

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2204

2005 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2204

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2204

Senate Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date 1-18-05

Tape Number	Side A	Side B	Meter #
1	xxx		2620-5350
Committee Clerk Signature <i>Luxian Berkon</i>			

Minutes: **Chairman Mutch opened the hearing on SB 2204. All Senators were present.**

SB 2204 relates to medical services provider late payment charges and credit service charges.

Senator Judy Lee introduced the bill. See attached information Re: Dakota Clinic.

Senator Lee: The reason I bring this bill to you today is because of an experience that I had personally. I went in to get my eyes checked a few months ago and was presented the insurance authorization and billing policy by the clinic and I looked down and it said that the annual percentage rate is 18%. And if my memory served me correctly, we passed a bill that medical providers could charge an annual percentage rate of 1% per month with the maximum fee not to exceed \$25 per month. So when I visited with the business office of the provider, they contacted their attorney, and the letter is included as well (see attached) which says they are operating under section 51-14 which is the credit card statute. I don't think the intention of your committee or my vote two years ago was to consider medical bills as a revolving charge. So what this bill does is it

just makes it extremely clear that a medical services provider cannot use the statute 51-14 in order to have a APR of 18% instead of 12%.

Senator Krebsbach: She has made our intent very clear with this amendment.

Senator Heitkamp : If we already have it in, isn't there another method of clearing this up besides adding to the statute?

Senator Lee: If you can figure out the right way to do that, I will be more than happy to follow your direction. I am open to any recommendations that you have.

Gary Riffe, Administrator and president of Hi-Acres Manor Nursing Center of Jamestown, spoke in opposition of the bill. See attached testimony.

Senator Heitkamp : What is the amount? 18% is too much, \$25 is too low. What should it be?

Gary Riffe: The one percent is fine, but just don't allow it to cap at \$25. Allow it to go whatever the bill is owed and then let us negotiate with that customer. That is my bargaining chip. I tell people to pay the money they owe by the end of the month and I will wipe off the interest.

Senator Nething : That's not a change in the law, that is the current law, the cap of \$25.

Gary: As I understand that is the max that we can charge. When this went through, we at the Nursing Home Facility weren't sure that we had to follow this piece of legislation. I understand that HB 1359 that is going to possibly exempt long term care, but I thought, just in case, I should ask if there was a way we could re-figure that.

Chairman Mutch : What are you charging now?

Gary: One percent.

Chairman Mutch : Then you are not going to the \$25?

Gary: Up until I was told that I couldn't, I did. Sometimes they will drag it out because they are waiting for their insurance to pick it up, or trying to sell some land.

Senator Krebsbach: Prior to this law, were you just using the other section to charge your interest at that time?

Gary: We didn't even realize that there was a law out that we fell under. We just charged 18%. But for those who don't have insurance, we needed to motivate them to pay.

Chairman Mutch : If it's a well fare agency that is paying the bill anyway?

Gary: If it's medical assistance, there is no interest added at all.

Kim Rau, North Dakota Collectors Association, spoke in support of the bill. In addition, I am also affiliated with the North Dakota Health Care Association. They own the collection agency that I manage. From talking to Chip Thomas, he ask that I explain the history of this bill. In 2003, we had quite a few medical facilities out there that didn't like the law which said you have 90 days to make a payment, yet every 89th day and not be charged interest. So you would have someone paying five dollars every 89th day and had no incentive for people to pay their bills. So we said, let's change it so that you could only have the initial 90 days following your discharge to not have interest, then on the 90th day you would start paying interest. We also added, to the section of law, the part that it doesn't apply in cases of financial hardships. That was important to the committee last session also. We allowed for hardship cases where people weren't being charged that maximum of \$25 when they would hardly be able to make \$10 per month payment. We tried to address everything. Now it has come about that an attorney has been using section 51-14. We are just saying that that was not the intent.

Senator Krebsbach: I think basically, the bill came in to do exactly what was intended and that is to get people in to discuss their bills. This way they have a little leg to stand on. Maybe it is time to look at the \$25 cap.

Senator Heitkamp: It's \$25 a month, right? In over the course of a year?

Chairman Mutch : If they go over the 90 day period, then \$25, after that you would have to take legal action to collect.

Kim: Or you could use a collection agency.

Senator Espegard : When we talk about \$25, what's the collection agency charge?

Kim: That is based on contracts, ranging from 25% to about 40%.

Senator Nething : Gary, if we were to adjust this \$25, is there an amount that would still have an impact on people?

Gary: I don't know what the impact would be. We are dealing in a different generation. The people that we take care of, are people who want to pay their bills. They aren't the problem, sometimes, it's their children who are looking at the assets being consumed by the parent to be in a care facility and they want to drag that out as long as they can.

Senator Krebsbach: You say that there is another bill on the House side whereby you would be exempt from this, would that be a more satisfactory answer?

Gary: If it passed, that would be fine. We will see where that goes.

Senator Heitkamp : What does one day cost in your home?

Gary: It's about \$150 per day.

