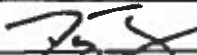




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STATE ETHICS COMMISSION

2021 APR -8 AM 11:06

DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07

STATE EMPLOYEE INFORMATION	
Name of state employee:	Dylan Tierney
Title/ Position:	Associate Medical Director
Agency/Department:	Bureau of Infectious Diseases and Laboratory Sciences Department of Public Health
Agency Address:	State Public Health Laboratory 305 South St Jamaica Plain MA 02130
Office phone:	617-983-6550
Office e-mail:	
<p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p>Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p>	
FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY	
PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.	
1) Service to a state agency	<p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>

2) Service to a provider or organization	<p><input type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
3) Service to a person or persons	<p><input checked="" type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p> <p>Department of Public Health Mass Health -</p>
Please describe the services you will provide.	<p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>As a physician at Brigham and Women's Hospital, I will provide medical care to patients with tuberculosis through the state-funded TB clinic. Patients may be members of Mass Health.</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>I will receive compensation of approximately \$5000 annually for medical care provided through the Brigham and Women's Hospital TB Clinic.</p>
Employee signature	
Date:	<p>3/22/21</p>
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<p>Kevin Cranston, Assistant Commissioner, DPH</p>
Office phone	<p>617-938-4014</p>
Office e-mail	<p>kevin.cranston@mass.gov</p>
Signature by appointing authority	<p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p> 
Date:	<p>3/29/21</p>

	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	Monica Sawhney MassHealth Chief of Staff
Office phone	617-573-1649
Office e-mail	monica.sawhney@mass.gov
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee. 
Date:	4-1-2021

Attach additional pages if necessary.

File with:

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