

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

National Campaign for Hearing Health

2. Address Check if different than previously reported

1050 17th Street, NW Suite 701

3. Principal Place of Business (if different from line 2)

City: Washington

State/Zip (or Country) DC 20036

4. Contact Name

Telephone

E-mail (optional)

5. Senate ID #

Elizabeth E. Thorp 202-289-5850

elizabethT@drf.org

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7. Client Name Self

6. House ID #

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TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobby

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 period were:

Less than \$10,000

\$10,000 or more → \$ 40,000.00
Expenses (nearest \$2

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description

Method A. Reporting amounts using LDA defini

Method B. Reporting amounts under section 6 Internal Revenue Code

Method C. Reporting amounts under section 1 Internal Revenue Code

Signature _____



Printed Name and Title

Elizabeth Thorp, Director

LD-2 (REV. 6/98)

Registrant Name National Campaign for Hearing Health Client Name _____

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

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

16. Specific lobbying issues

--Encourage private insurance reimbursement of cochlear implants and hearing aids.
--Develop report language for CDC and HRSA regarding Early Hearing Detection and Intervention funding for FY 03
--Testify in front of House Appropriations regarding EHDI funding for FY 2003.
--Increase reimbursement of cochlear implants under Medicare's Outpatient Prospective Payment System.
--Reauthorization of I.D.E.A.
--Support of Foley Bill.

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

House, Senate, Department of Health and Human Services, CMS

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

Name	Covered Official Position (if applicable)
Elizabeth E. Thorp
Kiersten Tomchik
Susan Greco
Carrie Cleary
.....

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

Signature  Date 8/6/02

Registrant Name National Campaign for Hearing Health Client Name _____

Information Update Page - Complete ONLY where registration 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

Kiersten Tomchik, Carrie Cleary -- no longer with the organization

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 B (city and state or c

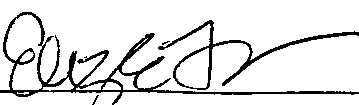
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

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

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

Signature  Date 8/6/02

Printed Name and Title Elizabeth E. Thorp

Form LD-2 (Rev. 6/98)

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