Senator Heitkamp : Which is why the \$25 over the course of one month.

Chairman Mutch : What percentage do you write off?

Gary: In the past couple of years, we have had a couple of larger write-offs. Probably between \$25,000 and \$30,000. That's just \$15,000-\$30,000 that we have given services and don't get paid for.

Chairman Mutch : So you increase the rates to compensate, I suppose?

Gary: We are not able to.

Senator Klein: So what you are looking for is the exemption?

Gary: Yes, that would be the end-all, for now.

Chairman Mutch : Currently you are charging one percent?

Gary: Yes.

Senator Krebsbach: I am wondering if the component of this bill from the last session has had any impact on their collections?

Mike Tomasco, Prime Care Health, North Dakota Medical Assoc., CEO of MidDakota, replied.

Mike: It was very helpful. For us, the \$25 has been helpful. Not applying to those whom have had financial hardships.

Senator Krebsbach: I am wondering if we could amend nursing homes be exempt in this bill?

Senator Nething : Or hold it until we see what happens with the House Bill? Why don't we ask the intern to get an amendment ready to exempt nursing homes.

No action was taken. Amendments being prepared. Hearing was closed.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2204

Senate Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date 2-08-05

Tape Number	Side A	Side B	Meter #
2	xxx		1,961
Committee Clerk Signature <i>Lisa L. Berkem</i>			

Minutes: **Chairman Mutch** allowed committee discussion on SB 2204. All Senators were present.

The committee individually reviews the amendments.

There was no discussion.

Senator Nething moved to adopt the amendments.

Senator Espegard seconded.

Roll Call Vote: 7 yes. 0 no. 0 absent.

Senator Krebsbach moved a DO PASS AS AMENDED.

Senator Nething seconded.

Roll Call Vote: 7 yes. 0 no. 0 absent.

Carrier: Senator Krebsbach

PROPOSED AMENDMENTS TO SENATE BILL NO. 2204

NOT YET ADOPTED BY THE COMMITTEE
THE COMMITTEE HAS GIVEN NO RECOMMENDATION ON THE BILL

Page 1, line 20, after the period insert "The twenty five dollar limit under this subsection does not apply to a creditor that is a licensed nursing facility or a basic care facility."

Roll Call Vote #: 1

BILL/RESOLUTION NO. 2204

Senate Industry, Business, and Labor Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 50622.0100

Action Taken Adopt Amendments ~~(.0100)~~

Motion Made By Nething Seconded By Espegard

[illegible]

Total (Yes) 7 No 0

Absent 0

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 2-8-05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2204

Senate Industry, Business, and Labor Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DPAm

Motion Made By Krebsbach Seconded By Nothing

Senators	Yes	No	Senators	Yes	No
Chairman Mutch	X		Senator Fairfield	X	
Senator Klein	X		Senator Heitkamp	X	
Senator Krebsbach	X				
Senator Espegard	X				
Senator Nething	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Krebsbach

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2204: Industry, Business and Labor Committee (Sen. Mutch, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2204 was placed on the Sixth order on the calendar.

Page 1, line 19, replace "A" with "Except for a creditor that is a licensed nursing facility or a basic care facility, a"

Renumber accordingly

2005 HOUSE HUMAN SERVICES

SB 2204

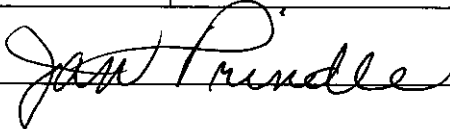
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **SB 2204**

House Human Services Committee

☐ Conference Committee

Hearing Date **16 March 2005**

Tape Number	Side A	Side B	Meter #
1	X		1190 - 5320
			2595 - 4690
Committee Clerk Signature 			

Minutes:

Chairman Price opened the hearing of SB 2204.

Senator Judy Lee, District 13, introduced the bill. It was introduced as a result of something that happened to me. (Testimony attached.)

Shelly Peterson, with the Long Term Care Association: I'm not sure I'm in favor but I wanted to clarify the issue that Senator Lee brought up regarding the two pieces of legislation how our interest rates are so different in each piece of legislation. Within this piece of legislation we read it that we would fall into the 1% per month, however we have a \$25.00 max that you can charge. In HB 1359 it sets the rate at the prime plus 2. We are supportive of that. We ask that when you consider this legislation that you look at the other pieces of legislation that might impact so that the rate is consistent in both pieces.

Rep. Porter: In 1359 did we remove the language so it's all medical providers?

Peterson: Yes. You did. The Senate further amended it and took that language out that the \$25 maximum would not affect basic care and assisted living.

Synder Gokey, on behalf of Dakota Clinic, Ltd, testified in support of the bill if was amended.
(Testimony attached.) His testimony included a proposed amendment.

Rep. Kreidt: Your referencing 2204. Would you have a problem if they went under 1359?

Gokey: We would not. We just want this law written in such a way that ND health care providers are not held to an artificial low interest rate. That puts them at a competitive disadvantage and screws up the cash flow. That is a serious problem.

