Committee on Ways and Means
Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)

Your Name: Patrick T Courneya, MD

	Yes	No
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). b. Briefly describe the capacity in which you represent this entity.	☐	☒
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). HealthPartners, Incorporated Minnesota b. Briefly describe the capacity in which you represent this entity. Medical Director	☒	☐

3. Please list any Federal grants or contracts (including subgrants or subcontracts) which you have received during the current fiscal year or either of the two previous fiscal years:

None

4. Please list any offices or elected positions you hold.

None

	Yes	No
5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?	☐	☒

6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years, which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary.

None