

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

SECRETARY OF THE SENATE  
03 FEB -5 AM

# LOBBYING REPORT

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

1. Registrant Name <u>HEALTH POLICY ANALYSTS, INC</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1767 P STREET, NW SUITE 200</u>			
3. Principal Place of Business (if different from line 2) City: <u>WASHINGTON</u> State/Zip (or Country) <u>DC 20036</u>			
4. Contact Name <u>G. LAWRENCE ATKINS</u>	Telephone <u>202-588-5305</u>	E-mail (optional)	5. Senate ID # <u>17886</u>
7. Client Name <input type="checkbox"/> Self <u>SCHORING-PLOUGH LEGISLATIVE RESOURCES, LLC</u>			6. House ID # <u>3364</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-Dec 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><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 checked="" type="checkbox"/> ⇨ \$ <u>60,000</u> 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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
---	--

Signature *G. Lawrence Atkins*

Printed Name and Title G-LAWRENCE ATKINS, PRESIDENT

Registrant Name HEALTH POLICY ANALYSTS INC Client Name SCHOLING-PLOUGH LEGISLATIVE RESOURCES LLC

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

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

16. Specific lobbying issues

HEPATITIS C TREATMENT

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

U.S. HOUSE OF REPRESENTATIVES  
U.S. SENATE  
DEPT OF HEALTH & HUMAN SERVICES  
DEPT OF VETERANS AFFAIRS

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

Name	Covered Official Position (if applicable)
<u>G. LAWRENCE ATKINS</u>	
<u>KEITH D. LIND</u>	

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

Signature [Handwritten Signature] Date 1-26-07

Printed Name and Title S. ANNICKEN AT KINS, PRESIDENT

Form LD-2 (Rev. 6/98)

Page

Registrant Name HEALTH POLICY ANALYSTS INC. Client Name SCHEDING - ALONGH LEGISLATIVE

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

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

16. Specific lobbying issues

MEDICARE REFORM  
MEDICARE OUTPATIENT DRUG BENEFIT HR 4954, S21 S  
MEDICARE PART B PAYMENT TO PHYSICIANS  
MEDICARE HOSPITAL OUTPATIENT PROSPECTIVE PAY  
MEDICARE POLICY ON SELF-ADMINISTERED DRUGS.

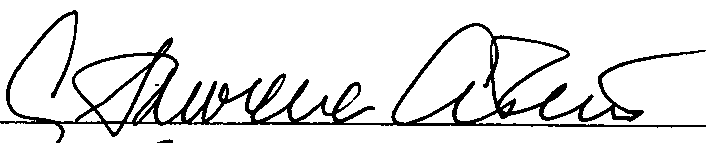
17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. SENATE  
U.S. HOUSE OF REPRESENTATIVES  
CENTERS FOR MEDICARE MEDICAID SERVICE

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

Name	Covered Official Position (if applicable)
G. LAURENCE ATKINS	
KEITH D. LIND	

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

Signature  Date 1-26-0

Printed Name and Title G. WINNIE YIPINS CHIEF

Form LD-2 (Rev. 6/98)

Page

INC

Registrant Name HEALTH POLICY ANALYSTS, Client Name SCHERING-PLOUGH LEGISLATIVE

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

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

16. Specific lobbying issues

PHARMACEUTICAL EXPENDITURES, MEDICARE/MEDICAID  
PRESCRIPTION DRUG PRICING, MEDICARE PAYMENT RATES  
REIMPORTATION, GENERIC DRUG APPROVAL - S. 812 PURCH  
NATIONAL CENTER FOR AFFORDABLE MEDICINES

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

U.S. SENATE  
U.S. HOUSE OF REPRESENTATIVES  
U.S. DEPT OF HEALTH & HUMAN SERVICE

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

Name	Covered Official Position (if applicable)
<u>G. LAWRENCE ATKINS</u>	
<u>KEITH D. LIND</u>	
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Signature [Handwritten Signature] Date 1-26-0

