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## LOBBYING REPORT

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

1. Registrant Name <b>Florida Hospital Association, Inc.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>307 Park Lake Circle</b>			
3. Principal Place of Business (if different from line 2) City: <b>Orlando</b> State/Zip (or Country) <b>Florida 32803</b>			
4. Contact Name <b>Kathleen M. Whyte</b>	Telephone <b>407/841-6230</b>	E-mail (optional) <b>kathw@fha.org</b>	5. Senate ID # <b>14917-12</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

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	
<b>12. Lobbying Firms</b> INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (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).	<b>13. Organizations</b> EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>140,000.00</u> Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature \_\_\_\_\_

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

Registrant Name Florida Hospital Assn., 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 BUD (one per page)

16. Specific lobbying issues

Medicare and Medicaid reimbursement issues, especially, the impact of the Balanced Budget Act of 1997 and the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (H.R. 5877) on hospital providers in Florida.

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

Check if None

House and Senate  
Department of Health & Human Services/Health Care Financing Administration  
White House Office of Health Policy

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

Name	Covered Official Position (if applicable)	New
Charles F. Pierce, Jr.	President, Florida Hospital Assn.	<input type="checkbox"/>
Kathryn A. Reep	VP/Financial Services, Fla. Hospital Assn.	<input type="checkbox"/>
Kathleen M. Whyte	VP/Federal Relations, Fla. Hospital Assn.	<input type="checkbox"/>
Carol J. Gornley	Dir./Govt. Affairs, Fla. Hospital Assn.	<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 Charles F. Pierce, Jr. Date 2/16/01

Printed Name and Title Charles F. Pierce, Jr., President