

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 Mon, Oct 28, 2024 at 4:18 PM

DATE OF STATEMENT: 10/28/2024

PERIOD COVERED: FROM: 07/01/2023 TO: 06/30/2024

TRUSTEE, DIRECTOR, OR OFFICER NAME: Marcia Boyle

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: 5755 Cedar Lane, Columbia, MD 21044

HOSPITAL NAME: Howard County General Hospital

HOSPITAL ADDRESS: 5755 Cedar Lane, Columbia, MD 21044

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Maryland Health Care Commission

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: 4160 Patterson Ave., Baltimore, MD 21215

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Public health regulatory agency

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

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: State licensing fee

MONETARY VALUE OF THE BUSINESS TRANSACTION(S)TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$155,144.94

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: Marcia Boyle



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

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1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov> Reply-To: hscrc.trustees@maryland.gov To: hscrc.trustees@maryland.gov Mon, Oct 28, 2024 at 4:20 PM

DATE OF STATEMENT: 10/28/2024

PERIOD COVERED: FROM: 07/01/2023 TO: 06/30/2024

TRUSTEE, DIRECTOR, OR OFFICER NAME: Kevin W. Sowers, M.S.N., R.N., F.A.A.N.

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: 5755 Cedar Lane, Columbia, MD 21044

HOSPITAL NAME: Howard County General Hospital

HOSPITAL ADDRESS: 5755 Cedar Lane, Columbia, MD 21044

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Maryland Hospital Association

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: 6820 Deerpath Rd., Elkridge, MD 21075

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

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: HCGH membership dues

MONETARY VALUE OF THE BUSINESS TRANSACTION(S)TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$175,870.00

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, M.S.N., R.N., F.A.A.N.



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hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov> Reply-To: hscrc.trustees@maryland.gov To: hscrc.trustees@maryland.gov Thu, Dec 19, 2024 at 3:32 PM

DATE OF STATEMENT: 12/19/2024

PERIOD COVERED: FROM: 07/01/2023 TO: 06/30/2024

TRUSTEE, DIRECTOR, OR OFFICER NAME: Claro Pio Roda

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: 5755 Cedar Lane, Columbia, MD 21044

HOSPITAL NAME: Howard County General Hospital

HOSPITAL ADDRESS: 5755 Cedar Lane, Columbia, MD 21044

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Howard County Chamber of Commerce

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: 6240 Old Dobbin Lane, Ste. 110, Columbia, MD 21045

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

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: Membership fees and donations

MONETARY VALUE OF THE BUSINESS TRANSACTION(S)TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$19,400.00

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: Claro Pio Roda