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05 AUG 19 AM 10:41
LOBBYING REPORT

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

1. Registrant name	
Organization	Private Practice Section of the American Physical Therapy As
2. Address <input type="checkbox"/> Check if different than previously reported	
1055 North Fairfax St, Ste 100	
City	Alexandria
State	VA
Zip Code	22314
Country	USA
3. Principal place of business (if different than line 2)	
City	
State	
Zip Code	
Country	
4a. Contact Name	b. Telephone number
Prefix Full Name	
Ms. Monica Baroody	703-299-2410
c. E-mail	5. Senate ID #
monicabaroody@apta.org	60014-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #
Private Practice Section of the American Physical Therapy As	3535700

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

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

<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 checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></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 were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions of Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of Revenue Code</p>
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Form C

Printed Name and Title Monica Baroody, Executive Director



3000430028

Registrant Name Private Practice Section of the American F Client Name Private Practice Section of the Americ

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r 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 - Health Issues (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

- 1. Repeal of the \$1,590 therapy cap on physical therapy services. HR916 and S438.
- 2. Medicare Physician Fee Schedule
- 3. Medicare Direct Access for Part B Therapy Services. HR1333 and S647
- 4. Physician status under Medicare for physical therapists.

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

U.S. Senate
House of Representatives
Centers for Medicare and Medicaid Services

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for it.*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
George	Olsen		
Stephen	Anderson		

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

Add a page for a diff

Printed Name and Title Monica Baroody, Executive Director



0000430029



Registrant Name Private Practice Section of the American P Client Name Private Practice Section of the Americ

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suff

1 Joanne

Dunne

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Owns perce client

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

1

3

5

2

4

6

Add a page for more info

Printed Name and Title Monica Baroody, Executive Director

Monica Baroody

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