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04 FEB 24 PM 2:

LOBBYING REPORT

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

1. Registrant Name New Jersey Hospital Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1100 Quaker Hill Drive Apt. 403 Alexandria, VA 22314			
3. Principal Place of Business (if different from line 2) Princeton City: New Jersey 08543 State/zip (or Country)			
4. Contact Name Kimberly Champi Krenik	Telephone (202) 365-8342	E-mail (optional) kchampi@njha.com	5. Senate ID # 29128-12
7. Client Name <input checked="" type="checkbox"/> Self self			6. House ID # 31221000

TYPE OF REPORT 8. Year 2003 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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"/> ⇌ \$ _____ 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>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"/> ⇌ \$ <u>\$100,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of reporting method.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitive accounting method.</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(e) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature


Date **February 10, 2004**

Printed Name and Title

Kimberly Champi Krenik, Director, Federal Relations

LD-2 (REV. 4/03)

PAGE 1 of 6

Registrant Name New Jersey Hospital Association Client Name self

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R. 1/S.1, Medicare Prescription Drug and Modernization Act of 2003. Ensure adequate reimbursements for New Jersey Hospitals in the House and Senate bills and work against any further reductions to Medicare hospital payments and other healthcare facilities. Worked to achieve a Market Basket update, increase Indirect Medicare Education funding (IME), secure Medicaid DSH monies for intended DSH programs, and include report language on 75 percent rule. Other issues include: update physician reimbursements, home health co-payment, and therapy caps, and adjusting wage index classifications.

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

New Jersey Congressional Delegation (House and Senate). Department of Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS)

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

Name	Covered Official Position (if applicable)
Kimberly Champi Krenik	

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

Signature *Kimberly Champi Krenik* Date 2/10/04

Printed Name and Title Kimberly Champi Krenik, Director, Federal Relations

Registrant Name New Jersey Hospital Association Client Name self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cot

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

Signature

Kimberly Champi Krenik

Date

2/10/04

Printed Name and Title: Kimberly Champi Krenik, Director, Federal Relations

