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SECRETARY OF THE SENATE
04 APR -6 AM 10:37

LOBBYING REPORT

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

1. Registrant Name Health Policy Source, Inc.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 16625 Dove Canyon Road, Ste. 102-412			
3. Principal Place of Business (if different from line 2) San Diego CA 92127 City: State/zip (or Country)			
4. Contact Name Monica Tencate	Telephone (858) 618-5525	E-mail (optional) mtencate@healthpolicysource.cor	5. Senate ID # 74135-90
7. Client Name <input type="checkbox"/> Self Biogen Idec			6. House ID # 36052005

TYPE OF REPORT 8. Year 2003 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>60,000.00</u> 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>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exact accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature Monica Tencate Date 02/10/04

Printed Name and Title Monica Tencate, President

LD-2 (REV. 4/03)

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Registrant Name Health Policy Source, Inc. Client Name Biogen Idec

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 MMM (one per page)

16. Specific lobbying issues

Issues relating to reimbursement of biotech drugs, including the HOPPS, AWP, self-injectable drugs, orphan drugs and the Medicare prescription drug benefit.

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

Centers for Medicare & Medicaid Services
U.S. House
U.S. Senate

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

Name	Covered Official Position (if applicable)
Monica Tencate	

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

Signature Monica Tencate Date 02/10/04

Printed Name and Title Monica Tencate, President

Form LD-2 (Rec. 4/03)

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Registrant Name Health Policy Source, Inc. Client Name Biogen Idec

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

20. Client new address

801 Pennsylvania Ave NW, Ste. 710, Washington, DC 20004

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

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 Bu (city and state or co

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 registrant, affiliated organization

Monica Teucate

Signature [Handwritten Signature] Date _____

Printed Name and Title Monica Tencate, President