

Policy Name:	Conflicts of Interest
Policy Number:	106
Department:	Compliance
Functional Area:	Compliance
Approved by:	BSMH Board of Directors
Effective Date:	5/9/2024
Version:	8.0
Policy Status:	Approved

***I. Policy***

Bon Secours Mercy Health (“BSMH”) and its Affiliates (collectively, the “Ministry,”) are guided by their common mission and values in all their activities. The values of integrity and stewardship are particularly relevant to how the Ministry conducts business. Acting with integrity and exercising good stewardship requires, in part, that business decisions be made free of any considerations unrelated to the best interests of the Ministry. Potential Conflicts of Interest can compromise such integrity and independence if not identified, assessed and either eliminated or appropriately managed. The existence of a potential Conflict of Interest may, but does not always, require an individual to refrain from potentially affected decision-making. The existence of a potential or actual Conflict of Interest is not in and of itself improper. Therefore, all Covered Individuals have a duty, always, to conduct the Ministry’s affairs and to fulfill their obligations to the Ministry, in an impartial and unbiased manner, in the best interests of the Ministry and the individuals it serves, and in strict compliance with this Potential Conflicts of Interest Policy (“Policy”).

The Integrity and Stewardship Committee (“ISC”) of the BSMH Board has the ultimate responsibility for the Policy implementation, compliance monitoring, and enforcement. The ISC may delegate responsibilities to the Chief Compliance Officer (“CCO”) and such other staff as it deems appropriate, without delegating its overall oversight responsibility. The ISC may, in consultation with other Committees as appropriate, from time-to-time cause changes to this Policy and adopt procedures and guidelines that supplement and are consistent with those set forth in or required by this Policy and related policies, as it considers necessary and appropriate to fulfill its charge. Biennially, the Chair of the BSMH ISC and BSMH Leadership will provide enhanced board and board committee education on issues and risks of conflicts, duties of care and loyalty and considerations under the compelling benefit standard when reviewing complex or outside business interests (“OBI”) and outside board positions (“OBP”).

All Covered Individuals shall cooperate with the ISC and its delegates in the administration and enforcement of this Policy and such procedures and guidelines.

***II. Purpose***

The purpose of this Policy is to set forth the responsibilities of Covered Individuals with respect to disclosing, identifying, and documenting potential and actual Conflicts of Interest (“Conflict”) in and with BSMH entities and outside organizations or individuals. In addition, disclosed information is reviewed as one of many safeguards to mitigate risk under healthcare fraud and abuse laws including but not limited to, the federal Anti-Kickback Statute, 42 U.S.C. 1320a-7b(b), the federal The Ethics in Patient Referrals Act, 42 U.S.C. §1395nn, commonly known as the “Stark Law,” and state equivalent laws. This Policy is intended to supplement (not replace) any applicable state

laws governing Conflicts applicable to charitable, nonprofit organizations, and is to be read in conjunction with other related Ministry policies, including but not limited to the Policy and Procedures on Conflicts of Interest in Research and related policies as identified in Section IX.

The requirements contained within this policy, the BSMH Medical Group (“BSMHMG”) Prime employment model for providers, BSMHMG policies including the BSMHMG Outside Activities policy and approval process, the BSMH COI in Research policy and process, the governance oversight by the ISC, and the BSMH Compliance Open Payments audit process provide multiple layers of controls to assist in mitigating potential risk under the federal Anti-Kickback Statute and the Stark Law.

### **III. Scope**

This Policy applies to the following Covered Individuals:

- A. All members of Ministry Boards of Directors and Board Committees;
- B. Senior and executive Ministry leaders;
- C. Key Ministry management personnel (Director and above);
- D. All Ministry associates who are involved in selection of vendors, contracting and/or purchasing on behalf of the Ministry;
- E. All contracted (service provider) and employed physicians and Advanced Practice Clinicians; and
- F. Any other associate or contractor that has a potential Conflict is also encouraged to make a disclosure for evaluation.

