



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

Tue, Oct 1, 2019 at 10:17 AM

DATE OF STATEMENT: 10/1/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Stacey Brull

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [301 Saint Paul Place, Baltimore, MD 21202](#)

HOSPITAL NAME: Mercy Medical Center

HOSPITAL ADDRESS: [301 Saint Paul Place, Baltimore, MD 21202](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Mercy Medical Center

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [301 Saint Paul Place, Baltimore, MD 21202](#)

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: Sr. Director Education/Research, Technology, Magnet and Acting 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: Employment Compensation

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$205,002

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: Stacey Brull

COMPLETED BY: Stacey Brull, sbrull@mdmercy.com, 4103324422



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

Thu, Sep 19, 2019 at 3:17 PM

DATE OF STATEMENT: 9/19/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Justin C. Deibel

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [301 Saint Paul Place, Baltimore, MD 21202](#)

HOSPITAL NAME: Mercy Medical Center

HOSPITAL ADDRESS: 301 Saint Paul Place, Baltimore, MD 21202

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Mercy Medical Center

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [301 Saint Paul Place, Baltimore, MD 21202](#)

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

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Sr. Vice President, Finance and Chief Financial Officer

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: Employment Compensation

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 807290

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: Justin C. Deibel

COMPLETED BY: Justin Deibel, jdeibel@mdmercy.com, 410-659-2905



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

Fri, Oct 25, 2019 at 8:41 AM

DATE OF STATEMENT: 10/25/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Wilma A S Rowe, MD

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [301 St Paul Place, Baltimore, MD 21202](#)

HOSPITAL NAME: Mercy Medical Center

HOSPITAL ADDRESS: [301 St Paul Place, Baltimore, MD 21202](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Mercy Medical Center

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [301 St Paul Place, Baltimore, MD 21202](#)

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: Vice President Medical Affairs, Mercy Health Services and Chief Medical Officer, Mercy Medical Center

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: Employment compensation

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Salary 07/01/2018-06/30/2019: \$804,341

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: Wilma Rowe

COMPLETED BY: Wilma Rowe, wrowe@mdmercy.com, 410.332.9070



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

Tue, Sep 17, 2019 at 4:05 PM

DATE OF STATEMENT: 9/17/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Rev. Thomas R. Malia

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [301 St. Paul Place, Baltimore, MD 21202](#)

HOSPITAL NAME: Mercy Medical Center

HOSPITAL ADDRESS: [301 St. Paul Place, Baltimore, MD 21202](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Mercy Medical Center

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [301 St. Paul Place, Baltimore, MD 21202](#)

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 to the President for Mission

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:
Compensation for Employment

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Salary 7/1/2018-6/30/2019 \$83,087

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: Thomas R. Malia

COMPLETED BY: Thomas R. Malia, tmalia@mdmercy.com, 410 332-9828



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

Tue, Sep 17, 2019 at 4:21 PM

DATE OF STATEMENT: 9/17/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 6/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Michael C Mullane

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [301 Saint Paul Place, Baltimore MD](#) 20102

HOSPITAL NAME: Mercy Medical Center

HOSPITAL ADDRESS: [301 Saint Paul Place, Baltimore MD, 21202](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Mercy Medical Center

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [301 Saint Paul Place, Baltimore MD 21202](#)

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: Sr. Advisor to the CEO

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: Employment Compensation

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Salary 7/1/2018-6/30/2019: \$345,662

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 C Mullane

COMPLETED BY: Michael C Mullane, mmullane@mdmercy.com, 410-332-9084



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

Thu, Sep 26, 2019 at 10:20 AM

DATE OF STATEMENT: 9/26/2019

PERIOD COVERED: FROM: 07/01/2018 **TO:** 06/30/2019

TRUSTEE, DIRECTOR, OR OFFICER NAME: Susan D. Finlayson

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [301 St Paul Place, Baltimore, MD 21202](#)

HOSPITAL NAME: Mercy Medical Center

HOSPITAL ADDRESS: [301 St Paul Place, Baltimore, MD 21403](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Mercy Medical Center

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [301 St Paul Place, Baltimore, MD 21403](#)

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: Senior Vice President of Operations

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 Compensation

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$845,834

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: Susan Finlayson

COMPLETED BY: Susan Finlayson, sfinlayson@mdmercy.com, 410-332-9514 or 410-332-9514