

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jan	2. Surname (Last Name) Carney	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) M19-0035		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Jones & Bartlett Learning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>I receive royalties from textbooks: Carney, Jan K. 2006. Public Health in Action: Practicing in the Real World and Carney, Jan K. 2016. Controversies in Public Health and Health Policy, Jones &amp; Bartlett Learning, Burlington, Massachusetts, USA.</p> <p>I received travel reimbursement only (with no honorarium) for an educational presentation in fall 2016 entitled "Health and Wellness: Strategies to Improve Population Health and Reduce Costs," to the TIAA HRLX group, a consortium of senior human resource and benefits leaders.</p>

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Carney reports personal fees and other from Jones & Bartlett Learning, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jacob

2. Surname (Last Name)  
Quinton

3. Date  
20-August-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Renee Butkus

5. Manuscript Title  
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
Thomas

2. Surname (Last Name)  
Cooney

3. Date  
20-August-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hilary Daniel

5. Manuscript Title  
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)  
M19-0035

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Dr. Cooney has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mary

2. Surname (Last Name)

Wallace

3. Date

06-September-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Hilary Daniel

5. Manuscript Title

Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

19-0013

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Dr. Wallace has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Tracey

2. Surname (Last Name)  
Henry

3. Date  
20-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lee

2. Surname (Last Name)

Engel

3. Date

20-August-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M19-0035

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Engel has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sue	2. Surname (Last Name) Bornstein	3. Date 29-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bornstein has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Joshua

2. Surname (Last Name)  
Lenchus

3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)  
M19-0035

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

ADD

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Are there any relevant conflicts of interest?  Yes  No

ADD

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Generate Disclosure Statement

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hilary

2. Surname (Last Name)  
Daniel

3. Date  
28-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)  
M19-0035

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Daniel has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Heather

2. Surname (Last Name)  
Gantzer

3. Date  
08-October-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hilary Daniel

5. Manuscript Title  
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gantzer has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Fatima

2. Surname (Last Name)  
Syed

3. Date  
14-March-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Improving the Affordable Care Act's Insurance Coverage Provisions: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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My husband works for a health insurance company.

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### Section 6. Disclosure Statement

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Dr. Syed reports and My husband works for a health insurance company..

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Bridget	2. Surname (Last Name) McCandless	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ACP
5. Manuscript Title Reducing Firearm Injuries and Deaths in the United States: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M18-1530		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. McCandless has nothing to disclose.

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Molly	2. Surname (Last Name) Southworth	3. Date 08-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) M19-0035		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Southworth has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alexandria	2. Surname (Last Name) Valdrighi	3. Date 21-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title Reducing Firearm Injuries and Deaths in the United States: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it)		

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