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LOBBYING REPORT

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

1. Registrant Name <u>American Home Care Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1320 Fenezick Lane, Suite 100</u>			
3. Principal Place of Business (if different from line 2) City: <u>Silver Spring</u> State/Zip (or Country) <u>MD 20910</u>			
4. Contact Name <u>Ann B. Howard</u>	Telephone	E-mail (optional)	5. Senate ID # <u>#347720</u>
7. Client Name <input type="checkbox"/> Self			6. House ID # <u>#347720</u>

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-Decem

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report → Termination Date 12/31/01 11. No Lobbying A

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of o
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature Ann B. Howard

Printed Name and Title

John W. TROTT

vice president for policy

LD-2 (REV. 6/98)

PA



Registrant Name American Home Care Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg 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

home health care / OBQI
Medicare
Prospective Payment System
Regulatory Reform
Patient rights
~~Market access / consumer choice / referral issues~~
Employer issues - CLAS / LEP / HIPAA / OSHA

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

House of Representatives
US Senate
Department of Health and Human Services
Center for Medicare & Medicaid Services
Office of Inspector General
GAO

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

Name	Covered Official Position (if applicable)
Aron B. Howard	Vice President for Policy
Scott Lutz	Director Government Affairs

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

Signature Aron B. Howard Date 2/14/02

Printed Name and Title Aron B. Howard, Vice President for Policy Corp



Registrant Name American Home Care Association 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 Business (city and state or country)

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	C p c

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

Signature Ann B. Howard

Date 2/14/02

Printed Name and Title ANDREW THORNTON, Vice President for Policy (ex)

Form LD-2 (Rev. 6/98)

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