Chairman Price: Being in a border clinic what happens if you have a ND resident and you file with the wrong Blue Cross and it takes a while to find out and claims are denied and have been refiled. That takes a long period of time. When do you start your days for counting?

Gokey: Under this law it would be 90 days. All businesses deal with the mistakes that they make and if a patient comes in and points it out, I would hope the clinic would reverse the charges that were incurred as a result of the mistake. I know there are lots of instances where they make adjustments to bills. They want to keep their customers happy or they will go elsewhere. I know clinics write things off all the time. The problem is that other bills will be paid off ahead of the clinic. That's the bigger problem.

Mike Tomasko, administrator of Prime Care Health and also a member of the ND Medical Group Managers' Association. I wanted to address the issue you were just talking about. Many of the providers, especially clinics, in this community are going to billing systems that do not bill within the first 90 days or until insurance has made a payment on the bill. About two years ago we changed our billing system for that reason. Even at that the provision remains that

no interest can be assessed for 90 days after the service is provided. We have found it makes it so much easier for the patients. This is not about those that can't pay. We support the legislation with the amendment. One of the things that is difficult for us is the \$25 cap.

Rep. Porter: How often do you write the interest off?

Tomasko: Often. Now that we bill after insurance pays we know what the amount is. Often people come in and offer to pay the whole thing off and ask us to forget the interest. We're like any other business who will do that.

Rep. Porter: It seems to me that health care runs like any other business in that in the end you are using another tool in order to collect what you are initially owed. I view the interest as one of those tools to encourage the debtor to pay their bill rather than a penalty for not paying. You accept cash, checks, VISA, Master Card. Wouldn't it be safe to say that it be one unified system so if credit cards bill 18% per month and that's part of the payment system that you should be able to bill the same interest?

Tomasko: From a business viewpoint I would support that and I think that's what the previous presenter said also. In health care bills can mount quickly. I hired a comptroller who was paying \$25 a month on his bill and he told me you guys are the best game in town and I pay everything else first. I told him I just hired him and he should collect that. Someone else told me my medical bills go right under the church envelopes in the drawer. Those who can pay should pay, those who can't, we'll take care.

Rep. Porter: As we look at these laws and we start carving out little pieces here and there don't you think that we as a state would be much better served by having a uniform law that applies to everyone. All providers.

Tomasko: I could certainly endorse that. That would be helpful.

Rep. Nelson: Does your facility implement a revolving charge agreement?

Tomasko: No. We have not. Our charge has been that which is allowed by statute which is the 1% after 90 days of service.

Rep. Nelson: Have you explored that option? Do you agree with the Dakota Clinic that is a tool in your chest so to speak?

Tomasko: Absolutely. There needs to be something to move people along to pay the bills.

John Risch, representing the United Transportation Union, spoke in opposition to the bill.

(Testimony attached.)

Chairman Price closed the hearing of SB 2204

Chairman Price opened discussion of the bill later in the afternoon. (Tape 2, A: 2590)

She went over the proposed amendment.

Rep. Weisz: On the interest rate issue, I really don't support that. The judgment rate should be a set rate. If 12 is too fine, take a lower rate, but pick it, set it and leave it. For non judgment rate interest you can leave it at is. The hospital rate could be \$25.00 and basic care is a different thing and could be treated differently.

Rep. Porter: The interest and the cap and everything else needs to be equal amongst all providers across the board. The same people that are having a tough time paying their hospital bill are also having a tough time paying their doctor bill and also having a tough time paying their nursing bill. You are not talking about a different crowd. They're all having a tough time paying it. Medical provider's policies are pretty much the same. When Mr. Rich talked about bargaining with his doctor about doing a medical procedure today, that's against the law. There

are sections of federal code that say you cannot do that. You cannot bill less to a private individual who is willing to pay you cash than you would bill to the government's insurance program. That parity exists because the federal law says it has to exist. The other thing that exists is for a medical provider to write off a claim within the program there has to be hardship. Under this bill you couldn't work with people because they could just pay the \$25 and be done with it. It's just not right. Anyplace else where you have debt it just doesn't work that way. So then you get down to the interest rate. The key thing to remember about the interest rate, I would guarantee you that the majority of providers write that off in the end. They use as tool to force the issue that you need to start making payments. I have numerous accounts that we accept \$25-\$30 a month or written off completely based on hardship. Our understanding with the individual is that as long as you stay current with this payment there won't be any interest charge.

That's used as a tool. There are times when we are paid the principal and we write the interest off. They are all just tools. The situation comes up--who should get paid first or should everybody be on equal ground. Are you going to let the credit card company get paid before the hospital or after the hospital. What order will you put these in if you don't have the playing field equal?

Rep. Weisz: In principal none of this effects the minimum payment this is only late payment charges. You can negotiate on the interest charge. In medical charges you don't have a whole lot of choice. You break your leg or are in a car accident you gotta go to the medical provider regardless of whether you have insurance or not. Where you make a choice on basic care. I see there are differences if you are not a medical provider. This would give an additional tool.

