

## Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Oversight and Reform

Subcommittee: \_\_\_\_\_

Hearing Date: 29 March 2022

Hearing Title :

"Examining Pathways to Universal Health Coverage"

Witness Name: Christopher B. Briggs

Position/Title: communications consultant

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

### **FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY**

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

No.

Please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the source and amount of each grant or contract.

None.

Please list any contracts, grants, or payments originating with a foreign government and related to the hearing's subject that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the amount and country of origin of each contract or payment.

None.

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

- I have attached a written statement of proposed testimony.
- I have attached my curriculum vitae or biography.

\* Rule XI, clause 2(g)(5), of the U.S. House of Representatives provides:

(5)(A) Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof.

(B) In the case of a witness appearing in a non-governmental capacity, a written statement of proposed testimony shall include— (i) a curriculum vitae; (ii) a disclosure of any Federal grants or contracts, or contracts, grants, or payments originating with a foreign government, received during the past 36 months by the witness or by an entity represented by the witness and related to the subject matter of the hearing; and (iii) a disclosure of whether the witness is a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing.

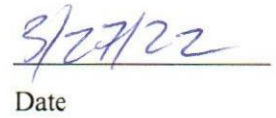
(C) The disclosure referred to in subdivision (B)(ii) shall include— (i) the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing; and (ii) the amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government.

(D) Such statements, with appropriate redactions to protect the privacy or security of the witness, shall be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness appears.

**False Statements Certification**

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.

  
Witness signature

  
Date

## COVID-19 Health Screening Assessment

### INSTRUCTIONS:

1. Responses to this health screening assessment must be provided on the day of the event, but before entering the Committee hearing room or office spaces.
2. Responses to this assessment can be emailed to Oversight\_Clerks@mail.house.gov or confirmed verbally with Committee staff, before entering the hearing room or office space.
3. Please **DO NOT** submit a completed copy of this health assessment. You should only confirm that you have “answered ‘NO’ to all questions” OR “answered ‘YES’ to at least one question”:

Regarding your personal health, please answer the following questions to the best of your ability\*:

- Are you currently experiencing, or have you experienced within the past 10 days any of the following symptoms?

Fever (Temp equal to or greater than 100.4 F)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chills with shaking or teeth chattering	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Frequent cough	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sneezing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Shortness of breath at rest	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Headache	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Loss of ability to taste or smell	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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- Are you awaiting COVID-19 test results as a result of actual or potential exposure to a COVID-positive person, or have you been told to isolate or quarantine by a healthcare provider?

Yes  No

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**Stop here and follow the directions at the bottom if you completed a full vaccination course at least 14 days ago; OR have been diagnosed with COVID 19 in the past 90 days.**

**If not, continue to the next two questions before submitting your responses.**

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- Are you well, but a member of your household is sick at home with bronchitis-like or cold symptoms, or awaiting the result of a COVID-19 test?
- Have you been in direct close contact with a person with lab-confirmed or suspected case of COVID-19 within the past 14 days??

Yes  No

Yes  No

*\*If you answered YES to any of the above questions, DO NOT report to the hearing room or any Committee office spaces. Please stay home and consult your personal physician for further guidance.*