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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

2. Address	O.C. 20004	
3. Principal Place of Business (if different from line 2)		
City: N.A. State/Zip (o	r Country)	
4. Contact Name Telephone E-mai Brett Kappel (202) 347-0066	l (optional)	5. Senate ID # 31942-214
7. Client Name Self National Association of Public Hospitals and Health Syste	ms	6. House ID # 31255011
TYPE OF REPORT 8. Year 2003 Midyear (Ja	inuary 1-June 30) 🗵 OR Year End	(July 1-December 3
 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 A
INCOME OR EXPENSES - Complete Either Line 12 OR Lin	e 13	
INCOME OR EXPENSES - Complete Either Line 12 OR Lin	e 13	nizations
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12. Lobbying Firms INCOME relating to lobbying activities for this reporting period	13. Orga EXPENSES relating to lobbying a	
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying a were: Less than \$10,000	
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$\simega \frac{60,000}{\text{lncome (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	EXPENSES relating to lobbying a were: Less than \$10,000	ctivities for this rep Expenses (nearest \$20,00 Check box to in
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$\frac{10}{10000} \frac{1000}{100000} \frac{10000}{100000000}\$ Provide a good faith estimate, rounded to the nearest \$20,000, of all	13. Orga EXPENSES relating to lobbying a were: Less than \$10,000 □ \$10,000 or more □ □ \$ \$	Expenses (nearest \$20,00 Check box to in
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$\frac{\text{\$\sum_{\text{loon}} \text{\$\sum_{\text{loon}} \$\sum_{	13. Orga EXPENSES relating to lobbying a were: Less than \$10,000	Expenses (nearest \$20,00 Check box to in ns for description of s using LDA definit
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$\frac{\text{\$\sum_{loon}}}{\text{\$\sum_{loon}}}\$\$ \$\frac{60,000}{\text{\$\sum_{loon}}}\$\$ 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	13. Orga EXPENSES relating to lobbying a were: Less than \$10,000 □ \$10,000 or more □ □ □ \$ 14. REPORTING METHOD. accounting method. See instruction □ Method A. Reporting amounts □ Method B. Reporting amounts	Expenses (nearest \$20,00 Check box to in ns for description of s using LDA definit ts under section 603 ode

Form LD-2 (REV. 6/98) ::ODMA\PCDOCS\WSH\302254\1

Registrant Name <u>Powell, Goldstein, Frazer & Murphy LLP</u> Cii	National Association of Public Hospi ient Name <u>Health Systems</u>
LOBBYING ACTIVITY. Select as many codes as necess engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as needed.	rting period. Using a separate page for each of
15. General issue area code MMM (one per page)	
16. Specific lobbying issues Medicare and Medicaid Reimbursement (general) Medicaid, Hill contacts (H.R. 328, H.R. 1342, S. 652 Extension of 340B Drug Pricing to inpatient drugs Prescription drugs and Medicare Reform (H.R. 1, Medicaid/SCHIP Restorations for Legal Immigra Medicare IME legislation (S.899, H.R. 1710) FMAP legislation (H.R. 2, S.1054)	2, S. 204, H.J. Res. 2, H.Con. Res. 95) (S. 1195, H.R. 2409) , S.1, H.R. 2473)
17. House(s) of Congress and Federal agencies contacted U.S. House of Representatives U.S. Senate U.S. Department of Heath and Human Services White House	☐ Check if None
18. Name of each individual who acted as a lobbyist in this iss	•
Name Larry Gage	Covered Official Position (if applicable
Barbara Eyman	
Charles Luband	
Lisa Shapiro	
Charlotte Collins	
Hemi Tewarson	<u></u>
Allison Orris	
Jill Abrams	
Laura Ogelman	
Adam Ezring	
Julie Andreeff	
David Quam	
19. Interest of each foreign entity in the specific issues listed of Signature	on line 16 above

Printed Name and Title _			
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Registrant Name Powell, Goldstein, Frazer & Murphy LLP	National Association of Public Hospita Client Name Health Systems
LOBBYING ACTIVITY. Select as many codes as necessaged in lobbying on behalf of the client during the reinformation as requested. Attach additional page(s) as need	porting period. Using a separate page for each c
15. General issue area code <u>HCR</u> (one per page)	
16. Specific lobbying issues	
Healthy Communities Access Program and FY 200 SCHIP legislation (including S. 312, S. 531) Health professionals workforce legislation (general Patient safety legislation (general legislation) Trauma reauthorization legislation (S. 239) Healthcare quality and health disparities legislation	l legislation)
17. House(s) of Congress and Federal agencies contacted	☐ Check if None
U.S. House of Representatives U.S. Senate U.S. Department of Health and Human Services White House	
17. Name of each individual who acted as a lobbyist in this	s issue area
Name	Covered Official Position (if applicable)
Larry Gage	
Barbara Eyman	
Lisa Shapiro	,
Charles Luband	
David Quam	
Allison Orris	
19. Interest of each foreign entity in the specific issues liste	ed on line 16 above
Signature	
Printed Name and Title	

Form LD-2 (REV. 6/98) ::ODMA\PCDOCS\WSH\302254\1

Registrant Name Powell, Goldstein, Frazer & Murphy LLF	National Association of Public Hosp Client Name <u>Health Systems</u>
LOBBYING ACTIVITY. Select as many codes as no engaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as many codes as need to be a select as need to be	reporting period. Using a separate page for each c
15. General issue area code <u>IMM</u> (one per page)	
16. Specific lobbying issues	
Immigrant health benefits-related legislation (H.I Federal Responsibility for Immigrant Health Act TANF reauthorization legislation (no specific bill	(S. 412, H.R. 819)
17. House(s) of Congress and Federal agencies contacted U.S. House of Representatives U.S. Senate	☐ Check if None
18. Name of each individual who acted as a lobbyist in the	is issue area
Name	Covered Official Position (if applicable)
Larry Gage	
Barbara Eyman	<u></u>
Charles Luband	
Lisa Shapiro	, .
Hemi Tewarson	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Allison Orris	
David Quam	
19. Interest of each foreign entity in the specific issues lis	ted on line 16 above
Signature	_ Date
Printed Name and Title	

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National Association of Public Hospitals and

Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name **Health Systems** 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 **David Quam** Julie Andreeff **ISSUE UPDATE** 24. General lobbying issues previously reported that no longer pertain AFFILIATED ORGANIZATIONS 25. Add the following affiliated organization(s) Address Principal Place of Busi Name (city and state or coun 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 Amount of contribution for Address Principal place of business Name (city and state or country) lobbying activities рего 28. Name of each previously reported foreign entity that no longer owns or controls, or is affiliated with the registrant, clie affiliated organization. Signature <u>Barbara D.A. Eyman</u> Date <u>8/12/03</u>
Printed Name and Title <u>Barbara D.A. Eyman</u>, <u>Partner</u>

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