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SECRETARY OF THE SENATE
FEB -5 AM 10:54

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
1767 P STREET, NW SUITE 200

3. Principal Place of Business (if different from line 2)
City: WASHINGTON State/Zip (or Country) DC 20036

4. Contact Name <u>G. LAWRENCE ATKINS</u>	Telephone <u>202 588 5305</u>	E-mail (optional)	5. Senate ID # <u>17886</u>
7. Client Name <input type="checkbox"/> Self <u>EMPLOYER HEALTH CARE INNOVATION PROJECT</u>			6. House ID # <u>3364</u>

TYPE OF REPORT 8. Year 2002 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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature

Printed Name and Title CO-LAWRENCE ATKINS, PRESIDENT

Registrant Name HEALTH POLICY ANALYSTS, INC Client Name EMPLOYER HEALTH CARE INNOVA

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

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

16. Specific lobbying issues

ERISA PREEMPTION AND STATE REGULATION,
HEALTH INSURANCE.

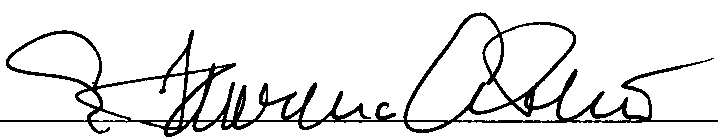
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. HOUSE OF REPRESENTATIVES
U.S. SENATE

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

Name	Covered Official Position (if applicable)
<u>G. LAURENCE ATKINS</u>	
<u>NAU NORTH</u>	
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.....	
.....	

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

Signature  Date 1-26-03

Printed Name and Title CO-ATTORNEYS AT LAW, PRESIDENT

Form LD-2 (Rev. 6/98)

Page