



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

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Family Health Administration

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CCSC HOM #10-41

MEMORANDUM

Date: November 22, 2010

To: Health Officers
CRF and Colorectal Cancer Coordinators
SAHC CRF Coordinators

From: Kelly Sage, Acting Director
Center for Cancer Surveillance and Control

Re: **Appointee Exemption Disclosure Form Guidance and Examples for Local
Cancer Prevention Education and Treatment Programs**

Attachment 1 is guidance from Mr. Robert Hahn, Executive Director of the State Ethics Commission, to help answer questions from CRF program Community Health Coalitions (CHCs) about the State Ethics Commission Appointee Exemption Disclosure Form and its completion. Additionally we have provided examples of completed forms to help guide local CHC members (Attachment 2).

We recommend that local CHCs annually review their CHC membership and confirm that they have Appointee Exemption Disclosure Forms on the members.

If questions remain regarding the use of the Appointee Exemption Disclosure and forms, please contact Mr. Robert Hahn, Executive Director, State Ethics Commission at 410-260-7770, toll free 1-877-669-6085 or rhahn@gov.state.md.us with specific questions.

Attachments

cc: Russell Moy, M.D., M.P.H.
Donna Gugel
Diane Dwyer, M.D.



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Assistant General Counsel
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Date: November 22, 2010

To: Appointees/Members of the Local Community Health Coalitions and Local Health Department
Cigarette Restitution Fund Program Grantees

From: Robert Hahn, Executive Director
State Ethics Commission
State of Maryland

Subject: **Completion of the Appointee Exemption Disclosure Form by Appointees/Members of the
Local Community Health Coalitions**

Maintaining a local Community Health Coalition (CHC) is a prerequisite for local jurisdictions/academic centers to receive Cigarette Restitution Fund (CRF) Program funding for cancer prevention efforts in Maryland.

Local CHC members and local health department staff continue to have questions regarding the use of the Appointee Exemption Disclosure Form. Therefore, the State Ethics Commission is providing the following guidance for completing the Appointee Exemption Disclosure Form by appointees and/or members of Local CHCs.

Background and Rationale

- Ethics law prohibits a state official or employee from having a financial interest in or employment with an entity that contracts or receives funds from the state. A financial interest is defined as \$1000 or more.
- Ethics law allows a person who has a financial interest and/or employment to be appointed to a board, commission, or similar body provided that the person declares the financial interest and/or employment on the State Ethics Commission's Appointee Exemption Disclosure Form.
- The Appointee Exemption Disclosure Form is to be used by individuals who are appointed to Executive Branch boards, commissions, and similar bodies that are within the jurisdiction of the State Ethics Law.
- A financial interest and/or employment may relate to the individual or to a relative of the individual (e.g. spouse, child, relative, etc.)
- The definition of "Interest to be Exempted" is the amount of the individual's (or family member's) ownership in the business interest that the individual is disclosing as a potential conflict. Note: There is no "ownership" of a not-for-profit organization. If the individual works for a not-for-profit the person will request an exemption for Employment, but not for Interest.

Guidance for Completing the Appointee Exemption Disclosure Form for Members/Appointees of Local Health Department CHCs under the funding from the CRF:

1. The State Ethics Commission considers that CHCs are “similar bodies” under the law and CHC members shall use the Appointee Exemption Disclosure Form to disclose any possible conflict of interest that they may have.
2. A CHC appointee/member may have an interest or employment conflict(s) with funding decisions of the CRF Program. The person who is appointed to the CHC with an exemption after disclosing employment and/or interest should not have input into decisions affecting the CRF Program funding in situations where a conflict of financial interest exists. The person with conflict may either recuse him/herself from decisions or not participate in decisions regarding this funding.
3. A Coalition appointee/member who is both an employee of an entity that could receive CRF funds and has ownership or part ownership of a business/organization that could receive CRF funds needs to complete *PART 2* as both “X Interest to be Exempted” and/or “X Employment to be Exempted”.
4. An individual who receives notices of the Coalition’s activities, such as an individual who is only on a mailing list and does not participate in any decision making regarding Coalition activities and is not considered a Coalition appointee/member, is not required to complete the Appointee Exemption Disclosure form.
5. The Appointee Exemption Disclosure Form should be completed and signed when an individual is appointed or becomes a member of the CHC.
6. The appointing authority for the CHC should review the Appointee Exemption Disclosure Form and be aware of the disclosure.
7. One completed copy of the Appointee Exemption Disclosure Forms should be filed with the appointing authority (i.e., Health Officer for Local Health Departments and Program Director for academic center and/or his/her designee). They should be available for review at program audits, and DHMH CRF Program site visits.
8. A second completed Appointee Exemption Disclosure Forms should be mailed or faxed to:

Robert Hahn, Executive Director
State Ethics Commission
45 Calvert Street, 3rd Floor
Annapolis, MD 21401
FAX: 410-260-7747
9. The Appointee Exemption Disclosure Form should be completed at the time of each appointment to the CHC.

