## DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST AND DETERMINATION BY APPOINTING AUTHORITY AS REQUIRED BY G. L. c. 268A, § 6 RECEIVED

|       | NEVEL  | V Am had   |
|-------|--------|------------|
| STATE | FTHICS | COMMISSION |

| T.C=   | ATE CARLOVER WITCH  | STATE ETHICS COMMISSIO   |
|--|---|--|
|  | ATE EMPLOYEE INFORMATION nald G. Benham   | 2013 OCT 23 PM 3: 27   |
|  |   | [81] 001 20 111 0  |
| FOI POSITION.  | ector, Bureau of Family Health and Nutrition  |  |
| e Agency: Mas  | ssachusetts Department of Public Health   |  |
|  |   |  |
| ncy Address: 250   | Washington St.  |  |
| Bos  | ston, MA 02108  |  |
|  |   |  |
| ce Phone: 617  | ·-624-5901  |  |
|  | n.Benham@state.ma.us  |  |
| 1.01   |   |  |
| beca   | duties require me to participate in a particular r<br>ause of a financial interest that I am disclosing<br>appointing authority about how I should procee   | here. I request a determination from   |
|  | RTICULAR MATTER   |  |
| cular matter Plea  | se describe the particular matter.  |  |
| the Foods of the controversy, e, accusation, nination, or finding. | wife, Elaine O'Reilly, lobbies for the Massachus do not contract with them directly but with some Pediatric Palliative Care program. As the prograx years fewer hospice agencies are interested gram staff and I have sought a meeting with the Pagram of Directors to discuss future directions meeting for which I filed a Section 6 disclosure eration to encourage their member organization Id support or oppose other entities (home healt ative care providers and movement of the systelel. | e of their member agencies to operate ram has progressed over the past five in providing these and services. Experimentally services are Federation Director and the Head of for the program. Topics discussed at the included the level of interest at the instruction to contract with DPH, whether they the agencies from becoming pediatric. |
| of int<br>sugg<br>deen   | to my wife's involvement/participation in any of ceration leadership I am aware that it constitutes terest for myself. I have spoken with counsel from this request to my appointing autimed I can be fair and impartial and further to sufficient in which case I would be allowed to p  | s an appearance and potential conflict<br>com the Ethics Commission who<br>hority for review and signature if it is  |
| 1 00 1   | tionally, my wife represents an applicant to bed<br>not have any role in this matter within the Depa<br>elf from any meetings where this matter is disc   | artment of Public Health and will requise  |
| Depa   | ner, my wife also represents family planning pro<br>artment of Public Health. I do not have any rol<br>ublic Health and will recuse myself from any me  | le in this matter within the Department  |
| Depa   | artifient of Public Health. I do not have any rol   | le in this matter with   |

| Vour soguired  |  |
|--|--|
| Your required participation in the particular matter:                          | Please describe the task you are required to perform with respect to the particular matter. I believe I need to participate in these meeting as I have the historical perspective on the   |
| E.g., approval,  | program and feel I can participate in a fair and impartial manner. Further, I would require  |
| disapproval, decision, recommendation, rendering advice, investigation, other. | other staff to lead any discussion and reserve my role for providing background information  |
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|  | EINANCIAL INTEREST IN THE PARTY OF THE PARTY |
| Write an X by all  | FINANCIAL INTEREST IN THE PARTICULAR MATTER  |
| that apply.  | I have a financial interest in the matter.   |
|  | _x_ My immediate family member has a financial interest in the matter.   |
|  | My business partner has a financial interest in the matter.  |
|  | I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter.  |
|  | I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.  |
| Financial interest in the matter   | Please explain the financial interest and include a dollar amount if you know it.  |
| in the matter  | My wife, Elaine O'Reilly, lobbies for the Massachusetts Hospice Federation. There is no specific mention in her contact with the Federation of funding to support Pediatric Palliative Care advocacy. Her work with the Federation entails activities for all age groups and specific focus on hospice activities.   |
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|  |  |
| Employee signature:  | Fonald Grant Jevin   |
| Date:  | Fonald Grant Serl  |
|  |  |

## **DETERMINATION BY APPOINTING OFFICIAL**

|                                  | APPOINTING AUTHORITY INFORMATION |
|----------------------------------|----------------------------------|
| Name of Appointing<br>Authority: | Mass PPI+                        |
| Title or Position:               | Comissioner DPH                  |
| Agency/Department:               | MDPH                             |

| Agency Address:                        | 250 Washington ST   |
|--|---|
|  | Bushin , MA 12108   |
| 065 - 51                               | 1031M 1MA 82108   |
| Office Phone:                          | 617-624-5200  |
| Office E-mail                          | Chen bartat e State.ma.us   |
|  | DETERMINĂTION   |
| Determination by appointing authority: | As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.                        |
| Write an X                             | I am assigning the particular matter to another employee, or  |
| by your selection.                     | I am assuming responsibility for the particular matter, or  |
|  | I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee. |
| Appointing Authority signature:        | SiBulio   |
| Date:                                  | 10/21/13  |
| Comment:                               | no concern as of his date, employee will  |
|  | no concern as of his date, employee will report any omer activities to discluse possible conflict   |
|  |   |

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108

Form Revised February, 2012