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LOBBYING REPORT

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

1. Registrant Name Behar & Kalman			
2. Address <input type="checkbox"/> Check if different than previously reported 6 Beacon Street, Suite 312, Boston, MA 02108			
3. Principal Place of Business (if different from line 2) City: Same State/Zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Joyce A. Nee	617.227.7660	jnee@beharkalman.com	3137500
7. Client Name <input type="checkbox"/> Self	National Association of Long Term Hospitals		6. House ID #
			3137500

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-Dec 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

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 checked="" type="checkbox"/> ⇒ \$ 20,000.00 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 accounting method. See instructions for description of method.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code

Signature

Edward D. Kalman, Partner

Printed Name and Title _____

LD-2 (REV. 6/98)



Registrant Name Behar & Kalman Client Name National Association of Long T

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

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

16. Specific lobbying issues

Health Care Policy

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

House, Senate, 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)
Edward D. Kalman	

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

Signature  Date August 2, 2001

Printed Name and Title _____

Form I.D.-2 (Rev 6/98)

Page

