

Employee Post-Travel Disclosure of Travel Expenses

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Post-Travel Filing Instructions: Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building.**

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Boston Medical Center

Private Sponsor(s) (list all):

Travel date(s): October 14, 2021

Name of accompanying family member (if any): N/A

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☒ Good Faith Estimate ☐ Actual Amount	\$200 for roundtrip airfare. \$60 for roundtrip cabs		Approximately \$15 for lunch	

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☐ Actual Amount	N/A	N/A	N/A	N/A

Provide a description of all meetings and events attended. *See Senate Rule 35.2(c)(6).* (Attach additional pages if necessary.): An itinerary is attached to this form that outlines all meetings and participants.

12/13/22
(Date)

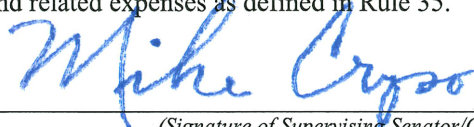
Gabe Brady
(Printed name of traveler)


(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

12/13
(Date)


(Signature of Supervising Senator/Officer)

Date/Time Stamp:

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics in SH-220**. Incomplete and late travel submissions will **not** be considered or approved. This form **must** be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

ETHIC OCT 4 21 PM 3:50
Original submission
9/14/21 @ 4:57 pm

Name of Traveler: Gable Brady

Employing Office/Committee: Senate Finance Committee

Private Sponsor(s) (list all): Boston Medical Center

Travel date(s): October 14, 2021

*Note: If you plan to extend the trip for any reason you **must** notify the Committee.*

Destination(s): Boston, MA

Explain how this trip is specifically connected to the traveler's official or representational duties:

I will be visiting Boston Medical Center to learn about how they have handled the COVID-19 pandemic and the telehealth advancements they have made. These are all issues that are under the jurisdiction of the Finance Committee and will help educate me on how our policy decision impact providers.

Name of accompanying family member (if any): N/A

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

10/14/21
(Date)

Gable Brady
(Signature of Employee)

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Mike Crapo hereby authorize Gable Brady
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

10/14/21
(Date)

Mike Crapo
(Signature of Supervising Senator/Officer)

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee **MUST** also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

1. Sponsor(s) of the trip (please list all sponsors): Boston Medical Center
2. Description of the trip: Gable will visit the hospital to tour clinics and meet with clinical and administrative leaders with a focus on our experience during COVID-19, telehealth, addiction, and social determinants.
3. Dates of travel: October 14, 2021
4. Place of travel: Boston, MA
5. Name and title of Senate invitees: Gable Brady, Health Policy Advisor, Senate Finance Minority Staff
6. I *certify* that the trip fits one of the following categories:
 - ☒ (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal **and** do not retain or employ registered lobbyists or agents of a foreign principal **and** no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.
 - OR -
 - ☐ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (*see question 9*).
7. ☒ I *certify* that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
 - AND -
 - ☒ I *certify* that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
8. I *certify* that:
 - ☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for *de minimis* lobbyist involvement.
 - AND -
 - ☒ The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (*see question 9*).

9. **USE ONLY IF YOU CHECKED QUESTION 6(B)**

I *certify* that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:

- ☐ (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and **one** overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip.

- OR -

- ☐ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and **two** overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip (*see questions 6 and 10*).

- OR -

- ☐ (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

10. **USE ONLY IF YOU CHECKED QUESTION 9(B)**

If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:

11. ☒ An itinerary for the trip is attached to this form. I *certify* that the attached itinerary is a detailed (hour-by-hour), complete, and final itinerary for the trip.

12. Briefly describe the role of each sponsor in organizing and conducting the trip:

This trip is solely sponsored by Boston Medical Center for the purpose of educating Gable Brady about the hospital's initiatives to address health care costs. Boston Medical Center organized and financed the entire trip.

13. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:

Roughly half of Boston Medical Center's patients are Medicaid members. Boston Medical Center has some innovative approaches to managing overall health care costs for Medicaid members. Medicaid oversight is in the jurisdiction of the Senate Finance Committee.

14. Briefly describe each sponsor's prior history of sponsoring congressional trips:

Boston Medical Center hosted Stuart Portman, Senior Health Policy Advisor for the Senate Finance Committee Minority staff, for a visit in May 2018.



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Date: Thursday, October 14, 2021

Guest: Gable Brady, Health Policy Advisor for U.S. Senate Finance Committee

Agenda:

Start	Stop	Topic	Attendees	Location
10:00	10:30	BMC Overview	CEO Kate Walsh	Talbot 1 st Floor Conf. Rm.
10:30	11:00	BMC's Experience through COVID-19	CMO Dr. Ravin Davidoff	
11:00	11:30	Telehealth	CMIO Dr. Rebecca Grochow Mishuris	
11:30	12:00	Grayken Center for Addiction	Dr. Miriam Komaromy, Medical Director	
12:00	12:30	Lunch (Break)		
12:45	1:15	Pharmacy walk-through and value of 340B	Associate CPO Sebastian Hamilton	Shapiro Pharmacy
1:20	2:00	Emergency Department walk-through	Dr. Jeff Schneider, DIO for Graduate Medical Education	ED Entrance
2:10	2:30	Food Pantry – Nutrition & Food Security	Latchman Hiralall, Manager	Yawkey Basement