

LOBBYING REPORT

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

1. Registrant Name:

MARSHFIELD CLINIC

2. Address:

1000 N OAK AVE, MARSHFIELD, WI 54449

3. Principal place of business (if different from line 2):

4. Contact Name: REED HALL

Telephone: 715-387-5511

E-mail (optional): hall.reed@marshfieldclinic.org

Senate ID #: 57830-12

House ID #: 35355000

7. Client Name: Self

TYPE OF REPORT

8. Year 2003 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more: => Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more: => Expenses (nearest \$20,000): 160,878.00

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only
 Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
 Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: MARSHFIELD CLINIC 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: BUD (one per page)

16. Specific lobbying issues:

Provisions of the President's FY2004 Budget (H Con Res 95) related to Medicare reform, the provision of Medicare services and benefits to patients, physician reimbursement, medical liability reform, prescription drug benefits. Demonstration grant programs to increase patient safety through the application of computerized prescriber order entry systems to reduce preventable adverse drug reactions. HR 2660, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2004. HR 2161, the Prescription Value Act introduced by Rep. Doug Bereuter, which would require the Agency for Healthcare Research and Quality (AHRQ) to collect and assess scientific evidence regarding the value of prescription drugs frequently used by Medicare or Medicaid beneficiaries. Appropriations for rural telehealth grant programs in HRSA and HRSA rural health outreach grants. Appropriations for Laboratory Response Network in CDC. Appropriations for Personalized Medicine Research Programs in NIH.

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

Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Congressional Budget Office (CBO)
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
Nat'l Institutes of Health (NIH)
President of the U.S.
SENATE

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

Registrant Name: MARSHFIELD CLINIC 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: F00 (one per page)

16. Specific lobbying issues:

Development of governmental advice and consultation and research methods relevant to food safety services including but not limited to laboratory test development, topical research on genetics as well as zoonosis. Generally, Marshfield Clinic Laboratories' status relative to federal programs/initiatives in DHFS and USDA on the topics of CWD and Food Safety. Specifically investigation of: 1) USDA's determination that Marshfield Clinic Laboratories are not eligible to conduct certain kinds of tests which can at this point in time only be conducted by "federally-certified laboratories"; 2) the degree to which there exists a USDA "federal certification" process for laboratories; 3) feasibility of designating Marshfield Clinic Laboratories in a way so as to be "federally-certified" absent such a process in USDA for what it considers today to be "non-governmental" or "non-academic" laboratories; 4) processes for DHFS and USDA "recognition" of new, rapid testing scientific procedures as those "accepted" by USDA and FDA relative to their public health roles in food safety.

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

Agency for Health Care Policy & Research
Agriculture, Dept of (USDA)
Centers For Medicare and Medicaid Services (CMS)
Food & Drug Administration (FDA)
HOUSE OF REPRESENTATIVES
SENATE

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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Registrant Name: MARSHFIELD CLINIC Client Name: Self

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15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

HR 5, the Help Efficient, Accessible, Low-Cost, Timely Healthcare (HEALTH) Act of 2003, introduced by Rep. James Greenwood in the House and S. 607 by Senator John Ensign in the Senate to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system. HR663, the Patient Safety and Quality Improvement Act, introduced by Rep. Michael Bilirakis in the House Amends the Public Health Service Act to make patient safety work product privileged information. Defines "patient safety work product" as a record concerning patient information either reported to a patient safety organization by a health care provider (doctor, hospital, etc.) or created by a patient safety organization. Defines a "patient safety organization" as an organization, certified under this Act, that collects such information with the goal of improving patient safety and the quality of health care delivery. HR 877: The Patient Safety Improvement Act introduced by Rep. Nancy Johnson Amends title XI of the Social Security Act to add a new part D (Patient Safety Improvements) to provide for voluntary reporting to the Secretary of Health and Human Services of patient safety data. Prescribes confidentiality and peer review protections for such data. Directs the Secretary to ensure that the Center for Quality Improvement and Patient Safety supports public and private sector initiatives to improve patient safety for items and services furnished through health care providers. S. 1053, the Genetic Information Nondiscrimination Act of 2003, introduced by Senator Olympia Snowe. Amends the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code to prohibit health discrimination on the basis of genetic information or services. Defines genetic information as genetic tests of an individual or family member or occurrence of a disease or disorder in family members used to predict risk of disease in asymptomatic or undiagnosed individuals. Defines genetic services as health services provided for genetic education and counseling.