### **IV. Policy Details**

1. Duty to Disclose potential or actual Conflicts of Interest:
  - i. This Policy establishes for all Covered Individuals a continuing obligation to make written disclosure of all existing or potential Conflicts of Interest, including prompt disclosure when an OBI / OBP is proposed.
  - ii. In preparing a disclosure, a Covered Individual must consider all roles and responsibilities within the Ministry and all outside activities and financial and personal interests.
  - iii. Examples of potential or actual Conflicts to Disclose  
The following is a non-exhaustive list of situations or circumstances which constitute potential Conflicts of Interest. This Policy requires these and all similar circumstances to be disclosed. When in doubt, it is best to disclose.
    - a. Outside employment, business ownership, or other compensatory arrangements for services;
    - b. Membership on a board of directors of an unaffiliated entity;
    - c. Direct or immediate family financial interest in an outside organization, vendor, or potential vendor, to the Ministry;
    - d. Ownership or investment interest in a third party that provides goods or services to the ministry;
    - e. Ownership in land or properties that may be leased or sold to the Ministry; and
    - f. Using your personal business or finances to compete against the ministry’s interest (e.g. buying a property that the Ministry also wants to buy)

2. Disclosure Process:

All information disclosed by Covered Individuals during the disclosure and review process described herein will be confidential, except as necessary to implement this Policy or as otherwise required by law. The following sets forth the disclosure requirements for all Covered Individuals.

- i. Initial Disclosure. Upon hire or promotion, a Covered Individual must disclose to the Ministry any interests he/she holds, or expects to hold, in the near future, in the manner outlined in the Ministry's Conflict of Interest Disclosure Form.
- ii. Annual Disclosure. On an annual basis all Covered Individuals will be prompted and required to disclose any new interest, or interest to be held in the future and review any existing disclosures and either certify that nothing has changed or update as necessary.
- iii. Continuing Disclosures. If, during any given year, a Covered Individual becomes aware of a new actual or potential or otherwise undisclosed potential Conflict, the Covered Individual must promptly and appropriately update their Conflict of Interest Disclosure Form as well as discuss the potential conflict with their Leader and receive approval. This disclosure is also required for any application for approval of an "Outside Activity" as outlined in the BSMHMG Allowed Outside Activities Policy.
  - a. Disclosure Prior to Participation in Decision or Activity. Meetings: The agenda for each board, committee, and governance-related meeting will include an opening agenda review during which meeting attendees will be asked to verbally disclose all potential conflicts relevant to the meeting's agenda. The board/committee chair is responsible for making the request and the meeting's secretary will document disclosures, and any related recusals, in the meetings minutes to assist in mitigating potential conflicts. If an attendee shares a new or previously unshared conflict during the meeting they are required to update their BSMH Conflict of Interest Disclosure for future management of the disclosure.
  - b. Individual Responsibility: Regardless of whether a potential Conflict has been disclosed, a Covered Individual must, prior to participation in any decision making process, disclose to his or her supervisor or in the case of the chief executive officer or a Board member, to the Board or Committee Chair, any Conflict s/he holds that could be viewed as having the potential to influence his or her decision-making judgment.
- iv. Institutional Conflicts of Interest:
  - a. Prior to entering an agreement for services that compete with, or appear to compete with, the services, clinical studies or interest of BSMH, the contracting BSMH leader will update their conflict of interest disclosure with the potential institutional conflict of interest.

3. Steps of Review and Management of Conflicts.

- i. Administration: BSMH Compliance Department is responsible for administering the Conflicts of Interest process.
- ii. Review: BSMH Compliance Department reviews all Conflict of Interest disclosures to determine if a disclosed matter constitutes a potential Conflict of Interest requiring management input. The review constitutes an independent evaluation of all available facts and circumstances by a disinterested party. The CCO may request advice from the BSMH Chief Legal Officer (CLO) and request Outside Counsel (OC) review and advice, as needed, for certain complex OBI or OBP or any financial interest in excess

of \$1,000,000. The CLO will engage OC on behalf of the CCO, to maintain Attorney Client Privilege, as applicable.

