

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: January 8, 2020

Hearing Title :

Legislation to Improve Americans' Health Care Coverage and Outcomes

Witness Name: Lee Beers, MD, FAAP

Position/Title: President-elect, American Academy of Pediatrics

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:

American Academy of Pediatrics

If you are a **non-governmental witness**, 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.*

Federal Grants/Contracts Received by AAP Related to Safe Sleep – Calendar Years 2018-2020:
\$6,000 from Health Resources and Services Administration (through National Institute for Children's Health Quality (NICHQ)) for activities related to the National Action Partnership to Promote Safe Sleep (NAPSS).
\$20,000 from NIH NICHD for a safe infant sleep collaborative for healthcare professionals.
\$50,000 from Administration on Children and Families to develop resources and deliver trainings on safe sleep to Head Start/ Early Head Start and Child care providers.

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