

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

	PUBLIC EMPLOYEE INFORMATION
Name of public employee:	Vanna Howard
Title or Position:	State Senator
Agency/Department:	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 109-E Boston, MA 02133
Office Phone:	617-722-1630
Office E-mail:	Vanna.Howard@masenate.gov
	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.	There is currently no issue before me, but I am the parent of an adult daughter who receives secondary insurance coverage through MassHealth in addition to her private health insurance. During the remainder of the 2025-26 legislative session, the Senate may consider general legislation and other matters affecting the interests of MassHealth, including, but not limited to, the fiscal year 2027 budget, any amendments thereto, or any related appropriation bills.
What responsibility do you have for taking action or making a decision?	As a member of the Senate, I may review, consider, publicly comment on, vote on, and take other actions on legislation and other matters in which MassHealth may have an interest, including, but not limited to, the fiscal year 2027 budget, any amendments thereto, or any related appropriation bills.
Explain your relationship or affiliation to the person or organization.	My daughter receives secondary insurance coverage through MassHealth.
How do your official actions or decision matter to the person or organization?	MassHealth may have an interest in general legislation on which I may be called to vote or otherwise participate in, including, but not limited to, the fiscal year 2027 budget, any amendments thereto, or any related appropriation bills.

Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.	No current conflict of interest exists, and I am submitting this disclosure out of an abundance of caution.
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:	Vanna Howard
Date:	May 18, 2026

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.