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SECRETARY OF THE SENATE
04 JUL -9 AM 10:13

LOBBYING REPORT

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

1. Registrant Name Kindred Healthcare, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 680 South Fourth Avenue			
3. Principal Place of Business (if different from line 2) City: Louisville State/Zip (or Country) KY 40202			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
William M. Altman	502-596-7161		39952
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
		33596	

TYPE OF REPORT 8. Year 2004 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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"/> ⇒ \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162f Internal Revenue Code</p>
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Signature

William M. Altman

Printed Name and Title William M. Altman, Senior Vice President

LD-2 (REV. 6/98)

P:

Registrant Name Kindred Healthcare, Inc. Client Name Kindred Healthcare, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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

- 1. Medicare payment for nursing facilities, long-term care hospitals, and long-term care pharmacies
- 2. Medicare and medicaid reform.
- 3. Medicaid payment policy.
- 4. Quality of health care policy.

17. House(s) of Congress and Federal agencies contacted

Check if None

United States House of Representatives
 United States Senate
 Department of Health and Human Services
 -Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
William M. Altman	Sr. VP of Compliance and Gvt Programs

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature William M. Altman Date 7-1-04

Printed Name and Title William M. Altman, Senior Vice President

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Page

Registrant Name Kindred Healthcare, Inc. Client Name Kindred Healthcare, Inc.

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

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

16. Specific lobbying issues

- 1. Medicare payment for nursing facilities, long-term care hospitals, and long-term care pharmacies
- 2. Medicare and medicaid reform.
- 3. Medicaid payment policy.
- 4. Quality of health care policy.

17. House(s) of Congress and Federal agencies contacted

Check if None

- United States House of Representatives
- United States Senate
- Department of Health and Human Services
- Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
William M. Altman	Sr. VP of Compliance and Gvt Programs

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature William M. Altman Date 7-1-04

Printed Name and Title William M. Altman, Senior Vice President

Form LD-2 (Rev.6/98)

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Registrant Name Kindred Healthcare, Inc. Client Name Kindred Healthcare, Inc.

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 William M. Axt

Date 7-1-04

Printed Name and Title William M. Altman, Senior Vice President

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