

LOBBYING REPORT

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

1. Registrant Name:

MARSHFIELD CLINIC

2. Address:

1000 N OAK AVE, MARSHFIELD, WI 54449

3. Principal place of business (if different from line 2):

4. Contact Name: REED HALL

Telephone: 715-387-5511

E-mail (optional): hall.reed@marshfieldclinic.org

Senate ID #: 57830-12

House ID #: 35355000

7. Client Name: Self

TYPE OF REPORT

8. Year 2001 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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more: => Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more: => Expenses (nearest \$20,000): 116,275.00

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only
 Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
 Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: MARSHFIELD CLINIC Client Name: Self

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: BUD (one per page)

16. Specific lobbying issues:

The comprehensive appropriations bill funding the Departments of Labor, Health and Human Services, and Education for FY 2002. H.R. 3061, The FY 2002 Labor, Health and Human Services, Education and Related Agencies Appropriations Act Conference Report provides funding for HRSA including amounts designated for a Molecular Diagnostic Production Laboratory at Marshfield Clinic to develop emerging genomic sequencing applications, and tele-health; and research and program grant programs to the National Institute for Occupational Safety and Health, National Center for Rural Agriculture Health and Safety." HR 3061 also included funding for the National Human Genome Research Institute (NHGRI), The National Heart Lung and Blood Institute (NHLBI), The National Institute for Arthritis and Musculoskeletal Diseases (NIAMS), The National Institute of Diabetes Digestive and Kidney Diseases (NIDDK), and The National Institute Neurological Disorders and Stroke (NINDS) to pursue the development of the next generation of genomic tools and technologies needed to study the human genome and understand its role in human health and disease. The Conference Report accompanying H.R. 3338, making appropriations for the Department of Defense for FY ending September 30, 2002 and for other purposes, provided funding to the Department of Health and Human Services, Office of the Secretary for public health and social services emergency fund for administering assistance for enhancing laboratory capacity by requesting the Centers for Disease Control to ensure that funds are made available, to the greatest extent possible, to all laboratories participating in the Laboratory Response Network and in need of capacity upgrades, as well as to labs in need of upgrades in order to be brought in to the network. President Bush's FY 2002 Budget provisions regarding Medicare reform proposal consolidating Parts A and B of the Medicare program. Reforms based upon principles of guaranteed access, a choice of plans including options for prescription drug coverage, and entitlement for low-income seniors. Demonstration grant programs to increase patient safety through the application of computerized prescriber order entry systems to reduce preventable adverse drug reactions. CMS management reform to modernize and streamline current programs, and eliminate "excessive administrative complexity". Bush budget proposal of a \$124 million increase for Community Health Centers, as part of a multi-year initiative to increase the number of sites by 1200.

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

Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Congressional Budget Office (CBO)
Executive Office of the President
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
Natl Institutes of Health (NIH)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

Registrant Name: MARSHFIELD CLINIC Client Name: Self

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: F00 (one per page)

16. Specific lobbying issues:

Development of governmental advice and consultation and research methods relevant to food safety services including but not limited to laboratory test development, topical research on genetics as well as zoonosis

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

Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Executive Office of the President
Food & Drug Administration (FDA)
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
Natl Institutes of Health (NIH)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

Registrant Name: MARSHFIELD CLINIC Client Name: Self

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:

Privacy Regulation -- On December 28, 2000, the DHHS Office of the Secretary published a final rule establishing Standards for Privacy of Individually Identifiable Health Information. This rule includes standards, which apply to health plans, health care clearinghouses, and health care providers, establishing the rights of individuals who are the subjects of this information, procedures for the exercise of those rights, and the authorized and required uses and disclosures of this information. The rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996. HR 3323, that would extend the deadline for entities to be in compliance with the transaction standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by one year. Liability and prompt payment provisions of the various Patients' Bill of Rights: S. 899, the Bipartisan Patients' Bill of Rights Act of 2001, introduced by Senators Bill Frist (R-TN), John Breaux (D-LA), and James Jeffords (R-VT) treatment of health plan and employer liability creating a limited right for patients to sue their health plans in federal court if they feel they have been improperly denied care. S. 1052 "Bipartisan Patient Protection Act" introduced by Sens. John McCain (R-AZ), John Edwards (D-NC), and Edward Kennedy (D-MA). The bill includes a broad range of patient protections nearly universally available throughout the states enabling access to pediatricians, obstetricians, emergency room services, and rights to appeal health plan decisions. HR 2563, the Bipartisan Patient Protection Act introduced by Rep. Charlie Norwood and Rep. Bill Thomas offering a compromise on the treatment of health plan and employer liability creating a limited right for patients to sue their health plans. Legislation drafted by Rep. John Dingell (D-MI) and Rep. Greg Ganske (R-IA), H.R. 526, which is identical to the Kennedy/McCain bill. Reps. Fletcher (R-KY), Collin Peterson (D-MN) and Nancy Johnson (R-CT) introduced H.R. 2315, the "Patient Bill of Rights of 2001."

