

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  
04 FEB 20

## LOBBYING REPORT

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

1. Registrant Name NYU Hospitals Center			
2. Address <input type="checkbox"/> Check if different than previously reported 3 Park Avenue, 15th Floor			
3. Principal Place of Business (if different from line 2) New York City: New York 10016 State/zip (or Country)			
4. Contact Name Gilda Ventresca Ecroyd	Telephone (212) 404-4077	E-mail (optional)	5. Senate ID # 54346-12
7. Client Name <input checked="" type="checkbox"/> Self NYU Hospitals Center			6. House ID # 35045000

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Decen

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
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this report period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>20,000.00</u> 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).	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of op
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitic
	<input type="checkbox"/> Method B. Reporting amounts under section 6033( Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_  
Gilda Ventresca Ecroyd, VP- Office of Gov't Affairs

LD-2 (REV. 4/03)

PAGE 1 o

Registrant Name NYU Hospitals Center Client Name NYU Hospitals Center

**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 BUD (one per page)

16. Specific lobbying issues

VA/HUD FY2004 Appropriations for the NYU Hospitals Center- Comprehensive Stroke and Neurodegenerative Care Center, as well as Labor/HHS FY 2002 Appropriations Bills under the Consolidated FY 2004 Appropriations Bill (H.R. 2673).

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

U.S. Senate and U.S. House of Representatives Members

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

Name	Covered Official Position (if applicable)
Gilda Ventresca Ecroyd	VP- Office of Gov't Affairs

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

Signature \_\_\_\_\_

Printed Name and Title Gilda Ventresca Ecroyd- VP- Office of Gov't Affairs

Form LD-2 (Rec. 4/03)

Page 2

Registrant Name NYU Hospitals Center Client Name NYU Hospitals Center

**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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

(S/1/H.R.1)- Medicare Prescription Drug and Modernization Act of 2003 (specifically IME provisions and market basket updates), Rules and regulations pertaining to the Inpatient Prospective Payment System of 2004 (75% rule, outlier payments, transfer policy and Dental GME), as well as REHAB Rule- (S.1222/H.R. 2246).

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

U.S. Senate and U.S. House of Representatives Members, U.S. Department of Health and Human Services, as well as Centers for Medicare and Medicaid Services.

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

Name	Covered Official Position (if applicable)
Gilda Ventresca Ecroyd	VP- Office of Gov't Affairs

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

Signature \_\_\_\_\_

Printed Name and Title Gilda Ventresca Ecroyd- VP- Office of Gov't Affairs

Form LD-2 (Rec. 4/03)

Page 3

Registrant Name NYU Hospitals Center Client Name NYU Hospitals Center

**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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medical Liability Reform (H.R. 5/S.11), Poison Control Center Enhancement and Awareness Act of 2003 (S.686/H.R. 1819)

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

U.S. Senate and House of Representatives

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

Name	Covered Official Position (if applicable)
Gilda Ventresca Ecroyd	Vice President, Office of Gov't Affairs

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



Registrant Name NYU Hospitals Center Client Name NYU Hospitals Center

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

20. Client new address

N/A

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

N/A

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

N/A

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
<u>N/A</u>		

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

N/A

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
<u>N/A</u>			

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

Signature Gilda Ventresca Ecrowd Date 2/12/04

Signature

Printed Name and Title Gilda Ventresca Croyd - vp - office of Govt c

Form LD-2 (Rev. 4/03)

Page 5