

| | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 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 AUG 27 AM 10:22

LOBBYING REPORT

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

| | | | |
|---------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------|----------------------------|
| 1. Registrant Name New York State Association of Health Care Providers, Inc. | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 90 State Street, Suite 200 | | | |
| 3. Principal Place of Business (if different from line 2) Albany NY/12207 City: State/zip (or Country) | | | |
| 4. Contact Name Phyllis A. Wang | Telephone (518) 463-1118 | E-mail (optional) | 5. Senate ID # 29196-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | 6. House ID # 33586000 |

TYPE OF REPORT 8. Year 2003 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 Activities

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 ⇌ \$ \$60,000.00
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of

- Method A.** Reporting amounts using LDA definition
 Method B. Reporting amounts under section 603 Internal Revenue Code
 Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____ Date _____

Printed Name and Title _____
Christine L. Johnston, Vice President

Registrant Name State Association of Health Care Prov Client Name Self

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

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

16. Specific lobbying issues

Medicare and Medicaid home health reimbursement provisions; opposition to the implementation of copayments; opposition to home health market basket reductions; support continuation of home health rural add-on; workforce shortage issues; Medicare regulatory reform; Federal Medical Assistance Percentage; homebound definition (S1, S598 S636, S138, HR26, HR319, HR810, HR1874, HR796, HR816, HR439, HJ Res2, HR2473, HR1)

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

US House of Representatives
US Senate
US 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) |
|-----------------------|-------------------------------------------|
| Phyllis A. Wang | |
| Christine L. Johnston | |
| Julia Tighe | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature _____ Date _____

Printed Name and Title Christine L. Johnston, Vice President

Registrant Name State Association of Health Care Prov Client Name Self

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

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

16. Specific lobbying issues

Insurance and Workers' Compensation --general monitoring

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) |
|-----------------------|-------------------------------------------|
| Phyllis A. Wang | |
| Christine L. Johnston | |
| Julia Tighe | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature _____ Date _____

Printed Name and Title Christine L. Johnston, Vice President

Form FD-2 (Rev. 4/03)

Page 3

Registrant Name State Association of Health Care Prov Client Name Self

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

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

16. Specific lobbying issues

General labor issue monitoring.

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) |
|-----------------------|-------------------------------------------|
| Phyllis A. Wang | |
| Christine L. Johnston | |
| Julia Tighe | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Christine L. Johnston 01/2/12

Signature  Date 01/21/20

Printed Name and Title Christine L. Johnston, Vice President