

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

Secretary of the Senate
Office of Public Records
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Washington, DC 20510

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>Health Policy Analysts, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1350 I STREET, NW Suite 870, Washington DC 20001</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>G. Lawrence Atkins</u>		Telephone <u>202-638-0551</u>	E-mail (optional) _____
5. Senate ID # <u>17886-</u>			6. House ID # <u>33641</u>
7. Client Name <input type="checkbox"/> Self <u>Scheering-Plough Legislative Resources, LLC</u>			

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.-</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title G. Lawrence Atkins, President



Registrant Name Health Policy Analysts ^{FNC} Client Name Scheering Plough Legislative

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg: engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

FY 2002 Labor/HHS/Education Appropriations

Medicare Hospital outpatient payment

Medical Treatment of Opiate Addiction

17. House(s) of Congress and Federal agencies contacted Check if None

US House of Representatives

US Senate, Health Care Financing Administration

Dept. of Health + Human Services

Veterans Administration

18. Name of each individual who acted as a lobbyist in this issue area

Name

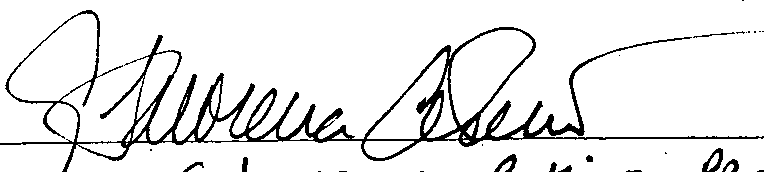
Covered Official Position (if applicable)

G. Lawrence Atkins

STEVE TILTON

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature



Date

8/1/01

Printed Name and Title G. LAWRENCE UTKINS, PRESIDENT

Form LU-2 (REV. 07/98)

Page ____



Registrant Name Health Policy Analysts, INC. Client Name Scheering Plough Legislative

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare Reform
Medicare outpatient drug benefit

17. House(s) of Congress and Federal agencies contacted Check if None

US Senate
US House of Representatives
Health Care Financing Administration

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
G. Lawrence Atkins	
STEVE Tilton	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature [Handwritten Signature] Date 8/1/01

Printed Name and Title O. LAWRENCE WINTERS, PRESIDENT

Form LD-2 (REV. 6/78)

Page _____



Registrant Name Health Policy Analysts Client Name Scheering Plough Legislative Res
INC.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regi: engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, pr information as requested. Attach additional page(s) as needed.

15. General issue area code PHA (one per page)

16. Specific lobbying issues
Prescription drug pricing, including re-importation

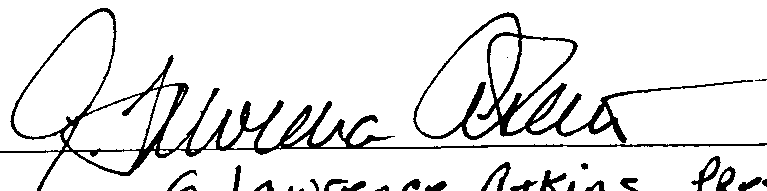
17. House(s) of Congress and Federal agencies contacted Check if None

US Senate
US House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>G. Lawrence Atkins</u>	
<u>Steve Tilton</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8/1/01
G. Lawrence Atkins, President

Printed Name and Title C. W. ...

Form LD-2 (Rev. 01/78)

Page _____



Registrant Name Health Policy Analysts Inc Client Name Scheering Plough Legislative Re

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Audrey Spolarich
Katrina Eagle

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

HR 3250 S1880 HR 639

S324 HR2634 HR2987 S.486 HR833 S2526 HR4577 S2553

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

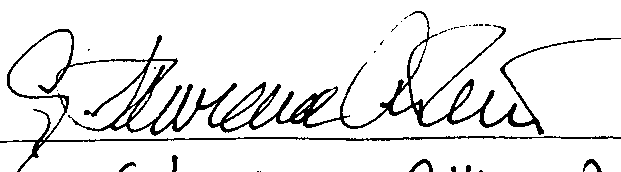
FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, or affiliated organization

Signature



Date

8/1/01

Printed Name and Title G. Lawrence Atkins, President

Form LU-2 (Rev. 6/98)

Page _____

