative/Senator support the mission of the NIH OECR? □ Yes □ No
   Does the Representative/Senator support the FY16 appropriations request for emergency and trauma grant programs? □ Yes □ No

4. Was the Representative/Senator interested in visiting a local Emergency Department hosted by an ACEP member? □ Yes □ No

Was any follow-up information requested or do you have any additional comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How would you rate this visit overall?

Excellent Good Fair Poor

Thank you! Please return this form to Jeanne Slade via e-mail at jslade@acep.org or fax to (202) 728-0617.