## **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: Energy and Commerce
Subcommittee: Health
Hearing Date: February 13, 2019
Hearing Title :
"Strengthening Our Health Care System: Legislation to Reverse ACA Sabotage and Ensure Pre-Existing Conditions Protections"
Witness Name: Grace-Marie Turner
Position/Title: President
Witness Type: ○ Governmental • Non-governmental
Are you representing yourself or an organization? O Self Organization
If you are representing an organization, please list what entity or entities you are representing:
Galen Institute
If you are a <u>non-governmental witness</u> , 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 at this hearing received in the current calendar year and previous two calendar years. Include the source and amount of each grant or contract. If necessary, attach additional sheet(s) to provide more information.
None
If you are a non-governmental witness, please list any contracts or payments originating with a foreign
government and related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current year and previous two calendar years. Include the amount and country of origin of each contract or payment. If necessary, attach additional sheet(s) to provide more information.
None
<b>,</b>