



## National Home Infusion Association Congressional Meeting Report

*Please provide NHIA with the following information concerning each meeting with Congress:*

Name of Elected Official: \_\_\_\_\_ Date: \_\_\_\_\_

State and/or District: \_\_\_\_\_ Was elected official at your meeting? \_\_\_\_\_

Name(s) and title(s) Aides: \_\_\_\_\_

*HOUSE: Response to request to support home infusion legislation in the House: (check all those that apply—and provide more details under "Comments and Follow Up" section)*

- \_\_\_\_\_ Will co-sponsor
- \_\_\_\_\_ Will consider introducing or co-sponsoring
- \_\_\_\_\_ Requires more information/additional follow-up
- \_\_\_\_\_ Will not co-sponsor

*SENATE: Response to request to support home infusion legislation in the Senate: (check all those that apply—and provide more details under "Comments and Follow Up" section)*

- \_\_\_\_\_ Will co-sponsor
- \_\_\_\_\_ Will consider introducing or co-sponsoring
- \_\_\_\_\_ Requires more information/additional follow-up
- \_\_\_\_\_ Will not co-sponsor

Comments and Follow Up:

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Name & Company of person completing form: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

(If different) Name & Company of person to perform follow up tasks: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

Other participants in meetings: \_\_\_\_\_

**FAX to Kendall Van Pool, NHIA, FAX# 703-683-1484 or email to Kendall.vanpool@nhia.org**