DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)1.

	NON-ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **non-elected** public employee:	Lauren Peters
Title/ Position	Executive Director
Agency/ Department	Center for Health Information and Analysis (CHIA)
Agency address:	501 Boylston Street, 5th Floor Boston, MA 02116
Office phone:	[redacted]
Office e-mail:	Lauren.peters@chiamass.gov
Write an X to confirm each statement.	I am filing this disclosure because: _x_ I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and _x__ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than $50.
	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE
Describe the activity which is the reason for traveling.	The meeting will convene state leaders from around the country to discuss innovative strategies to advance sustainable health care costs. Discissions will focus on ongoing state efforts to achieve their health care cost growth targets. States will share evidence and tools to build and refine cost growth benchmarking efforts.
Describe your participation in the activity.	I am attending the meeting to share with other state leaders the Massachusetts experience, learn from other states' approaches, and support the development of a policy memo to be produced by the Milbank Fund on best practices.
Date, time and location of activity.	Tuesday, February 13: 1:00 p.m. – 7:00 p.m. Wednesday, February 14: 8:00 a.m. – 8:00 p.m. Thursday, February 15: 7:30 a.m. – 11:00 a.m. Hyatt Centric Downtown Denver, 1776 Champa St., Denver, CO 80202
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Massachusetts has been a national leader in its efforts to bring the growth of its health care costs in line with the the state's economy through the development of a cost growth benchmarking process. The Commonwealth's process was established in 2012 through Chapter 224, which established CHIA and the HPC. Since then, a number of other states have pursued similar efforts to rein in health care spending through benchmarking processes. This forum presents an opportunity for the Commonwealth to better understand these efforts, what has worked well, and where there may be an opportunity to refine the state's existing approach.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Milbank Memorial Fund https://www.milbank.org/ Milbank Memorial Fund is an endowed operating foundation that engages in nonpartisan analysis, collaboration, and communication, with an emphasis on state health policy.
Address of person or organization.	Milbank Memorial Fund 645 Madison Avenue, 15th Floor New York, NY 10022 Contact: Gail Cambridge [redacted] cambridge@milbank.org
Provide information in as much detail as possible:	***Itemization and explanation of amounts offered:***
Transportation:	Air travel between Boston and Denver, CO: ~$204 Taxi to/from Denver International Airport/Downtown Centric Downtown: ~$60
Lodging:	Hyatt Centric Downtown Denver: ~$411.14 (inclusive of city, state and tourism tax)
Meals:	Provided
Admission:	N/A
Other (please list):	N/A
Total:	$735.14
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	Lisa B. Peters
Date:	12/18/2023

Attach additional pages if necessary.

Complete the disclosure and submit it to your appointing authority.

DETERMINATION BY APPOINTING AUTHORITY

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Maura Healey
Agency and Title/Position:	Governor
Agency address:	State House, Room 360, Boston, MA 02133
Office phone:	617-725-4005
Employee who filed the disclosure:	Lauren Peters
	DETERMINATION
To give approval, check <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find that: _X__ Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND __X_ Such public purpose outweighs any special non-work related benefit to the employee or the person providing the reimbursement, waiver or payment.
Reason that the employee's travel or attendance will serve a legitimate public purpose:	As stated in the disclosure.
Appointing Authority signature:	Maura T. Healey
Date:	1/5/24

Attach additional pages if necessary.

The appointing authority should maintain the disclosure as a public record and give a copy of any signed determination to the employee.