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03 AUG 2006 4:02 PM

LOBBYING REPORT

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

1. Registrant Name Hogan & Hartson L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 555 13th Street, N.W. Washington, DC 20004-1109			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Loeb, Laura E.	Telephone (202) 637-5760	E-mail (optional) LELoeb@hhlaw.com	5. Senate ID # 18422-1
7. Client Name <input type="checkbox"/> Self Society of Critical Care Medicine			6. House ID # 304700

TYPE OF REPORT 8. Year 2003 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 checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> <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 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 type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature 

Signature _____

Printed Name and Title Loeb, Laura E. (Partner)

LD-2 (REV. 6/98)

P:

Registrant Name Hogan & Hartson L.L.P. Client Name Society of Critical Care Medicine

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

Physician reimbursement; manpower issues

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

U.S. Senate; U.S. House of Representatives; Department of Health & Human Services
Center for Medicare and Medicaid Services

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

NOTE: To add the name of a lobbyist no longer employed by the firm, type the name into the drop down box above.
Name Covered Official Position (if applicable)

Halpern, Elizabeth

Loeb, Laura E.

Roberts, Beth L.

Watson, Ruth

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

Signature *L S Loeb*

Date 07/30/2003

Printed Name and Title Loeb, Laura E. (Partner)

Form LD-2 (Rev. 6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name Society of Critical Care Medicine

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

Physician reimbursement; manpower issues

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

U.S. Senate; U.S. House of Representatives; Department of Health & Human Services
Center for Medicare and Medicaid Services

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

NOTE: To add the name of a lobbyist no longer employed by the firm, type the name into the drop down box above.
Name Covered Official Position (if applicable)

Halpern, Elizabeth

Loeb, Laura E.

Roberts, Beth L.

Watson, Ruth

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

[Empty box for foreign entity interest]

Signature *L E Loeb*

Date 07/30/2003

Printed Name and Title Loeb, Laura E. (Partner)

Form LD-2 (Rev. 6/98)

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Registrant Name Hogan & Hartson L.L.P. Client Name Society of Critical Care Medicine

00000250907

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: _____

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

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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Busin (city and state or coun		
		City:	State:	Zip:
		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	O p cl
		City: Country:		

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

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Signature *L E Loeb* Date 07/30/2003

Printed Name and Title Loeb, Laura E. (Partner)

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