- a) As part of the annual Conflicts of Interest process, the BSMH Compliance Team will review the respective Conflicts of Interest reports with the Market Board and Board Committee Chairs, the Market Foundation Chairs, the BSMH Board Chair, the BSMH Executive and Governance (“E&G”) Chair, and the BSMH Innovations Chair;
  - b) The BSMH CCO will review with the BSMH CEO all potential or actual conflicts of interest of the CEO’s direct reports;
  - c) The CCO will review all Conflict of Interest reports with the Chair and Vice Chair of the ISC and any financial interest in excess of \$1,000,000 with the BSMH Board Chair to discuss potential and actual conflicts and the associated mitigation plans, as applicable. The BSMH Board and ISC Chairs may request advice from the CLO and / or OC review and advice, as needed, for complex OBI and OBP or financial interest more than \$1,000,000.
  - d) BSMH Board, E&G, and ISC review, discussion, and approval of conflict of interest reports as outlined in Section IV, 4, will occur during the May Board meetings. Discussions related to Board approval of the conflict of interest reports and dialogue related to OBI and OBP will be documented as part of meeting minutes and / or executive session, as applicable.
  - e) For all new and ongoing OBI / OBP more than \$1,000,000 involving BSMH executives or Board members, the CLO and CCO will attend executive sessions of the BSMH ISC and / or BSMH Board to present and discuss details of OBI / OBP for Board review prior to approval of any transaction related to the OBI / OBP.
4. Managing Potential Conflicts
- i. Potential Conflicts of Interest Disclosed through the Reporting Process:
    - a) Potential Conflicts are shared with the Covered Individual’s Leader and in collaboration with Compliance, the Leader will conclude if an actual Conflict exists and, if so, determine how it will be managed. The Leader is responsible for informing the Covered Individual of the determination and outlining how the Conflict will be managed.
    - b) Management Options for Conflicts:
      - 1) Minimize the Conflict: The Leader may determine that, absent any change in the relevant facts and circumstances, the Conflict can be managed without significant interference in the Covered Individual’s day to day responsibilities. Options for minimizing the Conflict include, but are not limited to:
        - i. Covered Individual recuses themselves from research, discussion, and/or decision-making regarding the subject matter of the Conflict,
        - ii. Covered Individual provides documentation of appropriate actions when dealing with situations where the Conflict is relevant, and/or
        - iii. Taking other actions as are reasonably expected to prevent the Conflict from adversely affecting the Covered Individual’s performance of duties for the Ministry.
      - 2) Eliminate the Conflict: The Leader may determine that the Conflict is of such a nature as to impair the Covered Individual’s ability to

- act in an unbiased manner and in the Ministry's best interests. In such a case, it may be necessary to eliminate the Conflict. This may be done by:
- i. Modification of the Covered Individual's role or responsibilities;
  - ii. Termination of the Financial Interest or Personal Interest giving rise to the Conflict; or
  - iii. Other appropriate actions.
- c) The Leader, in collaboration with Compliance when appropriate, determines the method chosen for managing the Conflict.
  - d) Compliance maintains record of how the Conflict will be managed, which is made available to Ministry parties in need of such information (example, Legal).
  - e) For all Conflicts, the Leader and Covered Individual are responsible and accountable for managing the Conflict.
- ii. Conflicts Arising Prior to Annual Reporting Process:
    - a) A potential Conflict that is discovered outside of the reporting process, such as a Ministry Board of Director's member determining that an agenda item will present a potential Conflict of Interest, should be addressed and managed immediately. In most cases, until a formal Conflict of Interest determination is made, consistent with this Policy, management of the Conflict may be accomplished by excusing the Covered Individual from participating in any discussion and placing a vote concerning the subject matter of the potential Conflict of Interest, as well as documenting actions taken at the time (board minutes).
    - b) The Covered Individual must, as soon as practical after disclosure of the potential Conflict of Interest, report the Conflict of Interest by contacting the Compliance Department and/or entering the disclosure in the BSMH Conflict of Interest disclosure system.
  - iii. Potential Institutional Conflict of Interest:
    - a) Compliance, in collaboration with the contracting BSMH leader, will evaluate whether potential institutional conflicts of interest could inappropriately affect or reasonably appear to inappropriately affect BSMH services and/or clinical studies. Compliance may also involve specific subject matter experts to evaluate the potential conflict.
      - 1) Management of Potential Institutional Conflicts of Interest will involve either: Minimizing the Conflict: this may take the form of another party assisting in the decision-making process or taking a disinterested stance in the outcome of an entity that receives a financial contribution.
      - 2) Eliminating the Conflict: this may include not accepting the agreement that creates the conflict or eliminating the BSMH activity that creates the conflict with the agreement.
  - iv. Financial Conflicts of Interest in Research:

