

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: March 3, 2020

Hearing Title :

"Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders."

Witness Name: Michael Botticelli

Position/Title: Executive Director

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:

Grayken Center for Addiction at Boston Medical Center.

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.*

SOR funding with Boston Medical Center as a sub-grantee. All funds are from the Massachusetts Department of Public Health, Bureau of Substance Addiction Services
2018 - \$2,999,562
2019 - \$2,999,562
2020 - \$3,683,355

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.*

N/A