

LOBBYING REPORT

78
 Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page H.D.

1. Registrant Name Capitol Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 426 C Street, NE.			
3. Principal Place of Business (if different from line 2) City: Washington, State/Zip (or Country): DC 20002			
4. Contact Name Debra M. Hardy Havens	Telephone (202) 544-1880	E-mail (optional) dh@capitolassociates.com	5. Senate ID # 8101-684
7. Client Name National Association for Medical Equipment Services	<input type="checkbox"/> Self		6. House ID # 30813064

TYPE OF REPORT 8. Year 1999 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	
<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 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 align="center">13. Organizations</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 expense accounting method. See Instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Debra M. Hardy Havens
 Printed Name and Title Debra M. Hardy Havens, CEO

Registrant Name Capitol Associates, Inc. Client Name National Association for Medical Equipment Services

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

Surety Bond requirements for Durable Medical Equipment providers
Competitive Bidding Demonstration project for Durable Medical Equipment
Legislation authorizing Home Medical Equipment providers to submit faxed certificates of Medical necessity for Medicare reimbursement, in lieu of an original
Establishing national certification standards as a condition of participation in the Medicare program.
Revisions to the Health Care Financing Administration's Inherent Reasonableness authority.
Restoration of the Consumer Price Index for durable medical equipment
H.R. 3426, Medicare, Medicaid, S-Chip Refinement Act of 1999
H.R. 3075, Medicare Refinement Act of 1999
S. 1788, Medicare, Medicaid, S-Chip Refinement Act of 1999

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

House
Senate
Health Care Financing Administration

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

Name	Covered Official Position (if applicable)	New
William A. Finerfrock, Vice President Health Policy		<input type="checkbox"/>
Matthew Williams, Associate		<input type="checkbox"/>
Debra M. Hardy Havens, CEO		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____

Printed Name and Title Debra M. Hardy Havens, CEO

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

Julie Shroyer

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 Business (city and state or country)

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	Ownership percentage in client

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

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, CEO