Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

Secretary of the Senate
Received: Aug 08, 2002

LOBBYING REPORT

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

1. Registrant Name:

MARSHFIELD CLINIC

2. Address:
1000 N OAK AVE, MARSHFIELD, WI 54449

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

4. Contact Name: REED HALL
Telephone: 715-387-5511
E-mail (optional): hall.reed@marshfieldclinic.org

Senate ID #: 57830-12
House ID #: 35355000

7. Client Name: ☒ Self

TYPE OF REPORT

8. Year 2002 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): 119,489.00

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

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:

Provisions of the President's FY2003 Budget: including $190 billion in net additional spending for improving Medicare, adding a prescription drug benefit; reforming the current system paying average wholesale price for outpatient drugs to reduce costs to the Medicare program; modifying the Medicare+Choice (M+C) payment formula to reflect actual healthcare cost increases and allocate additional resources in 2003 to counties that have received only minimum updates over the last few years; and proposing incentive payments for new types of plans that enter Medicare+Choice to encourage a variety of new managed care plans (e.g., PPOs) to participate in Medicare+Choice; proposed reductions in the budget of AHRQ, that might interfere with the improvement of patient safety research. On Dec 6, 2001, the Health Resources and Services Administration, (HRSA) published a revised Statement of Organization, and Delegations of Authority in the Federal Register transferring the Office for the Advancement of Telehealth (OAT) at from the Office of the Administrator of HRSA to the HIV/AIDS Bureau at HRSA. Conferees on the Labor HHS appropriations bill, HR 3061, took issue with this transfer of authority, and included language in the conference report stipulating that sufficient funds were provided to continue the operations of OAT as a component of the HRSA Office of the Administrator. The Conference Report accompanying H.R. 3338, made appropriations for the Department of Defense for FY ending September 30, 2002 and for other purposes, provided funding to the Department of Health and Human Services, Office of the Secretary for public health and social services emergency fund for administering assistance for enhancing laboratory capacity by requesting the Centers for Disease Control to ensure that funds are made available, to the greatest extent possible, to all laboratories participating in the Laboratory Response Network. The S. 2766 regarding appropriations for the Departments of Labor, Health and Human Services, and Education and Related Agencies for FY 2003 provides funding for: · HRSA for Office for the Advancement of Telehealth, · research and program grant programs to the National Institute for Occupational Safety and Health, · rural health, · National Children's Center for Rural Agriculture Health and Safety, · Centers for Disease Control (public health and social services emergency fund for administering assistance for enhancing laboratory capacity by requesting the Centers for Disease Control to ensure that funds are made available, to the greatest extent possible, to all laboratories participating in the Laboratory Response Network), · health services to medically under-served populations and rural residents including techniques for developing emerging genomic sequencing applications in the patient care setting. · pursue the development of the next generation of genomic tools and technologies needed to study the human genome and understand its role in human health and disease and develop new applications in medicine -- · The National Human Genome Research Institute (NHGRI), The National Heart Lung and Blood Institute (NHLBI), · The National Institute for Arthritis and Musculoskeletal Diseases (NIAMSD), · The National Institute of Diabetes Digestive and Kidney Diseases (NIDDKD), · The National Institute Neurological Disorders and Stroke (NINDS). · programs to increase patient safety through the application of computerized prescriber order entry systems to reduce preventable adverse drug reactions · chronic wasting disease research and laboratory services Demonstration grant programs to increase patient safety through the application of computerized prescriber order entry systems to reduce preventable adverse drug reactions.

17. House(s) of Congress and Federal agencies contacted:
Agency for Health Care Policy & Research
Centers For Disease Control & Prevention
Centers For Medicare and Medicaid Services (CMS)
Council of Economic Advisers
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
Natl Institutes of Health (NIH)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

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: FOO (one per page)

16. Specific lobbying issues:

Development of governmental advice and consultation and research methods relevant to food safety services including but not limited to laboratory test development, topical research on genetics as well as zoonosis

17. House(s) of Congress and Federal agencies contacted:
Food & Drug Administration (FDA)
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

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: HCR (one per page)

