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LOBBYING REPORT

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

1. Registrant Name Health Policy Analysts, Inc.		
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 1767 P STREET NW Suite 200		
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036		
4. Contact Name G. Lawrence Atkins	Telephone 202-588-5305	E-mail (optional)
5. Senate ID # 17886-2		
7. Client Name <input type="checkbox"/> Self Employer Health Care Innovation Project		6. House ID # 336410c

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

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)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Printed Name and Title G. Lawrence Atkins, President



Registrant Name Health Policy Analysts INC Client Name Employer Health Care Innov

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

State Regulation of Health insurance + ERISA

17. House(s) of Congress and Federal agencies contacted

Check if None

US House of Representatives
US Senate

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

Name	Covered Official Position (if applicable)
<u>G. Lawrence Atkins</u>	
<u>Nan F. North</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 2-13-0

Printed Name and Title D. CHRISTOPHER WATSON, PRESIDENT

Form LU-2 (Rev. 6/98)

Page

