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LOBBYING REPORT

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

Registrant Name National Multiple Sclerosis Society			
Address Check if different than previously 1100 New York Avenue NW Suite 10		C. 20005	
Principal Place of Business (if different from line City: 733 Third Avenue 6th Floor New		(or Country) New York/10017-3288	
Contact Name Susan Sanabria	Telephone	E-mail (optional) susan.sanabria@nmss.org	5. Senate ID#
7. Client Name 🖸 Self			6. House ID#
. Check if this filing amends a previously O. Check if this is a Termination Report	☐ ➡ Termination I	Date	1. No Lobbyii
0. Check if this is a Termination Report INCOME OR EXPENSES -	☐ ➡ Termination I	Line 12 OR Line 13	
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O. Check if this is a Termination Report INCOME OR EXPENSES 12. Lobbying Firms INCOME relating to lobbying activities period was: Less than \$10,000 \$\text{\$\$\text{\$\tex{	☐ ⇒ Termination I Complete Either s for this reporting ne (nearest \$20,000) the nearest \$20,000, client (including all	Line 12 OR Line 13 13. Organiza EXPENSES relating to lobbying active period were: Less than \$10,000 \$10,000 or more \$\simeq \simeq \sim	entions vities for this representations enses (flearest \$2 ck box to indicate for description sing LDA definances section 6

Signature Sussi	Sarabro
Printed Name and Title	Susan Sanabria, Vice President Advocacy Programs Department

Regi	strant Name Nati	onal Multiple Sclero	sis Society	Client Name		
42177	ged in Johnving	/TTY. Select as a on behalf of the casted. Attach addi	lient during t	he reporting period.	et the general issu . Using a separat	e areas in which the re e page for each code
15.	General issue are	ea code BUD	(one per	page)		
16.	latened joined other	s-	ity organization	is in writing letters to t	ss in support of NIH he President and Co	funding. The Society had been supporting NIH
17	House(s) of Cor	ngress and Federa	ıl agencies co	ntacted \Box	Check if None	
10	U.S. House U.S. Senate	President of the U		rist in this issue are	a	
10	. Ivanic of cach	Name		1		Position (if applicable)
	Gusan Sanabria Stephanie Simons					
****				44.		
•	Angela Ostrom					
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1!	9. Interest of each	foreign entity in th	e specific issue	s listed on line 16 abo	ove 🗹 Check	k if None
	1	., /				2//

Registrant Name National Multiple Sclerosis Society Cli	ent Name
engaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) as	
15. General issue area code MMM (one per pa	ge)
16. Specific lobbying issues	the body communicated our priorities for
The Society supports a Medicare prescription drug bene Medicare legislation to Congress and activated our gras	afit. In this capacity, we have communicated our priorities for sroots on this issue.
17. House(s) of Congress and Federal agencies conta	cted Check if None
U.S. House U.S. Senate	
18. Name of each individual who acted as a lobbyist	in this issue area Covered Official Position (if applicable)
Name Susan Sanabria	
Stephanie Simons	
Angela Ostrom	
19. Interest of each foreign entity in the specific issues li	sted on line 16 above
Signature Susan Saubren	Date 2/6/33

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Registrant NameNational Multiple Sclerosis Society LOBBYING ACTIVITY. Select as many codes a engaged in lobbying on behalf of the client during to information as requested. Attach additional page(s	Client Name
15. General issue area code MMM (one pe	er page)
16. Specific lobbying issues	
The Society supports expansion of Medicare regula legislation to correct this issue, HR 5719. In this end Centers for Medicare and Medicaid.	tion to include all four injectible MS therapies. We have supported deavor, we have contacted Congress, the White House and the
17. House(s) of Congress and Federal agencies co	ontacted
White House U.S. House U.S. Senate Centers for Medicare and Medicaid	
18. Name of each individual who acted as a lobb	yist in this issue area Covered Official Position (if applicable)
Name Susan Sanabria	
Stephanie Simons	
Angela Ostrom	
Penny Steele	
19. Interest of each foreign entity in the specific issu	es listed on line 16 above
Signature Susai Sarah	Date 2/6/03

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Registrant Name National Multiple Sclerosis Soci	iety Client Name	
LOBBYING ACTIVITY. Select as many congaged in lobbying on behalf of the client du information as requested. Attach additional p	odes as necessary to reflect the general issue areas in which uring the reporting period. Using a separate page for each page(s) as needed.	the recode
15. General issue area code MMM (c	one per page)	
16. Specific lobbying issues	to the Centers for Medicare and Med	icaid (
The Society joined other voluntary health age Hospital Outpatient reimbursement rates, with disproportionately affect "orphan" therapies.	encies in submitting comments to the Centers for Medicare and Med in the goal of ensuring that rate reductions or changes do not	
17. House(s) of Congress and Federal agence	cies contacted	
Centers for Medicare and Medicaid		
18. Name of each individual who acted as a	a lobbyist in this issue area Covered Official Position (if applicable)	
Name		
Susan Sanabria		
Stephanie Simons		
Angela Ostrom		
	····	
19. Interest of each foreign entity in the specif	ic issues listed on line 16 above	
Signature Assaul Sama	Jus. Date 0/4/03	

