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**LOBBYING REPORT**

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

1. Registrant Name New York State Association of Health Care Providers			
2. Address <input type="checkbox"/> Check if different than previously reported 90 State Street, Suite 200			
3. Principal Place of Business (if different from line 2) City: Albany State/Zip (or Country) NY 12207			
4. Contact Name Phyllis A. Wang		Telephone (518) 463-1118	E-mail (optional) 5. Senate ID # 29196-12
7. Client Name <input checked="" type="checkbox"/> Self		6. House ID # 33586000	

**TYPE OF REPORT** 8. Year 2000 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 13	
<p align="center"><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____ 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"><b>13. Organizations</b></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 checked="" type="checkbox"/> ⇨ \$ <u>60,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> 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(c) of the Internal Revenue Code</p>

Signature *Phyllis Wang* Date 8/8/00

Printed Name and Title Phyllis A. Wang, President

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

Balanced Budget Act and Medicare/Medicaid home health reimbursement provisions, including prospective payment system implementation, elimination of the automatic 15% cut, et al. (S. 1459, S. 1310, S. 1358, S. 1788, H.R. 1917, H.R. 2240, H.R. 2361, H.R. 2492, H.R. 2618, H.R. 3075)

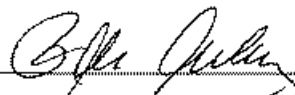
17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. House of Representatives  
U.S. Senate  
Department of Health and Human Services  
White House

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

Name	Covered Official Position (if applicable)	New <input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Phyllis A. Wang		<input type="checkbox"/>
Jennifer Gillis		<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  Date 8/8/00  
Printed Name and Title Phyllis A. Wang, President

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  Check if None

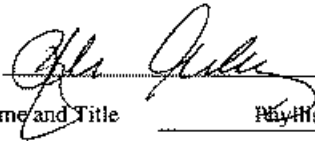
U.S. House of Representatives  
U.S. Senate

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

Name	Covered Official Position (if applicable)	New <input type="checkbox"/>
		<input type="checkbox"/>
Phyllis A. Wang		<input type="checkbox"/>
Jennifer Gillis		<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



Date

8/8/00

Printed Name and Title

Phyllis A. Wang, President

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

20. Client new address

Registrant Name New York State Assn. of Health Care Providers Client Name Self

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  
Christine L. Johnston

**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)

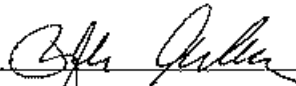
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client \_\_\_\_\_

**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 8/8/00  
Printed Name and Title Phyllis A. Wang, President