

2013 ADVOCACY AGENDA

BEHAVIORAL HEALTHCARE LEADERSHIP IN **Action**

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS

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CONGRESSIONAL VISIT FEEDBACK REPORT

Enter this feedback online at

<http://naphs.capwiz.com/naphs/lrm/feedback.tt?event=41965>.

OR return this form to Nancy Trenti at FAX: 202/783-6041

I MET WITH: (name/title) _____

in the office of Senator / Representative _____

KEY ISSUES DISCUSSED WERE: (Use back of sheet as needed for additional remarks.)

1. Do you support extension of health IT incentives to behavioral health?

☐ Supports ☐ Likely to support ☐ No position ☐ Likely to oppose ☐ Opposes ☐ Didn't ask/no answer

2. Do you support removal of the Medicare 190-day lifetime limit?

☐ Supports ☐ Likely to support ☐ No position ☐ Likely to oppose ☐ Opposes ☐ Didn't ask/no answer

FOLLOW UP THAT IS NEEDED BY ME OR NAPHS IS:

NAME OF PERSON COMPLETING THIS FORM: _____

PHONE NUMBER and/or E-MAIL: _____

FACILITY NAME / ADDRESS: _____

THANKS FOR YOUR HELP!