Rep. Porter: You say individuals don't have a choice about going to the hospital but on the flip side of that these hospitals don't have a choice on who's walking through doors. The first question you ask someone when they walk through the door isn't "can I have your Master Card and swipe it through my machine." That's why part of the health care crisis is when you look at these facilities you are looking at a 30% uncollectible debt just because people choose not to pay and then you add on top of that the fee schedules for Medicare and Medicaid and you get closer to 40%. There is a cost shift to a whole other population of people. You have to make your living on 60% of your business. By not allowing providers these tools isn't right. I have no problems if you take it away from everybody or everybody gets the same opportunity to use the same collection tools. You can't pick two and tell everybody else that you have to live as is.

Rep. Kaldor: Rep. Porter do you know if under ND law is the late charge interest rate enforceable. Could you choose to pursue that through small claims.

Rep. Porter: If we end up taking a claim to a collection agency and it ends up in small claims court, then the judgment is for the claim plus interest. One that judgment is passed then the judge sets the future interest on the judgment. It goes away from this statute to whatever the judge decides.

Rep. Kaldor: I think that was one of the issues that came up and the best advice for them if we don't create something that works for them is for them to turn these over to collection agencies. That does not help.

Rep. Porter: It increases the cost of doing business and so that passes back to all of your premium hikes to insurance companies and that drives the cost up. If you have 20-30%

uncollectible it just keeps adding up and adding up. To take a tool away to change it that it can't be uniformly applied across the board, I just don't feel that's right.

Rep. Weisz: Rep. Porter, if you turned a bill over to collection in small claims court, did the court allow the \$25 or the minimum of 1%?

Rep. Porter: Typically when it gets to the courts, it's just what the sum is and that cap does not apply once the judgment is made. The one's we had were just 8%. You owe it, you pay it or you're going to pay 8% against it.

Rep. Weisz: I understand about the judgment. I'm talking about when you produce your claim to the court for the judgment do you include the interest or do they limit you to the \$25 max per month.

Rep. Porter: We've never gone out that way.

Rep. Kreidt: I thought the original bill was a good bill. We see every one wants to have the same provisions. I'm sure they will be happy with the amended bill. We've covered everybody and we've treated everybody the same.

Rep. Porter: I move the amendment.

Rep. Devlin: I second.

Chairman Price: Your motion is to "Hog House" **SB 2204** to look like the 1st Engrossment of **HB 1359**.

A voice vote was taken. The amendment passed.

Chairman Price: We have the amended bill before us.

Rep. Nelson: I move Do Pass.

Rep. Weisz: I second.

Page 8

House Human Services Committee

Bill/Resolution Number **SB 2204**

Hearing Date **16 March 2005**

A roll call vote was taken.

Yes: 12 No: 0 Absent: 0

Rep. Nelson will carry the bill.

Date: 3/16/05

Roll Call Vote #: 221

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. [REDACTED] 2204

House _____ Human Services _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DP As Amel

Motion Made By Rep Nelson Seconded By Rep Weisz

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. Price	/		Rep.L. Kaldor	/	
V Chrm.G. Kreidt	/		Rep.L. Potter	/	
Rep. V. Pietsch	/		Rep.S. Sandvig	/	
Rep.J.O. Nelson	/				
Rep.W.R. Devlin	/				
Rep.T. Porter	/				
Rep.G. Uglem	/				
Rep C. Damschen	/				
Rep.R. Weisz	/				

Total () yes 12 No 0

Absent 0

Floor Assignment Rep Nelson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2204, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2204 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact section 13-01-14 of the North Dakota Century Code, relating to the amount of late payment charges on medical bills.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 13-01-14 of the North Dakota Century Code is amended and reenacted as follows:

13-01-14. Late payment charge on accounts receivable.

1. A creditor may charge, receive, and collect a late payment charge on all money due on account from thirty days after the obligation of the debtor to pay has been incurred.
2. Except as provided in subsection 4, the late payment charge may not exceed one and three-fourths percent per month.
3. The late payment charge provided in this section may be charged only if, when the obligation was incurred, the creditor did not intend to extend any credit beyond thirty days and any late payment of the obligation was unanticipated.
4. A creditor may not charge, receive, or collect a late payment charge on medical or hospital bills during the initial ninety days following services. A late payment charge may be imposed at a rate that does not exceed one percent per month, ~~but the charge cannot exceed twenty five dollars per month.~~ This subsection does not apply in cases of financial hardship as certified by the creditor.
5. This section does not apply to:
 - a. Money due on retail installment contracts, as defined in chapter 51-13.
 - b. Money due on revolving charge accounts, as defined in chapter 51-14."

