House of Representatives
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shington, DC 20515

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LOBBYING REPORT

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

I. Registrant Name	1	
Health Policy Alternatives, Inc.	######################################	•
2. Address Check if different than previously reported		
400 North Capitol St. NW, Suite 79	9	
3. Principal Place of Business (if different from line 2) City: Washington State	e/Zip (or Country) DC 20001	
4. Contact Name Telephone Thomas A. Ault 202-737-3390	E-mail (optional)	5. Senate ID 17875
7. Client Name Self Johnson & Johnson	***************************************	6. House ID :
 Check if this filing amends a previously filed version of this Check if this is a Termination Report □ ⇒ Termination 	n Date 11	l. No Lobby
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Printed Name and Title		 	
LD-2 (REV. 6/98)			1

Name Health Policy Alternatives Clien	nt Name Johnson & Johnson
BBYING ACTIVITY. Select as many codes as necestagged in lobbying on behalf of the client during the reprint information as requested. Attach additional page(s) as necessary to the control of the client during the reprint information as requested.	porting period. Using a separate page for each co eeded.
15. General issue area code HCR (one per page)
16. Specific lobbying issues	
Technical assistance on various issues reimbursement of technology and phase	sues related to Medicare coverage and armaceuticals
7. House(s) of Congress and Federal agencies contacted	Check if None
8. Name of each individual who acted as a lobbyist in th	is issue area
Name	Covered Official Position (if applicable)

1940 ttd 62000 by the Barbaro 1840 by	***************************************
. Interest of each foreign entity in the specific issues listed on	line 16 above
	2/14/05

Form LD-2 (Rev.6/98)

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