

FISCAL NOTE
Requested by Legislative Council
01/12/2017

Amendment to: HB 1093

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties	\$0	\$0	\$0
Cities	\$0	\$0	\$0
School Districts	\$0	\$0	\$0
Townships	\$0	\$0	\$0

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

A BILL for an Act to amend and reenact subsection 10 of section 43-42-01 and sections 43-42-03 and 43-42-05 of the North Dakota Century Code, relating to respiratory care and polysomnographic licensure.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

43-42-03. Respiratory therapist and polysomnographic technologist licensing - Fees. Describes the authority for the Board to potentially raise fees through a future rulemaking procedure.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

No revenue amount is projected as this bill would only authorize the Board to potentially raise fees through a future rulemaking procedure.

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

There is no projected expenditure.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

There is no appropriation amount as this bill would only authorize the Board to potentially raise fees through a future rulemaking procedure.

Name: Nikki Owings

Agency: ND State Board of Respiratory Care

Telephone: 701-222-1564

Date Prepared: 01/06/2017

Cash Basis

NORTH DAKOTA STATE BOARD OF RESPIRATORY CARE LICENSURE
FINANCIAL REPORT
FOR THE TEN MONTHS ENDING NOVEMBER 30, 2016

	CURRENT MONTH 11/30/16	YEAR TO DATE	TOTAL BUDGET FOR THE YEAR 16/17	VARIANCE
REVENUE:				
NEW LICENSE	360.00	3,740.00	3,600.00	140.00
CRT	120.00	680.00		
RRT	240.00	2,760.00		
RPT	0.00	300.00		
TEMP - TCRT	0.00	0.00		
RENEWALS	1,920.00	3,600.00	7,500.00	(3,900.00)
CRT	780.00	1,440.00		
RRT	1,020.00	1,860.00		
RPT	120.00	300.00		
ONLINE RENEWALS	3,250.00	4,740.00	23,910.00	(19,170.00)
LATE FEES	10.00	240.00	150.00	90.00
LICENSE VERIFICATION	160.00	760.00	400.00	360.00
LICENSE LIST	0.00	10.00	0.00	10.00
INTEREST	17.40	979.72	500.00	479.72
MISC. INCOME	0.00	193.75	40.00	153.75
TOTAL REVENUE:	5,717.40	14,263.47	36,100.00	(21,836.53)
EXPENDITURES:				
MANAGEMENT	1,627.00	15,743.00	18,966.00	(3,223.00)
POSTAGE	46.62	492.08	1,200.00	(707.92)
PHOTOCOPIES	8.12	228.34	480.00	(251.66)
TELEPHONE/FAXES	39.17	701.97	2,300.00	(1,598.03)
WEB PAGE SERVICE MAINT.	50.00	1,835.00	2,000.00	(165.00)
OFFICE SUPPLIES	0.00	3.04	750.00	(746.96)
MISCELLANEOUS	30.00	300.00	400.00	(100.00)
DATABASE HOSTING	100.00	1,000.00	1,200.00	(200.00)
ADVERTISING	0.00	0.00	300.00	(300.00)
LEGAL FEES	734.01	3,420.75	3,500.00	(79.25)
AUDIT	0.00	1,575.00	1,600.00	(25.00)
BOARD MEETING	0.00	767.69	1,000.00	(232.31)
BANK & CREDIT CARD FEES	108.71	213.50	850.00	(636.50)
RISK MANAGEMENT FUND	0.00	683.57	800.00	(116.43)
PRINTING OF FORMS	221.80	490.97	500.00	(9.03)
TOTAL EXPENDITURES:	2,965.43	27,454.91	35,846.00	(8,391.09)
NET INCOME / (LOSS)	2,751.97	(13,191.44)	254.00	(13,445.44)
Cash Beginning Balance 02/01/16	153,331.52			
Net Income / (Loss)	(13,191.44)			
Balance as of 11/30/16	140,140.08			
Checking Balance on 11/30/16	74,124.41			
CD Balance on 11/30/16	66,015.67			
	140,140.08			