Renumber accordingly

2005 SENATE INDUSTRY, BUSINESS AND LABOR

CONFERENCE COMMITTEE

SB 2204

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2204

Senate Industry, Business and Labor Committee

xxx Conference Committee

Hearing Date 4-06-05

Tape Number	Side A	Side B	Meter #
1	xxx		0-1435
Committee Clerk Signature <i>Lisa VanBerkum</i>			

Minutes: A conference committee was appointed on SB 2204 . Members were as follows:

Senate

Chairman Krebsbach

Senator Espegard

Senator Fairfield

Representatives

Rep. Porter

Rep. Nelson

Rep. Kaldor

The chairman explained the amendments that the Senate added to the bill.

Chairman Krebsbach: This bill was introduced by Sen. J. Lee and her concern at the time that it was introduced is because a clinic in Fargo was using the eight-teen percent rate instead of the twelve percent that was allowed for medical providers to charge. Prior to last session, they had no fee at all to charge to their customers. We exempted the nursing homes from the twenty-five dollar cap. What did the House do to it?

Rep. Porter: We just amended HB 1359 into the bill.

Chairman Krebsbach: And the context of that is what?

Rep. Porter: It was basically removing the twenty-five dollar cap for all, and that was it. The interest rate was still at the twelve percent, which was previously there.

Chairman Krebsbach: As I recall, the cap was put on in the last session, out of concern of some people that the rate could get to be too excessive on large bills. That was the reason for the cap at that time.

Rep. Porter: It doesn't go into effect until after the ninety-first day. If a person makes a payment on the hundred and twentieth day, then it goes back and starts over again at zero and as long as they stay current there is no charge. But if they fall behind on their payment, then this part of the law kicks in. I deal with a large amount of uncollectible debt. I look at it as an incentive tool to get people to pay at least what our minimum amount is on their bill.

Chairman Krebsbach: You are where I am. I prefer leaving the twelve percent in there. If we want to leave the maximum cap for the hospitals and they are not object able to that. That is good with me. From what I am hearing, nursing homes do not want the cap, nor do the clinics.

Rep. Porter: I think it is fair to say that we need to make the cap apply only to hospitals. If it is a stand alone doctor or nurse practitioner in rural North Dakota that wants the ability to use this tool, they have it. It is a tool for collection.

Chairman Krebsbach: This will get them to at least come in and talk about their bill. We are pretty much in agreement.

Senator Espgaard: I don't have a problem with the cap. Medical problems happen to you, it's not elected, like a credit card. Twelve percent seems to be a fair rate.

Rep. Porter: I would move that the **House Recede** from the amendments and **Further amend** to cap only hospitals.

Page 3

Senate Industry, Business and Labor Committee

Bill/Resolution Number HB 2204

Hearing Date 4-06-05

Senator Espegard seconded the motion.

Senator Fairfield: The distinguishing characteristic between the hospitals and your mind is simply that the hospitals asked for it?

Rep. Porter: Yes. that would be the distinction. I don't think that the section of code a lot of medical providers didn't even realize that they fell under.

Senator Fairfield: I'm uncomfortable with removing the cap.

Roll Call Vote: 5 yes. 1 no. 0 absent.

Senator Krebsbach will carry the bill.

=====

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE) - 420

=====

07398

(Bill Number) 2204 (, as (re)engrossed):

Your Conference Committee

For the Senate:	Attend	Vote
Chair Krebsbach	P	Y
Sen. Espgaard	P	Y
Sen. Fairfield	P	XN

For the House:	Attend	Vote
Rep. Porter	P	Y
Rep. J. Nelson	P	Y
Rep. Kaldor	P	Y

☐ recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)
723/724 725/725 S724/H726 S723/H725
the (Senate/House) amendments on (SJ/HJ) page(s) _____ - _____

☐ and place _____ on the Seventh order.
727

☒ , adopt (further) amendments as follows, and place
2204 on the Seventh order:

☐ having been unable to agree, recommends that the committee be discharged
and a new committee be appointed. 690/515

((Re)Engrossed) _____ was placed on the Seventh order of business on the
calendar.

=====

DATE: ____/____/____

CARRIER: _____

LC NO. _____ of amendment

LC NO. _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

=====

(1) LC (2) LC (3) DESK (4) COMM.

REPORT OF CONFERENCE COMMITTEE

SB 2204, as engrossed: Your conference committee (Sens. Krebsbach, Espegard, Fairfield and Reps. Porter, Nelson, Kaldor) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 974, adopt amendments as follows, and place SB 2204 on the Seventh order:

That the House recede from its amendments as printed on page 974 of the Senate Journal and page 1221 of the House Journal and that Engrossed Senate Bill No. 2204 be amended as follows:

Page 1, line 19, remove ". Except for a creditor that is a"

Page 1, line 20, remove "licensed nursing facility or a basic care facility, a late payment", overstrike "charge", and after "cannot" insert ". A late payment charged by a hospital"

Renumber accordingly

Engrossed SB 2204 was placed on the Seventh order of business on the calendar.

