

**Metropolitan
Anesthesia Network**

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February 9, 2001

Secretary of the Senate
Office of Public Records
232 Hart Office Building
Washington, DC 20510

Dear Sir or Madam:

Transmitted herewith for filing please find Form LD-2, Lobbying Report, for Metropolitan Anesthesia Network, L.L.P. Questions or comments may be referred to the undersigned.

Thank you.

Sincerely,



James J. Sieben
For Metropolitan Anesthesia Network, L.L.P.

Encls/as

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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

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LOBBYING REPORT

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

1. Registrant Name <i>Metropolitan Area Area Network, L.L.P.</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>14700 28th Avenue, Ste 20, Minneapolis, MN 55447</i>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <i>James J. Sieben</i>	Telephone <i>763-952-0443</i>	E-mail (optional) <i>jseven@madax.com</i>	5. Senate ID # <i>43844-12</i>
7. Client Name <input type="checkbox"/> Self			6. House ID # <i>340000</i>

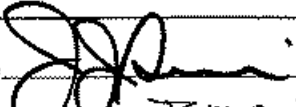
TYPE OF REPORT 8. Year _____ Midyear (January 1-June 30) OR Year End (July 1-December 31)

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>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>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 checked="" type="checkbox"/> → \$ <u>20,000</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 *James J. Sieben, Govt Relations Attorney*

Metropolitan
 Registrant Name Anesthesia Network 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 M1111 (one per page)

16. Specific lobbying issues

HCFA proposal rules - anesthesia COPS, confidentiality, discontinuous anesthesia, patient safety, Medicare + choice
Long. Legislation - Patients Bill of rights, medical records
Confidentiality, medical errors, Stark revisions, anesthesia
anesthesia outcomes study exemptions

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

House, Senate, HHS, HCFA, OMB, EOP

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

Name	Covered Official Position (if applicable)	New
<u>James J. Sieben</u>	<u>n/a</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 _____ Date 2/9/01

Printed Name and Title James J. Sieben, Gov't Relations Mgr.