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LOBBYING REPORT

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

1. Registrant Name N.C. Baptist Hospitals, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported Medical Center Blvd.			
3. Principal Place of Business (if different from line 2) City: Winston-Salem State/Zip (or Country) NC 27157			
4. Contact Name Joanne C. Ruhland		Telephone (336) 716-4772	E-mail (optional) jruhland@wfubmc.edu
5. Senate ID # 46723-12		6. House ID # 46723	
7. Client Name <input checked="" type="checkbox"/> Self			

TYPE OF REPORT 8. Year 1999 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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting 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"/> ⇒ \$ 60,000 Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.	
<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only	
<input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code	
<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code	

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/99)

PAGE 1 of _____

Registrant Name NC Baptist Hospitals 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 HCR (one per page)

16. Specific lobbying issues

MANAGED CARE LEGISLATION (PATIENTS' RIGHTS)
CONFIDENTIALITY OF PATIENT RECORDS
LABOR—HHS FY 2000 APPROPRIATIONS

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

☐ Check if None

HOUSE OF REPRESENTATIVES
SENATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Name	Covered Official Position (if applicable)	New
<u>Joanna C. Ruhland</u>		<input type="checkbox"/>
<u>Assistant Dean Government Relations</u>		<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 _____

Registrant Name NC Baptist Hospitals 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 MMM (one per page)

16. Specific lobbying issues

BUDGET NEGOTIATIONS FY 2000
GRADUATE MEDICAL EDUCATION
BALANCED BUDGET ACT OF 1997--REFINEMENTS
MEDICARE REFORM

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

☐ Check if None

HOUSE OF REPRESENTATIVES
SENATE
OTHER--NATIONAL BIPARTISAN COMMISSION ON THE FUTURE OF MEDICARE
MedPAC
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
Joanne C. Ruhland		<input type="checkbox"/>
Assistant Dean, Government Relations		<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

Gina B. Ramsey

Date

2/9/00

Printed Name and Title Gina B. Ramsey, V.P. Financial Services