If questions remain regarding the use of the Appointee Exemption Disclosure and forms, please contact Robert Hahn, Executive Director, State Ethics Commission at 410-260-7770, or toll free 1-877-669-6085 or rhahn@gov.state.md.us with specific questions.

Attachment 2.

Examples of Appointee Disclosure Exemption Forms for Local Cigarette Restitution Fund (CRF) Programs

Three “real life” situations with examples are provided below to help guide the CRF programs and their Community Health Coalition members in completing the State Ethics Commission Appointee Disclosure Exemption Forms.

1. When a coalition appointee and/or member **does not or does not plan** to receive any CRF Program funds. Examples include:
 - Member of the community who is a cancer survivor with no financial interest regarding coalition activities;
 - Nursing Student College professor who wants to learn what is going on in his/her community to share with nursing students; or
 - Parish Nurse who needs to know about health care services available in his/her community to share with members of the church

Guidance: Complete the Appointee Exemption Disclosure Form as follows:

- a. *PART 1, Full name, home address and Board/Commission name (Use [_____]County Community Health Coalition)*
- b. *PART 2, Exemption Requested Check “No”; skip to PART 3.*
- c. *PART 3, Appointee: Print name of coalition member completing this form; provide appointee’s signature and date signed.*

See attached Example A of a completed Form.

2. When a coalition appointee’s and/or member’s employer receives **or expects to receive** CRF Program funds. Examples include:
 - Program manager, case manager, or outreach worker employed by the local health department cancer program;
 - Health Educator employed by a not-for-profit Community Based Organization (CBO) that provides education and/or outreach for the CRF Program through a contract between the CRF Program and the CBO (e.g., staff member employed by the American Cancer Society); or
 - Employee of a hospital or out patient clinic that does not currently but might in the future provide contractual services to program clients (e.g., lung cancer screening radiology technician).

Guidance: Complete the Appointee Exemption Disclosure Form as follows:

- d. *PART 1, Full name, home address and Board/Commission name (Use [_____]County Community Health Coalition)*
- e. *PART 2, Exemption Requested. Check “Yes” as is applicable*
- f. *PART 2, I request exemption for: Interest and/or Check Employment*
- g. *PART 2, Enter*
 - i. Name of Entity (Business or Organization),
 - ii. Address of Entity,

- iii. Employment to be exempted including Appointee's Position/Job Title and
 - iv. Indicate reason(s) why the employment would be/might be in conflict of interest...
- h. *PART 3, Appointee: Print name of coalition member completing this form; provide appointee's signature and date signed.*

See attached Example B of a completed Form.

3. When a coalition appointee who has an ownership interest in an entity that **receives or expects to receive** CRF Program funds. Examples include:
- Physician contracted or potentially contracted by the local program to provide clinical services for program clients;
 - Local caterer that provides or could provide food services for the CHC meetings; or
 - Consultant that provides or could provide cancer awareness education and outreach to local residents via a contract with the CRF Program

Guidance: Complete the Appointee Exemption Disclosure Form:

- i. *Part 1, Full name, home address and [_____]County Community Health Coalition*
- j. *PART 2, Exemption Requested "Yes" as is applicable*
- k. *PART 2, I request exemption for:*
 - Interest** and/or **Employment** (if only Interest)
 - Interest** and/or **Employment** (if both Interest and Employment)
- l. *PART 2, Enter*
 - i. Name of Entity (Business or Organization),
 - ii. Address of Entity,
 - iii. Interest to be Exempted *including* the Current Value of the Entity or the Current Value of the percentage of ownership in the Entity, and
 - iv. Indicate reason(s) why the Interest and/or Employment would be in conflict of interest.
- m. *PART 3, Appointee: Print name of coalition member completing this form; provide appointee's signature and date signed.*

See attached Example C of a completed Form.

