



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:46 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Community Physicians, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [3100 Wyman Park Dr., Baltimore, MD 21211](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee, Chair**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:** Physician, clinical, and administrative services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$10,427,159.00**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:** Kevin Sowers



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:44 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Johns Hopkins Hospital**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [600 N. Wolfe St., Baltimore, MD 21287](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Non-profit hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee, Second Corporate Vice Chair**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:** Hospital services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,385,533.00**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:** Kevin Sowers



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:38 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Johns Hopkins Health System Corporation**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [600 N. Wolfe St., Baltimore, MD 21287](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President**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:**  
Administrative and supporting services and fund transfers**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$26,110,833.00**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:** Kevin Sowers



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:48 AM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**HOSPITAL NAME:** Suburban Hospital

**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Employer Health Programs, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7231 Parkway Dr., Ste. 100, Hanover, MD 21076](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health plans / health care

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

**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:** Employee insurance coverage payments and related transactions

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$14,212,651.00

**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:** Kevin Sowers



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:50 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins HealthCare LLC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7231 Parkway Dr., Ste. 100, Hanover, MD 21076](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health plans / health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Director, Vice Chair**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:** Population health, clinical and administrative services and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$134,799.00**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:** Kevin Sowers



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:52 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Medical Management Corporation**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2330 W. Joppa Rd., Ste. 320](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Temporary staffing services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Director, Chair**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:** Support services and facilities services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$138,028.00**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:** Kevin Sowers



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:53 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sibley Memorial Hospital**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2522 Loughboro Rd, NW, Washington, DC 20016](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Non-profit hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee, Corporate Vice Chair**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:** Hospital services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$288,683.00**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:** Kevin Sowers



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:56 AM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jessica Thompson Melton, MHA

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**HOSPITAL NAME:** Suburban Hospital

**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Suburban Hospital Healthcare System, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee

**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:**

Administrative services and related transactions

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$659,910.00

**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:** Jessica Melton





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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:54 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin W. Sowers, MSN, RN, FAAN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Suburban Hospital Healthcare System, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee, Chair, Corporate Vice Chair**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:**  
Administrative services and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$659,910.00**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:** Kevin Sowers



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:57 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** LeighAnn Sidone, R.N.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Suburban Hospital Healthcare System, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** VP, Nursing & CNO**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:**  
Administrative services and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$659,910.00**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:** LeighAnn Sidone



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 11:03 AM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Peter B. Mancino

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**HOSPITAL NAME:** Suburban Hospital

**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Johns Hopkins Hospital

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [600 N. Wolfe St., Baltimore, MD 21287](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Non-profit hospital

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Secretary

**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:** Hospital services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,385,533.00

**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:** Peter Mancino



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

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Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 11:05 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Peter B. Mancino**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Employer Health Programs, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7231 Parkway Dr., Ste. 100, Hanover, MD 21076](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health plans / health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Assistant Secretary**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:** Employee insurance coverage payments and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$14,212,651.00**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:** Peter Mancino



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

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Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 11:02 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Peter B. Mancino**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Johns Hopkins Health System Corporation**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [600 N. Wolfe St., Baltimore, MD 21287](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** VP,  
Corporate Compliance & Secretary**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:**  
Administrative and supporting services and fund transfers**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$26,110,833.00**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:** Peter Mancino



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 11:08 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Peter B. Mancino**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Medical Management Corporation**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2300 W Joppa Rd., Ste. 320, Lutherville, MD 21093](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Temporary staffing services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 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:** Support services and facilities services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$138,028.00**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:** Peter Mancino



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 11:06 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Peter B. Mancino**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins HealthCare LLC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7231 Parkway Dr., Ste. 100, Hanover, MD 21076](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health plans / health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Assistant Secretary**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:** Population health, clinical and administrative services and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$134,799.00**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:** Peter Mancino



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 11:10 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Peter B. Mancino**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Community Physicians, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Assistant Secretary**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:** Physician, clinical, and administrative services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$10,427,159.00**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:** Peter Mancino





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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 11:09 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Peter B. Mancino**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Suburban Hospital Healthcare System, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Secretary**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:**  
Administrative services and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$659,910.00**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:** Peter Mancino



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:38 AM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Carolyn Carpenter, MHA, FACHE

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**HOSPITAL NAME:** Suburban Hospital

**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Johns Hopkins Health System Corporation

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [600 N. Wolfe St., Baltimore, MD 21287](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President of the National Capital Region for JHHS

**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:**  
Administrative and supporting services and fund transfers

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$26,110,833.00

**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:** Carolyn Carpenter



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:50 AM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jonathan E. Efron, M.D.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**HOSPITAL NAME:** Suburban Hospital

**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Community Physicians, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [3100 Wyman Park Dr., Baltimore, MD 21211](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee

**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:** Physician, clinical, and administrative services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$10,427,159.00

**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:** Jonathan Efron



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:43 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Carolyn Carpenter, MHA, FACHE**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Suburban Hospital Healthcare System, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee, Vice Chair, President**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:**  
Administrative services and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$659,910.00**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:** Carolyn Carpenter



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:52 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jonathan E. Efron, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Employer Health Programs, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7231 Parkway Dr., Ste. 100, Hanover, MD 21076](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health plans / health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 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:** Employee insurance coverage payments and related transactions**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$14,212,651.00**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:** Jonathan Efron



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:56 AM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jonathan E. Efron, M.D.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**HOSPITAL NAME:** Suburban Hospital

**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins HealthCare LLC

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7231 Parkway Dr., Ste. 100, Hanover, MD 21076](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health plans / health care

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 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:** Population health, clinical and administrative services and related transactions

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$134,799.00

**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:** Jonathan Efron



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:41 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Carolyn Carpenter, MHA, FACHE**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sibley Memorial Hospital**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [5255 Loughboro Rd, NW, Washington, Dc 20016](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Non-profit hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Trustee, President of the National Capital Region for JHHS**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:** Hospital services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$288,683.00**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:** Carolyn Carpenter



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

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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:57 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jonathan E. Efron, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Johns Hopkins University**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Education / health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Employee**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:** Educational and clinical services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$6,380,034.00**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:** Jonathan Efron





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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 9:58 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jonathan E. Efron, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Johns Hopkins Medical Management Corporation**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2330 W. Joppa Rd., Ste. 320, Lutherville, MD 21093](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Temporary staffing services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 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:** Support services and facilities services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$138,028.00**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:** Jonathan Efron



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:04 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Barton Leonard, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Johns Hopkins University**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [3400 N. Charles St., Baltimore, MD 21218](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Education / health care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Employee**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:** Educational and clinical services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$6,380,034.00**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:** Barton Leonard



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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Wed, Oct 19, 2022 at 10:05 AM

**DATE OF STATEMENT:** 10/19/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Barton Leonard, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**HOSPITAL NAME:** Suburban Hospital**HOSPITAL ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Bethesda Emergency Associates**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [8600 Old Georgetown Rd., Bethesda, MD 20814](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Emergency clinical care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Member**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:** Emergency clinical care services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$288,326.00**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:** Barton Leonard