

Committee on Energy and Commerce
U.S. House of Representatives
 Witness Disclosure Requirement - "Truth in Testimony"
 Required by House Rule XI, Clause 2(g)

1. Your Name: Patrick Allen						
2. Are you testifying on behalf of the Federal, or a State or local government entity?					Yes X	No
3. Are you testifying on behalf of an entity that is not a government entity?					Yes	No X
4. Other than yourself, please list which entity or entities you are representing: The Oregon Department of Consumer and Business Services (DCBS)						
5. Please list any Federal grants or contracts (including subgrants or subcontracts) that you or the entity you represent have received on or after October 1, 2012: DCBS received the following Federal grants on or after October 1, 2012:						
Grant/Program Name	Federal Agency	Amount Received				
		10/2012-06/2013	FY2014	FY2015	Total	
SOII - Survey of Occupational Injuries and Illnesses	Bureau of Labor Statistics (BLS), US Dept. of Labor	117,099.75	133,068.33	153,379.11	403,547.19	
CFOI - Census of Fatal Occupational Injuries	Bureau of Labor Statistics (BLS), US Dept. of Labor	45,905.42	79,436.94	28,677.64	154,020	
OSHA 21d - On-site Consultation Program	Occupational Safety and Health Admin, US Dept. of Labor	381,971.53	453,890.52	481,192.84	1,317,054.89	
OSHA 23G - Operational Program	Occupational Safety and Health Admin, US Dept. of Labor	4,002,000	5,752,285.95	5,517,060.30	15,271,346.25	
SHIBA - State Health Insurance Assistance	Administration for Community Living, Dept.	484,978.45	689,127.57	635,166.65	1,809,272.67	

Program	of Health and Human Services				
MIPPA- Medicare Improvements for Patients and Providers Act	Department of Health & Human Services Health Care Financing Administration	100,577.97			100,577.97
SHIP - Performance Improvement Grant	Administration for Community Living, Dept. of Health and Human Services			4,616.96	4,616.96
SMP - Senior Medicare Patrol	Administration for Community Living, Dept. of Health and Human Services	9,649	10,674.71	12,744.29	33,068
HIPR - Health Insurance Rate Review	Center for Medicare & Medicaid Services, Dept. of Health and Human Services	869,374.97	1,363,462.36	1,450,548.03	3,683,385.36
CAP - Consumer Assistance Program	Office of Consumer Info and Insurance Oversight, Dept. of Health and Human Services	280,980.89	298,339.87		579,320.76
HUD	Federal Housing Administration	103,884.50	107,548	109,527	320,959.50
Oregon Health Insurance Exchange State Planning Grant	Center for Medicare & Medicaid Services, Dept. of Health and Human Services	29,296.15			29,296.15
	Total Grants:	6,425,718.63	8,887,834.25	8,392,912.82	23,706,465.70

DCBS did not receive any Federal grants related to Oregon's health insurance marketplace, and no grant funds were transferred to DCBS as part of the transition of the marketplace to DCBS; however, other organizations did receive the following grants related to Oregon's health insurance marketplace. All marketplace Federal grants have been closed or are in the process of being closed.

Establishment Grant Level Two

Administrator: Oregon Health Insurance Exchange Corp
 Award Amount: \$226,442,074
 Award Date: January 17, 2013

Establishment Grant Level One

Administrator: Oregon Health Insurance Exchange Corp
 Award Amount: \$8,969,600; \$6,682,701
 Award Date: August 12, 2011; May 16, 2012
 Administrative Supplement Award Amount: \$2,195,000 (September 27, 2012)

Early Innovator Grant

Grantee: Oregon Health Authority
 Award Amount: \$48,096,307
 Administrative Supplement Award Amount: \$11,820,905 (January 17, 2013)

State Planning Grant

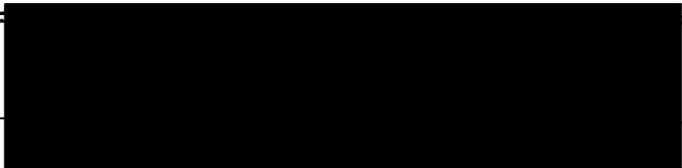
Awarded September 30, 2010
 Administrator: Office for Oregon Health Policy & Research
 Amount Awarded: \$1,000,000

6. If your answer to the question in item 3 in this form is "yes," please describe your position or representational capacity with the entity or entities you are representing:
 N/A

7. If your answer to the question in item 3 is "yes," do any of the entities disclosed in item 4 have parent organizations, subsidiaries, or partnerships that you are not representing in your testimony?	Yes	No
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8. If the answer to the question in item 3 is "yes," please list any Federal grants or contracts (including subgrants or subcontracts) that were received by the entities listed under the question in item 4 on or after October 1, 2012, that exceed 10 percent of the revenue of the entities in the year received, including the source and amount of each grant or contract to be listed:
 N/A

9. Please attach your curriculum vitae to your completed disclosure form.
 See attached

Signature: 

Date: 9.25.15

INSTRUCTIONS FOR COMPLETING THE TRUTH-IN-TESTIMONY DISCLOSURE FORM

In General. The form on the reverse side of the page is intended to assist witnesses appearing before the Committee on Energy and Commerce in complying with Rule XI, clause 2(g) of the Rules of the House of Representatives. The rule requires that:

In the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include a curriculum vitae and a disclosure of the amount and source (by agency and program) of any Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by the witness or by an entity represented by the witness.

Please complete the form in accordance with these directions.

1. ***Name (Item 1 on the form).*** Please provide the name of the witness in the box at the top of the form.
2. ***Governmental Entity (Item 2).*** Please check the box indicating whether or not the witness is testifying on behalf of a government entity, such as a Federal department or agency, or a State or local department, agency, or jurisdiction. Trade or professional associations of public officials are not considered to be governmental organizations.
3. ***Nongovernmental Entity (Item 3).*** Please check the box indicating whether or not the witness is testifying on behalf of an entity that is not a governmental entity.
4. ***Entity(ies) to be Represented (Item 4).*** Please list all entities on whose behalf the witness is testifying.
5. ***Grants and Contracts (Item 5).*** Please list any Federal grants or contracts (including subgrants or subcontracts) that the witness personally has received from the Federal Government on or after October 1, 2012.
6. ***Representational Capacity (Item 6).*** If the answer to the question in item 2 is yes, please characterize the capacity in which the witness is testifying on behalf of the entities listed in item 4.
7. ***Affiliated Entities (Item 7).*** Please indicate whether the entity on whose behalf the witness is testifying has parent organizations, subsidiaries, or partnerships that are not represented by the testimony of the witness.
8. ***Grants and Contracts (Item 8).*** Please disclose grants and contracts as directed in item 7.

9. ***Curriculum Vitae (Item 9).*** Please attach your CV to your completed disclosure form.
10. ***Submission.*** Please sign and date the form in the appropriate place. Please submit this form with your written testimony. Please note that under the Committee's rules, copies of a written statement of your proposed testimony must be submitted before the commencement of the hearing. To the greatest extent practicable, please also provide a copy in electronic format according to the Electronic Format Guidelines that accompany these instructions.