



Travis County Commissioners Court Agenda Request

Meeting Date: Tuesday, November 20, 2012
Prepared By/Phone Number: Deece Eckstein, 854-9754
Elected/Appointed Official/Dept. Head: Deece Eckstein, 854-9754
Commissioners Court Sponsor: Judge Biscoe

AGENDA LANGUAGE:

CONSIDER AND TAKE APPROPRIATE ACTION ON CHANGES TO THE CONFLICT OF INTEREST STATEMENT REQUIRED OF APPLICANTS FOR THE TRAVIS COUNTY APPOINTMENT TO THE CENTRAL HEALTH BOARD OF MANAGERS.

BACKGROUND/SUMMARY OF REQUEST:

The Court requires all applicants to the Central Health Board of Managers to submit a notarized Conflict of Interest Statement as part of the application process. The Statement must be updated to reflect changes in the healthcare organizations with which Central Health does business.

STAFF RECOMMENDATIONS: IGR recommends that the Court approve the revised Conflict of Interest Statement form and authorize IGR to include it in the Application Packet materials for the Central Health board position.

ISSUES AND OPPORTUNITIES: Last Tuesday, the Court approved an application packet that included a Conflict of Interest Statement which must be signed and notarized by any applicant for the County's appointment to the Central Health Board of Managers.

Unfortunately, the Statement had not been updated to reflect changes to the inventory of healthcare organizations that Central Health. The updated version (which is attached) reflects the following changes, all on page 2:

- ★ The Seton Healthcare Family (not Network) is the current name for the Ascension Health system that operates the University Medical Center Brackenridge.
- ★ The Hospital Corporation of America (HCA) is the system that owns St. David's Hospital, not Columbia Healthcare Systems.
- ★ Central Health no longer has an affiliation with the University of Texas Medical Branch since the Austin Women's Hospital was closed.
- ★ Adds the University of Texas System to the list, as Central Health will be engaging with them on the proposed U.T. Medical School.

IGR proposes to include the updated version in the application materials distributed to interested parties.

FISCAL IMPACT AND SOURCE OF FUNDING: Not applicable.

REQUIRED AUTHORIZATIONS: None.

NAMES, PHONE NUMBERS AND EMAIL ADDRESSES OF PERSONS WHO MIGHT BE AFFECTED BY OR BE INVOLVED WITH THIS REQUEST:

Sherri Fleming
County Executive, Health and Human Services & Veterans Services
Phone: 854-4581
Email: Sherri.Fleming@co.travis.tx.us

ATTACHMENTS:

- A. Revised Conflict of Interest Disclosure Statement to be completed and notarized by persons wishing to apply for a Travis County appointment to the Central Health Board of Managers.

CENTRAL HEALTH
BOARD OF MANAGERS
CONFLICT OF INTEREST DISCLOSURE AFFIDAVIT

STATE OF TEXAS §
COUNTY OF TRAVIS §

On this day, _____ appeared before me, the undersigned notary public, and after I administered an oath, upon his/her oath, he/she said:

"My name is _____. I am competent to make this affidavit. The responses to the questions stated in this affidavit are within my personal knowledge and are true and correct. In this affidavit, "Central Health" means the Travis County Hospital District d/b/a Central Health and "Board" means the Board of Managers of Central Health. I am making this affidavit to disclose potential conflicts of interest that might affect my ability to serve on the Board and to verify that I meet all eligibility requirements for appointment to the Board.

"I understand that providing no information in the space provided in items 4 through 25 is a statement that these circumstances do not apply to either my spouse or me as applicable and I affirm that all of the following statements are true and correct.

1. I reside in Travis County, Texas.

EMPLOYMENT

2. I am not an elected official.

3. My **spouse's** employer is _____.

My **spouse** works in _____ (department).

My **spouse's** position title is _____.

FINANCIAL RELATIONSHIPS

4. If my employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

Central Health _____

City of Austin _____

Travis County _____

Ascension Health (Seton Healthcare Family or its affiliates) _____

Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates

University of Texas System _____

Another healthcare provider that has or is likely to have a financial relationship with Central Health (specify provider also) _____

5. If my **spouse's** employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

Central Health _____

City of Austin _____

Travis County _____

Ascension Health (Seton Healthcare Family or its affiliates) _____

Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates

University of Texas System _____

Another healthcare provider that has or is likely to have a financial relationship with Central Health (specify provider also) _____

6. If I intend to seek a business arrangement with Central Health, the type of business is stated below:

7. If my **spouse** intends to seek a business arrangement with Central Health, the type of business

is stated below:

8. If I do work for or participate in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name of the organization, the entity providing funds and the type of funding are stated below:

9. If my **spouse** does work for or participates in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name of the organization, the entity providing funds and the type of funding are stated below:

INDEPENDENCE

10. If I am employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

11. If my **spouse** is employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

12. If I am employed or engaged in any activity that could significantly impair my independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

13. If my **spouse** is employed or engaged in any activity that could significantly impair my independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

14. If I own an interest in real property that is expected to be acquired for a Central Health project, the location of the property is stated below:

15. If my **spouse** or **minor children** own an interest in real property that is expected to be acquired for a Central Health project, the location of the property is stated below:

16. If I have material personal investments that could create a conflict between my private interests and the interests of Central Health, the type and extent of those investments is stated below:

17. If my **spouse** or **minor children** have material personal investments that could create a conflict between their private interests and the interests of Central Health, the type and extent of those investments is stated below:

18. If I own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of Austin or is expected to receive funds from Central Health, the name and percentage of ownership of those companies are stated below:

19. If my **spouse** or **minor children** own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of

Austin or is expected to receive funds from Central Health, the name and percentage of ownership of those companies are stated below:

20. If I use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from Central Health, the type and approximate annual quantity are stated below:

21. If my **spouse** or **minor children** use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from Central Health, the type and approximate annual quantity are stated below:

LOBBYING AND CONSULTING

22. If I am an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

23. If my **spouse** is an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

24. If, currently or during the last three years, I am or was a lobbyist for compensation at or on behalf of Travis County or the City of Austin, my activities and on whose behalf they were provided are stated below:

25. If, currently or during the last three years, my **spouse** is or was a lobbyist for compensation at

or on behalf of Travis County or the City of Austin, my **spouse's** activities and on whose behalf they were provided are stated below:

26. I understand that Central Health will be a component unit of Travis County for financial statement purposes. As such, I am willing to complete the disclosure of related party transactions with Central Health annually so that Travis County can comply with the requirements of Financial Accounting Standard 57.”

Signature

Printed Name: _____

SWORN TO and SUBSCRIBED before me by _____ on _____, 201__.

Notary Public in and for the State of Texas