

**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: Alan Reed Weil

2. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes	No x
3. Are you testifying on behalf of an entity that is not a government entity?	Yes x	No

4. Other than yourself, please list which entity or entities you are representing:
National Academy for State Health Policy
Center for Health Policy Development

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, 2011:

Direct Grants/Contracts

<u>Federal Agency</u>	<u>Project Number</u>	<u>Amount</u>	<u>Duration</u>
DHHS--HRSA	UD30A22891	\$516,150	9/12 - 8/14
MACPAC	MACP13220	\$4,139	6/13 - 10/13
TOTAL		\$520,289	9/12 - 8/14

Subcontracts

<u>Federal Agency</u>	<u>Project Number</u>	<u>Amount</u>	<u>Duration</u>
CMS	1QACMSS030230	\$50,000	7/12 - 12/12
SAMHSA	HHSS283200700008I	\$81,027	12/11 - 9/12
SAMHSA	HHSS283200700008I	\$78,004	8/12 - 9/12
DHHS-ONC	HHSP23337003T	\$388,888	10/11 - 9/13
SAMHSA	HHSS283200700029I	\$90,035	10/11 - 9/12
CMS	HHSM-500-2010-00021I	\$619,938	5/12 - 4/17
CMS	HHSM-500-2010-00021I	\$287,676	6/12 - 9/13
CMS	HHSM-500-2011-00002I	\$161,138	9/12 - 9/13
CMS	HHSM-500-2011-00002I	\$63,558	9/12 - 6/13
DHHS-AHRQ	1-U18-HS020940-01	\$134,190	10/11 - 9/13
CMS	HHSM-500-2010-00021I	\$1,511,730	10/11 - 9/16
DHHS-HRSA	GS10F006K-HHSH250201200103G	\$143,395	12/12 - 3/14
DHHS-ONC	HHSP23320095651WC	\$123,282	10/12 - 5/13
CMS	HHSH-500-2011-00002I	\$119,771	9/12 - 8/16
DHHS-AHRQ	HHSA-290901300002C	\$8,030	12/12 - 12/13
SAMHSA	HHSS283200700029I	\$14,779	9/12 - 9/13
CMS	HHSM-500-2010-00021I	\$754,969	6/13 - 5/18*
TOTAL		\$4,630,410	10/11 - 5/18

* Estimated amount for the first year - subcontract not finalized as of 7/3/2013

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:

Executive Director, National Academy for State Health Policy
President, Center for Health Policy Development

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?

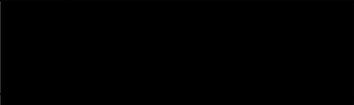
Yes

No
x

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, 2011, 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:

No award received on or after October 1, 2011 will exceed 10% of the revenue of CHPD's fiscal year.

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

Signature: 

Date: 7/8/13