

WSNA PAC 2024 Candidate Questionnaire

Please return completed questionnaire along with your resume to WSNA's Political Advocacy Manager Jessica Hauffe at jhauffe@wsna.org.

Name:	Cell:	
Position Seeking/District:	Email:	
Address:	City:	Zip:
What inspired you to run for office?		
What are the top issues you are hoping	to have an impact on if you are e	lected?
Have you or a family member spent tim – with the nursing staff?	e in a hospital? If so, what was yo	our experience – good or bad
Do you have a family member who is a they? What is your relationship?	health care provider? What type	of health care provider are
What are your top two health care issue	es? (Ex. Access to care, reimburse	ment, insurance coverage)
What resources (types of news media, phealth care system?	people etc) do you use to learn ab	oout health care and our
What do you anticipate as being your bi	iggest challenge as an elected offi	icial?