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Legislative Resource Center  
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Washington, DC 20515

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Washington, DC 20510

SECRETARY OF THE SENATE

02 AUG 14 AM 9:30

**LOBBYING REPORT**

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

1. Registrant Name American Podiatric Medical Association, Inc. (APMA)			
2. Address <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road			
3. Principal Place of Business (if different from line 2) City: Bethesda State/Zip (or Country) Maryland 20814			
4. Contact Name Martha L. Rinker	Telephone 301/581-92300	E-mail (optional) mlrinker@apma.org	5. Senate District 3116
7. Client Name <input checked="" type="checkbox"/> Self			6. House District 31452

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-

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

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____ 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>80,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(e)(2)(C) Internal Revenue Code</p>
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Signature

*Ann K. Mastore, PAM*

Printed Name and Title Glenn B. Gastwirth, DPM, EXECUTIVE DIRECTOR

LD-2 (REV. 6/98).

Registrant Name APMA Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

(See attached.)

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

U.S. House of Representatives  
U.S. Senate

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

Name	Covered Official Position (if applicable)
Martha L. Rinker	
Faye B. Frankfort	

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

Signature *Glenn B. Gastwirth, DPM* Date August 13, 2002



Registrant Name APMA

#16 - HCR

Managed Care Reform (S 1052, HR 2563) working toward patient protections for enrollees in managed care plans. APMA's focus is on the issues of point of service, elimination of discrimination toward licensed health care providers by managed care plans and the membership internal/external review panels.

The "Health Care Antitrust Improvements Act of 2002" (HR 3897) - health care professionals in small and solo practices would be able to jointly negotiate with health plans without fear of violating antitrust laws.

The "Help Efficient Accessible, Low-Cost, Timely Health Care Act" or HEALTH (HR 4600) was recently introduced in response to the growing medical liability problem in the states.

The Health Care Safety Net Amendments of 2001 (S1281) five-year reauthorization includes the National Health Service Corps (NHSC) scholarship and loan repayment programs for podiatrists.

The Patient and Physician Safety and Protection Act of 2001 (HR 3236, S2614) to reduce the work hours and increase the supervision of resident-physicians to ensure the safety of patients and resident-physicians themselves, creating regulations similar to those that limit working hours for truck drivers and airline pilots.

The Health Care Access Improvement Act (S 569, HR 2249) would provide a tax credit to primary health care providers who establish practices in underserved areas.

FY 2002 Appropriations for Labor, HHS and Education focused on funding for CDC's Diabetes Translation program.



Registrant Name APMA Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

(See attached.)

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

U.S. House of Representatives  
U.S. Senate  
CMS/DHHS

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

Name	Covered Official Position (if applicable)
Martha L. Rinker	
Faye B. Frankfort	
Nancy L. Parsley, DPM	CMS issues only

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

Signature *Glenn B. Gaswirth, DPM* Date August 13, 21

Printed Name and Title Glenn B. Gaswirth, DPM, Executive Director



Registrant Name APMA

#16 - MMM

Medicare Physician Payment Fairness Act of 2001 (S 1707, HR 3351) and the portion of the House Medicare drug bill (H.R. 4954) would change the physician Medicare fee update formula in current law.

Medicare Education and Regulatory Fairness Act of 2001(HR 868) and Medicare Regulatory Reform (S 1738) to require clarification of Medicare regulations to ensure that health care providers understand their regulatory responsibilities and receive fair treatment from HCFA/CMS.

The “Medicare Beneficiary Freedom to Contract Act of 2002” (HR 4702) would remove the stipulation that disallows physicians from participating in Medicare for two years if they engage in any private contracting with a Medicare beneficiary.

The “Medicare Equal Access to Care Act of 2002” (HR 4752) introduced to prohibit physicians from charging Medicare beneficiaries "membership" or "access" fees as a condition of receiving treatment and billing Medicare for their services. The proposal would disqualify physicians who require the payment of such fees from billing Medicare for two years.

The “Medicare Patient Access to Physical Therapists Act of 2001” (S 2386, HR 3363) propose to allow physical therapists to “diagnose, evaluate and treat Medicare beneficiaries without a requirement for a physician referral”.

The “Medicare Hospital Outpatient Department Fair Payment Act of 2002” (S 2547) would require Medicare to help hospitals with the rising costs of providing outpatient services for Medicare beneficiaries by paying at least 90 percent of the cost to provide outpatient services.

Regulatory Activity – Contact with HCFA/CMS on issues affecting the practice of podiatry and the provision of podiatry services to Medicare beneficiaries.



Registrant Name APMA Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

(See attached.)

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

U.S. House of Representatives  
U.S. Senate  
IHS/DHHS

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

Name	Covered Official Position (if applicable)
Martha L. Rinker	
Faye B. Frankfort	

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

Signature *Glenn B. Gastwirth, DPM* Date August 13, 20

Printed Name and Title Glenn B. Gastwirth, DPM, Executive Director



Registrant Name APMA

#16 - IND

Reauthorization of the Indian Health Care Improvement Act (S. 212) A bill to amend revise and extend the Indian Health Care Improvement Act. APMA's particular interest is the expansion of podiatric services to IHS clients.

Appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2002. APMA's particular interest is adequate and expanded funding of IHS facilities.

Regulatory Activity – Contact with IHS on issues affecting the practice of podiatry and the provision of podiatry services to IHS clients.



Registrant Name APMA 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

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

Signature *Kevin G. Harrison* Date August 13, 20

Printed Name and Title Glenn B. Gastwirth, DPM, Executive Director

Form LD-2 (Rev. 6/98)

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