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## LOBBYING REPORT

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

1. Registrant Name Daughters of Charity National Health System			
2. Address <input type="checkbox"/> Check if different than previously reported 4600 Edmundson Road, St. Louis, MO 63134			
3. Principal Place of Business (if different from line 2) City: St. Louis State/Zip (or Country) MO 63134			
4. Contact Name Susan E. Nestor	Telephone 314-253-6466	E-mail (optional)	5. Senate ID # 11617-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 32722000		

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 10/31/1999 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><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 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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(e) of the Internal Revenue Code</p>

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Daughters of Charity  
Registrant Name National Health System 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  
H.R. 3426, Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999, provisions related to Medicare Parts A & B  
  
(no bill); Medicare hospice benefit, interest in reforming payment and benefits

17. House(s) of Congress and Federal agencies contacted  Check if None  
Senate  
House of Representatives  
MedPAC  
Department of Health and Human Services  
Executive 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
Susan E. Nestor		<input type="checkbox"/>
Katherine Hayes		<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 \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

**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

H.R. 3424, Labor-HHS-Education Appropriations, Title II, Dept. of Health and Human Service provisions related to funding for Health Resources and Services Administration to carry out program to service the uninsured

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

- Senate
- House of Representatives
- Dept. of Health and Human Services
- Executive 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
Susan E. Nestor		<input type="checkbox"/>
Katherine Hayes		<input type="checkbox"/>
		<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 Susan E. Nestor Date 2/11/00  
 Printed Name and Title Susan E. Nestor, Vice President for Advocacy and External Relations