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

Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Congressional Budget Office (CBO)
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
SENATE

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Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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Registrant Name: MARSHFIELD CLINIC Client Name: Self

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15. General issue area code: MED (one per page)

16. Specific lobbying issues:

S. 1. Prescription Drug and Medicare Improvement Act of 2003 introduced by Senators Grassley and Baucus. Opposing Provisions of Sec. 431, Application of coinsurance and deductible for clinical diagnostic laboratory tests. HR 623 Medical Laboratory Personnel Shortage Act of 2003 introduced by Rep. Schimkus- Amends the Public Health Service Act to require the Secretary of Health and Human Services (HHS), through scholarships and loans for health professional training that may be modeled after the National Health Service Corps' scholarship and loan repayment programs, to alleviate the shortage of medical laboratory personnel where needed. HR 883 Medicare Laboratory Services Access Act of 2003 introduced by Rep English, Phil - Amends title XVIII (Medicare) of the Social Security Act (SSA) to specify as \$5.42 for 2004, adjusted for inflation in each subsequent year, the nominal fee for collecting specimens for clinical diagnostic laboratory tests under Medicare. Oppose limits on the laboratory CPI update.

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

Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Congressional Budget Office (CBO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
SENATE

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

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15. General issue area code: MMM (one per page)

16. Specific lobbying issues:

Medicare part B physician payment provisions of the omnibus appropriations bill HJR 2. S. 1054, Jobs and Growth Tax Relief Reconciliation Act of 2003, introduced by Senator Grassley. Specifically, amendment No. 594, To amend title XVIII of the Social Security Act to enhance beneficiary access to quality health care services in rural areas under the Medicare program. All provisions improving the reimbursement of physician in rural areas. Save this template. Issue Template Text BUD budget/appropriations OrS. 1, Prescription Drug and Medicare Improvement Act of 2003 introduced by Senators Grassley and Baucus. Provisions calling for a statutory increase in Medicare physician payments for 2004-2005; provisions equalizing payments for physicians in rural areas for 2004-2007 by implementing a floor of 1.0 for the geographic adjustment of physician work, and practice expense. Incentive payments for physicians in underserved areas. "Medicare Equity" concepts developed by Senate Finance Committee taking incremental steps towards Medicare reform, including restructuring CMS, improving Medicare+Choice, increasing the number of plans in rural areas, and easing payment inequities between urban and rural providers. Regulatory reform of CMS. Specific provisions include: Sec. 108, Protecting seniors with cancer; Sec. 203, Payments to Medicare Advantage organizations; Sec. 421, Establishment of floor on geographic adjustments of payments for physicians' services; Sec. 422, Medicare incentive payment program improvements; Sec. 431, Application of coinsurance and deductible for clinical diagnostic laboratory tests. Sec. 432, Basing Medicare payments for covered outpatient drugs on market prices; Sec. 441, Medicare health care quality demonstration programs. Sec. 442, Medicare complex clinical care management payment demonstration. Sec. 443, Medicare fee-for-service care coordination demonstration program; Sec. 444, GAO study of geographic differences in payments for physicians' services; Sec. 441, Medicare health care quality demonstration programs. Sec. 442, Medicare complex clinical care management payment demonstration. Sec. 443, Medicare fee-for-service care coordination demonstration program; Sec. 444, GAO study of geographic differences in payments for physicians' services; Sec. 453, Clarifications to certain exceptions to Medicare limits on physician referrals; Sec. 455, MEDPAC study on Medicare payments and efficiencies in the health care system; Sec. 464, Sense of the Senate concerning Medicare payment update for physicians and other health professionals; Sec. 504, Streamlining and simplification of Medicare regulations. HR 2473, Medicare Prescription Drug and Modernization Act of 2003, introduced by Rep. Bill Thomas, to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to modernize the Medicare Program. HR 1, Medicare Prescription Drug and Modernization Act of 2003, introduced by Reps. Thomas, Tauzin, Johnson and Bilirakis, provisions establishing a 1.5% Medicare Part B conversion factor update in 2004 and 2005; provisions instructing GAO to examine the impact of the geographic adjustment factor on physician