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 01 FEB 15 PM 3:15

**LOBBYING REPORT**

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

1. Registrant Name Hospital Service Association of Northeastern Pennsylvania d/b/a Blue Cross of Northeastern Pennsylvania			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 19 North Main Street, Wilkes-Barre, PA 18711			
3. Principal Place of Business (if different from line 2) City: SAME State/Zip (or Country)			
4. Contact Name Jennifer Watkins	Telephone (570) 200-6312	E-mail (optional) Jennifer.Watkins@bcnere.com	5. Senate ID # 309 94 000
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 309 94 000		

**TYPE OF REPORT** 8. 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><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 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> 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>
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Signature Kimberly J. Rockler  
 Printed Name and Title Kimberly J. Rockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Client Name SAME  
Pennsylvania

**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

Medicare Contractor Funding  
H.R. 4577 (Porter) "Labor, HHS, Education Appropriation Act, 2001 (Title II)  
S. 2545 (Specter) "Labor, HHS, Education Appropriation Act, 2001 (Title II)

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

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

Name	Covered Official Position (if applicable)	New
Judy Kraynak		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 Kimberly J. Kockler Date 2/12/01

Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Pennsylvania Client Name SAME

**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 GOV (one per page)

16. Specific lobbying issues  
No Activity

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)	Yes
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 *Kimberly J. Kockler* Date 2/12/01

Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Pennsylvania Client Name SAME

**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 INS (one per page)

16. Specific lobbying issues  
No Activity

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)	New
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 Kimberly J. Kockler Date 2/12/01

Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Pennsylvania Client Name SAME

**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 LRR (one per page)

16. Specific lobbying issues  
HR 1304 (Campbell) "The Quality Health Care Coalition Act" (entire bill)

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

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

Name	Covered Official Position (if applicable)	Net
<u>Judy Kravnak</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 *Kimberly J. Kockler* Date 2/12/01  
Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Pennsylvania Client Name SAME

**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

Medicare Prescription Drugs  
HR 4680 (Thomas) "Medicare Rx 2000 Act" (entire bill)  
S 1895 (Breaux) "Medicare Preservation & Improvement Act of '99" (entire)  
S 2342 (Moynihan) "Medicare Modernization Act of 2000" (entire)  
Medicare+Choice  
S 2342 (Moynihan) "Medicare Modernization Act of 2000" (entire)  
HR 4680 (Thomas) "Medicare Rx 2000 Act" (Title III)

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

House  
Senate

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

Name	Covered Official Position (if applicable)	Yes
Judy Kraynak		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 *Kimberly J. Kockler* Date 2/12/01  
Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Pennsylvania Client Name SAME

**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 TAX (one per page)

16. Specific lobbying issues  
No Activity

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)	None
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 Kimberly J. Kockler Date 2/12/01

Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Client Name SAME  
Pennsylvania

**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 PHA (one per page)

16. Specific lobbying issues

No specific bill. Specific bills are all under MMM (Medicare RX Drug Legislation)  
General Drug issues.

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

Check if None

House  
Senate

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

Name	Covered Official Position (if applicable)	New
Judy Kravnak		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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

*Kimberly J. Kockler*

Date

2/12/01

Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeastern Pennsylvania Client Name SAME

**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  
Patients' Bill of Rights, including MEWAs/ABPs, Liability, External Review  
Quality, Managed Care Reform, Prevention of Medical Errors, Genetics.  
HR 2990 (Talent) "Patients' Bill of Rights" (entire)  
S 1344 (Lott) "Patients' Bill of Rights" (entire)  
Patient Privacy, Confidentiality  
HR 4585 (Leach) "Medical Financial Privacy Protection Act" (entire)  
S 2107 (Gramm) "Competitive Market Supervision Act" (medical privacy  
amendments added in committee)

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

House  
Senate  
HHS

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

Name	Covered Official Position (if applicable)	New
Judy Kraynak		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 *Kimberly J. Kockler* Date 2/12/01  
Printed Name and Title Kimberly J. Kockler, Director, Policy Management

Registrant Name Blue Cross of Northeast Pennsylvania Client Name SAME

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

20. Client new address

No Change

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

City

State/Zip (or 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

Judith Kraynak

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
<u>None</u>		

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

None

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
<u>None</u>				

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

N/A

Signature

Kimberly J. Kockler

Date

2/12/01

Printed Name and Title Kimberly J. Kockler, Director, Policy Management