

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

SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name Blue Cross and Blue Shield of Florida, Inc.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 4800 Deerwood Campus Parkway DCC 3-4			
3. Principal Place of Business (if different from line 2) City: Jacksonville State/Zip (or Country) FL 32246			
4. Contact Name Michael R. Hightower	Telephone (904) 905-6268	E-mail (optional)	5. Senate ID # 6382-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 31400000

TYPE OF REPORT 8. Year 2000 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	
<p>12. Lobbying Firms</p> <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"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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>13. Organizations</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>320,000</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code</p>

Signature *M. R. Hightower*

Printed Name and Title Michael R. Hightower, Vice President, Governmental and Legislative Relations

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
 BAN _____

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
See Attachment A, p. 10	See Attachment A, p. 10	See Attachment A, p. 10

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	Ownership percentage is client

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBSFL, Inc.

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 BUD (one per page)

16. Specific lobbying issues

Medicare Contractor Funding
H.R. 4577 (Porter) "Labor, HHS, Education Appropriation Act, 2001" (Title II)
S. 2353 (Specter) "Labor, HHS, Education Appropriation Act, 2001" (Title II)

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

U.S. Senate
U.S. House
Health Care Financing Administration

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

Name	Covered Official Position (if applicable)	New
Jeffrey R. Wollitz		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page 3 of 10

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

"Patients' Bill of Rights" - including MEWAs /AHPs, liability, external review, managed care reform, gag clauses, access to specialists, emergency care, disclosure of health plan information, discrimination, minimal hospital stays, mastectomies, prevention of medical errors, genetics

- H.R. 2990 "Patients' Bill of Rights" (entire bill)
- S. 1346 "Patients' Bill of Rights" (entire bill) (Cont.)

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

- U.S. House
- U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Jeffry R. Wollitz		<input type="checkbox"/>
Dr. Daniel LeStage		<input type="checkbox"/>
Michael Cascone, Jr.		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBSFL, Inc. 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 HCR (Cont.) (one per page)

16. Specific lobbying issues

- Patient Privacy, Confidentiality
 - H.R. 4585 "Medical Financial Privacy Protection Act" (entire bill)
 - S. 2107 "Competitive Market Supervision Act" (Medical Privacy amendments added in committee)
 - S. 2448 "Internet Integrity and Critical Infrastructure Protection Act" (Title III)

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

- U.S. House
- U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Jeffrey R. Wollitz		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____
Printed Name and Title _____

Registrant Name BCBSPL, Inc. 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 LBR (one per page)

16. Specific lobbying issues

Anti-Trust

H.R. 1304 "The Quality Health Care Coalition Act" (entire bill)

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

U.S. House
U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Jeffrey R. Wollitz		<input type="checkbox"/>
Dr. Daniel LeStage		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBSFL, Inc. 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 MM (one per page)

16. Specific lobbying issues

Medicare Prescription Drugs

H.R. 4680 "Medicare Rx2000 Act" (entire bill)

S. 1895 "Medicare Preservation & Improvement Act of 1999" (entire bill)

S. 2342 "Medicare Modernization act of 2000" (entire bill)

Medicare + Choice

H.R. 406 "Medicare Health Plan Fair Payment Act of 1999" (entire bill)

(Cont.)

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

U.S. House

U.S. Senate

HCFA

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

Name	Covered Official Position (if applicable)	New
Jeffrey R. Wallace		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBSFL, Inc. 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 (cont.) (one per page)

16. Specific lobbying issues

Medicare + Choice

H.R. 4236 "Seniors Health Choice Preservation Act of 2000" (entire bill)

S. 2342 "Medicare Modernization Act of 2000" (entire bill)

H.R. 4680 "Medicare Rx 2000 act" (Title II)

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

U.S. House

U.S. Senate

HCFA

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

Name	Covered Official Position (if applicable)	New
Jeffrey R. Wollitz		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBSFL, Inc. 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 PHA (one per page)

16. Specific lobbying issues

General prescription drug issues.
No Specific bills.

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

U.S. House
U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Jeffrey R. Wollitz		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title _____

Attachment A

Affiliated Organizations

25.

Add the following affiliated organization(s)

Name	Address	Principle Place of Business (city and state or country)
Hill and Knowlton, Inc.	700 New Hampshire Ave., N.W. 7 th Floor Washington, DC 20037	Washington, DC
Health Options, Inc.	P.O. Box 44165 Jacksonville, FL 32231	Jacksonville, FL
First Coast Service Options, Inc.	532 Riverside Avenue Jacksonville, FL 32202	Jacksonville, FL
Florida Combined Life Insurance Company, Inc.	8665 Baypine Road Jacksonville, FL 32256	Jacksonville, FL