

| | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 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 |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

SECRETARY OF THE SENATE
99 AUG 27 AM 9:35

LOBBYING REPORT H. D.

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 307 Park Lake Circle | | | |
| 3. Principal Place of Business (if different from line 2) City: Orlando State/Zip (or Country) Florida 32803 | | | |
| 4. Contact Name Kathleen M. Whyte | Telephone 407/841-6230 | E-mail (optional) kathw@fha.org | 5. Senate ID # 14917-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | 6. House ID # |

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 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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>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>200,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. 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 Balance Budget Act of 1997 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 |
|------------------------|--------------------------------------------|--------------------------|
| Charles F. Pierce, Jr. | President, Florida Hospital Assn. | <input type="checkbox"/> |
| Kathryn A. Reep | VP/Financial Services, Fla. Hospital Assn. | <input type="checkbox"/> |
| Kathleen M. Whyte | VP/Federal Relations, Fla. Hospital Assn. | <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 *Charles F. Pierce, Jr.* Date 8/26/99

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