

# PREPARE: LETTER TEMPLATE

(Month)(Day)(Year)

The Honorable (First name)(Last name)

(Legislator's street address)

St. Paul, MN 55115

RE: Support the Seizure Detection Device Awareness Campaign Bill (HF 4056 or SF 4109)

Dear (Representative or Senator) (Last name):

My name is (your first and last name) and I am a (family member /service provider/advocate/community member) who resides in your district. I am writing to request your support for the Seizure Detection Device Awareness Campaign bill. This important bill funds an awareness campaign to educate Minnesotans with epilepsy about the new Minnesota Health Care Programs (MHCP) coverage of FDA-approved seizure detection devices (SDDs).

SDDs are critical under certain epilepsy treatment plans to reduce the risk of injuries and death. Unfortunately, many people living with epilepsy and seizures are not aware of these devices, the new health care coverage, or their risk of sudden unexpected death in epilepsy (SUDEP) — the leading cause of death for young people with uncontrolled seizures.

(Include a personal story here. Personal stories are very impactful and show your representative why the issue is important to you and how it affects you, your family and/or your community. Be specific about the ways in which the bill would bring about positive change or prevent negative outcomes.)

Your support for this bill could make a significant impact on the lives of many Minnesotans with the potential to reduce financial stress and save lives. I appreciate your consideration and kindly ask that you send me a response letting me know your position on this important bill. (Optional: state here if you are available to discuss the matter further if they have any questions or need more information)

Sincerely,

SIGN YOUR NAME

Print your name

Your street address

City, State, Zip code

