



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

# 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, Dec 20, 2023 at 1:45 PM

**DATE OF STATEMENT:** 12/20/2023

**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Redonda G. Miller, M.D.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1800 Orleans St., Baltimore, MD 21287](#)

**HOSPITAL NAME:** Johns Hopkins Hospital

**HOSPITAL ADDRESS:** [1800 Orleans St., Baltimore, MD 21287](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Gilchrist Hospice

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11311 McCormick Rd., Ste. 350, Hunt Valley, MD 21031](#)

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

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

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$32,500.00

**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:** Redonda G. Miller, M.D.



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1 message

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

Wed, Dec 20, 2023 at 1:47 PM

**DATE OF STATEMENT:** 12/20/2023

**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Redonda G. Miller, M.D.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1800 Orleans St., Baltimore, MD 21287](#)

**HOSPITAL NAME:** Johns Hopkins Hospital

**HOSPITAL ADDRESS:** [1800 Orleans St., Baltimore, MD 21287](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** AmerisourceBergen Corporation

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1 W 1st Ave., Conshohocken, PA 19428](#)

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

**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:**  
Pharmaceuticals

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$5,184,999.67

**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:** Redonda G. Miller, M.D.