



*The Commonwealth of Massachusetts  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, MA 02108*

CHARLIE BAKER  
Governor

MARYLOU SUDDERS  
Board Chair

KARYN POLITO  
Lieutenant Governor

LOUIS GUTIERREZ  
Executive Director

February 19, 2020

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

Re: Disclosure of Financial Interest and Determination by State Appointing Authority (Maria Joy Dawley)

Dear Sir or Madam:

Enclosed for filing please find a copy of a disclosure filed pursuant to Mass. Gen. Laws c. 268A, § 6 by Maria Joy Dawley and a determination by the appointing authority.

If you have any questions about this matter, please call me at 617-936-1034. Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Andrew R. Egan".


Andrew R. Egan  
General Counsel

cc: Maria Joy Dawley

2020 FEB 21 4:11:57 PM  
MASSACHUSETTS  
STATE ETHICS COMMISSION

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

	<b>STATE EMPLOYEE INFORMATION</b>
Name:	Maria Joy Dawley
Title or Position:	Please supply
State Agency:	Commonwealth Health Insurance Connector Authorities
Agency Address:	100 City Hall Plaza Suite PH Boston MA 02108
Office Phone:	617-933-3068
Office E-mail:	maria.h.joy@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	<b>PARTICULAR MATTER</b>
Particular matter  E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter.  My duties at the Health Connector involve working with the health insurance companies, whose products the Health Connector offers.
Your required participation in the particular matter:  E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter.  I am involved in developing and managing the annual process under which the Health Connector gives a "seal of approval" to health plans, so that the health plans can be sold through the Health Connector in the upcoming year.
	<b>FINANCIAL INTEREST IN THE PARTICULAR MATTER</b>
Write an X by all that apply.	<input checked="" type="checkbox"/> X_ I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> 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.

	I am interviewing for a position at one of the health plans, AllWays Health Partners.
Employee signature:	
Date:	2/14/20

### DETERMINATION BY APPOINTING OFFICIAL

	<b>APPOINTING AUTHORITY INFORMATION</b>
Name of Appointing Authority:	Louis Gutierrez
Title or Position:	Executive Director
Agency/Department:	Health Insurance Connector Authority
Agency Address:	100 City Hall Plaza Suite PH Boston, MA 02108
Office Phone:	617-933-3060
Office E-mail	Louis.gutierrez@state.ma.us
	<b>DETERMINATION</b>
Determination by appointing authority:  Write an X by your selection.	<p>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.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input checked="" type="checkbox"/> 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.</p>
Appointing Authority signature:	
Date:	2/18/20
Comment:	

Attach additional pages if necessary.

File copy with:

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

Form Revised February, 2012