

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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AMENDED

SECRETARY OF THE

05 MAR 11 PM

LOBBYING REPORT

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

1. Registrant name
Organization Washington State Hospital Association

2. Address Check if different than previously reported
300 Elliott Avenue West, Suite 300
City Seattle State WA Zip Code 98119-4118 Country US

3. Principal place of business (if different than line 2)
City _____ State _____ Zip Code _____ Country _____
State/Zip or Country _____

4a. Contact Name Prefix Ms. Full Name Kristen Michal b. Telephone number 206-281-7211 c. E-mail kristenn@wsna.org 5. Senate ID # 53037-12

7. Client Name Self Washington State Hospital Association 6. House ID # 3493300

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Activ

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 were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u> </u>	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u>
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).	14. REPORTING METHOD. Check box to indicate exper accounting method. See instructions for description of opti
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions on
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of th Revenue Code

Form Co

Printed Name and Title _____

Registrant Name Washington State Hospital Association Client Name Washington State Hospital Associati

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

25 bed critical access hospital rule
Critical Access hospital lab cost based reimbursement
S.2426 and HR4257 The Critical Access to Lab Reimbursement Act

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 *Add a page to continue adding lobbyists for*

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	
Kristen	Michal		

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

Add a page for a diffe

Printed Name and Title



LD-2DS (REV. 4/03)

Page 2

Registrant Name Washington State Hospital Association

Client Name Washington State Hospital Association

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

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Undocumented immigrant funding rule
S.2810 and HR.5006 The Labor, Health and Human Services, and Education appropriations bill
Boutique Hospitals
Community Benefits
CMS Undocumented Immigrant Emergency Funding

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 Add a page to continue adding lobbyists for

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	
KRISTEN	MICHAL		

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

Add a page for a diff

Printed Name and Title



LD-2DS (RM)

Registrant Name Washington State Hospital Association Client Name Washington State Hospital Associatic

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City State Zip Code Country

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

City State Zip Code Country

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

LOBBYIST UPDATE

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

	First Name	Last Name	Suffix		First Name	Last Name	Sul
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

ISSUE UPDATE

24. General lobbying issues that no longer pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
Association of Washington Public Hospital Districts	Address <u>300 Elliott Avenue West Suite 300</u> City <u>Seattle</u> State <u>WA</u> Zip <u>98119</u> C/S/Z <u>Seattle WA 98119</u>	City <u>Seattle</u> State <u>WA</u> Country <u></u>
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>

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

1 2 3

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	Own per client
	Street Address City	State/Province Country		
<input type="text"/>	<input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/>	<input type="text"/>

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

1 2 3 4 5 6

Add a page for more

Printed Name and Title



RANDY REUELLE, VP, POLICY AND Pub