- a) The BSMH Institutional Official (IO) for Research will review all Significant Financial Interests (SFI) in Research Disclosure forms to determine if disclosed SFIs could directly and significantly affect the design, conduct or reporting the research, and would therefore constitute a Financial Conflict of Interest (FCOI). If an FCOI exists, the IO will take action to manage the FCOI including the reduction or elimination of the FCOI. The IO will seek advice and guidance from the BSMH CCO and Legal as needed.
5. Report and Review of Management of Conflict of Interests: Upon the completion of the annual review process, the Compliance Office will provide the following committees a report identifying all Conflicts involving persons as to which the committees have oversight, the accountable parties and a summary of the plan for managing or other action(s) taken with respect to the Conflicts reported.
- i. The BSMH Integrity and Stewardship Committee will receive a report of Conflicts involving the BSMH Board and Board Committee members, BSMH Innovations Boards, BSMH Services Boards, Baltimore Community Works, and key Ministry Leadership (Director and above), including all Ministry associates who are involved in the selection of vendors and contracting and/or purchasing on behalf of the Ministry or a member of the Acute and Ambulatory Pharmacy & Therapeutics Committees and will have oversight of the Executive and Governance Committee, the BSMH Boards, and the Market Boards. Institutional Conflicts will also be reported to the Integrity and Stewardship Committee.
  - ii. The Executive and Governance Committee will receive a report of Conflicts involving BSMH Board and Board Committee members, Market Boards and Committee members; BSMH Services, BSMH Insurance Company (Captive); BSMH System and Market Foundation Boards and Committees.
  - iii. The BSMH Boards will receive a report of Conflicts involving the BSMH Board and Board Committee members, Market Boards and Board Committee members and key Ministry Leadership (Director and above), including all Ministry associates who are involved in the selection of vendors and contracting and/or purchasing on behalf of the Ministry;
  - iv. BSMH wholly owned subsidiaries will receive a report of Conflicts involving their respective Board Members and key leaders. Such reports shall be shared with the governing board to the wholly owned subsidiary.
  - v. Member Managed Organizations (MMO) will have Conflicts for all their key leaders reported to the governing board over the MMO.
  - vi. Market Boards will receive a report of Conflicts involving Market Physicians and Advanced Practice Clinicians, Market Board and Board Committee members, and key leadership within the Market.
  - vii. Accountable Care Organization(s) (ACO) and Clinically Integrated Network(s) (CIN) Boards will receive a report of Conflicts involving their respective Board Members and Leaders. ACO and CIN reports of conflicts will be incorporated into the exhibit book for the HealthSpan Partners Board.
  - viii. BSMH Innovations will receive a report of Conflicts involving the wholly owned subsidiaries Board Members.

- ix. Bon Secours Mercy Ministries will receive a report of Conflicts involving their respective members.
- x. BSMH Insurance Company (Captive) will receive a report of Conflicts involving their respective members.
- xi. HealthSpan Partners Board will receive a report of Conflicts involving their respective Board Members and Leaders.

If a reported Conflict is outside of the annual disclosure process, and involves the Chief Executive Officer (CEO) or one of the CEO's direct reports, the following reporting will occur:

- a) If the CEO discloses a new potential Conflict outside the annual reporting process, the CCO will ensure a summary of the disclosure is provided to the BSMH Board and ISC Chairs.
- b) If a direct report of the CEO discloses a new potential Conflict outside the annual reporting process, the CCO will ensure a summary of the disclosure is provided to the CEO.

#### ***V. Administration and Enforcement***

The BSMH ISC of the Board shall be responsible for administering and enforcing this Policy. The Chair of the ISC, having reviewed all Conflicts with the Committee, shall report annually to the full Board on the administration, infractions, and enforcement of this Policy and shall report at the earliest opportunity all matters of concern to the full Board in executive session while interested parties are recused.

