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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

1. Registrant Name POLICY DIRECTIONS INC.			
2. Address <input type="checkbox"/> Check if different than previously reported 818 CONNECTICUT AVENUE, NW, SUITE 225			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20006			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
FRANKIE L. TRULL	(202) 776-0071		31
7. Client Name <input type="checkbox"/> Self HEALTH POLICY STRATEGIES			6. House ID
			32

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-12/31)
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Date 12/31/200311. No Lobby **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature

Frankie L. Trull

FRANKIE L. TRULL, PRESIDENT

Printed Name and Title

LD-2 (REV. 6/98)

Registrant Name POLICY DIRECTIONS INC. Client Name HEALTH POLICY STRATEGIES

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

Medicaid
Children's health

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

U. S. HOUSE OF REPRESENTATIVES
HHS

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

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
KATHLEEN (KAY) HOLCOMBE	

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

Signature Frankie L. Trull Date 02/09/2004

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

Registrant Name POLICY DIRECTIONS INC. Client Name HEALTH POLICY STRATEGIES

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 HCR (one per page)

16. Specific lobbying issues

Medicaid
Children's health

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

U. S. HOUSE OF REPRESENTATIVES
HHS

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

Name	Covered Official Position (if applicable)
FRANKIE L. TRULL	
KATHLEEN (KAY) HOLCOMBE	

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

Signature Frankie L. Trull Date 02/09/2004

Printed Name and Title FRANKIE L. TRULL, PRESIDENT

