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LOBBYING REPORT

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

1. Registrant Name HC Associates, Inc.		
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 901 15th Street, N.W., Suite 410 City Washington State/Zip (or Country) DC 20005		
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____		
4. Contact Name Howard Cohen	Telephone (202) 371-6148	E-mail (optional) _____ 5. Senate ID # N/A
7. Client Name <input type="checkbox"/> Self The American Society of Anesthesiologists	6. House ID # N/A	

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

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this rep period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definit <input type="checkbox"/> Method B. Reporting amounts under section 6032 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____ Date 8/14/2001



Registrant Name: HC Associates, Inc.

Client Name: The American Society of Anesthesiologists

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

**Issues regarding the valuation of the services under Anesthesia CPT codes and critical care services in the g period.
Coverage of Anesthesia services in Medicare by health care providers.**

17. House(s) of Congress and Federal agencies contacted Check if None
**Department of Health & Human Services
House of Representatives**

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

Name	Covered Official Position (if applicable)
Cohen, Howard	

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

Signature Howard Cohen Date 8/14/2001