The BSMH CCO is the responsible administrative authority to assist the Board in administering and enforcing this Policy and bringing concerns to the ISC. The BSMH CCO shall be responsible for:

- A. Annually distributing Conflict of Interest forms to and collecting completed disclosure forms from all Covered Individuals;
- B. Reviewing all disclosure forms for compliance with this and all related BSMH policies and to identify all actual or potential Conflicts of interest;
- C. Meet annually with the ISC Chair to review and approve all COI reports prior to submission to the BSMH Board and ISC for their review and approval.
- D. Meet annually with the BSMH Board Chair to review the COI reports for the BSMH E&G and the BSMH Board.
- E. Preparing and submitting to the ISC annual and updated (where applicable) reports summarizing all relevant information contained in the disclosure forms, including disclosing any financial interest more than \$1,000,000.
- F. Receiving all disclosures of actual or potential Conflicts of Interest as they arise and notifying the Chair of the Board, the Chair of the ISC, the CLO, and the CEO of such concerns, as applicable;
- G. Gathering all relevant information pertaining to an actual or potential Conflict, investigating if necessary, and reporting routinely to the Chair of the ISC;
- H. Educating the board on changes to applicable laws, regulations, statutes, or interpretations that may pertain to Conflicts of Interest;
- I. Ensuring all ISC actions and concerns related to this Policy are documented within committee minutes and retained, and periodic reviews conducted; and

- J. Keeping confidential all Disclosure Forms and related documentation by limiting access to persons who have a reasonable need to know for purposes of administering and enforcing this Policy.

## VI. *Violations of this Policy*

- A. Disclosure Requirements:
  - a. Annually: Covered Individuals are required to disclose. Failure to participate in the annual disclosure, or to fully cooperate with Governance, Leadership, or Compliance to explain details of their disclosure, will result in action, including termination of employment or removal from the respective board.
  - b. Ongoing: Covered Individuals have an ongoing obligation to disclose potential conflicts as they arise throughout the year. Anyone that suspects a Covered Individual has not disclosed a potential conflict should report their concern to Compliance for review.
- B. Duty to Report Potential Violations of Policy:

All Covered Individuals have an obligation to report to the Chief Compliance Officer any situation s/he believes to be a violation of this Policy.
- C. Investigation of Potential Non-disclosures or Violation of Policy:

If the Chief Compliance Officer or their delegate have reasonable cause to believe that a Covered Individual has failed to make a disclosure required by this Policy or has otherwise failed to comply with this Policy, they will inform the Covered Individual of the basis for such belief and afford such person an opportunity to make the disclosure. If, after hearing the response of the Covered Individual and making such further investigation as may be reasonable and warranted in the circumstances, the Chief Compliance Officer or their delegate determines that the Covered Individual has in fact failed to make the disclosure, they may make recommendation for disciplinary action (e.g., removal of a director or officer from his or her position, termination of employment, ineligibility to participate in research studies, and sanctions under applicable medical staff bylaws).
- D. Covered Individuals are encouraged to contact the Chief Compliance Officer, the Chief Legal Officer, or either of their designees regarding any questions concerning their obligations under this Policy.

## VII. *Definitions*

**Advanced Practice Clinician:** Includes physician assistants and advanced practice registered nurses.

**Affiliate:** An Affiliate of BSMH is any entity, individual, firm, or corporation, which directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with BSMH.

**Associates:** Any individual employed by BSMH or any of its entities.

**Conflict of Commitment:** A conflict of Commitment involves a situation in which an employee engages in an outside professional activity, paid or unpaid, that involves a commitment of time that may interfere, or appear to interfere, with fulfillment of the employee's obligations to the Ministry.



**Conflict of Interest:** A Conflict of Interest is a circumstance, fact, activity or relationship which might cause an individual's obligation to act impartially and exercise independent judgment in the best interests of BSMH, or otherwise exercise duties owed to BSMH, in an unbiased manner to be compromised. This could occur because such person has one or more other interests, such as a Financial Interest or Personal Interest, that influences or could appear to influence the objective fulfillment of his or her duty(ies) to BSMH, including situations where the individual, and/or an Immediate Family Member, has an opportunity to benefit personally from a decision related to a transaction involving BSMH.

**Contracted Physician and Contracted Advanced Practice Clinician:** Parties within the scope of this Policy are those who are retained under written agreement, provide the specified services and receive repeated payments for those services.

