

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  
02 FEB 28 PM 1:25

## LOBBYING REPORT

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

|   |  |                                  |  |
|---|--|----------------------------------|--|
| 1. Registrant Name<br><u>Pacificare Health Systems</u>  |  |                                  |  |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>P.O. Box 25186</u>                        |  |                                  |  |
| 3. Principal Place of Business (if different from line 2)<br>City: <u>Santa Ana</u> State/Zip (or Country) <u>CA 92799-5186</u> |  |                                  |  |
| 4. Contact Name<br><u>Pat Douglass</u>  |  | Telephone<br><u>714-825-5116</u> | E-mail (optional)<br><u>Pat.Douglass@phs.com</u> |
| 5. Senate ID<br><u>3059</u>   |  |                                  | 6. House ID<br><u>32170</u>                      |
| 7. Client Name <input checked="" type="checkbox"/> Self   |  |                                  |  |

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-

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

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms   | 13. Organizations  |
|--|--|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:   | <b>EXPENSES</b> relating to lobbying activities for this period were:  |
| Less than \$10,000 <input type="checkbox"/>  | Less than \$10,000 <input type="checkbox"/>  |
| \$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br>Income (nearest \$20,000)  | \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>1,002,493</u><br>Expenses (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). | <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description.<br><input type="checkbox"/> Method A. Reporting amounts using LDA definition<br><input type="checkbox"/> Method B. Reporting amounts under section 162(e) of Internal Revenue Code<br><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code |

Signature Patricia Anninos Hoyle

Printed Name and Title Patricia Simmons Douglass, Director, Government Relations

LD-2 (REV. 6/98)

Registrant Name PacifiCare Health Systems 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 HCR (one per page)

16. Specific lobbying issues

Patients' Bill of Rights (Concern with Liability provisions)

Health Insurance Protability and Accountablitiy Act. (HIPAA)

-Supporting legislation for administrative simplification and an extension  
compliance date.

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

US House of Representatives

US Senate

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

| Name   | Covered Official Position (if applicable) |
|--|---|
| Nick Franklin, Senior Vice President, Public Affairs |   |
| Pat Douglass, Director, Government Relations         |   |
| Joe Guinn, Vice President, PacifiCare/Southwest      |   |
| Janet Newport, Vice President, Public Policy         |   |
|  |   |
|  |   |
|  |   |

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

Signature Patricia Simmons Douglass Date 2-8-02

Printed Name and Title Patricia Simmons Douglass, Director, Government Relations



Registrant Name PacifiCare Health Systems 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-

- \*Medicare Reform
- \*Medicare Payment
- \*Medicare Prescription Drugs
- \*Regulatory Reform

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

US House of Representatives  
US Senate  
Department of Health and Human Resources(Plus Center for Medicare and Medicaid Services-CMS)  
White House

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

| Name   | Covered Official Position (if applicable) |
|--|---|
| Nick Franklin, Senior Vice President, Public Affairs |   |
| Pat Douglass, Director, Government Relations         |   |
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| Janet Newport, Vice President, Public Policy         |   |
|  |   |
|  |   |
|  |   |

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

Signature *Patricia Simmons Douglass* Date 2-8-02

Printed Name and Title Patricia Simmons Douglass, Director, Government Relations



Registrant Name PacifiCare Health Systems Client Name Self

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

20. Client new address

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

**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<br>(city and state or |
|------|---------|--|
|      |         |  |

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

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contributor<br>for lobbying activities |
|------|---------|--|--|
|      |         |  |  |

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

Signature Patricia Annis Rogers

Date 2-8-02

Printed Name and Title Patricia Simmons Douglass, Director, Government Relations

Form LD-2 (Rev. 6/98)

Pag