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LOBBYING REPORT

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

1. Registrant Name Ohio Hospital Association			
2. Address <input type="checkbox"/> Check if different than previously reported 155 East Broad Street, Floor 15			
3. Principal Place of Business (if different from line 2) City: Columbus State/Zip (or Country): OH 43215			
4. Contact Name Debbie Wolfe	Telephone (614) 221-7614	E-mail (optional) debbiew@ohanet.org	5. Senate ID # 53004-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34922000

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 Line 13	
<p>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 type="checkbox"/> => \$ _____ <small>Income (nearest \$20,000)</small></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>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 checked="" type="checkbox"/> => \$ <u>120,000</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" 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 John E Callender
 Printed Name and Title JOHN E. CALLENDER, SP. V. P.

Registrant Name Ohio Hospital Association 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 HCR (one per page)

16. Specific lobbying issues

Restoration of Medicare Funds cut through the BBA 1997 HR 3580/S 2018.
Restoration of Medicaid Funds cut through the BBA 1997 HR 3698/3710, S 2299/2308.
HR 3065/S 1728 - Exempting Ohio from hospital - specific Medicaid DSH caps.
Tax credits for purchase of health insurance.

17. House(s) of Congress and Federal agencies contacted
House of Representatives
Health Care Financing Administration
Senate
Office of the President

Check if None

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

Name	Covered Official Position (if applicable)	New
<u>John Callender</u>		<input type="checkbox"/>
<u>Jessie Cannon</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

9. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature John E Callender Date 8-11-00
Printed Name and Title JOHN E CALLENDER, SR. J.P.

Registrant Name Ohio Hospital Association 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

Restoration of Medicare Funds cut through the BBA 1997 HR 3580/S 2018.
Restoration of Medicaid Funds cut through the BBA 1997 HR 3698/3710, S 2299/2308.
HR 3065/S 1728 - Exempting Ohio from Hospital - specific Medicaid DHS caps.
Delay in implementation of Medicare Outpatient Prospective Payment System (OPPS) for hospitals.

17. House(s) of Congress and Federal agencies contacted

Check if None

House of Representatives
Health Care Financing Administration
Senate
Office of the President

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

Name	Covered Official Position (if applicable)	Nov
John Callender		<input type="checkbox"/>
Jessie Cannon		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 John E Callender Date 8-11-00
Printed Name and Title JOHN E CALLENDER, SA, U.P.

Registrant Name Ohio Hospital Association 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
Tax credit for purchase of health insurance.
Liability issues associated with managed care reform legislation.

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

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

Name	Covered Official Position (if applicable)	New
<u>John Callender</u>		<input type="checkbox"/>
<u>Jessie Cannon</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 John E Callender Date 8-11-00
Printed Name and Title JOHN E. CALENDER, SR. V.P.

Registrant Name Ohio Hospital Association 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 BUD (one per page)

16. Specific lobbying issues

Set aside in FY 2001 budget resolution for relief from Medicare/Medicaid cuts contained in BBA 1997.

17. House(s) of Congress and Federal agencies contacted

Check if None

House of Representatives
Health Care Financing Administration
Senate
Office of the President

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

Name	Covered Official Position (if applicable)	New
John Callender		<input type="checkbox"/>
Jessie Cannon		<input type="checkbox"/>
		<input type="checkbox"/>
		<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

John E Callender

Date

6-11-00

Printed Name and Title

JOHN E. CALLENDER, SR. V.P.

Registrant Name Ohio Hospital Association Client Name Self

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

20. Client new address

N/A

21. Client new principal place of business (if different from line 20)

City N/A

State/Zip (or Country)

22. New general description of client's business or activities

N/A

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) N/A

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

N/A

FOREIGN ENTITIES

27. Add the following foreign entities

N/A

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 John E Callender Date 8-11-00

Printed Name and Title JOHN E. CALLENDER, SR. U.P.

Form 1 (5-7-18) Rev. 6-08

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