2005 TESTIMONY

SB 2204



Hi-Acres Manor

N u r s i n g C e n t e r

January 18, 2005

Senator Duane Mutch, Chairman
Industry, Business & Labor Committee
Roosevelt Park Room
ND State Capitol
600 East Boulevard
Bismarck, ND 58505

Dear Senator Mutch and Committee Members:

RE: SB 2204

My name is Gary M. Riffe. I am the administrator and president of Hi-Acres Manor Nursing Center, a 142-bed skilled facility in Jamestown, North Dakota. We are a unique facility in the fact we are one of two family-owned facilities still left in the state. We are also unique in the fact we are a tax-paying corporation. As you may or may not be aware, most of the nursing homes in the state of North Dakota, about 99.9%, are tax exempt.

I have some questions regarding Senate Bill 2204. First of all, what is the rationale of limiting the amount of interest charged to only \$25 on a bill that is owed to a medical provider? Most of us in long-term care were not even aware this bill was going to affect us, but it is my understanding we have been brought into this bill because we are considered medical providers.

Here is the concern I have as a provider. There are two areas within the legislation that create a concern. One has to do with 13-01-14 Late Payment Charge on Accounts Receivable – Medical Bills – (line 17 on page 1) – after the initial 90 days have passed, a late payment charge may be imposed at a rate that does not exceed 1% per month. Then, you have added, a late payment charge under this subsection may not exceed \$25 per month (line 20).

Here is our problem. If I wait for three months before I can add late charges on a private paying resident, I could have an amount owed for care from \$12,000 to \$15,000. Then, if I can only add a max of \$25, what incentive do they have to hurry up and pay? It is a better rate than they can get at the bank. This is part of my concern. We are not lending institutions. Unfortunately, our cash flow is, in many months, very challenged and we need our payments each and every month for the care that we provide. It doesn't happen very often where we have to add a finance charge on a bill. But, from time-to-time, we have families who are waiting for long-term care insurance to pay or their CD

1300 2nd Place NE • Jamestown, ND 58401-3709
Phone: (701) 252-5881 • Fax: (701) 252-7765
www.hi-acres.com

Senator Duane Mutch, Chairman
Industry, Business & Labor Committee
Page 2
January 18, 2005

is not quite due yet, and so they don't make any effort to visit with us on a payment plan, they just wait. In the past, when we have been able to at least put on the bill that interest rate amount, it gives us some room for negotiation to hurry up and get the bill paid. I would ask that you allow medical providers some leeway with interest. If you want to, limit to 1% per month but don't limit the total amount. Why are you specifically singling out medical and healthcare providers in restricting the amount of interest they can charge?

Thank you for your time. I will listen for your answers and thank you for allowing me to speak.

Sincerely yours,



Gary M. Riffe, CNHA, Fellow*
Administrator/President

*Certified Nursing Home Administrator - Fellow
American College of Health Care Administrators

GMR:drf

c: Shelly Peterson, NDLTCA



DAKOTA
CLINIC

INSURANCE AUTHORIZATION/BILLING POLICY

(LABEL)

Patient Name _____

Patient Date of Birth _____

General Policy: Billing statements received from Dakota Clinic Ltd (the "Clinic") are for services provided by the Clinic's professional staff, which includes professional fees and ancillary goods and services provided by the Clinic. When you are a patient at a hospital, emergency room, or day/outpatient surgery center you will receive a separate statement from those entities for services they provide.

Payment for all Clinic services may be made with cash, check, or any credit card accepted by the Clinic. The balance of these policies set forth the procedures of the Clinic pertaining to billing, payment, and collection of amounts if the Clinic elects to extend credit to you.

Professional services for Medicaid patients (also known as Medical Assistance) will be filed for the states of North Dakota, Minnesota, and South Dakota. If you have assistance from another state, you will be responsible for payment of the services you receive and the filing of your own claims. If you have insurance from outside of the United States you will be responsible for payment of the services you receive and the filing of your own claims.

Statement: If you have a balance on your account after your insurance pays, the Clinic will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payment: If there are any balances owing on your account, the Clinic will send you a statement setting forth the amounts billed to your account each month. All eyeglasses, contacts, hearing aids, and hearing aid supplies need to be paid for when you receive them. Special orders require a 50% down payment prior to the order being placed. All other non-covered services including infertility and birth control will be paid in full at or prior to time of service unless other arrangements are made. To avoid **FINANCE CHARGES**, all amounts that you owe the Clinic are due and payable within 30 days after the Clinic sends you a billing statement. If you choose to finance the balance, balances below \$ 500 must be paid in full within 30 days and balances over \$ 500 must be paid in three equal monthly payments. If you are unable to meet these requirements, please call your local Business Office to make other arrangements. The Clinic computes the **FINANCE CHARGE** for the billing cycle by multiplying the New Balance by the monthly periodic rate of one and one-half percent (1.5%); this is an **ANNUAL PERCENTAGE RATE** of eighteen percent (18%).

Assignment of Benefits/Financial Responsibility: Your signature authorizes Dakota Clinic to directly bill any insurance companies, private or governmental health plans, or other government payors, including Medicare, Medical Assistance, and Workers Compensation, from who you may be entitled to benefits for the care and treatment you receive. Your signature further authorizes such payors to make their payments directly to Dakota Clinic.

