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SECRETARY OF THE SENATE

05 MAR -7 PM 1:10

**LOBBYING REPORT**

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

1. Registrant Name <i>Private Practice Section, American Physical Therapy Association</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>1055 North Fairfax Street, Suite 100</i>			
3. Principal Place of Business (if different from line 2) City: <i>Alexandria</i> State/Zip (or Country) <i>VA 22314</i>			
4. Contact Name <i>Steve McEllin</i>	Telephone <i>(703) 299-2410, x.17</i>	E-mail (optional) <i>Steve2600@56c9tobal.net</i>	5. Senate ID # <i>60014-</i>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <i>353570</i>

**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"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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"><b>13. Organizations</b></p> <p><b>EXPENSES</b> 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>60,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitive</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6032 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1621 Internal Revenue Code</p>
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Signature

*Steve McEllin**3/5/05*

Printed Name and Title STUE McEllin, Director of Health Policy & Practice

LD-2 (REV. 6/98)

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Registrant Name Private Practice Section, American Physical Therapy Association 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 (one per page)

16. Specific lobbying issues

- ① Repeal of the <sup>91</sup>1,590 therapy cap on physical therapy services
- ② Medicare Physician Fee Schedule & Resource-Based Relative Value Policy Systems.
- ③ Medicare Direct Access for Part B therapy services.
- ④ Physician Status under Medicare for physical therapists.

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

U.S. Senate and House of Representatives as well as the Centers for Medicare and Medicaid Services.

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

Name	Covered Official Position (if applicable)
George Olsen	
Stephen Anderson	
Joanne Dunne	

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

Signature Steve McMillin Date 3/5/05



Registrant Name Private Practice Section  
American Physical Therapy Association Client Name Self

**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

Joanne Dunne

**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 cou
.....	.....	.....

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
.....	.....	.....	.....

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

Signature Steve L. McElin Date 3/5/05

Printed Name and Title Steve McEllin, Director of Health Policy & Practice

Form LD-2 (Rev. 6/98)

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