Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
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Washington, DC 20515	Washington, DC 20510

SECRETARY OF THE SENATE
03 MAR -5 PM 1:48

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 St., Ste. 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

6. House ID #: 33586(

7. Client Name ☒ Self

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) ☐ **OR** Year End (July 1-Decer

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

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 repo period were:

Less than $10,000 ☐

$10,000 or more ☒ ⇨ $ 40,000
Expenses (nearest $20,00

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

☐ **Method A.** Reporting amounts using LDA definiti

☐ **Method B.** Reporting amounts under section 603 Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162 Internal Revenue Code

Signature_____

Printed Name and Title Christine L Johnston, Vice President

LD-2 (REV. 6/98)

Registrant Name NYS Assn. of Hth Care Prov. Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 MMM (one per page)

16. Specific lobbying issues

Medicare & Medicaid home health reimbursement provisions; elin of 1540 cut; opposition to implementing copayments; workforce & nurse reinvestment; federal medical assistance percentage; hor definition; Medicare regulatory reform (S. 326; HR 975; HR 34 S.1594; HR 1887; S.1864; HR 3391; S.1738; S.1169; HR 4954; S 2C HR 1490; HR 2750; HR 913; HR 3414

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

US House of Representatives
US Senate

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

Name	Covered Official Position (if applicable)
Phyllis A. Wang	
Christine L. Johnston	
Julia Tighe	

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

Signature _____ Date _____

Printed Name and Title Christine L. Johnston, Vice President

Registrant Name NYS 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 re 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 INS (one per page)

16. Specific lobbying issues

Insurance & Worker's Compensation - general monitori

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

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

Name	Covered Official Position (if applicable)
Phyllis A. Wang	
Christine L. Johnston	
Julie Tighe	

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

Signature _____ Date _____

Printed Name and Title Christine L Johnston, Vice President

Registrant Name NYS Assn. of Health Care Providers, Inc. Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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 LBR (one per page)

16. Specific lobbying issues

General labor issue monitoring. State issues related t National Labor Relations Act. (Chpt. 601 Laws of 2002 - NY

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

Department of Labor - National Labor Relations Board

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

Name	Covered Official Position (if applicable)
Phyllis A. Wang	
Christine L. Johnston	
Julia Tigue	

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

Signature [signature] Date February 12, 2

Printed Name and Title Christine L. Johnston, Vice President