

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

June 18, 2014

Mr. Gary Cantrell
Deputy Inspector General for Investigations
Office of Inspector General
Department of Health and Human Services
330 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Cantrell:

Thank you for agreeing to testify on June 25, 2014, at 10:00 a.m. in 2123 Rayburn House Office Building, at the Subcommittee on Oversight and Investigations hearing entitled "Medicare Program Integrity: Screening Out Errors, Fraud, and Abuse."

The attached documents provide important details concerning the preparation and presentation of your testimony.

- The first attachment describes the form your testimony must take.
- The second attachment provides you with Electronic Format Guidelines that detail how to file testimony electronically.
- The third attachment provides you the Rules for the Committee on Energy and Commerce.
- The fourth attachment provides you with a Truth-in-Testimony Disclosure form and a Truth-in-Testimony instruction sheet.

Please be aware that, in accordance with the Committee's usual practice:

- (1) Witnesses will be required to provide sworn testimony;

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- (2) Witnesses have a right to be represented by counsel, who may advise the witnesses on their Constitutional rights, but cannot testify. If appearing as a witness, the counsel will be sworn in; and,
- (3) Hearings are open to audio, video, and photographic coverage by accredited press representatives only.

If you have any questions concerning any aspect of your testimony, please contact Alan Slobodin of the Energy and Commerce Committee staff at (202) 225-2927.

Sincerely,



Tim Murphy
Chairman
Subcommittee on Oversight and Investigations

Enclosures: (1) Form of Testimony
(2) Electronic Format Guidelines
(3) Rules for the Committee on Energy and Commerce
(4) Truth-in-Testimony Disclosure form