Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name: New York State Association of Health Care Providers		
2. Address ☐ Check if different than previously reported: 90 State Street, Suite 200		
3. Principal Place of Business (if different from line 2) City: Albany	State/Zip (or Country) NY 12207	
4. Contact Name: Phyllis A. Wang	Telephone: (518) 463-1118	E-mail (optional):
5. Senate ID #: 29196-12		
7. Client Name ☑ Self		6. House ID #: 33586000

TYPE OF REPORT 8. Year ____ 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 Activity ☐

INCOME OR EXPENSES – Complete Either Line 12 **OR** 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ _____ Income (nearest $20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than $10,000 ☐

$10,000 or more ☑ ⇨ $ 60,000 Expenses (nearest $20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

☐ **Method A.** Reporting amounts using LDA definitions only

☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____ Date 2/15/00

Printed Name and Title Phyllis A. Wang, President

LD-2 (REV. 6/98)

Registrant Name New York State Assn. of Health Care Providers 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 MMM (one per page)

16. Specific lobbying issues

Balanced Budget Act and Medicare/Medicaid home health reimbursement provisions, including prospective payment system implementation, elimination of the automatic 15% cut, interim payment system (IPS) reform, et al. (S. 1459, S1310, S. 1358, S. 1788, H.R. 1917, H.R. 2240, H.R. 2361, H.R. 2492, H.R. 2618, H.R. 3075)

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

U.S. House of Representatives
U.S. Senate
Department of Health and Human Services
White House

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

Name	Covered Official Position (if applicable)	New ☐
		☐
Phyllis A. Wang		☐
Christine L. Johnston		☐
		☐
		☐
		☐
		☐

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

Signature [signature] Date 2/5/10

Printed Name and Title Phyllis A. Wang, President

Form LD-2 (REV. 6/98)

Registrant Name New York State Assn. of Health Care Providers 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 INS (one per page)

16. Specific lobbying issues

Insurance and workers compensation—general monitoring

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

U.S. House of Representatives
U.S. Senate

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

Name	Covered Official Position (if applicable)	New ☐
		☐
Phyllis A. Wang		☐
Christine L. Johnston		☐
		☐
		☐
		☐
		☐

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

Signature [signature] Date 2/15/00

Printed Name and Title Phyllis A. Wang, President

Form LD-2 (REV. 6/98)

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