

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

04 AUG 24 AM 11:08

LOBBYING REPORT

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

1. Registrant Name American Association of Orthopaedic Surgeons			
2. Address: <input type="checkbox"/> Check if different than previously reported 6300 North River Road			
3. Principal Place of Business (if different from line 2) Rosemont City:		IL 60018 State/zip (or Country)	
4. Contact Name David Lovett	Telephone (202) 546-4430	E-mail (optional) lovett@aaos.org	5. Senate ID # 52105-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34765000

TYPE OF REPORT 8. Year 2004 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 **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center">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"/> ⇨ \$ _____ 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 align="center">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>340,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
--	---

Signature



Date

8-16-04

Signature

David Lovett, Director, Washington Office

Printed Name and Title

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name American Association of Orthopaedic Surgeons Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

S. 720, Patient Safety and Quality Improvement Act
H.R. 663, Patient Safety and Quality Improvement Act
S. 2710, National Health Information Technology Adoption Act
H.R. 3999, Trauma Research and Access to Urgent Medical Attention Act
H.R. 4628, Patients' Bill of Rights Act


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

United States House of Representatives
United States Senate
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
Kristin Elder	

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

Signature  Date 8-16-04

Printed Name and Title _____

Form LD-2 (Rec. 4/03)

Page 2 c

Registrant Name American Association of Orthopaedic Surgeons Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

- S. 11, Patients First Act
- S. 607, Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act
- H.R. 5, Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act
- S. 1055, To amend Internal Revenue Code/Tax Credit/Malpractice Insurance
- S. 1374, Better HEALTH Act
- S. 1518, Reliable Medical Justice Act
- S. 2061, Healthy Mothers and Healthy Babies Access to Care Act


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

United States House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
Kristin Elder	

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

Signature  Date 8-16-04

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

Page 3

Continuation of page 4 of 9

Registrant Name: American Association of Orthopaedic Surgeons

General Issue Code: INS

16. Specify lobbying issues (continued)

S. 2207, Pregnancy and Trauma Care Access Protection Act

H.R. 4280, Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act

Signature: 

Date: 8-16-04

Registrant Name American Association of Orthopaedic Surge 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 cod information as requested. Attach additional page(s) as needed.

15. General issue area code LBR (one per page)

16. Specific lobbying issues

H.R. 1120, Health Care Antitrust Improvement Act
S. 1080, Antitrust Improvement Act
H.R. 1247, Quality Healthcare Coalition Act


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

United States House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
Kristin Elder	

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

Signature  Date 8-16-04

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

Page 5

Continuation of Page 6 of 9

Registrant Name: American Association of Orthopaedic Surgeons

General Issue Code: MMM

16. Specify lobbying issues (continued)

- Joint Replacement Registry
- National Medicare Coverage Policy
- HIPAA - extension of transactions and code sets
- National Hip & Knee Registry
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- FY2005 Budget Resolution - Medicare Physician Fee Schedule Sense of the Senate/House
- S. 1, Prescription Drug and Medicare Improvement Act
- H.R. 1, Medicare Prescription Drug, Improvement, and Modernization Act
- S. 493/H.R. 792, Medicare Patient Access to Physical Therapy Act
- S. 2562, Medicare Quality Improvement Act

Signature: 

Date: 8-16-04

Printed Name and Title: David A. Lovett, Director, Washington Office

Registrant Name American Association of Orthopaedic Surgeons Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

- Hospital Quality Initiative
- Medicare Physician Fee Schedule/SGR and other Medicare Payment Issues
- Payment of Teaching Physicians under Medicare
- Payment for Graduate Medical Education under Medicare
- Practice Expense Payment under Medicare
- Stark II - Physician Ban on Self-Referral and other fraud & abuse issues
- Stark II - Non-radiologist provision of diagnostic imaging services and ownership of related equipment

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

- United States House of Representatives
- United States Senate
- Department of Health and Human Services
- Centers for Medicare and Medicaid Services
- MedPac

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

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
David Lovett	
Kristin Elder	
Patrice Drew	

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

Signature  Date 8-16-04

Registrant Name American Association of Orthopaedic Surge 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 SCI (one per page)

16. Specific lobbying issues

Regulation of Devices, Biologics and Combination Products by the FDA


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

United States House of Representatives
United States Senate
Food and Drug Administration (FDA)

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

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
David Lovett	

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

Signature  Date 8-16-04

Registrant Name American Association of Orthopaedic Surgeons 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	Overseas 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 8-16-04

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

Page 9 of _____