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 willing to support mental health reform legislation that would expand access to psychiatric services and provide appropriate resources? ☐ Yes ☐ No

3. Opioids
   Is the Representative/Senator familiar with the efforts of emergency physicians to address the opioid epidemic? ☐ Yes ☐ No

4. EMS Standing Orders
   Is the Representative willing to co-sponsor legislation to protect the current practice of using written “standing orders” by physician medical directors overseeing care provided in the field by paramedics and other EMS practitioners (H.R. 4365)? ☐ Yes ☐ No

5. 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?

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<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</table>

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