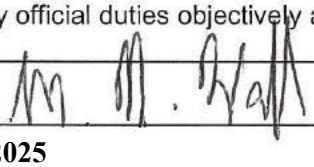
DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST
AS REQUIRED BY G. L. c. 268A, § 23(b)(3)

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Steve Walsh
Title or Position:	Member of Board of Commissioners of the Health Policy Commission
Agency/Department:	Health Policy Commission
Agency address:	50 Milk Street 8th Floor Boston, MA 02109
Office Phone:	[redacted]
Office E-mail:	[redacted]
	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. I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.
	APPEARANCE OF FAVORITISM OR INFLUENCE
Describe the issue that is coming before you for action or decision.	I have been appointed, in my personal capacity, to the Board of Commissioners of the Health Policy Commission (HPC) to fill the seat created by Chapter 343 of the Acts of 2024 for an individual with "demonstrated expertise in representing hospitals or hospital health systems." I am also the President and CEO of the Massachusetts Health & Hospital Association (MHA). Hospitals and provider organizations with business before the HPC pay dues to the MHA and MHA advocates on their behalf
What responsibility do you have for taking action or making a decision?	Board members of the HPC are responsible for, among other things, voting on reports and publications issued by the HPC including the HPC's annual cost trends report, monitoring health care spending trends and the health care marketplace, setting the statewide cost-growth benchmark, overseeing HPC regulations, requiring and overseeing performance improvement plans, commenting on Determination of Need ("DoN") applications, reviewing notices of material change, and conducting cost & market impact reviews.
	As a Board member, I will be fully subject to the confidentiality provisions of G. L. c. 6D, § 2A as well as all confidentiality policies of the HPC, which preclude disclosure of nonpublic information received or created by HPC or the use of nonpublic information outside of HPC business. I will also be subject to the HPC's written information security plan.

Explain your relationship or affiliation to the person or organization.	See above.
How do your official actions or decision matter to the person or organization?	In general, hospitals and provider organizations represented by MHA are regulated by the HPC as follows: • Required to submit Notices of Material Change for certain transactions which may require a cost and market impact review under G. L. c. 6D, § 13 • Subject to annual review of spending performance and potential requirement of a Performance Improvement Plan under G. L. c. 6D, § 10 • Required to register and submit required information to the Registration of Provider Organization Program under G. L. c. 6D, §§, 11,12 • Required to testify under oath at annual Cost Trend Hearing under G. L. c. 6D, §8 • Required to pay an annual assessment to support operations of the HPC under c.6D, § 6
Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	As President and CEO of MHA, I will be internally walled off from MHA matters that are expected to come before the HPC for final approval. In addition, in performing my role as a member of the Board of Commissioners of the HPC, I will recuse from: (i) matters regarding notices of material change submitted by MHA members; (ii) matters regarding DoN applications submitted to the Department of Public Health by MHA members; and (iii) matters regarding Performance Improvement Plans for MHA members. I will also work with the HPC's General Counsel on an ongoing basis to determine whether any additional modifications are advisable in the future related to competitively sensitive information or otherwise.
If you cannot confirm this statement, you should recuse yourself.	**WRITE AN X TO CONFIRM THE STATEMENT BELOW.** _X__ Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.
Employee signature:	
Date:	**7/25/2025**

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.