payments under the Medicare physician fee schedule; increasing Medicare+Choice payments; Full reimbursement of Medicare Allowed Costs under Medicare Part B; preservation of floor payments in rural areas under Medicare+Choice. Demonstration programs under Medicare to increase beneficiary and plan participation in the Medicare +Choice Program. Specific provisions include: Sec. 241, Application of FEHBP-style competitive reform beginning in 2010. Sec. 303, Competitive acquisition of covered outpatient drugs and biologicals. Sec. 413, GAO study of geographic differences in payments for physicians' services; Sec. 417, Medicare incentive payment program improvements for physician scarcity; Sec. 505, MedPAC report on specialty hospitals; Sec. 601 Revision of updates for physicians' services; Sec. 602, Studies on access to physicians' services; Sec. 603, MedPAC report on payment for physicians' services; Sec. 605, Establishment of floor on work geographic adjustment; Sec. 611, Coverage of an initial preventive physical examination; Sec. 625, Adjustment to payments for services furnished in ambulatory surgical centers; Sec. 941, Policy development regarding evaluation and management (E & M) documentation guidelines. Federal reimbursement of telehealth grant programs through Medicaid and Medicare. Modification of Medicare physician fee schedule geographic work adjuster. HR 33, the Rural Equity Payment Index Reform Act (REPAIR) introduced by Rep. Doug Bereuter, would lessen the disparity in Medicare physician payment that currently exists between urban and rural areas. S. 881, by Bingaman Rural Equity Payment Index Reform Act of 2003 to establish a minimum geographic cost-of-practice index value for physicians' services furnished under the Medicare program. S. 36, Feingold legislation to eliminate the geographic physician work adjustment factor from the geographic indices used to adjust payments under the Medicare physician fee schedule. HR 810, Medicare Regulatory and Contracting Reform Act of 2003, introduced by Rep. Nancy Johnson (Sec. 501) Prohibits the Secretary from implementing any new documentation guidelines for, or clinical examples of, evaluation and management physician services under Medicare unless the Secretary has developed the guidelines in collaboration with practicing physicians (including both generalists and specialists) and provided for an assessment of the proposed guidelines by the physician community; has established a program to educate physicians on the use of such guidelines. Requires the Secretary to make changes to the manner in which existing evaluation and management documentation guidelines are implemented to reduce paperwork burdens on physicians. S. 1148 Medicare Quality Improvement Act' by Jeffords authorizing the Centers for Medicare and Medicaid Services to conduct research demonstrations to examine health delivery factors that encourage the delivery of improved quality in patient care. HR 1539, the Hospital Investment Act of 2003, introduced by Rep. G. Kleczka, amends title XVIII (Medicare) of the Social Security Act to limit the hospital ownership exception to physician self-referral restrictions to interests purchased on terms generally available to the public. HR 1622, the Quality Cancer Care Preservation Act, introduced by Rep. Charles Norwood and Lois Capps, to amend title XVIII of the Social Security Act and otherwise revise the Medicare Program to reform the method of paying for covered drugs, drug administration services, and chemotherapy support services. HR 2161, the Prescription Value Act introduced by Rep. Doug Bereuter, which would require the Agency for Healthcare Research and Quality (AHRQ) to collect and assess scientific evidence regarding the value of prescription drugs frequently used by Medicare or Medicaid beneficiaries. On September 27, 2002 the Centers for Medicare and Medicaid Services published a notice in the Federal Register informing interested parties of an opportunity to submit proposals for participation in the Medicare Physician Group Practice Demonstration

Registrant Name: MARSHFIELD CLINIC Client Name: Self

(PGP) project to test a hybrid payment methodology that combines Medicare fee-for-service payments with a bonus pool derived from savings achieved by improvements in patient care management. Marshfield Clinic submitted a proposal for this demonstration and remains in contact with the Centers for Medicare and Medicaid Services regarding the proposal. HR 883 Medicare Laboratory Services Access Act of 2003 introduced by Rep English, Phil - Amends title XVIII (Medicare) of the Social Security Act (SSA) to specify as \$5.42 for 2004, adjusted for inflation in each subsequent year, the nominal fee for collecting specimens for clinical diagnostic laboratory tests under Medicare. Oppose limits on the laboratory CPI update.

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Covered Official Position (if applicable): N/A

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

Signature: ON FILE Date: Feb 06, 2004

Printed Name and Title: REED E. HALL - EXECUTIVE DIRECTOR