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

Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Executive Office of the President
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

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:

On November 1, the Centers for Medicare & Medicaid Services published in the Federal Register a final rule entitled, "Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 2002." This final rule made significant changes affecting Medicare Part B payment to reflect changes in medical practice and the relative value of services including interim RVUs for new and revised procedure codes for calendar year (CY) 2002, and a revised physician fee schedule update for CY 2002 and a revised conversion factor for CY 2002. The Medicare Physician Payment Fairness Act of 2001, S. 1707 and HR 3351, introduced by Senator James Jeffords and Rep. Michael Bilirakis to reduce an across the board cut of 5.4% in Medicare payments to physicians and set the conversion factor (update) for payments under the Medicare physician fee schedule for 2002 at 0.9 percent less than the conversion factor for 2001. The bills also direct the Medicare Payment Advisory Commission (MedPAC) to study and report to Congress on replacing the use of the sustainable growth rate as a factor in determining the update for such payments with a factor that more fully accounts for changes in the unit costs of providing physicians' services. Modification of Medicare physician fee schedule geographic work adjustor. HR 3569, the Rural Equity Payment Index Reform Act (REPAIR) would lessen the disparity in Medicare physician payment that currently exists between urban and rural areas. Full reimbursement of Medicare Allowed Costs under Medicare Part B. Acceleration of Risk Adjustment implementation under Medicare+Choice. Preservation of floor payments in rural areas under Medicare+Choice. Waiver of Medicare+Choice enrollment limitations for 2002 and 2003. Extension of the New Entry bonus under Medicare+Choice. Demonstration programs under Medicare to increase beneficiary and plan participation in the Medicare +Choice Program. "Medicare Equity" concepts developed by Senate Finance Committee taking incremental steps towards Medicare reform, including restructuring CMS, improving Medicare+Choice, increasing the number of plans in rural areas, and easing payment inequities between urban and rural providers. HHS Initiative on Rural Communities. DHH Secretary Thompson's call for a department-wide examination of federal health programs and how the federal programs respond to the needs of rural areas. Regulatory reform of CMS, through select provisions of the Medicare Education and Regulatory Fairness Act (S. 452, H.R. 858), H.R. 3046, the Medicare Regulatory, Appeals, Contracting, and Education Reform Act (The Medicare RACER Act) and the H.R. 2768, the "Medicare Regulatory And Contract Reform Act of 2001," and H.R. 3391, The Medicare Regulatory and Contracting Reform Act" HR 3584, "The Medicare+Choice Improvement and Stabilization Act of 2001" legislation that would revise the payment structure of the Medicare managed care program for the year 2003 and make other changes to the program basing M+C payment on 100 percent of fee-for-service costs for 2003 only. Plans would then be paid based on whichever option was greatest: 100 percent of fee-for-service; a modified blend that re-weights the national average using M+C enrollment; floor payments as enacted in the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000; or a 2 percent minimum increase. The bill would also delay the onset of the "lock-in" period by one year and enable demonstration projects for preferred provider organizations and disease management programs. Provisions of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, HR 5661. Section 412. HHS will be required to conduct a Physician Group Practice Demonstration to test, and expand the use of incentives to health care groups participating under Medicare. Section 429. BIPA requires GAO to study and submit a report to Congress and the Secretary on the reimbursement for drugs and biologicals and related services under Medicare. Section 437. BIPA requires GAO to conduct a study on the post-payment audit process for physicians services. The Comptroller General would also be required to conduct a study of the aggregate effects of regulatory, audit, oversight and paperwork burdens on physicians and other health care providers participating in Medicare. TITLE VI. Sections 601-609. BIPA improves funding for beneficiaries in Medicare+Choice plans. Minimum payment rates for Medicare+Choice (M+C) Organizations have been increased to \$475/month in rural areas. Minimum M+C updates have been increased to 3% in 2001. The phase in period for risk adjustment has been modified. The new entry bonus (5%) where no plans are available would be extended to 2001. Section 702. Protects Federally Qualified Health Centers from potential reductions in payments, by installing a cost-based system for calculating payment for FQHC's and rural health centers in 2001. The provision would create a new Medicaid prospective payment system for FQHCs and RHCs beginning in January of FY2001. S. 358. Medicare Prescription Drug and Modernization Act of 2001, Title III--Medicare+Choice Competition Program, SEC. 301. (a) Payments to Medicare+Choice Organizations based on risk-adjusted bids- Prescription drug benefits would be offered through existing Medicare+Choice plans and private insurers. Medicare reimbursement for recovery care center services. Medicare Evaluation and Management Documentation Coding. Clarification of Medicare Formatting of Advance Beneficiary Notices.

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

Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Congressional Budget Office (CBO)
Executive Office of the President
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
Nat'l Institutes of Health (NIH)
President of the U.S.

Registrant Name: MARSHFIELD CLINIC Client Name: Self

SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

Signature: ON FILE Date: Feb 08, 2002

Printed Name and Title: REED E. HALL - EXECUTIVE DIRECTOR