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LOBBYING REPORT

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

1. Registrant Name Blue Cross Blue Shield of Oklahoma			
2. Address <input type="checkbox"/> Check if different than previously reported 1215 S. Boulder Tulsa OK 74119			
3. Principal Place of Business (if different from line 2) 3401 NW 63rd			
City Oklahoma City State/Zip (or Country) OK			
4. Contact Name Dick Howard	Telephone 705 841 9736	E-mail (optional) dhoward@BCBSOK.com	5. Senate ID # 46073-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 34361000		

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"/> ⇒ \$ _____ <small>income (nearest \$20,000)</small></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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input 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 Dick Howard

Printed Name and Title Dick Howard, V.P. Public Affairs

Registrant Name Blue Cross Hlth Shield of OK Client Name _____

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 LAB (one per page)

16. Specific lobbying issues

**Antitrust
HR 1304 (Campbell) "The Quality Health Care Coalition Act (entire bill)"**


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

SENATE **HOUSE OF REPRESENTATIVES**

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

Name	Covered Official Position (if applicable)	New
<u>Dick Howard</u>		<input type="checkbox"/>
		<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 _____
Printed Name and Title Dick Howard, VP Public Affairs

Registrant Name Blue Cross Blue Shield of OK Client Name _____

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 B00 (one per page)

16. Specific lobbying issues

**Medicare Contractor Funding
P.L. 106-554 (Consolidated Appropriations Act, 2001 (Formerly H.R.4577, Labor HHS
Education appropriation Act 2001, Title 11)**


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

SENATE **HOUSE OF REPRESENTATIVES**

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

Name	Covered Official Position (if applicable)	New
<u>Dick Howard</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature:  Date: _____
Printed Name and Title: Dick Howard, VP Public Affairs

Form 278e (3-2004) (Rev. 10/03)

Registrant Name Blue Cross Blue Shield of OK Client Name _____

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 HC.R (one per page)

16. Specific lobbying issues

Patients' Bill of Rights, including: MEWA/AHPA, Liability, External Review/quality, Managed Care/reform.
H.R. 2990 (Talent) "Patients' Bill of Rights" (entire bill)
S.1344 (Lott) "Patients' Bill of Rights" (entire bill)
Patient privacy, confidentiality
H.R. 4585 (Leach) "Medical Financial Privacy Protection Act" (entire bill)
S.2107 (Gramm) "Competitive Market Supervision Act" (medical privacy amendments)


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

SENATE HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)	Key
<u>Dick Howard</u>		<input type="checkbox"/>
		<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 _____
Printed Name and Title Dick Howard, VP Public Affairs

Form 10-1 (Rev. 1/99)