

99 AUG 13 AM 11:18

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	5. Senate ID # 46723-12
7. Client Name <input checked="" type="checkbox"/> Self		E-mail (optional) jruhland@wfubmc.edu	6. House ID # 46723

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
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 ☒ ⇨ \$ 60,000
Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options:
☐ Method A. Reporting amounts using LDA definitions only
☒ Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
☐ Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

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 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

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, Planning and		<input type="checkbox"/>
Government Relations		<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 NCM (one per page)

16. Specific lobbying issues

BUDGET NEGOTIATIONS FY2000
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. Ruhländ		<input type="checkbox"/>
Assistant Dean, Planning and		<input type="checkbox"/>
Government Relations		<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 8/6/99

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