APPOINTEE EXEMPTION DISCLOSURE FORM – Example A

PART 1:	
NAME:	Joseph Citizen
ADDRESS:	123 West Street, Apt. 10 Baltimore, Maryland 20201
BOARD/COMMISSION NAME:	Baltimore City Community Health Coalition
PART 2:	
Please Check Item(s):	Exemption Requested: <input checked="" type="checkbox"/> No (If no, check box and skip to Part 3, Signature)
	<input type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
	I request exemption for: <input type="checkbox"/> Interest and/or <input type="checkbox"/> Employment
Name of Entity:	
Address of Entity:	
Interest to be Exempted:	Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000 or More
Employment to be Exempted:	Your Position/Job Title:
Indicated below the reasons why the interest/employment would be in conflict of interest at the time of appointment, or the reasons why past transactions indicate that future similar transactions would cause a conflict of interest if appointed without the exemption. For example, is the entity in which the interest is held regulated by the agency /department in which you would be serving, or does it sell goods and services to these agencies? For more information regarding the kinds of relationships that may cause a conflict of interest, consult §15-502 of the Maryland Public Ethics Law, State Government Article, Annotated Code of Maryland. You may also contact the State Ethics Commission for additional information at 410-260-7770.	
PART 3:	
Appointee: Joseph Citizen	Signature: Joseph Citizen Date: 10-21-2010

APPOINTEE EXEMPTION DISCLOSURE FORM – Example B

PART 1:	
NAME:	Ann Teacher
ADDRESS:	456 Market Street, Frederick, Maryland 20202
BOARD/COMMISSION NAME:	Frederick County Community Health Coalition
PART 2:	
Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature) <input checked="" type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
	I request exemption for: <input type="checkbox"/> Interest and/or <input checked="" type="checkbox"/> Employment
Name of Entity:	American Cancer Society
Address of Entity:	123 West Street, Frederick, Maryland 20210
Interest to be Exempted:	Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000 or More
Employment to be Exempted:	Your Position/Job Title: Regional Representative of the American Cancer Society
<p>Indicated below the reasons why the interest/employment would be in conflict of interest at the time of appointment, or the reasons why past transactions indicate that future similar transactions would cause a conflict of interest if appointed without the exemption. For example, is the entity in which the interest is held regulated by the agency /department in which you would be serving, or does it sell goods and services to these agencies? For more information regarding the kinds of relationships that may cause a conflict of interest, consult §15-502 of the Maryland Public Ethics Law, State Government Article, Annotated Code of Maryland. You may also contact the State Ethics Commission for additional information at 410-260-7770.</p> <p>My salary is funded by the American Cancer Society, a not-for-profit that receives CRF funds to facilitate the Frederick County Community Health Coalition meetings. I work to perform community education and to facilitate the CHC by setting up meetings, preparing the agenda, keeping a membership roster, and preparing minutes of meetings.</p>	
PART 3:	
Appointee: Ann Teacher	Signature: Ann Teacher Date: 10-21-2010

APPOINTEE EXEMPTION DISCLOSURE FORM – Example C

PART 1:	
NAME:	Lorraine Screener, MD
ADDRESS:	123 Mystreet
	Easton, Maryland 20250
BOARD/COMMISSION NAME:	Talbot County Community Health Coalition
PART 2:	
Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature)
	<input checked="" type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
	I request exemption for: <input checked="" type="checkbox"/> Interest and/or <input checked="" type="checkbox"/> Employment
Name of Entity:	Screener and Associates, Gastroenterology Services, LLC
Address of Entity:	201 Colon Way, Easton, Maryland 20250
Interest to be Exempted:	Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input checked="" type="checkbox"/> \$10,000 or More
Employment to be Exempted:	Your Position/Job Title: Gastroenterologist employed by the practice.
Indicated below the reasons why the interest/employment would be in conflict of interest at the time of appointment, or the reasons why past transactions indicate that future similar transactions would cause a conflict of interest if appointed without the exemption. For example, is the entity in which the interest is held regulated by the agency /department in which you would be serving, or does it sell goods and services to these agencies? For more information regarding the kinds of relationships that may cause a conflict of interest, consult §15-502 of the Maryland Public Ethics Law, State Government Article, Annotated Code of Maryland. You may also contact the State Ethics Commission for additional information at 410-260-7770.	
I have 50% ownership in Screener and Associates, Gastroenterology Services, LLC. I am employed by the practice. My salary is partially funded through screening services we provide to the Talbot County CRF Cancer Program.	
PART 3:	
Appointee: Lorraine Screener, MD	Signature: Lorraine Screener, MD Date: 10-21-2010