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LOBBYING REPORT

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

1. Registrant Name Healthcare Association of New York State			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 1 Empire Drive, Rensselaer, New York 12144			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Steven Kroll	Telephone 518/431-7600	E-mail (optional) skroll@hanys.org	5. Senate ID # 17900-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 31271000

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

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"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>420,000.00</u> 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 expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____

Printed Name and Title _____

Registrant Name Healthcare Assn. of NYS Client Name Same

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

H.R.3580/S.2018, Hospital Preservation and Equity Act of 2000
H.R.4219, S.2365, Elimination of 15% cut in home health reimbursement
H.R.1785, H.R.4239, S.2394, Freeze on the indirect Medical Education adjustment factor
H.R.3710, H.R.3698, S.2308, S.2299, Medicaid Safety Net Hospital Preservation Act
H.R.2492, H.R.2618, Medicare Home Health Improvement Act of 1999
HCPA Provider-Based Status Regulations
Medicare Prescription Drug Benefit
FY 2001 Budget Resolution
HCPA Proposed Rule for Medicare PPS and Consolidated Billing for SNPs for 2001

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

U.S. House of Representatives
U.S. Senate
Executive Office of the President
Office of the Vice President
Healthcare Financing Administration
Department of Health & Human Services
Office of Management and Budget

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

Name	Covered Official Position (if applicable)	Yes
Steven Kroll		<input type="checkbox"/>
Joanne Cunningham		<input type="checkbox"/>
Daniel Sisto		<input type="checkbox"/>
Mark Callan		<input type="checkbox"/>
Steven Hatwell		<input type="checkbox"/>
Kelly Rife		<input type="checkbox"/>
Sue Ellen Wagner		<input type="checkbox"/>
Nora Zeltzer		<input type="checkbox"/>
Herbert Makofske		<input type="checkbox"/>
Francesca Storrs		<input type="checkbox"/>
Jessica Richer		<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 _____

Printed Name and Title _____

Registrant Name Healthcare Assn. of NYS Client Name Same

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 MM (one per page)

16. Specific lobbying issues

- Medicare Critical Access Program Regulations
- Potential Regulations on Intergovernmental Transfer and Upper Payment Limits
- HCFA Proposed Medicare Ambulance Fee Schedule
- Final Outpatient PPS Regulations
- HCFA Sole Community Rebasing Guidelines
- HCFA Proposed New Resource Utilization Group Hierarchy
- HCFA Final Rule Broadening Geographic Boundaries of Medicare's Rural Paramedic Fly Car Program
- Home Health PPS Changes
- HCFA Medicare Payments for Ambulatory Surgery Centers
- HCFA Proposed Regulations on Certification & Payment Requirements for Rural Health Clinics

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

- U.S. House of Representatives
- U.S. Senate
- Executive Office of the President
- Office of the Vice President
- Health Care Financing Administration
- Department of Health & Human Services
- Office of Management and Budget

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

Name	Covered Official Position (if applicable)	New
Steven Kroll		<input type="checkbox"/>
Joanne Cunningham		<input type="checkbox"/>
Daniel Sisto		<input type="checkbox"/>
Mark Callan		<input type="checkbox"/>
Steven Harwell		<input type="checkbox"/>
Kelly Price		<input type="checkbox"/>
Sue Ellen Wagner		<input type="checkbox"/>
Nora Zellner		<input type="checkbox"/>
Herbert Makofske		<input type="checkbox"/>
Francesca Storrs		<input type="checkbox"/>
Jessica Richeter		<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 _____

Printed Name and Title _____

Registrant Name Healthcare Assn. of NYS 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

Quality Improvement and Patient Safety
Medical Error Reporting and Reduction
HCFA Patient's Rights Guidelines and Patient Bill of Rights Legislation
"Corporate Shield" in Malpractice Suits
Legislation on Single Use Medical Devices/Health Care Worker Safety
Telemedicine Support
Standardized Electronic Submissions of Transactions Required under Health Insur. Portability Act
Implementation of Privacy and Security Sections of Health Insurance Portability Act

17. House(s) of Congress and Federal agencies contacted Check if None
Office of Inspector General
Health Resources and Services Administration
Health Care Financing Administration
Federal Food & Drug Administration

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

Name	Covered Official Position (if applicable)	Yes
Steven Kroll		<input type="checkbox"/>
Joanne Cunningham		<input type="checkbox"/>
Mark Callan		<input type="checkbox"/>
Nora Zelizzer		<input type="checkbox"/>
Kathy Circone		<input type="checkbox"/>
Mark Thomas		<input type="checkbox"/>
Trish McBreen		<input type="checkbox"/>
Debbie LeBaron		<input type="checkbox"/>
Francesca Storrs		<input type="checkbox"/>
James Bitty		<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 _____

Printed Name and Title _____

Registrant Name Healthcare Assn. of NYS 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

OSHA Proposed Rule on Ergonomics
Safe Harbor Regulations
OSHA Revised Compliance Directive (CPL2-2.44B): Needle Safety Devices/Worker Safety
OIG Ambulance Restocking Arrangements
OIG Final Rule Exempting Health Care Integrity and Protection Data Bank From Certain Provisions of the Federal Privacy Act

17. House(s) of Congress and Federal agencies contacted
Office of Inspector General
Occupational Health & Safety Administration
Health Care Financing Administration

Check if None

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

Name	Covered Official Position (if applicable)	New
Steven Kroll		<input type="checkbox"/>
Joanne Cunningham		<input type="checkbox"/>
Mark Thomas		<input type="checkbox"/>
Debbie Lebarton		<input type="checkbox"/>
Nora Zalizer		<input type="checkbox"/>
Trish McBreen		<input type="checkbox"/>
James Bilby		<input type="checkbox"/>
Kathy Ciccone		<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

Date 8/11/00

Printed Name and Title Steven Kroll, Vice President, Governmental Affairs