

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 2001 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): 93,654.00

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:

The comprehensive appropriations bill, HR 4577, providing consolidated FY 2001 funding for the Labor and Health and Human Services, the Legislative Branch, Treasury and Postal Services, and the Departments of State, Commerce, and Justice included: \$840,000 set aside for the Marshfield Clinic's personalized medicine program; and, \$200,000 for the National Children's Center for Rural Agricultural Health. President Bush's FY 2002 Budget provisions regarding Medicare reform proposal consolidating Parts A and B of the Medicare program. Reforms based upon principles of guaranteed access, a choice of plans including options for prescription drug coverage, and entitlement for low-income seniors. HCFA management reform to modernize and streamline current programs, and eliminate "excessive administrative complexity". \$2.8 billion increase in funding for the NIH as applicable to the Human Genome Project and other similar research. Bush budget proposal of a \$124 million increase for Community Health Centers, as part of a multi-year initiative to increase the number of sites by 1200.

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)
Executive Office of the President
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Nat'l Institutes of Health (NIH)
President of the U.S.
SENATE
White House Office

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: HCR (one per page)

16. Specific lobbying issues:

Privacy Regulation -- On December 28, 2000, the DHHS Office of the Secretary published a final rule establishing Standards for Privacy of Individually Identifiable Health Information. This rule includes standards, which apply to health plans, health care clearinghouses, and health care providers, establishing the rights of individuals who are the subjects of this information, procedures for the exercise of those rights, and the authorized and required uses and disclosures of this information. The rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996. Liability and prompt payment provisions of the various Patients' Bill of Rights: S. 899, the Bipartisan Patients' Bill of Rights Act of 2001, introduced by Senators Bill Frist (R-TN), John Breaux (D-LA), and James Jeffords (R-VT) treatment of health plan and employer liability creating a limited right for patients to sue their health plans in federal court if they feel they have been improperly denied care. S. 1052 "Bipartisan Patient Protection Act" introduced by Sens. John McCain (R-AZ), John Edwards (D-NC), and Edward Kennedy (D-MA). The bill includes a broad range of patient protections nearly universally available throughout the states enabling access to pediatricians, obstetricians, emergency room services, and rights to appeal health plan decisions. Legislation drafted by Rep. John Dingell (D-MI) and Rep. Greg Ganske (R-IA), H.R. 526, which is identical to the Kennedy/McCain bill. Reps. Fletcher (R-KY), Collin Peterson (D-MN) and Nancy Johnson (R-CT) introduced H.R. 2315, the "Patient Bill of Rights of 2001."

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Centers For Medicare and Medicaid Services (CMS)
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General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Natl Institutes of Health (NIH)
President of the U.S.
SENATE
White House Office

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

LOBBYING ACTIVITY

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

16. Specific lobbying issues:

Modification of Medicare physician fee schedule geographic work adjustor. Acceleration of Risk Adjustment implementation under Medicare+Choice. Preservation of floor payments in rural areas under Medicare+Choice. Extension of the New Entry bonus under Medicare+Choice. "Medicare Equity" concepts developed by Senate Finance Committee taking incremental steps towards Medicare reform, including restructuring HCFA, improving Medicare+Choice, increasing the number of plans in rural areas, and easing payment inequities between urban and rural providers. Regulatory reform of HCFA, now CMS, through select provisions of the Medicare Education and Regulatory Fairness Act (S. 452, H.R. 858) Provisions of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, HR 5661. Section 223. The bill increases Medicare access and provides reimbursement for tele-health services in rural areas. Section 412. HHS will be required to conduct a Physician Group Practice Demonstration to test, and expand the use of incentives to health care groups participating under Medicare. Section 429. BIPA requires GAO to study and submit a report to Congress and the Secretary on the reimbursement for drugs and biologicals and related services under Medicare. Section 437. BIPA requires GAO to conduct a study on the post-payment audit process for physicians services. The Comptroller General would also be required to conduct a study of the aggregate effects of regulatory, audit, oversight and paperwork burdens on physicians and other health care providers participating in Medicare. TITLE VI. Sections 601-609. BIPA improves funding for beneficiaries in Medicare+Choice plans. Minimum payment rates for Medicare+Choice (M+C) Organizations have been increased to \$475/month in rural areas. Minimum M+C updates have been increased to 3% in 2001. The phase in period for risk adjustment has been modified. The new entry bonus (5%) where no plans are available would be extended to 2001. Section 702. Protects Federally Qualified Health Centers from potential reductions in payments, by installing a cost-based system for calculating payment for FQHC's and rural health centers in 2001. The provision would create a new Medicaid prospective payment system for FQHCs and RHCs beginning in January of FY2001. Physician Self Referral. The overall complexity of the Jan 4, 2001, final rule governing Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships. This final rule implements select provisions of the Physician Ownership and Self Referral (Stark) Law, namely paragraphs (a), (b), and (h) of section 1877 of the Social Security Act. Under section 1877, if a physician or a member of a physician's immediate family has a financial relationship with a health care entity, the physician may not make referrals to that entity for the furnishing of designated health services (DHS) under the Medicare program, unless an exception applies. S. 358. Medicare Prescription Drug and Modernization Act of 2001, Title III--Medicare+Choice Competition Program, SEC. 301. (a) Payments to Medicare+Choice Organizations based on risk-adjusted bids- Prescription drug benefits would be offered through existing Medicare+Choice plans and private insurers. Medicare reimbursement for recovery care center services. Medicare Evaluation and Management Documentation Coding. Clarification of Medicare Formatting of Advance Beneficiary Notices.

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Health Resources & Services Administration (HRSA)
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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**

Signature: ON FILE Date: Aug 08, 2001

Registrant Name: MARSHFIELD CLINIC Client Name: Self

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