**Covered Individual:** Individual making the disclosure as defined in Section III Scope, above.

**Financial Conflict of Interest ("FCOI") in Research:** A Significant Financial Interest, and for Public Health Service of the U.S. Department of Health and Human Services ("PHS") Investigators, includes Sponsored Travel, that BSMH reasonably determines could directly and significantly affect the design, conduct, or reporting of research.

**Financial Interest:** A person has a Financial Interest if the person has, directly or indirectly, through business, investment, or an Immediate Family Member:

1. An ownership or investment interest in any entity with which BSMH has a transaction or arrangement;
2. Compensation arrangement with any entity or individual with which BSMH has a transaction or arrangement;
3. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which BSMH is negotiating a transaction or arrangement;
4. Compensatory/employment arrangements outside of BSMH;
5. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

**Immediate Family Member:** For the purposes of this Policy, immediate family members include spouse, domestic partner, parents and/or children (by blood, marriage, or adoption), sibling; stepparent, stepchild, or stepsibling; in-law (including father, mother, son, daughter, brother, or sister); grandparent or grandchild; and spouse of a grandparent or grandchild.

**Institutional conflict of interest ("Institutional COI")** occurs in situations in which the financial interests of BSMH or a BSMH official, acting within his or her authority on behalf of the organization, may affect or appear to affect the research, education, clinical care, or business transactions or other activities of BSMH.

**Leader:** Refers to the Covered Individual's supervisor or, in the case of the Covered Individual being a Board member, the Board Chair.

**Non-Financial Interest:** is any situation where a Covered Individual is not affected financially by a decision but is affected in some other way that might make them biased or appear to be biased.

Personal interest: Any personal activity or relationship that impairs or could appear to impair the ability of an individual to act impartially in the best interest of BSMH, exercise duties owed to BSMH in an unbiased manner or otherwise carry out the objective fulfillment of his or her duty(ies) to BSMH.

Significant Financial Interest (SFI) in Research: One or more of the following of the Investigator or the Investigator’s Family that reasonably appear to be related to the Investigator’s Institutional responsibilities:

- a) With regard to:
  - (i) A publicly traded entity: An SFI exists if the value of any remuneration received from the entity in the 12 months preceding the disclosure plus the value of any equity interest in the entity as of the date of the disclosure, when aggregated, exceeds \$5,000. Remuneration includes salary and any payment for services not otherwise identified as salary, such as consulting fees, honoraria, or paid authorship. Equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
  - (ii) A non-publicly traded entity: An SFI exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$5,000, or if the Investigator or Family Member holds any equity interest;
- b) Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests;
- c) Clinical trial intellectual property rights (and royalties or other remuneration, if any, paid with respect to such rights);
- d) Any Fiduciary role in an entity.

Significant Financial Interest does NOT include:

- a) Remuneration from BSMH; (including salary and royalty payments); and
- b) Remuneration paid to an Investigator’s Family by any entity that would not reasonably appear to be related to the Investigator’s Institutional Responsibilities; and
- c) Remuneration from authorship of academic or scholarly works, regardless of the source; and
- d) Remuneration from seminars, lectures, or teaching engagements sponsored by or from advisory committees or review panels for U.S. Federal, state, or local governmental agencies; U.S. institutes of higher education; U.S. research institutions affiliated with U.S. institutions of higher education, U.S. academic teaching hospitals, and U.S. medical centers; and
- e) Equity Interests in or income from investment vehicles, such as mutual funds and retirement accounts, so long as the Investigator does not directly control the investment decisions for these vehicles.

