

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 OF THE SENATE

## LOBBYING REPORT 46

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

1. Registrant Name <b>Florida Hospital Association, Inc.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>307 Park Lake Circle</b>			
3. Principal Place of Business (if different from line 2) City: <b>Orlando</b> State/Zip (or Country) <b>Florida 32803</b>			
4. Contact Name <b>Kathleen W. Whyte</b>	Telephone <b>407/841-6230</b>	E-mail (optional) <b>kathyw@fha.org</b>	5. Senate ID # <b>14917-12</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

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><b>12. Lobbying Firms</b></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><b>13. Organizations</b></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>240,000.00</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> 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 \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Registrant Name Florida Hospital Assn., Inc Client Name Self

**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 BUD (one per page)

16. Specific lobbying issues  
**Medicare and Medicaid reimbursement issues, especially, the impact of the Balanced Budget Act of 1997 and the Balanced Budget Refinement Act of 1999 (H.R. 3075) on hospital providers.**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**House and Senate  
Department of Health & Human Services/Health Care Financing Administration**

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

Name	Covered Official Position (if applicable)	New
<b>Charles F. Pierce, Jr.</b>	<b>President, Florida Hospital Assn.</b>	<input type="checkbox"/>
<b>Kathryn A. Keep</b>	<b>VP/Financial Services, Fla. Hospital Assn.</b>	<input type="checkbox"/>
<b>Kathleen M. Whyte</b>	<b>VP/Federal Relations, Fla. Hospital Assn.</b>	<input type="checkbox"/>
<b>Carol J. Cornley</b>	<b>Dir./Govt. Affairs, Fla. Hospital Assn.</b>	<input checked="" 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 *Charles F. Pierce, Jr.* Date 8/14/00

Printed Name and Title Charles F. Pierce, Jr., President