

## 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, Oct 28, 2024 at 4:33 PM

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

**DATE OF STATEMENT: 10/28/2024** 

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

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: Contract physician services and contracted Medical Director services

MONETARY VALUE OF THE BUSINESS TRANSACTION(S)TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$341,581.50

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, M.D.



## 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, Oct 28, 2024 at 4:35 PM

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

**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: 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: 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: Suburban membership dues

MONETARY VALUE OF THE BUSINESS TRANSACTION(S)TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$190,859.00

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.