You are financially responsible to Dakota Clinic for charges incurred, and you will be billed for all non-covered charges to the extent allowed by law. You may be billed for forms or letters that require a provider to complete. Your signature shall acknowledge this obligation to make payment for such charges pursuant to the billing policies of Dakota Clinic.

I, the undersigned, agree to the terms and conditions in this document in their entirety. If I am not the patient, I certify that I am authorized by law to agree to the above terms and conditions on the patient's behalf.

The Billing Policy continues on the back side of this page.

Patient Signature _____

Parent/Guardian Signature (if patient a minor) _____

Date _____

Insured's Date of Birth _____



DAKOTA
CLINIC

a tradition of caring

December 15, 2004

Judy Lee
1822 Brentwood Ct.
West Fargo, ND 58078

Dear Judy,

I am writing to you in response to your voice mail message of December 7, 2004.

Our billing policy and statement was updated in 2003 after an extensive review by legal council. Based upon legal advice, we implemented a revolving charge agreement with our patients that bear an 18% finance charge if payment is not made within 30 days of the due date. It is our understanding that his policy would be appropriate under North Dakota Century Code Section 51 - 14.

Because of your inquiry regarding this policy, we have again reviewed this with our legal office who continues to advise us that we are appropriately operating under 51 - 14. If you have any information contrary to this, we would very much appreciate it if you would provide that information to us.

I have enclosed a copy of our Insurance Authorization/Billing Policy and a statement for your reference.

You may contact me at 364-8934. Thank you for providing us valuable feedback.

Sincerely,

Andrea J. Card
Director, Business Office



North Dakota Collectors Association

an association of collection specialists

Senate Bill #2204
Industry, Business and Labor Committee

In Support

During the 2003 legislative session, this section of law was changed to clarify the law regarding a medical provider's ability to charge interest on accounts that were over 90 days old. The previous law had stated that interest could not be charged if there was a payment within a 90 day period. This law provided for various interpretations, one of which allowed for a guarantor to pay \$5 every 89th day and not be charged interest. Therefore, during the 2003 session we asked that the law be clarified to state that interest could be charged after 90 days had elapsed from when the bill was incurred. We did not ask for the interest rate to be changed, nor did we ask that the cap of \$25 per month be changed.

It is my understanding that SB 2204 came about due to the need for further clarification. There is another section of law (Chapter 51-14 of the ND Century Code) dealing with revolving credit that some attorney's have been using to justify higher interest rates on medical accounts than what is allowed in section 13-01-14 of the ND Century Code.

The changes that are proposed in SB 2204 would help to assure that medical accounts are treated within the intent of section 13-01-14... interest at 12% with a cap of \$25 per month.

Kim Rau
ND Collectors Association

**Fifty-eighth Legislative Assembly of North Dakota
In Regular Session Commencing Tuesday, January 7, 2003**

SENATE BILL NO. 2302
(Senator Krebsbach)
(Representative Keiser)

AN ACT to amend and reenact subsection 4 of section 13-01-14 of the North Dakota Century Code, relating to late payment charges on medical or hospital bills.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 4 of section 13-01-14 of the North Dakota Century Code is amended and reenacted as follows:

4. ~~No~~ A creditor may not charge, receive, or collect a late payment charge on medical or hospital bills, ~~except that if no payment has been made on the account within the last ninety days, a~~ during the initial ninety days following services. A late payment charge may be imposed at a rate that does not exceed one percent per month, but the charge cannot exceed twenty-five dollars per month. This subsection does not apply in cases of financial hardship as certified by the creditor.

(For Sen. J. Lee)

#1

Scratch Pad for Bill: SB 2204**SB 2204****House Human Services Committee****March 16, 2005**

SB 2204 was introduced as a result of something that happened to me. When I went to a local clinic, I was asked to sign the Insurance Authorization/Billing Policy form, which a patient is given annually for a new signature. I noticed that the Annual Percentage Rate on the form was 18%.

I recalled that during the last session, we had passed legislation that limited the interest rate on medical services to 1%/month, or a 12% APR. When I inquired about it, I was informed that the clinic was operating under the revolving charge section of law, and that their attorney had said that it was legal to do that.

I am quite confident that our legislative intent was not that clinic or hospital bills be considered revolving charge accounts or that providers be permitted to charge 18% on back debt.

SB 2204 makes it clear that interest cannot be charged until after 90 days have passed. Long term care and basic care facilities are exempted from the \$25/month maximum late charge. It is spelled out on lines 23 & 24 on page 1 that a medical services provider cannot do business under chapter 51-14, the revolving charge account law.

In the past week, it was brought to my attention that there are actually 4 bills which include interest rates. SB 2302 concerns postjudgment interest, and it includes child support arrearages. 2302 changes the interest rate to "the prime rate published in the Wall Street Journal on the first Monday in December each year plus two percentage points rounded up to the next whole number percentage point and may not be compounded in any manner or form ". I understand the need for long term care and basic care facilities to have some leverage in collecting bills by having the right to charge interest on the debt. I do, however, think that 12% is extremely high, when one can borrow money at less than 6%. We did discuss making the interest rate a fixed

number, but then it will need to be changed as markets change.

