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LOBBYING REPORT

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

1. Registrant Name Robert Betz Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1100 Wilson Boulevard Suite 1200 Arlington VA 22209			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Cathy Clark Betz	Telephone (703) 243-1719	E-mail (optional)	5. Senate ID # 6121-24
7. Client Name <input type="checkbox"/> Self Health Industry Group Purchasing Association			6. House ID # 32456001

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-De

9. Check if this filing amends a previously filed version of this report

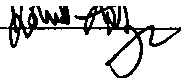
10. Check if this is a Termination Report ⇔ Termination Date _____

11. No Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇔ \$ <u>20,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate the accounting method. See instructions for description of each method.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____ Date 8/18/04



Printed Name and Title _____ Robert Betz, PhD., President

Registrant Name Robert Betz Associates, Inc. Client Name Health Industry Group Purchasing Association

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare Prescription Drug Improvement and Modernization Act of 2003 (P.L. 108-173)
Safe Importation of Medical Products and Other Rx Therapies Act of 2004 (S. 2493)
Pharmaceutical Market Access and Drug Safety Act of 2004 (S. 2328)
Section 340B of the Public Health Service Act Prime Vendor Program
Medicare Part B Drugs and Biological Manufacturer's Average Sales Price Data Submission (4/6/04)


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

U.S. House of Representatives
U.S. Senate
U.S. Department of Health and Human Services
Center for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Robert Betz, PhD.	President
Cathy Clark Betz, Esq.	Executive Health Counsel
Fred Asbell	Director of Strategic Initiatives

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

Signature  Date 8/18/04

Printed Name and Title Robert Betz, PhD., President

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Registrant Name Robert Betz Associates, Inc. Client Name Health Industry Group Purchasing As

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

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

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

Signature  Date 8/18/04

Printed Name and Title Robert Betz, ⁶ ~~Rob~~., President

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