

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  
03 AUG 20 AM

## LOBBYING REPORT

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

1. Registrant Name American Society of Hematology				2. Address: <input type="checkbox"/> Check if different than previously reported 1900 M Street, NW, Suite 200, Washington, DC 20036
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____				
4. Contact Name Jeff Coughlin	Telephone (202) 776-0544	E-mail (optional) jcoughlin@hematology.org	5. Senate ID # 35684-51	
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35206000	

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December)

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

<p><b>12. Lobbying Firms</b></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"/> ⇒ \$ _____ 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><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
--	--



Registrant Name American Society of Hematology Client Name \_\_\_\_\_

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

16. Specific lobbying issues

Funding for the National Institutes of Health  
Public Health Program Funding

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

White House  
US House and Senate  
US Department of Health and Human Services  
US National Institutes of Health

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

Name	Covered Official Position (if applicable)
Jeff Coughlin	
Martha Liggett	

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

Signature  Date 8/1/03

Printed Name and Title Jeff Coughlin, Government Affairs Manager

Form LD-2 (Rec. 4/03)

Page 2

Registrant Name American Society of Hematology Client Name \_\_\_\_\_

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

Medical Liability Reform

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

White House  
US House and Senate

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

Name	Covered Official Position (if applicable)
Jeff Coughlin	
Martha Liggett	

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

Signature  Date 8/1/03

Printed Name and Title Jeff Coughlin, Government Affairs Manager

Form LD-2 (Rec. 4/03)

Page 3 c



Printed Name and Title Jen Couglin, Government Affairs manager

Form LD-2 (Rec. 4/03)

Page 4

Registrant Name American Society of Hematology Client Name \_\_\_\_\_

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

16. Specific lobbying issues

Hospital Outpatient APCs  
Medicare Physician Payments  
E/M Documentation Guidelines  
Current Procedural Terminology (CPT) Codes  
Medicare Reimbursement of Cancer Care

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

White House  
US House and Senate  
US Department of Health and Human Services  
US Centers for Medicare & Medicaid Services

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

Name	Covered Official Position (if applicable)
Jeff Coughlin	
Martha Liggett	

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

Signature  Date 8/1/03



Registrant Name American Society of Hematology 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

Maurice Mayrides

**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 cour


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 e

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

Signature  Date 8/1/03

