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# LOBBYING REPORT

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

1. Registrant Name  
HEALTH POLICY ANALYSTS, INC.

2. Address  Check if different than previously reported  
1767 P STREET, NW SUITE 200

3. Principal Place of Business (if different from line 2)  
City: WASHINGTON State/Zip (or Country) DC 20036

4. Contact Name Telephone E-mail (optional) 5. Senate ID #  
G. LAWRENCE ATKINS 17886

7. Client Name  Self 6. House ID #  
CORPORATE HEALTH CARE COALITION 336410

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 6-30-03

11. No Lobbying

## 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 checked="" type="checkbox"/> ⇨ \$ <u>60,000</u> 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>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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</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 *G. Lawrence Atkins*

Printed Name and Title G. LAWRENCE ATKINS, PRESIDENT

Registrant Name HEALTH POLICY ANALYSIS <sup>102</sup> Client Name CORPORATE HEALTH CARE

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**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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

MEDICARE REFORM - S.1, H.R.1

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

U.S. HOUSE OF REPRESENTATIVES

U.S. SENATE

EXECUTIVE OFFICE OF THE PRESIDENT

DEPT 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)
<u>G. LAWRENCE ATKINS</u>	
<u>AVAN F. NORTH</u>	

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

DATE: 11/25/07

Signature [Handwritten Signature] Date July 22, 2011

Printed Name and Title G. LAWRENCE ATKINS, PRESIDENT.