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LOBBYING REPORT

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

1. Registrant Name
Health Policy Analysts, Inc.

2. Address Check if different than previously reported
1350 I STREET, NW, Suite 870, Washington DC 20005

3. Principal Place of Business (if different from line 2)
 City: _____ State/Zip (or Country) _____

4. Contact Name <u>G. Lawrence Atkins</u>	Telephone <u>202-638-0551</u>	E-mail (optional)	5. Senate ID # <u>17886-48</u>
7. Client Name <input type="checkbox"/> Self <u>Scheering-Plough Legislative Resources, LLC</u>			6. House ID # <u>33641003</u>

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 _____

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</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 checked="" type="checkbox"/> ⇔ \$ <u>200,000.</u> <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>13. Organizations</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 type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. 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>
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Signature G. Lawrence Atkins

Printed Name and Title G. Lawrence Atkins, President

Registrant Name Health Policy Analysts Contact Name Seneking-Plough Legislative Resources LLC

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

- S.324 + HR 2634 - Medical Treatment of Opiate Addiction.

- Hepatitis C - Funding for Federal programs and federal government response.

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House of Representatives
 U.S. Senate
 Dept. of Defense, Dept. of Health & Human Services
 Veterans Administration

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

Name	Covered Official Position (if applicable)	New
G. Lawrence Atkins		<input type="checkbox"/>
Audrey Spolarich		<input type="checkbox"/>
Katrina Eagle		<input checked="" type="checkbox"/>
Patrick Murphy + Associates		<input type="checkbox"/>
McNamara + Associates		<input checked="" 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 G. Lawrence Atkins Date 2-11-00
 Printed Name and Title G. Lawrence Atkins

Page ____ of ____

Registrant Name Health Policy Analysts Client Name Scheering-Plough Legislative Resources

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.

General issue area code MMM (one per page)

i. Specific lobbying issues

Medicare payment for inpatient used platelet inhibitors.
Medicare Reform
Medicare outpatient drug benefit

7. House(s) of Congress and Federal agencies contacted

Check if None

U.S. Senate
U.S. House of Representatives
Health Care Financing Administration

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

Name	Covered Official Position (if Applicable)	New
<u>G. Lawrence Atkins</u>		<input checked="" type="checkbox"/>
<u>Katrina Eagle</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

9. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature 

Date 2-11-00

Printed Name and Title G. Lawrence Atkins

Page ___ of ___

Registrant Name Health Policy Analysts / Schering-Plough Legislative Resources

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 VET (one per page)

16. Specific lobbying issues

Medical Treatment of Veterans with hepatitis C
Presumptive service connection for hepatitis C
S. 71 + HR 1020

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House of Representatives
U.S. Senate
Dept. of Veterans Affairs

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

Name	Covered Official Position (if applicable)	New
<u>G. Lawrence Atkins</u>		<input type="checkbox"/>
<u>Audrey Spolarich</u>		<input type="checkbox"/>
<u>Katrina Eagle</u>		<input checked="" 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 G. Lawrence Atkins Date 2-11-00
Printed Name and Title G. Lawrence Atkins