



Wake Forest University Baptist

MEDICAL CENTER

EXPERIMENTAL  
ASSOCIATION OF THE SENATE  
PUBLIC RECORDS

00 AUG 11 AM 10:53

Government Relations  
Telephone: (336) 716-4772  
Fax: (336) 716-3911

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, D.C. 20510

Dear Sir:

Enclosed is the form LD-2, Lobbying Report, in compliance with the requirements of the Lobbying Disclosure Act of 1995.

If you have any questions, please do not hesitate to contact me at (336)716-4472.

Thank you.

Very truly yours,

Joanne C. Ruhland  
Assistant Dean Government Relations

JCR/nh  
Enclosure

*Wake Forest University School of Medicine at the Bowman Gray Campus  
The North Carolina Baptist Hospitals, Incorporated*

Medical Center Boulevard • Winston-Salem, North Carolina 27157

Clerk of the House of Representatives  
 Legislative Resource Center  
 B-106 Cannon Building  
 Washington, DC 20515

Secretary of the Senate  
 Office of Public Records  
 232 Hart Building  
 Washington, DC 20510

RECEIVED  
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## LOBBYING REPORT

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

1. Registrant Name <u>N.C. Baptist Hospitals Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>Medical Center Blvd.</u>			
3. Principal Place of Business (if different from line 2) City: <u>Winston-Salem</u> State/Zip (or Country) <u>NC 27157</u>			
4. Contact Name <u>Joanne C. Ruhland</u>	Telephone <u>(336)716-4772</u>	E-mail (optional) <u>jruhland@wfubmc.edu</u>	5. Senate ID # <u>46723-12</u>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <u>46723</u>		

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><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"/> =&gt; \$ _____  <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><b>13. Organizations</b></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"/> =&gt; \$ <u>60,000</u>  <small>Expenses (nearest \$20,000)</small></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 checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code</p>
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Signature \_\_\_\_\_

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

Registrant Name NC Baptist Hospitals Inc. 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 BCR (one per page)

16. Specific lobbying issues

MANAGED CARE LEGISLATION (PATIENTS' RIGHTS)  
CONFIDENTIALITY OF PATIENT RECORDS  
LABOR--HHS FY 2000 APPROPRIATIONS  
FDA DEVICES

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

HOUSE OF REPRESENTATIVES  
SENATE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Name	Covered Official Position (if applicable)	New
<u>Joanna C. Rubland</u>		<input type="checkbox"/>
<u>Assistant Dean Government</u>		<input type="checkbox"/>
<u>Relations</u>		<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 \_\_\_\_\_

Registrant Name NC Baptist Hospitals In 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

BUDGET NEGOTIATIONS FY 2001  
GRADUATE MEDICAL EDUCATION  
BALANCED BUDGET ACT OF 1997--REFINEMENTS 2001  
MEDICARE REFORM  
MEDICARE RPRESRIPTION DRUG COVERAGE  
MEDICARE PLUS CHOICE  
MEDICAID INTERGOVERNMENTAL TRANSFER  
MEDICAID DISPROPORTIONATE SHARE

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

HOUSE OF REPRESENTATIVES  
SENATE  
OTHER--MedPAC  
HEALTHCARE FINANCING ADMINISTRATION

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

Name	Covered Official Position (if applicable)	New
Joanne C. Ruhland		<input type="checkbox"/>
Assistant Dean Government Relations		<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 *Gina B. Ramsey* Date 8/2/00  
Printed Name and Title Gina B. Ramsey, V.P. Financial Services