

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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SECRETARY
05 AUG -

LOBBYING REPORT

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

1. Registrant name				
Organization	PacifiCare Health Systems, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported				
5995 Plaza Drive				
City	Cypress	State	CA	Zip Code 90630 Country U
3. Principal place of business (if different than line 2)				
City	State	Zip Code	Country	
City	State/Zip or Country	Zip Code	Country	
4a. Contact Name		b. Telephone number	c. E-mail	5. Senate ID #
Prefix	Full Name			
Mrs.	Leigh Volkland	714-226-3211	Leigh.volkland@phs.com	30597-
7. Client Name <input checked="" type="checkbox"/> Self				6. House ID #
PacifiCare Health Systems, Inc.				321700

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June30) 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 Act

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 type="checkbox"/> ⇨ \$ _____</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 report were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>580,000</u></p> <p>14. REPORTING METHOD. Check box to indicate exact accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form C

Printed Name and Title Leigh Volkland, Director, Government Relations

Registrant Name PacifiCare Health Systems, Inc. Client Name PacifiCare Health Systems, Inc.

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

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

Medicare
- Medicare Reform
- Medicare Payment
- Medicare Prescription Drug Benefit

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

U.S. House of Representatives
U.S. Senate
Department of Health and Human Services (Plus Center for Medicare and Medicaid Services)
White House

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Janet	Newport		
Joe	Guinn		
Leigh	Volkland		
Jennifer	Martin		
Kristin	Freitas		

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


Registrant Name PacifiCare Health Systems, Inc.

Client Name PacifiCare Health Systems, Inc.

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 PHA - Pharmacy (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue 

Prescription Drugs as part of Part D (Medicare)
Pharmacy Benefit Management (PBM) issues

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

U.S. House of Representatives
U.S. Senate
Department of Health and Human Services (Center 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 to.*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Janet	Newport		
Joe	Guinn		
Leigh	Volkland		
Jennifer	Martin		
Kristin	Freitas		

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



Registrant Name PacifiCare Health Systems, Inc.

Client Name PacifiCare Health Systems, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was 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

Health Information Technology
Health Related Privacy Issues
Class Action Reform

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

U.S. House of Representatives
U.S. Senate

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Janet	Newport		
Joe	Guinn		
Leigh	Volkland		
Jennifer	Martin		
Kristin	Freitas		

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

Add a page for a diff



Registrant Name PacifiCare Health Systems, Inc. Client Name PacifiCare Health Systems, Inc.

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

1

3

2

4

ISSUE UPDATE

Find the code to select below.

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
American Medical Security (AMS)	Address 3100 AMS Blvd, PO Box 19032 C/S/Z Green Bay WI 54307 USA Address C/S/Z	City Green Bay State WI Country

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	O P C

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

Printed Name and Title Leigh Volkland, Director, Government Relations

