

Iowa Medicaid Clinical Advisory Committee (CAC) Public Comment Conflict of Interest Disclosure

The Iowa Medicaid Clinical Advisory Committee (CAC) and persons speaking or providing written comment to the Iowa Medicaid CAC are asked to disclose any financial or other affiliation with organizations that may have a direct or indirect interest in the business in front of the Committee. Those persons providing public comment at the CAC meetings are asked to disclose potential conflicts on this form. CAC members disclose potential conflicts each year on a separate form.

A financial interest may include, but is not limited to, being a shareholder in the organization, being on retainer with the organization, having research or honoraria paid by the organization, or receiving other forms of remuneration from an organization. An affiliation may include holding a position on an advisory committee or some other role or benefit to a supporting organization.

The existence of such financial relationships or affiliation does not necessarily constitute a conflict of interest and will not preclude an individual from participating or addressing the CAC. This policy is intended to openly identify any potential conflicts so that the CAC members and the public are able to form their own judgments.

Please indicate type of public comment

Verbal Comment

Written Comment

Please check the box of the statement that best applies.

Statement of No Conflicts

I do not have a current or recent (within the last 12 months) financial arrangement or affiliation with any organization that may have a direct interest in the business before the Iowa Medicaid CAC.

Disclosures

I do have a financial interest, affiliation or am employed by an organization that may have a direct interest in the business before the Iowa Medicaid CAC.

I refuse to state my affiliation(s)

Disclosure form submissions must be emailed to CAC@hhs.iowa.gov and received no later than one week prior to the meeting date.



Organization	Role/Relationship	Agenda Item(s)

Print Name

Signature

Date