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
Received: Aug 14, 2007

LOBBYING REPORT

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

1. Registrant Name:

NATL PATIENT ADVOCATE FOUNDATION

2. Address:
725 15TH STREET NW 10th Floor, WASHINGTON, DC 20005

3. Principal place of business (if different from line 2):

4. Contact Name: NANCY DAVENPORT-ENNIS
Telephone: 2023478009
E-mail (optional): nde@npaf.org

Senate ID #: 28311-12
House ID #:

7. Client Name: ☒ Self

TYPE OF REPORT

8. Year 2007 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** Line 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: ☒ => Expenses (nearest $20,000): 180,000.00

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

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: BUD (one per page)

16. Specific lobbying issues:

Labor/HHS/Education Appropriations legislation FDA appropriations

17. House(s) of Congress and Federal agencies contacted:
HOUSE OF REPRESENTATIVES
SENATE

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

Name: BOIVIN, AMY
Covered Official Position (if applicable): N/A
Name: DAVENPORT-ENNIS, NANCY
Covered Official Position (if applicable): N/A
Name: GOTTLIEB, JIM
Covered Official Position (if applicable): N/A
Name: MCGRATH, GAIL
Covered Official Position (if applicable): DIRECTOR, CENTER FOR BENEFICIARY CHOICES, CMS

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

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:

Small Business Health Fairness Act of 2005 (H.R. 525) Health Insurance Marketlace Modernization and Affordability Act of 2005 (S. 1955) Stem Cell Research Enhancement Act of 2005 (H.R. 810) FDA Drug Safety Issues Preexisting Condition Exclusion Patient Protection Act of 2007 (H.R. 2833) Children's Health Protection Act of 2007 (H.R. 2842) SCHIP Reauthorization (S. 1224) Medicare Reimbursement for Imaging Services (S. 1388/H.R. 1293) Patient Navigator, Outreach, and Chronic Diseases Prevention Act (P.L. 109-18) Lifespan Respite Care Act of 2005 (S. 1283/H.R. 3248) Health Partnership Act (S.2772)

17. House(s) of Congress and Federal agencies contacted:
HOUSE OF REPRESENTATIVES
Health & Human Services, Dept of (HHS)
SENATE

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

Name: BOIVIN, AMY
Covered Official Position (if applicable): N/A
Name: DAVENPORT-ENNIS, NANCY
Covered Official Position (if applicable): N/A
Name: GOTTLIEB, JIM
Covered Official Position (if applicable): N/A
Name: MCGRATH, GAIL
Covered Official Position (if applicable): DIRECTOR, CENTER FOR BENEFICIARY CHOICES, CMS

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

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 payment Medicare appropriations and reimbursement

17. House(s) of Congress and Federal agencies contacted:
Centers For Medicare and Medicaid Services (CMS)

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

Name: BOIVIN, AMY
Covered Official Position (if applicable): N/A
Name: DAVENPORT-ENNIS, NANCY
Covered Official Position (if applicable): N/A
Name: GOTTLIEB, JIM
Covered Official Position (if applicable): N/A
Name: MCGRATH, GAIL
Covered Official Position (if applicable): DIRECTOR, CENTER FOR BENEFICIARY CHOICES, CMS

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

Signature: ON FILE Date: Aug 14, 2007

Printed Name and Title: NANCY DAVENPORT-ENNIS, CHIEF EXECUTIVE OFFICER -

Information Update Page:
Complete ONLY where registration information has changed.

LOBBYIST UPDATE
23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client

Name: MCGRATH, GAIL

ISSUE UPDATE
24. General lobbying issues previously reported that NO LONGER pertain

AFFILIATED ORGANIZATIONS
25. Add the following organization(s)

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

28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization

Signature: ON FILE Date: Aug 14, 2007

Printed Name and Title: -