



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Wed, Nov 4, 2020 at 2:19 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 11/4/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kenneth A. Samet**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [10980 Grantchester Way, Columbia, MD 21044](#)**HOSPITAL NAME:** Medstar Good Samaritan Hospital**HOSPITAL ADDRESS:** [5601 Loch Raven Boulevard, Baltimore, MD 21239](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Luminex Corporation**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12212 Technology Boulevard, Suite 130, Austin, TX 78727](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** a biotechnology company with application in life-sciences**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Mr. Samet serves on the Luminex Board of Directors**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** MedStar Good Samaritan Hospital purchases goods and services from Luminex Corporation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$157,000**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Kenneth A. Samet



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Tue, Nov 10, 2020 at 11:50 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 11/11/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kathleen Wisser, Ph.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [4701 North Charles Street, Baltimore, MD](#)**HOSPITAL NAME:** Medstar Good Samaritan Hospital**HOSPITAL ADDRESS:** [5601 Loch Raven Boulevard, Baltimore, MD 21239](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Notre Dame of Maryland University**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [4701 North Charles Street, Baltimore, MD 21210](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Private University**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Dean, School of Nursing**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** MedStar Good Samaritan Hospital paid tuition fee reimbursements to Notre Dame of Maryland University**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$150,750**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Kathleen Wisser, Ph.D.



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Tue, Nov 10, 2020 at 11:50 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 11/11/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kathleen Wisser, Ph.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [4701 North Charles Street, Baltimore, MD](#)**HOSPITAL NAME:** Medstar Good Samaritan Hospital**HOSPITAL ADDRESS:** [5601 Loch Raven Boulevard, Baltimore, MD 21239](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Notre Dame of Maryland University**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [4701 North Charles Street, Baltimore, MD 21210](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Private University**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Dean, School of Nursing**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** MedStar Good Samaritan Hospital paid tuition fee reimbursements to Notre Dame of Maryland University**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$150,750**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Kathleen Wisser, Ph.D.



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Thu, Nov 12, 2020 at 10:48 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 11/12/2020**PERIOD COVERED: FROM:** 7/1/2019 **TO:** 6/30/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Luis F. Gimenez, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [5601 Loch Raven Blvd](#), 3 North, Baltimore MD 21239**HOSPITAL NAME:** Medstar Good Samaritan Hospital**HOSPITAL ADDRESS:** [5601 Loch Raven Boulevard,](#), Baltimore MD 21239**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Nephrology Center of Maryland**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [5601 Loch Raven Boulevard](#), 3 North, Baltimore MD 21239**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Professional health Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Physician**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medstar Good Samaritan Hospital paid Dr Gimenez to serve as Medical Director of Inpatient Hemodialysis**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$24,375.03**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Luis F. Gimenez, M.D.



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Fri, Nov 13, 2020 at 12:05 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 11/13/2020

**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Daniel P Cahill

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 10830 Gilroy Road

**HOSPITAL NAME:** Medstar Good Samaritan Hospital

**HOSPITAL ADDRESS:** 5601 Loch Raven Boulevard

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** WebbMason Marketing

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 10830 Gilroy Road

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Marketing and Communications Firm

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Senior Vice President, Director

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medstar Good Samaritan Hospital purchased printing services from WebbMason Marketing

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$126,045.58

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Daniel P Cahill