

## LOBBYING REPORT

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

1. Registrant Name:

**NATL ASSN FOR HOME CARE & HOSPICE**

2. Address:

228 SEVENTH STREET, SE, WASHINGTON, DC 20003

3. Principal place of business (if different from line 2):

4. Contact Name: THERESA M. FORSTER

Telephone: 2025477424

E-mail (optional): tmf@nahc.org

Senate ID #: 26570-12

House ID #:

7. Client Name: ☒ Self

## TYPE OF REPORT

8. Year 2007 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

### 12. Lobbying Firms

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000: ☐

\$10,000 or more: ☐ => 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).

### 13. Organizations

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000: ☐

\$10,000 or more: ☒ => Expenses (nearest \$20,000): 487,210.00

### 14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

☒ **Method A.** Reporting amounts using LDA definitions only

☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: NATL ASSN FOR HOME CARE & HOSPICE 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: MMM (one per page)

16. Specific lobbying issues:

S. 1678 -- Home Health Care Planning Improvement Act of 2007: All sections S. 2181/H.R. 3865 -- The Home Health Care Access Protection Act: All sections H.R. 3582 -- The Fair Home Health Care Act: All sections H.R. 2860 -- The Health Care Access and Rural Equity Act of 2007: Sections 305 and 309 H.R. 3162 -- The Children's Health and Medicare Act of 2007: Sections 412, 701, 702, 706, and 707 S. 321 -- Fostering Independence Through Technology Act of 2007: All sections S. 1605 -- Craig Thomas Rural Hospital and Provider Equity Act of 2007: Sections 14 and 18

17. House(s) of Congress and Federal agencies contacted:  
Centers For Medicare and Medicaid Services (CMS)  
HOUSE OF REPRESENTATIVES  
Health & Human Services, Dept of (HHS)  
SENATE

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

Name: DOMBI, WILLIAM A.  
Covered Official Position (if applicable): VP FOR LAW  
Name: FORSTER, THERESA M.  
Covered Official Position (if applicable): VP FOR POLICY  
Name: HALAMANDARIS, VAL J.  
Covered Official Position (if applicable): PRESIDENT  
Name: KINCHELOE, JAMES JEFFREY  
Covered Official Position (if applicable): DIRECTOR OF GOVERNMENT AFFAIRS, U.S. SENATE  
Name: NEIGH, JANET E.  
Covered Official Position (if applicable): VP FOR HOSPICE PROGRAMS  
Name: SANTA ANNA, YVONNE  
Covered Official Position (if applicable): DIRECTOR OF GOVERNMENT AFFAIRS, U.S. HOUSE

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

Signature: ON FILE Date: Feb 04, 2008

Printed Name and Title: THERESA M. FORSTER, VP FOR POLICY -

**Information Update Page:**

**Complete ONLY where registration information has changed.**

**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 organization(s)**

**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**

**28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization**

Signature: ON FILE      Date: Feb 04, 2008

Printed Name and Title: -