

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE
04 MAR 15 PM 3: 23

LOBBYING REPORT

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

1. Registrant Name NATIONAL CAMPAIGN FOR HEARING HEALTH			
2. Address <input type="checkbox"/> Check if different than previously reported 1050 17th STREET, NW SUITE 701			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20036			
4. Contact Name SUSAN GRECO	Telephone 202-289-5850	E-mail (optional) susan@drf.org	5. Senate ID # 58897-
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 3530100		

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 checked="" 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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature _____

Printed Name and Title SUSAN GRECO, EXECUTIVE DIRECTOR

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NATIONAL CAMPAIGN FOR
HEARING HEALTH

Registrant Name HEARING HEALTH Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r 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 HCR (one per page)

16. Specific lobbying issues

- ENCOURAGE PRIVATE INSURANCE REIMBURSEMENT OF COCHLEAR IMPLANTS AND HEARING AIDS.
- DEVELOP REPORT LANGUAGE FOR CDC AND HRSA REGARDING HEARING DETECTION AND INTERVENTION FUNDING FOR F
- INCREASE REIMBURSEMENT OF COCHLEAR IMPLANTS MEDICARE'S OUTPATIENT PROSPECTIVE PAYMENT SYS

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

Check if None

HOUSE, SENATE, DEPARTMENT OF HEALTH AND HUMAN SERVICES
CMS

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

Name	Covered Official Position (if applicable)
SUSAN GRECO	
KARYN BUTTS	

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

Check if None

Signature

Date

Printed Name and Title SUSAN GRECO, EXECUTIVE DIRECTOR

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Registrant Name NATIONAL CAMPAIGN FOR HEARING HEALTH Client Name _____

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 Bus (city and state or cou

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 or affiliated organization

Signature _____

Date _____

Printed Name and Title SUSAN GRECO, EXECUTIVE DIRECTOR

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