16. Specific lobbying issues:

Privacy Regulation -- On December 28, 2000, the DHHS Office of the Secretary published a final rule establishing Standards for Privacy of Individually Identifiable Health Information. On March 27, the Secretary published a NPRM This rule includes standards, which apply to health plans, health care clearinghouses, and health care providers, establishing the rights of individuals who are the subjects of this information, procedures for the exercise of those rights, and the authorized and required uses and disclosures of this information. The rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996. On March 27 HHS published a rule proposing modifications to the Standards for Privacy of Individually Identifiable Health Information. The Privacy Rule makes optional the requirement that providers obtain a patient´s signed consent before using or disclosing a patient´s protected health information; requires covered entities to make reasonable efforts to limit the use and disclosure of and request for, protected health information to the minimum necessary to accomplish the intended purpose; requires covered entities to have contracts with their business associates to ensure the business associates protect the privacy of the information; requires covered entities to first obtain the individual´s specific authorization before sending them any marketing materials; simplifies provisions of the existing rule to more closely follows the requirements of the "Common Rule," which governs federally-funded research. HR 3323, that would extend the deadline for entities to be in compliance with the transaction standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by one year. Liability and prompt payment provisions of the various Patients´ Bill of Rights: S. 899, the Bipartisan Patients´ Bill of Rights Act of 2001, introduced by Senators Bill Frist (R-TN), John Breaux (D-LA), and James Jeffords (R-VT) treatment of health plan and employer liability creating a limited right for patients to sue their health plans in federal court if they feel they have been improperly denied care. S. 1052 "Bipartisan Patient Protection Act" introduced by Sens. John McCain (R-AZ), John Edwards (D-NC), and Edward Kennedy (D-MA). The bill includes a broad range of patient protections nearly universally available throughout the states enabling access to pediatricians, obstetricians, emergency room services, and rights to appeal health plan decisions. HR 2563, the Bipartisan Patient Protection Act introduced by Rep. Charlie Norwood and Rep. Bill Thomas offering a compromise on the treatment of health plan and employer liability creating a limited right for patients to sue their health plans. S. 2590: Introduced by Senator Jim Jeffords. A bill to amend title IX of the Public Heath Service Act to provide for the improvement of patient safety and to reduce the incidence of events that adversely effect patient safety. HR 4889: The Patient Safety and Quality Improvement Act introduced by Rep. Nancy Johnson to provide for the improvement of patient safety and reduce the incidence of events that adversely effect patient safety. HR 4600: Introduced by Rep. James Greenwood to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system.

17. House(s) of Congress and Federal agencies contacted:
Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Congressional Budget Office (CBO)
Council of Economic Advisers
Executive Office of the President
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

LOBBYING ACTIVITY.

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15. General issue area code: MED (one per page)

16. Specific lobbying issues:

HR 4795 introduced by Rep. Kleczka, and S 2560 introduced by Sen. Allard, the Chronic wasting Disease Support Act of 2002, to provide for a multi-agency effort to control the spread of the disease in deer and elk herds. HR 4775. 2002 Supplemental Appropriations Act for Further Recovery From and Response To Terrorist Attacks on the United States introduced by Rep. Young, provisions establishing funding to combat Chronic Wasting Disease.

17. House(s) of Congress and Federal agencies contacted:
Agency for Health Care Policy & Research
Centers For Disease Control & Prevention
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
Health Resources & Services Administration (HRSA)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

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:

