

STATE BUDGET & LEGISLATIVE ISSUES LOCAL ADVOCACY FORM

USE 1 FORM FOR EACH ENCOUNTER - INCLUDE ON A SINGLE FORM AS MANY TOPICS AS YOU DISCUSSED WITH THE REPRESENTATIVE

ELECTED OFFICIAL'S NAME _____

NY Senate NY Assembly Congress DATE _____

WHO DID YOU COMMUNICATE WITH? _____

Legislator Staff

Topics Covered: Check all that apply

Response:

NYS BUDGET FUNDING FOR STATEWIDE'S PATIENTS RIGHTS HELPLINE

NYS EXPANDING THE MEDICARE SAVINGS PROGRAM INCOME ELIGIBILITY

NYS - EPIC EXPANSION BILL

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Topics Covered: Check all that apply

Response:

NY
HEALTH
ACT

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FEDERAL -
OBSERVATION
STATUS

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FEDERAL -
SOCIAL
SECURITY

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FEDERAL -
MEDICARE
BENEFITS

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FEDERAL -
PRESCRIPTION
DRUGS

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REPORTED BY: NAME _____

COUNTY: _____ PHONE: _____

