

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 MAR 3

LOBBYING REPORT

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

1. Registrant name			
Organization	New York State Association of Health Care Providers, Inc.		
2. Address <input type="checkbox"/> Check if different than previously reported			
	99 Troy Rd.		Suite 200
City	East Greenbush	State	NY Zip Code 12061 Country U
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Phyllis A. Wang	518-463-1118	hcp@nyshcp.org
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
New York State Association of Health Care Providers, Inc.			29196-
			6. House ID #
			33586C

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) 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 A

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 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></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of c</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(t) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Revenue Code</p>
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Form

Printed Name and Title Christine L. Johnston, Executive Vice President

Registrant Name New York State Association of Health Car Client Name New York State Association of Hea

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 MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare and Medicaid home health reimbursement provisions; opposition to the implementation of copayments; opposition to reductions in home health market basket; support continuation of the home health rural add-on; workforce shortage issues; Medicare regulatory reform; Federal Medicaid Assistance Percentage; homebound definition; telemedicine/telemonitoring in home care; HR 796, HR 2476, S 598, S971; Labor HHS Appropriations

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

US House of Representatives
US Senate
US Department of Health and Human Services/Centers for Medicare and Medicaid Services
US Commerce Department

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Phyllis A.	Wang		
Christine L.	Johnston		
Julia	Tighe		
Molly	Williams		

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

Registrant Name New York State Association of Health Care Client Name New York State Association of Health Care

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 INS - Insurance (one per page)

16. Specific lobbying issues

Insurance and Workers' Compensation--general monitoring

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

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Phyllis A.	Wang		
Christine L.	Johnston		
Julia	Tighe		
Molly	Williams		

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

Registrant Name New York State Association of Health Care Client Name New York State Association of Health Care

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 LBR - Labor Issues/Antitrust/Workplace (one per page)

16. Specific lobbying issues

General labor issues--monitoring

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

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Phyllis A.	Wang		
Christine L.	Johnston		
Julia	Tighe		
Molly	Williams		

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

Christine Johnston

2/12/2005