**VIII. Attachments**

COI Process Workflow

COI Timeline

**IX. Related Policies**

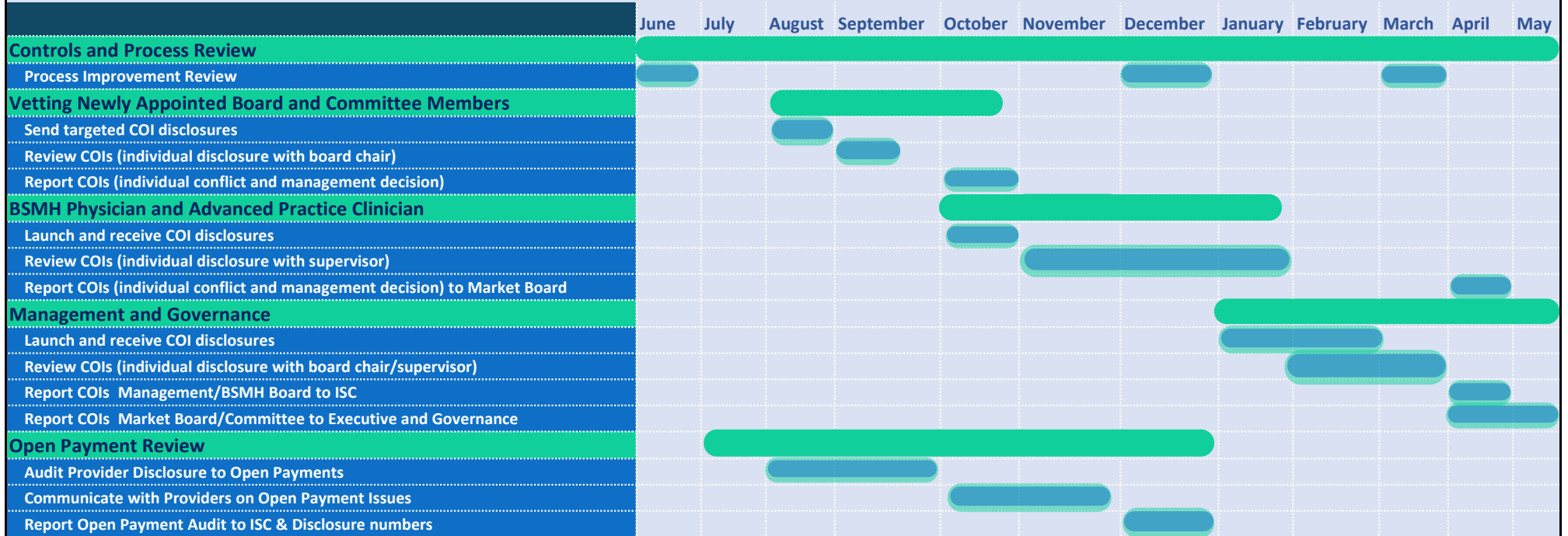
- i. BSMH Code of Conduct
- ii. BSMH Integrity and Stewardship Committee Charter
- iii. BSMH Policy and Procedures on Conflicts of Interest in Research
- iv. BSMH Vendor Relations and Gift Policy
- v. BSMH Allowed Outside Activities
- vi. BSMH Nepotism and Employment Conflicts of Interest
- vii. BSMH Business Ethics, Gifts, and Gratuities Guideline
- viii. BSMH Non-Monetary Compensation and Medical Staff Incidental Benefits
- ix. BSMH Ambulatory Pharmacy & Therapeutics Committee Charter
- x. Pharmacy & Therapeutics Committee Charter
- xi. BSMH Supply Chain Business Ethics, Gifts and Gratuities Guideline

**X. Version Control**

Version	Date	Description	Prepared By
8.0	4/1/24	Revised reporting based on new BSMH legal structure effective January 1, 2024.	Chief Compliance Officer
7.0	8/16/2023	Benchmarking review by Gartner, incorporated recommended clarifications in the “disclosure process” and “enforcement” sections	Chief Compliance Officer
6.0	5/3/2023	Reflects BSMH organization structure changes with updates to the “Report and Review of Management of Conflict of Interests” section	Chief Compliance Officer
5.0	11/02/22	Reflects committee name change from Audit and Compliance Committee to Integrity and Stewardship Committee.	Christine O’Neill
4.0	5/5/22	Updates include alignment with COI in Research policy, clarity around review, analysis, and mitigation of COI, and reference to fraud and abuse laws and BSMH controls to mitigate.	Chief Compliance Officer

3.0	10/4/21	Updates to include Institutional Conflict, Board report of Conflicts, Disclosure Requirements and Duty to Report	Chief Compliance Officer
2.0	6/12/2020	Update to policy to include process and approvals	Chief Compliance Officer
1.0	12/12/2019	Original Policy	Compliance

## Conflicts of Interest Timeline



# BON SECOURS MERCY HEALTH Conflict of Interest Workflow

