Committee on Energy and Commerce U.S. House of Representatives

Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

1.	1. Your Name: Elizabeth Fowler, Ph.D., J.D.			
2.	Your Title: Deputy Administrator & Director of the Center for Medicare and Medicaid Innovation			
3.	The Entity(ies) You are Representing: Centers for Medicare & Medicaid Services			
4.	Are you testifying on behalf of the Federal, or a State or local	Yes	No	
	government entity? (If "Yes," skip Item 5 and Item 6.)	X		
5.	 a. Please list any Federal grants or contracts that you or the entity(ies) you represent have received on or after January 1, 2021. Only grants, contracts, or payments related to the subject matter of the hearing must be listed. b. Please list any contracts or payments originating with a foreign government that you or the entity(ies) you represent have received on or after January 1, 2021. Only grants, contracts, or payments related to the subject matter of the hearing 			
	must be listed.			
6.	Are you a fiduciary (i.e., authorized to act on behalf of or for the benefit of) for any entity that has an interest in the subject matter of the hearing?	or any entity that has an interest in the subject matter of the		
7.	Please attach your curriculum vitae to your completed disclosure form.			

Signature: <u></u>

Data.