

SECRETARY OF THE SENATE

01 JUN -4 AM 9: 54

TO: SECRETARY OF THE SENATE
FROM: ANN HOWARD, former VP for Policy
American Federation of HomeCare Providers (#34772000)
DATE: MAY 31, 2001
RE: LOBBYING REPORTS

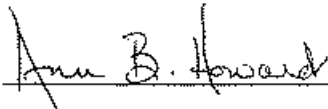
Attached are two items:

1. Lobbying report for the last six months of 2000 for the now-defunct American Federation of HomeCare Providers.

This report replicates what I prepared on February 12, 2001, which I sent but apparently you did not receive.

I wish to note that I have been very careful to complete all lobbying reports on time.

2. A lobbying registration form for the newly-formed American Home Care Association.



Ann B. Howard
Vice President, Policy
American Home Care Association
1320 Fenwick Lane, Suite 100
Silver Spring, MD 20910
301-588-1454

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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>American Federation of Home Care Providers</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1320 Fenwick Lane, Suite 100</u>			
3. Principal Place of Business (if different from line 2) City: <u>Silver Spring</u> State/Zip (or Country): <u>MD 20910</u>			
4. Contact Name <u>Ann B. Howard</u>	Telephone <u>301-588-1454</u>	E-mail (optional)	5. Senate ID # # <u>34772000</u>
7. Client Name <input type="checkbox"/> Self			6. House ID # # <u>34772000</u>

TYPE OF REPORT 8. Year 2000 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 11/01

11. No Lobbying Activity

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 type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature: Ann B. Howard

Printed Name and Title: Ann B. Howard, Vice President for Policy (Former)

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Registrant Name American Federation of Homecare Providers Client Name _____

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 NCR (one per page)

16. Specific lobbying issues
home care
Medicare
Prospective Payment System
market access / consumer choice
provider repts / care process
Employer Issues - CLAS, HIPAA

17. House(s) of Congress and Federal agencies contacted Check if None
House of Representatives
U.S. Senate
Department of Health & Human Services
Health Care Financing Administration
The White House
OIG

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

Name	Covered Official Position (if applicable)	New
<u>Ann B. Howard</u>	<u>Vice President for Policy</u>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Ann B. Howard Date February 12, 2001
Printed Name and Title Ann B. Howard - Vice President for Policy (Former)

Registrant Name American Federation of Home Care Providers Client Name _____

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

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

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 in client

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

Signature Ann B. Howard Date February 12, 2001
 Printed Name and Title Ann B. Howard - Vice President Sr Policy (former)