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LOBBYING REPORT

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

1. Registrant Name American Podiatric Medical Association, Inc.			
2. Address <input type="checkbox"/> Check if different from previously reported 9312 Old Georgetown Road			
3. Principal Place of Business (if different from line 2) City: Bethesda State/Zip (or Country) Maryland 20814			
4. Contact Name John R. Carson	Telephone 301-581-9230	E-mail (optional) jrcarson@apma.org	5. Senate ID # 3116.12
7. Client Name <input type="checkbox"/> Self			6. House ID # 31452000

TYPE OF REPORT E. Year 2000 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	
<p style="text-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"/> ⇨ \$ _____ <small>Income (nearest \$20,000)</small></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 style="text-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 type="checkbox"/> ⇨ \$ <u>245,500</u> <small>Expenses (nearest \$20,000)</small></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 only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature _____

Printed Name and Title Glenn B. Gastwirth, DPM, Executive Director

LD-3 (REV. 6/98)

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Registrant Name APMA Client Name _____

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

(see attached)

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

US House of Representatives
US Senate
Health Care Financing Administration (DHHS)
Health Resources and Services Administration (DHHS)
Indian Health Service (DHHS)
Department of Defense

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

Name	Covered Official Position (if applicable)	New
John R. Carson, Director		<input type="checkbox"/>
Governmental Affairs		<input type="checkbox"/>
Faye B. Frankfort, Associate Director		<input type="checkbox"/>
Glenn B. Gastwirth, DPM	HCFA (DHHS) Issues Only	<input type="checkbox"/>
Executive Director		<input type="checkbox"/>
Nancy L. Parsley, DPM	HCFA (DHHS) Issues Only	<input type="checkbox"/>
Policy and Practice Officer		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature *Glenn B. Gastwirth, DPM* Date 01/02/01

Printed Name and Title Glenn B. Gastwirth, DPM, Executive Director

Registrant Name-American Podiatric Medical Association

Addendum #16-Specific Lobbying Issues

***Legislative Initiatives**

A. Managed Care Reform (HR 2990, S1344): Throughout the calendar year, the association lobbied a Senate-House conference committee on behalf of a meaningful set of patient protections for the enrollees in managed care plans. In particular, the association advocated two high priority protections, namely, a point of service option and a non discrimination of practitioner provision; but the 106th Congress failed in the final analysis to produce a managed care reform package.

B. Appropriations (HR 4577): Within the Labor, Education, DHHS FY 2001 appropriations measure, the association again successfully advocated funding for a HRSA administered primary care podiatric medical residency program initiative.

C. Appropriations (HR 4578): Within the Interior and Related Agencies FY 2000 appropriations measure, the association successfully lobbied for a directive scolding the Indian Health Service for its failure to address its podiatric medical manpower needs.

D. Anti Trust Issue (HR 1304): The association actively and successfully supported during the year legislation in the House permitting health professionals to collectively bargain managed care plans without being in violation of federal anti trust laws. But the Senate failed to even debate the measure causing it to die in the 106th Congress.

E. TRICARE: The association prevailed in the Senate Committee on Armed Services to seek an explanation and justification from the Department of Defense as to why the TRICARE program is allowed to operate a dual payment policy for health professionals. Why should medical doctors (MD, DO) be paid more than others (DPMs) for rendering the same identical services to program beneficiaries? The issue was directed to the Department of Defense for a response which remains outstanding.

F. Student Loan Interest Deduction (HR 7, S1134) with regard to an education-tax proposal pending in Congress, the Association has been supporting an amendment to improve the amount eligible for income tax deduction for the interest payments made on student loans. In the final analysis, Congress failed to include this improved benefit in its final tax package (HR 2614).

Registrant Name-American Podiatric Medical Association

Addendum #16-Specific Lobbying Issues, cont'd.

***Federal Regulatory Issues**

A. Health Care Financing Administration (DHHS): In a continuing battle with the agency over foot care coverage and payment policies, the association has had frequent contacts with HCFA seeking to resolve those issues.

B. Health Resources and Services Administration, DHHS: As the agency responsible for the Federal programs affecting the schools and students of the health professions, HRSA is a source of frequent contact by the profession. The agency also oversees a legislatively mandated primary care podiatric medical residency program which also requires an association-agency dialogue during the year.

C. Indian Health Service, DHHS (IHS): The association meets with IHS officials from time to time to aid in meeting the agency's podiatric medical needs. Having been directed by Congress to strengthen its foot health programs, IHS will likely be visited by association representatives more regularly in the coming year.

D. Department of Defense (DOD): TRICARE has been a source of discontent for the profession over the past few years. Discussions about these problem areas, particularly an inequitable physician payment policy, have been required during the year and will need to continue in the future.