



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>

Mon, Nov 17, 2025 at 9:17 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/31/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** MARY C. DIBARTOLO, PHD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** P.O. BOX 2195, SALISBURY, MD 21802-2195**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** [100 E CARROLL STREET, SALISBURY, MD 21801](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** SALISBURY UNIVERSITY**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1101 CAMDEN AVENUE, SALISBURY, MD 21801](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** EDUCATION**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** UNIVERSITY NURSING PROFESSOR**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:** BOARD OF TRUSTEES**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$34,797**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:** MARY C. DIBARTOLO, PHD



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DATE OF STATEMENT: 10/31/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** MARY C. DIBARTOLO, PHD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** PO BOX 2195, SALISBURY, MD 21802-2195**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** [100 E CARROLL STREET, SALISBURY, MD 21801](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** SALISBURY UNIVERSITY FOUNDATION**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1120 CAMDEN AVENUE, SALISBURY, MD 21801](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** EDUCATION**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** UNIVERSITY NURSING PROFESSOR**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:** BOARD OF TRUSTEES**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$21,330**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:** MARY C DIBARTOLO



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

Tue, Nov 18, 2025 at 1:03 PM

DATE OF STATEMENT: 10/31/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** RONDALL E. ALLEN**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 11868 COLLEGE BACKBONE ROAD, PRINCESS ANNE, MD 21853**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** 100 E CARROLL STREET, SALISBURY, MD 21801**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** UNIVERSITY OF MARYLAND EASTERN SHORE**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 11868 ACADEMIC OVAL, J.T. WILLIAMS HALL, SUITE 3111, PRINCESS ANNE, MD 21853**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** EDUCATION**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** PROVOST & VICE PRESIDENT FOR ACADEMIC AFFAIRS, UMES**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:** BOARD OF TRUSTEES**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$48,373**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:** RONDALL E. ALLEN



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

Thu, Nov 20, 2025 at 9:01 AM

DATE OF STATEMENT: 10/31/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** MICHAEL MURPHY, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 100 EAST CARROLL STREET, SALISBURY, MD 21801**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** 100 EAST CARROLL STREET, SALISBURY, MD 21801**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** EMERGENCY SERVICES, P.A.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 1675 WOODBROOKE DRIVE, SALISBURY, MD 21804**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** PHYSICIAN**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:** BOARD OF TRUSTEES**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,561,807**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:** MICHAEL MURPHY, M.D.



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

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

Thu, Nov 20, 2025 at 9:02 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/31/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** MICHAEL MURPHY, M.D.**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 100 EAST CARROLL STREET, SALISBURY, MD 21801**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** 100 EAST CARROLL STREET, SALISBURY, MD 21801**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** TIDALHEALTH PENINSULA REGIONAL**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 100 EAST CARROLL STREET, SALISBURY, MD 21801**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** PHYSICIAN**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:** PRESIDENT MEDICAL STAFF, TIDALHEALTH PENINSULA REGIONAL**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$323,473**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:** MICHAEL MURPHY, M.D.