

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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# LOBBYING REPORT

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

1. Registrant Name <b>Powell, Goldstein, Frazer &amp; Murphy LLP</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1001 Pennsylvania Avenue, N.W., Suite 600, Washington, D.C. 20004</b>			
3. Principal Place of Business (if different from line 2) City: <b>N.A.</b> State/Zip (or Country):			
4. Contact Name <b>Michael Fine</b>	Telephone <b>(202) 347-0066</b>	E-mail (optional)	5. Senate ID # <b>31942-21</b>
7. Client Name <input type="checkbox"/> Self <b>National Association of Public Hospitals and Health Systems</b>			6. House ID # <b>31255011</b>

**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

<b>INCOME OR EXPENSES</b> – 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 checked="" type="checkbox"/> ⇨ \$ <u>60,000</u> 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 type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to accounting method. See instructions for descriptive method.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 162(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e)(2)(C) Internal Revenue Code</p>

Signature \_\_\_\_\_

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



Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

- Medicare and Medicaid cuts in budget resolutions and FY 2001 appropriations legislation (H.R. 4577)
- Medicare Reform (no specific legislation)
- Medicare Changes (no specific legislation)
- Medicare Outpatient PPS Regulation
- Medicare Payment Increase Legislation (H.R. 3508)
- Medicaid & Child Health Insurance Program (CHIP) Outreach (no specific legislation)
- Medicaid Changes to DSH (H.R. 3710, H.R. 3698, S. 2299, S. 2308)
- Medicaid DSH/CHIP interaction
- Medicaid Payment Methodology Issues (no specific legislation)
- Balanced Budget Act Refinement (no specific legislation)

17. House(s) of Congress and Federal agencies contacted  Check if None

- U.S. House of Representatives
- U.S. Senate
- Department of Health and Human Services
- White House

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

Name	Covered Official Position (if applicable)
Larry Gage	
Barbara Eyman	
Charles Luband	
Lisa Shapiro	
Charlotte Collins	
Robert Falk	
Lisa Meengs	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None N/A

Signature \_\_\_\_\_

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



Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code TOB (one per page)

16. Specific lobbying issues

**No reportable lobbying activity**

17. House(s) of Congress and Federal agencies contacted  Check if None

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

Name

Covered Official Position (if applicable)


19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None N/A

Signature \_\_\_\_\_

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



Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name Health Systems

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

- FY 2001 Labor/HHS Appropriations (Community Access Program) (H.R. 4557, S. 2553)**
- Managed Care Legislation (H.R. 2723)**
- Health Privacy (no specific legislation)**
- Community Access Program Authorization (H.R. 4970)**
- Tax Credits for Low-Income Individuals Purchasing Health Insurance (S. 2320, H.R. 4113)**

17. House(s) of Congress and Federal agencies contacted  Check if None

- U.S. House of Representatives**
- U.S. Senate**
- White House**
- Department of Health & Human Services**

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

Name	Covered Official Position (if applicat
<u>Larry Gage</u>	
<u>Barbara Eyman</u>	
<u>Lisa Shapiro</u>	
<u>Charles Luband</u>	
<u>Robert Falk</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None N/A

Signature \_\_\_\_\_

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



Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name National Association of Public Health Systems

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code IMM (one per page)

16. Specific lobbying issues

**Implementation of welfare reform & immigration reform  
Restoration of health care benefits to immigrants (H.R. 1399, S. 792, S. 1227, H.R. 4704)  
H-1B Program (H.R. 4227, H.R. 4402, H.R. 3983)**

17. House(s) of Congress and Federal agencies contacted  Check if None

**U.S. House of Representatives  
U.S. Senate  
White House  
Health Care Financing Administration (Department of Health and Human Services)  
Office of Management & Budget**

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

Name	Covered Official Position (if applicab
<u>Larry Gage</u>	
<u>Barbara Eyman</u>	
<u>Charles Luband</u>	
<u>Lisa Shapiro</u>	
<u>Lisa Meengs</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None N/A

Signature \_\_\_\_\_

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



Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name

**Information Update Page – Complete ONLY where information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

.....  
City

.....  
State/Zip (or Country)

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Anne Lewis

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of E (city and state or c

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	p

28. Name of each previously reported foreign entity that **no longer** owns or controls, or is affiliated with the registrant affiliated organization

Signature Barbara DA Eyman Date 8/10/00

Printed Name and Title Barbara Eyman, Counsel

