



Legislative Key Contact Program

Are you interested in influencing the policy process and improving Family Medicine in Massachusetts? By participating in the MassAFP Key Contact program, you can help the Academy make its mark on legislation considered and passed by the State Legislature.

The MassAFP Key Contact Program is a strategic grassroots advocacy program designed to help the MassAFP build strong, on-going relationships with legislators across the Commonwealth. The program allows the MassAFP to identify family physician members who personally know their legislators and help develop those relationships to increase the Academy’s influence in the legislative process.

The Key Contact program also provides the MassAFP with a list of physician members who are knowledgeable in specific issue areas and are willing to meet with elected officials or testify at legislative committee hearings.

MassAFP *Key Contacts* need to be committed advocates who are willing and available to participate as leaders in the MassAFP’s advocacy program. Typically, a *Key Contact* is someone who:

- **Has an established relationship with a state legislator** (or wants to establish a relationship);
- **Has a comfort level engaging in intense advocacy activities;** and/or
- **Has a understanding of the legislative process and how it can impact health care policy**

For further information on the Program or to become a *Key Contact*, please submit the form below:

CONTACT INFORMATION

Physician Name: _____

Company/Organization: _____

Address: _____ **City:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

LEGISLATORS YOU KNOW

In the spaces below, please list the state legislators you know personally, and “check” the box that best describes your relationship:

Representative / Senator	Socially	Neighbor	Relative	Professionally	Patient	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes, I would be willing to testify at legislative committee hearings on the following issues:

payment reform workforce development issues scope of practice _____

Please send your completed form to jordan@massafp.org or fax to (262) 242-1862.