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Printed Name and Title_

Form LD-2 (Rev.6/98)

gistrant Name National Multiple Sclerosis Societ		licano areas in which the
DBBYING ACTIVITY. Select as many coc gaged in lobbying on behalf of the client dur formation as requested. Attach additional pa	ING the tehotring herrog. Carre	general issue aleas in which the
	e per page)	
The Society joined other disability groups in set	nding a letter to Senate Majority Le	eader Daschle supporting the home
health modernization legislation (S 2085).	inding a texter to	
7. House(s) of Congress and Federal agenci	es contacted	ck if None
8. Name of each individual who acted as a	•	overed Official Position (if applicable)
8. Name of each individual who acted as a Name Susan Sanabria	•	overed Official Position (if applicable)
Name	•	overed Official Position (if applicable)
Name Susan Sanabria Stephanie Simons	•	overed Official Position (if applicable)
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Susan Sanabria Stephanie Simons Angela Ostrom		Povered Official Position (if applicable) Check if None

BBYING ACTIVITY. Select as many coaged in lobbying on behalf of the client du ormation as requested. Attach additional p	ILIUS life tehorning herrog	Jsing a separate page for each code,
General issue area code HCR (0	ne per page)	
Specific lobbying issues		
Long-term Care: The Society, as a member of the National Resand HR 5241),and has signed on to letters to	spite Coalition, supports the Lif Congrss about these bills.	espan Respite Care Act of 2002 (S 2489
. House(s) of Congress and Federal agenc	ies contacted	Check if None
U.S. Senate U.S. House		
	lobbyist in this issue area	
3. Name of each individual who acted as a	lobbyist in this issue area	Covered Official Position (if applicable)
3. Name of each individual who acted as a Name Susan Sanabria	lobbyist in this issue area	Covered Official Position (if applicable)
Name of each individual who acted as a Name Susan Sanabria Stephanie Simons	lobbyist in this issue area	Covered Official Position (if applicable)
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Name of each individual who acted as a Name Susan Sanabria Stephanie Simons	lobbyist in this issue area	Covered Official Position (if applicable)
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Name of each individual who acted as a Name Susan Sanabria Stephanie Simons Angela Ostrom Penny Steele		Covered Official Position (if applicable)

Registrant Name Nation	al Multiple Sclerosis SocietyC	ient Name	
	TY. Select as many codes as not behalf of the client during the ed. Attach additional page(s) and	reporting period. U	he general issue areas in which the reg sing a separate page for each code, ;
15. General issue area	code HCR (one per p	age)	
16. Specific lobbying	issues		
The Society joined of federal privacy regul	oalition partners in submitting com	ments to HHS supporti	ng the patient consent protections to the
17. House(s) of Cong	ress and Federal agencies conta	acted QC	heck if None
	ealth and Human Services		
18. Name of each inc	lividual who acted as a lobbyis	t in this issue area	
	Name		Covered Official Position (if applicable)
Susan Sanabria			
Stephanie Simons			
Angela Ostrom			

19. Interest of each fo	reign entity in the specific issues l	listed on line 16 above	☑ Check if None
Signature Lu	san Sanabre		Date 0/1/03

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DBBYING ACTIVITY. Select as many codes gaged in lobbying on behalf of the client durin formation as requested. Attach additional page	5 life tehotitiik herrog. Garre	general issue areas in which the re g a separate page for each code,
. General issue area code GOV (one	per page)	
5. Specific lobbying issues		ve Advisory Panel supporting a study
The Society signed on to testimony given to the T of the interplay of the public Vocational Rehabilities.	ation Program and the Ticket to	Work program.
7. House(s) of Congress and Federal agencies	contacted	ck if None
Social Security Administration		
	Luistin this issue orga	
18. Name of each individual who acted as a lol	•	overed Official Position (if applicable)
Name Susan Sanabria	•	overed Official Position (if applicable)
Susan Sanabria Stephanie Simons Angela Ostrom	•	overed Official Position (if applicable)
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Susan Sanabria Stephanie Simons Angela Ostrom Penny Steele		overed Official Position (if applicable) Check if None

Susan Sanabria. Vice President Advocacy Programs Department Filing #0bc3e076-3303-4e4f-a166-4c75c03036c5 - Page 17 of 28

