

00 AUG 14 PM 2:07

LOBBYING REPORT

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

1. Registrant Name Massachusetts Medical Society			
2. Address <input type="checkbox"/> Check if different than previously reported 860 Winter Street, Waltham, MA 02451			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Alexandra B. Calcagno		Telephone 781-434-7214	E-mail (optional) 5. Senate ID # 23975-12
7. Client Name <input checked="" type="checkbox"/> Self		6. House ID # 31967000	

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. No Lobbying Activity ☐

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 reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>\$60,000</u> 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 expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title Harry L. Greene II, M.D., Executive Vice President

Massachusetts Medical Society
Registrant Name _____ 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 HCR (one per page)

16. Specific lobbying issues

S. 1344, "Patients Bill of Rights Plus Act", HR 2723, "Bipartisan Consensus Managed Care Reform Act of 1999" (Managed Care Reform);

Privacy and Confidentiality of Medical Records and Health Information; including S 573/HR 1057, "Medical Information Privacy and Security Act;" S. 881 "Medical Information Protection Act,"

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

Massachusetts Congressional Delegation: U.S. House of Representatives
Massachusetts Congressional Delegation: U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Alexandra Calcagno		<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 _____ Date _____

Printed Name and Title _____

Massachusetts Medical Society
Registrant Name _____ 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.
HCR (pg. 2)

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

16. Specific lobbying issues

Proposed Rules on Standards for Privacy of Individually Identifiable Health Information
November 3, 1999 45 CFR, Parts 160-164; RIN 0991-AB08; HR 2260/S. 1272,
"Pain Relief Promotion Act" (Pain Management and Palliative Care)

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

Massachusetts Congressional Delegation: U.S. House of Representatives
Massachusetts Congressional Delegation: U.S. Senate
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)	New
Alexandra Calcagno		<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 _____ Date _____

Printed Name and Title _____

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Massachusetts Medical Society
Registrant Name _____ 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.

HCR (pg. 3)

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

16. Specific lobbying issues

Medicare Prescription Drug Coverage issues (no specific bill referenced)

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

Massachusetts Congressional Delegation: U.S. House of Representatives

Massachusetts Congressional Delegation: U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Alexandra Calcagno		<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 _____ Date _____

Printed Name and Title _____

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Registrant Name Massachusetts Medical Society 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 HCR (pg. 4) (one per page)

16. Specific lobbying issues

HR 2870 "Medicare Vision Rehabilitation Act of 1999"
National Practitioner Data Bank: discussions re increased access (no specific legislation)
S. 2743 Voluntary Error Reduction and Improvement in Patient Safety Act; S. 2738
Patient Safety and Errors Reduction Act

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

Massachusetts Congressional Delegation: U.S. House of Representatives
Massachusetts Congressional Delegation: U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Alexandra Calcagno		<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 _____ Date _____

Printed Name and Title _____

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Registrant Name Massachusetts Medical Society 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 HCR (pg. 5) (one per page)

16. Specific lobbying issues

Changes to Hospital Prospective Payment System re blood products:
September 8, 1998 Volume 63 Federal Register 47552.

17. House(s) of Congress and Federal agencies contacted ☐ Check if None
Health Care Finance Administration

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

Name	Covered Official Position (if applicable)	New
Alexandra B. Calcagno		<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 _____ Date _____

Printed Name and Title _____

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Massachusetts Medical Society
Registrant Name _____ 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.

LBR

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

16. Specific lobbying issues

HR 1304 - Quality Health Care Coalition Act of 1999

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

U.S. House of Representatives - Mass Delegation

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

Name	Covered Official Position (if applicable)	New
Alexandra B. Calcagno		<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 _____ Date _____

Printed Name and Title _____

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Massachusetts Medical Society

Registrant Name _____ 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 MMM (one per page)

16. Specific lobbying issues

Medicare Prescription Drug Coverage issues (no specific bill referenced)

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

Massachusetts Congressional Delegation: U.S. House of Representatives

Massachusetts Congressional Delegation: U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Alexandra B. Calcagno		<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 _____ Date _____

Printed Name and Title _____

Massachusetts Medical Society

Registrant Name _____ 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 MMM (pg. 2) ~~one~~ per page)

16. Specific lobbying issues

HR 2870, "Medicare Vision Rehabilitation Act of 1999"

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

Massachusetts Congressional Delegation: U.S. House of Representatives

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

Name	Covered Official Position (if applicable)	New
Alexandra Calcagno		<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 _____ Date _____

Printed Name and Title _____

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Registrant Name Massachusetts Medical Society 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 MMM (pg. 3) (one per page)

16. Specific lobbying issues

Health Care Finance Administration proposed Evaluation & Management documentation guidelines for Medicare reimbursement.

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

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

Name	Covered Official Position (if applicable)	New
Alexandra B. Calcagno		<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 _____ Date _____

Printed Name and Title _____

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Registrant Name Massachusetts Medical Society 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 ENV (one per page)

16. Specific lobbying issues

HR 3275/S.2109 "School Environment Protection Act of 1999"

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)	New
Alexandra B. Calcagno		<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 Harry L. Greene II Date 8/10/2000

Printed Name and Title Harry L. Greene II, M.D., Executive Vice President