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: Ways and Means

Subcommittee: Health

Hearing Date: April 28, 2021

HearingSubject :

Charting the Path Forward for Telehealth

Witness Name: Thomas J Kim, MD, MPH, FAPA

Position/Title: Chief Behavioral Health Officer, Prism Health North Texas

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:

Representing Myself, Prism Health North Texas, and the Texas Medical Association

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 <u>non-governmental witness</u>, 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