

Who Should I Contact?

FIND YOUR STATE & FEDERAL REPRESENTATIVES and REGULATORY AGENCIES

FEDERAL: Each State has **2 SENATORS** and **1 REPRESENTATIVE** per Congressional District.
All Representatives have an office in **Washington DC** and **local offices in your State/District**.
Look for the nearest **local office** for your convenience and **call the number** of the local office you wish to visit.

STATE: Legislature has **1 SENATOR** and **1 or 2 REPRESENTATIVES** per district.

****NOTE**** (State Legislative Districts are **not** the same as U.S. Congressional Districts)

Regulatory Agencies: Medical Board, Pharmacy Board, Narcotics Board, Department of Health, Insurance Commission

Law Enforcement Agencies: State Attorney General, County Prosecutors/District Attorneys, Opioid Task Force

Medical Associations & Societies: Contact your State & County Medical Associations to ask if you can attend any upcoming events so you may address health care providers to encourage them to join us.

Find Your FEDERAL U.S. Representatives:

Look up the names, office locations & phone numbers of your:

FEDERAL Representatives <https://www.contactingcongress.org>

Find Your STATE Representatives & Regulatory Agencies:

Link to Contact Your: **State Representatives/Legislators**

Link to Contact Your: **State Governor**

Link to Contact Your: **State Attorney General**

Link to Contact Your: **State Medical Board**

Link to Contact Your: **State Controlled Substance/Narcotics Board**

Link to Contact Your: **State Insurance Commissioner**

Link to Contact Your: **State Pharmacy Board**

Link to Contact Your: **State Health Department**

Link to Contact Your: **State Medical Society**

Link to Contact Your: **State Medical Association**

Link to Contact Your: **State Pain Society**

Contact Information Worksheet

Your State & County:	Your Legislative District:	Your Congressional District:	Your Zip Code:
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Please use the Worksheet below to gather & save your State & District's information.

Official Contact: Name & Title	<i>Phone Number:</i>	<i>MONITORED Email Address:</i>	<i>Follow Up: Name/Date/Notes</i>
U.S. Senator #1:			
U.S. Senator #2:			
U.S. Representative: (Your Congressional District)			
State Assembly or Representative: (Your Local District)			
State Assembly or Representative: (Your Local District)			
State Senator: (Your Local District)			
Governor's Office:			
State Attorney General:			
State Medical Board:			
State Narcotics/Controlled Substances Board:			

(Continued) Official Contact: NAME & TITLE	<i>Phone Number:</i>	<i>MONITORED Email Address:</i>	<i>Follow Up: Name/Date/Notes</i>
State Pharmacy Board:			
State Health Department:			
State PDMP Facilitator:			
State Insurance Commissioner:			
State Medical Society:			
State Medical Association:			
State Pain Society:			
Other:			
Other:			
Notes:			

ONCE COMPLETED, PLEASE FORWARD THIS FORM TO OUR LEGISLATIVE OUTREACH TEAM SO WE CAN KEEP OUR DATABASE UP TO DATE. THANK YOU. Email: Team@PainWarriorsUnite.com