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LOBBYING REPORT

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

1. Registrant Name National Hospice and Palliative Care Organization	
2. Address <input type="checkbox"/> Check if different than previously reported 1700 Diagonal Rd., Suite 300, Alexandria, VA 22314	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____	
4. Contact Name Jonathan Keyserling	Telephone (703) 837-3153
E-mail (optional)	5. Senate ID # 27970-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 30388000

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>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"/> ⇔ \$ _____ Income (nearest \$20,000)</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>\$60,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input checked="" 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 _____

Registrant Name Nat. Hospice & Palliative Care Org. 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 HCR (one per page)

16. Specific lobbying issues

1. Medicare reimbursement for hospice care, seeking an increase in the per diem reimbursement.
2. Eligibility criteria for the Medicare Hospice Benefit, Seeking clarification relating to the diagnosis of a terminal illness.
3. Seeking a Medicare Payment Advisory Commission (MedPAC) study on the use of the Medicare Hospice Benefit.

All of the above were part of the Medicare Benefit and Protection and Improvement Act of 2000, H.R. 5661, which was incorporated into H.R. 4577, The Consolidated Appropriations Act of 2001.

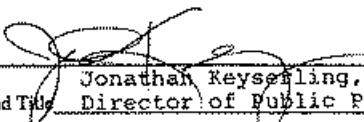
17. House(s) of Congress and Federal agencies contacted Check if None

United States Senate
 United States House of Representatives
 Executive Office of the President

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

Name	Covered Official Position (if applicable)	New
Jonathan Keyserling		<input type="checkbox"/>
Andrew Duncan		<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 Jonathan Keyserling, Director of Public Policy, National Hospice & Palliative Care Org