



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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AND BUSINESS REGULATION

GARY D. ANDERSON
COMMISSIONER OF INSURANCE

November 18, 2019

Massachusetts State Ethics Commission
1 Ashburton Place, Room 619
Boston, MA 02108

Re: Disclosure Pursuant to M.G.L. c. 268A, § 23(b)(3)

Dear Sir or Madam:

Pursuant to the Massachusetts Ethics Laws I have filled out the State Ethics Commission form entitled "DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST AS REQUIRED BY G.L. C. 268A, § 23(b)(3)" and will abstain from any matters that may affect the organization listed in the form during the exercise of my official duties as the First Deputy Commissioner of the Division of Insurance.

If you have any questions about this matter, please feel free to contact me.

Sincerely yours,

Matthew Veno
First Deputy Commissioner

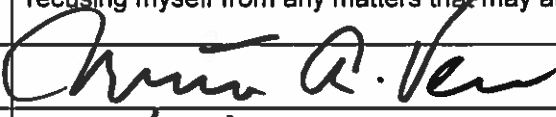
Enclosure

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**DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)**

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	Matthew Veno
Title or Position:	First Deputy Commissioner Division of Insurance
Agency/Department:	The Division of Insurance
Agency address:	1000 Washington Street Boston, MA 02118-6200
Office Phone:	617-521-7302
Office E-mail:	matthew.veno@mass.gov
	<p>In my capacity as a state, county or municipal employee, I am expected to take certain actions in the performance of my official duties. Under the circumstances, a reasonable person could conclude that a person or organization could unduly enjoy my favor or improperly influence me when I perform my official duties, or that I am likely to act or fail to act as a result of kinship, rank, position or undue influence of a party or person.</p> <p>I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.</p>
APPEARANCE OF FAVORITISM OR INFLUENCE	
Describe the issue that is coming before you for action or decision.	I have been informed by an employee of Partners HealthCare that they are interested in discussing an employment opportunity with me. At this time, I have not met to discuss the details of the proposed employment opportunity, but would like to do so in the near future. Pursuant to the State Ethics Commission's Advisory 15-1 "Avoiding Conflicts of Interests While Seeking a New Job and After Leaving Public Employment" I am notifying my appointing authority of this potential job opportunity and that I will abstain from any matters that involve Partners HealthCare as part of my official duties as First Deputy Commissioner of the Division of Insurance.
What responsibility do you have for taking action or making a decision?	Periodically I am involved with matters that may have a potential impact on the Massachusetts health care industry, recommendations that may have an impact on legislation that affects the health care industry in Massachusetts, and health care issues that come before the Division of Insurance on a day to day basis.
Explain your relationship or affiliation to the person or organization.	As the First Deputy Commissioner with the Massachusetts Division of Insurance I have official responsibilities that involve the day to day operations of the agency which regulates all forms of insurance in Massachusetts and could affect matters that involve Partners HealthCare.
How do your official actions or decision matter to the person or organization?	My official responsibilities as the First Deputy Commissioner of the Division of Insurance could matter to Partners HealthCare if I become engaged in an issue that would affect them.

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<p>Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.</p>	<p>My duties and responsibilities as First Deputy Commissioner that could have an impact on Partners HealthCare involve policy decisions that would have an impact on the health care industry in general, and I make recommendations which would be reviewed by a large group of people and do not have the ultimate decision making with the Division of Insurance.</p>
<p>If you cannot confirm this statement, you should recuse yourself.</p>	<p>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</p> <p><input checked="" type="checkbox"/> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.</p> <p>Based on M.G.L. c. 268A, § 6(a) and the State Ethics Commission's Advisory 15-1, I am recusing myself from any matters that may affect Partners HealthCare.</p>
<p>Employee signature:</p>	
<p>Date:</p>	<p>11/18/19</p>

Attach additional pages if necessary.

Not elected to your public position – file with your appointing authority.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.