On November 1, the Centers for Medicare & Medicaid Services published in the Federal Register a final rule entitled, "Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 2002." This final rule made significant changes affecting Medicare Part B payment to reflect changes in medical practice and the relative value of services including interim RVUs for new and revised procedure codes for calendar year (CY) 2002, and a revised physician fee schedule update for CY 2002 and a revised conversion factor for CY 2002. The Medicare Physician Payment Fairness Act of 2001, S. 1707 and HR 3351, introduced by Senator James Jeffords and Rep. Michael Bilirakis to reduce an across the board cut of 5.4% in Medicare payments to physicians and set the conversion factor (update) for payments under the Medicare physician fee schedule for 2002 at 0.9 percent less than the conversion factor for 2001. The bills also direct the Medicare Payment Advisory Commission (MedPAC) to study and report to Congress on replacing the use of the sustainable growth rate as a factor in determining the update for such payments with a factor that more fully accounts for changes in the unit costs of providing physicians' services. Modification of Medicare physician fee schedule geographic work adjustor. HR 3569, the Rural Equity Payment Index Reform Act (REPAIR) introduced by Rep. Doug Bereuter, would lessen the disparity in Medicare physician payment that currently exists between urban and rural areas. S. 1953 Feingold legislation to eliminate the geographic physician work adjustment factor from the geographic indices used to adjust payments under the Medicare physician fee schedule. S. 2752 by Jeffords authorizing the Centers for Medicare and Medicaid Services to conduct research demonstrations to examine health delivery factors that encourage the delivery of improved quality in patient care. S. 2555, the "Revitalizing Underserved Rural Areas and Localities (RURAL) Act of 2002" introduced by Senator Baucus with provisions to increase the geographic adjustment of physician reimbursement in low payment areas. The Medicare Modernization and Prescription Drug Act (HR4954) introduced by Reps. Thomas, Tauzin, Johnson and Bilirakis, provisions establishing a 2% Medicare Part B conversion factor update in 2003, 2004 and 2005; provisions instructing GAO to examine the impact of the geographic adjustment factor on physician payments under the Medicare physician fee schedule; increasing Medicare+Choice payments; and delaying "Lock-in" requirements for one year; establishing competitive bidding for certain Part B services. The Medical Excellence Demonstration Program Act of 2001 (S. 1756 introduced by Senator Jeffords, and HR 3746 introduced by Rep. Houghton) to establish demonstration projects to examine health care delivery factors that encourage improved quality of care. The conference report on HR 3448 the Public Health Security and Bioterrorism Preparedness and Response Act changed the Medicare+Choice "lock-in" provisions governing marketing and enrollment in M+C plans. The new provisions would postpone for three years limits determining when Medicare beneficiaries can switch health plans. These provisions also set limits on the period when M+C enrollment could be marketed to beneficiaries. Full reimbursement of Medicare Allowed Costs under Medicare Part B. Acceleration of Risk Adjustment implementation under Medicare+Choice. Preservation of floor payments in rural areas under Medicare+Choice. Waiver and or delay of Medicare+Choice "lock-in" enrollment limitations for 2002-2005. Extension of the New Entry bonus under Medicare+Choice. Demonstration programs under Medicare to increase beneficiary and plan participation in the Medicare +Choice Program. "Medicare Equity" concepts developed by Senate Finance Committee taking incremental steps towards Medicare reform, including restructuring CMS, improving Medicare+Choice, increasing the number of plans in rural areas, and easing payment inequities between urban and rural providers. HHS Initiative on Rural Communities, DHHS Secretary Thompson's call for a department-wide examination of federal health programs and how the federal programs respond to the needs of rural areas. Regulatory reform of CMS, through select provisions of the Medicare Education and Regulatory Fairness Act (S. 452, H.R. 858), H.R. 3046, the Medicare Regulatory, Appeals, Contracting, and Education Reform Act (The Medicare RACER Act) and the H.R. 2768, the "Medicare Regulatory And Contract Reform Act of 2001," and H.R. 3391, The Medicare Regulatory and Contracting Reform Act" HR 3584, "The Medicare+Choice Improvement and Stabilization Act of 2001" legislation that would revise the payment structure of the Medicare managed care program for the year 2003 and make other changes to the program basing M+C payment on 100 percent of fee-for-service costs for 2003 only. Plans would then be paid based on whichever option was greatest: 100 percent of fee-for-service; a modified blend that re-weights the national average using M+C enrollment; floor payments as enacted in the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000; or a 2 percent minimum increase. The bill would also delay the onset of the "lock-in" period by one year and enable demonstration projects for preferred provider organizations and disease management programs. Provisions of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, HR 5661. Section 412. HHS will be required to conduct a Physician Group Practice Demonstration to test, and expand the use of incentives to health care groups participating under Medicare. Section 429. BIPA requires GAO to study and submit a report to Congress and the Secretary on the reimbursement for drugs and biologicals and related services under Medicare. Section 437. BIPA requires GAO to conduct a study on the post-payment audit process for physicians services. The Comptroller General would also be required to conduct a study of the aggregate effects of regulatory, audit, oversight and paperwork burdens on physicians and other health care providers participating in Medicare. Medicare reimbursement for recovery care center services. Medicare Evaluation and Management Documentation Coding. Clarification of Medicare Formatting of Advance Beneficiary Notices. Medicare coverage of injected drugs

17. House(s) of Congress and Federal agencies contacted:
Agency for Health Care Policy & Research
Centers For Medicare and Medicaid Services (CMS)
Congressional Budget Office (CBO)

Council of Economic Advisers
General Accounting Office (GAO)
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
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Natl Institutes of Health (NIH)
President of the U.S.
SENATE
White House Office

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

Name: FARNSWORTH, KATHLEEN E.
Covered Official Position (if applicable): N/A
Name: MILLER, BRENT V.
Covered Official Position (if applicable): N/A
Name: NYCZ, GREG R.
Covered Official Position (if applicable): N/A

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

Signature: ON FILE Date: Aug 08, 2002

Printed Name and Title: REED E. HALL - EXECUTIVE DIRECTOR