

LOBBYING REPORT

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

1. Registrant Name:

NEW YORK STATE ASSN OF HEALTH CARE PROVIDERS

2. Address:

99 TROY ROAD SUITE # 200, EAST GREENBUSH, NY 12061

3. Principal place of business (if different from line 2):

4. Contact Name: PHYLLIS A. WANG
Telephone: 5184631118
E-mail (optional): johnston@nyshcp.org

Senate ID #: 29196-12

House ID #:

7. Client Name: Self

TYPE OF REPORT

8. Year 2007 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: => Expenses (nearest \$20,000): 60,000.00

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

Registrant Name: NEW YORK STATE ASSN OF HEALTH CARE PROVIDERS 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: INS (one per page)

16. Specific lobbying issues:

Insurance and workers' compensation--general monitoring

17. House(s) of Congress and Federal agencies contacted:

HOUSE OF REPRESENTATIVES

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

Name: JOHNSTON, CHRISTINE

Covered Official Position (if applicable): N/A

Name: LEFEBVRE, GLENN

Covered Official Position (if applicable): N/A

Name: WANG, PHYLLIS

Covered Official Position (if applicable): N/A

Name: WATTIE, TRAVIS

Covered Official Position (if applicable): N/A

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

Registrant Name: NEW YORK STATE ASSN OF HEALTH CARE PROVIDERS 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: LBR (one per page)

16. Specific lobbying issues:

Labor Issues--general monitoring

17. House(s) of Congress and Federal agencies contacted: **None**

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

Name: JOHNSTON, CHRISTINE

Covered Official Position (if applicable): N/A

Name: LEFEBVRE, GLENN

Covered Official Position (if applicable): N/A

Name: WANG, PHYLLIS

Covered Official Position (if applicable): N/A

Name: WATTIE, TRAVIS

Covered Official Position (if applicable): N/A

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

Registrant Name: NEW YORK STATE ASSN OF HEALTH CARE PROVIDERS 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: MMM (one per page)

16. Specific lobbying issues:

Medicare home health reimbursement; continuation of the home health rural add-on (?); workforce issues (HR 1279, HR 1178, HR800/S1041); telehealth/health information technology (HR1952, HR2174/S1032, S321, S716); pay for performance in home care; medicaid reform; labor HHS (HJ Res 20); home care coverage (HR 2567/S 870); long-term care (HR 2244/S 1340); health care coverage/safety/quality (HR 1651, S1052, S1605, HR378, HR2122, HR1621/S799, S1577)

17. House(s) of Congress and Federal agencies contacted:

Centers For Medicare and Medicaid Services (CMS)

HOUSE OF REPRESENTATIVES

HOUSE OF REPRESENTATIVES

Health & Human Services, Dept of (HHS)

SENATE

SENATE

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

Name: JOHNSTON, CHRISTINE

Covered Official Position (if applicable): N/A

Name: LEFEBVRE, GLENN

Covered Official Position (if applicable): N/A

Name: WANG, PHYLLIS

Covered Official Position (if applicable): N/A

Name: WATTIE, TRAVIS

Covered Official Position (if applicable): N/A

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

Signature: ON FILE Date: Aug 10, 2007

Printed Name and Title: CHRISTINE L. JOHNSTON, EXECUTIVE VICE PRESIDENT -

Information Update Page:

Complete ONLY where registration information has changed.

LOBBYIST UPDATE

23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client

Name: DONNARUMA, JULIA

Name: HANSEN, KELLY

ISSUE UPDATE

24. General lobbying issues previously reported that NO LONGER pertain

AFFILIATED ORGANIZATIONS

25. Add the following organization(s)

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

28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization

Signature: ON FILE Date: Aug 10, 2007

Printed Name and Title: -