Printed Name and Title Page _

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Registrant Name_ National Multiple Sclerosis 8	Society Client Name
engaged in lobbying on behalf of the clien information as requested. Attach addition	
15. General issue area code TAX	(one per page)
16. Specific lobbying issues	legislatin is needed to encourage donations to nonprofit organizations. In this
The Societybelieves that charitable giving effort, the Society signed on to letters of si letter was sent to Senate Majority Leader	IDDU ID III CHAIR, Aid Hoodid and The
17. House(s) of Congress and Federal ag	encies contacted
U.S. Senate	
18. Name of each individual who acted a Name Susan Sanabria	as a lobbyist in this issue area Covered Official Position (if applicable)
Stephanie Simons	
Angela Ostrom	•••
Penny Steele	
19. Interest of each foreign entity in the spe	ecific issues listed on line 16 above
Signature Susai Sa	ngbrea Date 2/6/2

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gaged in lobbying on behalf of the cheft during a segment of the cheft during a segment of the cheft during the cheft during a segment of the cheft during a	des as necessary to reflect the general issue areas in which the re ring the reporting period. Using a separate page for each code, age(s) as needed.
General issue area code GOV (or	ne per page)
. Specific lobbying issues	the greater attention and resolution of the SS.
The Society joined in a letter to the Social Section disability appeals backlog, attention to denial representation process.	urity Administration supporting greater attention and resolution of the SS ates, and expansion of individuals ability to present evidence in the
7. House(s) of Congress and Federal agence Social Security Administration	ies contacted
18. Name of each individual who acted as a	lobbyist in this issue area
18. Name of each individual who acted as a	lobbyist in this issue area Covered Official Position (if applicable)
Name	
Susan Sanabria Stephanie Simons Angela Ostrom	Covered Official Position (if applicable)
Susan Sanabria Stephanie Simons Angela Ostrom Penny Steele	Covered Official Position (if applicable)
Susan Sanabria Stephanie Simons Angela Ostrom	Covered Official Position (if applicable)
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Susan Sanabria Stephanie Simons Angela Ostrom Penny Steele	Covered Official Position (if applicable)
Susan Sanabria Stephanie Simons Angela Ostrom Penny Steele	Covered Official Position (if applicable)

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DBBYING ACTIVITY. Select as many congaged in lobbying on behalf of the client deformation as requested. Attach additional programmes.	odes as necessary to reflect the uring the reporting period. Usin page(s) as needed.	general issue areas in which the reaggneral issue areas in which the reaggneral as separate page for each code,
General issue area code MMM (one per page)	
5. Specific lobbying issues		to care.
The Society joined in a letter Senate leaders	opposing enons to reduce access	
7. House(s) of Congress and Federal agen	cies contacted	eck if None
U.S. Senate		
18. Name of each individual who acted as Name Susan Sanabria	<u>-</u>	Covered Official Position (if applicable)
Susan Sanabria Stephanie Simons	<u>-</u>	Covered Official Position (if applicable)
Name Susan Sanabria		Covered Official Position (if applicable)
Susan Sanabria Stephanie Simons		Covered Official Position (if applicable)
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Susan Sanabria Stephanie Simons		Covered Official Position (if applicable)
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Susan Sanabria Stephanie Simons		Covered Official Position (if applicable) Check if None

aged in lobbying on behalf of the chemo- remation as requested. Attach additional	codes as necessary to reflect the general issue areas in which the reducing the reporting period. Using a separate page for each code, page(s) as needed.
General issue area code HOU	(one per page)
Specific lobbying issues	conting accessibile housing (HR 5683).
The Society joined in a letter endorsing legi	slation supporting accessibile housing (HR 5683).
7. House(s) of Congress and Federal age	encies contacted
U.S. House	
S and individual who acted a	as a lobbyist in this issue area
8. Name of each individual who acted a	as a lobbyist in this issue area Covered Official Position (if applicable)
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Printed Name and Title_

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formation Update Pag	e - Complete ONLY whe	re registration information has ch	
). Client new address			
	ess (if different from line 20)		
in.	Stat	e/Zip (or Country)	
2. New general description of client's	645154		
LOBBYIST UPDATE 23. Name of each previously re	eported individual who is t	no longer expected to act as a lobby	ist for the client
ISSUE UPDATE 24. General lobbying issues pr	reviously reported that no	onger pertain	
AFFILIATED ORGANIZA 25. Add the following affiliate	ATIONS ed organization(s)		
Name	4++	Address	Principal Place of Bus (city and state or cou
26 Name of each previously	reported organization that	is no longer affiliated with the regi	strant or client
FOREIGN ENTITIES 27. Add the following foreign	n entities		
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
(
	reported foreign entity th	at no longer owns, or controls, or i	s affiliated with the registra
28. Name of each previously affiliated organization			
28. Name of each previously affiliated organization Signature			2/1/03

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