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LOBBYING REPORT

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

1. Registrant Name Florida Hospital Association, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 306 East College Avenue, Tallahassee, FL 32301			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Kathleen M. Whyte	Telephone 202/347-7878	E-mail (optional) kathyw@fha.org	5. Senate ID # 14917-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 2002 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"/> ⇨ \$ _____ Income (nearest \$20,000)</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>320,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of:</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(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

Registrant Name Florida Hospital Assn. Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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

Legislation to expand health care coverage and access, including S572/HR8 S582/HR1143; and S2555/HR4515; and medical emergency reimbursement (S169, HR823).

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

House and Senate
Dept. of Health & Human Services/Health Care Financing Administration
White House Office of Health Policy

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

Name	Covered Official Position (if applicable)
Wayne NeSmith	Pres. Florida Hospital Assn.
Kathleen M. Whyte	SVP/Federal Advocacy, Fla. Hospital
Kathryn A. Reep	VP/Financial Services, Fla. Hospital
Karen M. Late	Dir./Federal Advocacy, Fla. Hospital

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Florida Hospital Assn. Client Name Self

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

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

16. Specific lobbying issues

Medicare and Medicaid reimbursement issues, including S885/HR1609, S839/HR1745/HR3350, and S2547/HR3487, and Medicare Reform (S812/HR4954).

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

House and Senate
Dept. of Health & Human Services/Health Care Financing Administration
White House Office of Health Policy

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

Name	Covered Official Position (if applicable)
Wayne NeSmith	Pres. Florida Hospital Assn.
Kathleen M. Whyte	SVP/Federal Advocacy, Fla. Hospital
Kathryn A. Reep	VP/Financial Services, Fla. Hospital
Karen M. Late	Dir./Federal Advocacy, Fla. Hospital
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Florida Hospital Assn. Client Name Self

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 TOR (one per page)

16. Specific lobbying issues
Health care liability legislation (HR4600)

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

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

Name	Covered Official Position (if applicable)
<u>Wayne NeSmith</u>	<u>Pres. Florida Hospital Assn.</u>
<u>Kathleen M. Whyte</u>	<u>SVP/Federal Advocacy, Fla. Hospital</u>
<u>Kathryn A. Reep</u>	<u>VP/Financial Services, Fla. Hospital</u>
<u>Karen M. Late</u>	<u>Dir./Federal Advocacy, Fla. Hospital</u>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Florida Hospital Assn. Client Name Self

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

20. Client new address

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

Charles F. Pierce, Jr.

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Busin (city and state or coun

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

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	O p e r c l

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

Signature Wayne M. Smith Date August 14, 2002

Printed Name and Title **Wayne NeSmith, President**

Form LD-2 (Rev. 6/98)

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