I respectfully request that your committee consider amending SB 2204 to change the interest rate which can be charged to mirror Engrossed SB 2302 and Engrossed HB 1359, which also deals with late payment charges on medical bills. (The fourth bill, SB 2129, deals with the late charges on a veterans' loan fund and is not related to the Human Services issues.)

#2



Written Testimony of F. Snyder Gokey
on behalf of Dakota Clinic, Ltd.

Dakota Clinic, Ltd., provides healthcare in twelve locations throughout North Dakota and nine locations throughout Minnesota. This testimony is given in support of a needed amendment to SB 2204.

SB 2204:

1. Restricts "medical service providers" from using revolving charge accounts as previously allowed by NDCC 12-01-14(5); and,
2. Lifts the \$25 cap on "other late payment charges" (that are subject to lower interest limitations) with respect to licensed nursing facilities and basic care facilities.

The proposed Amendment would likewise lift that cap with respect to Medical Clinics.

In the absence of revolving credit agreements, North Dakota healthcare providers will be prohibited from charging any type of fee or charge past due accounts within the first ninety days following the provision of medical services, under NDCC 13-01-14(4). Thereafter, they would be restricted to charging a late payment charge that is currently limited to one percent per month, and, except for licensed nursing facilities and basic care facilities, will be subject to a cap of twenty-five dollars per month.

The proposed amendment is needed to include medical clinics on this list, so as to preserve the ability of Clinics to extend credit to patients, while not disrupting their cash flow, by moving them to the bottom of those patients' bill payment list.

We are not aware of any other industry that is subject to this type of regulation, including utility companies. Neither banks nor any other businesses in the state are required by state law to extend free credit at rates below the cost of other creditors. This puts the healthcare provider at the bottom of every consumers repayment list.

On a delinquent \$5,000 bill, the imposition of a \$25 per month fee cap is the equivalent to a 3% annual interest rate. On a delinquent \$10,000 bill, it is equivalent to a 2% annual interest rate.

This legislation will have a significant negative impact on cash flow, accounts receivable aging and days in AR. We know this because of past history. In June 2003, Dakota Clinic increased its finance charge from 9% to 12% and implemented the assessment of

finance charges at thirty days past due versus ninety days past due, as allowed under NDCC 13-01-14(5). The result of this has been a significant reduction in the overall cost of healthcare because it now does not need to borrow money at 7-10% to finance technology, facilities, medical equipment and other improvements that impact patient care while lending it to its patients at 2%.

Under our previous policy of waiting ninety days to assess a finance charge, patients more than realized that they could hold their payment for the full ninety days without penalty. Even if the insurer paid the patient directly, as do some commercial payers, the patient would deposit the insurance payment in their account and wait the full ninety days to reimburse the Clinic. Or worse yet, they would keep the insurance payment, but reimburse the Clinic so much a month until their bill was paid. The Clinic has found that under its current policy, most patients with the ability to pay reimburse the Clinic within the first thirty days past due. Many patients are paying with a low interest (3-4%) credit card and are not affected at all by its billing policy. Thus, these laws do affect people's behaviors.

While this amendment would not allow charges within the first 90 days, it would at least not artificially so limit rates thereafter.

Dakota Clinic knows that there are patients who cannot afford to pay their clinic bills. In 2004, Dakota Clinic gave over \$3 million dollars of free care to the patients of Dakota Clinic. In many cases, our physicians have cared for these patients for years knowing that they cannot afford to pay them for their services. In other hardship cases, Dakota Clinic has worked with the patient to develop budget plans that waive any finance charges. In these cases, the patient may be making a monthly payment as little as five to ten dollars per month. The Clinic's primary concern is the patient that can afford to pay their bills or who have collected the insurance payment directly. For these patients, the Clinic does not want to be in the situation of granting them interest free credit for ninety days and then only able to assess a 1-% finance charge.

Likewise, other medical clinics in North Dakota should not be put in this position. North Dakota competes nationally for physicians. Hindering the cash flow of North Dakota's medical clinics puts them at a greater disadvantage then they already are, in recruiting quality physicians to our State.

We ask you to support this amendment to SB 2204, to treat medical clinics similarly to licensed nursing facilities and basic care facilities, for the reasons mentioned above.

Thank you for your consideration of this important matter.

#2A

PROPOSED AMENDMENT TO ENGROSSED SENATE BILL NO. 2204

Page 1, line 19, after the second "a" insert "medical clinic or a"

Renumber accordingly

united transportation union

#3



750 Augsburg Avenue
Bismarck, ND 58504
Office: 701-223-0061
Fax: 701-223-0061
utu@bis.midco.net

 **RISCH**
Legislative Director
NORTH DAKOTA LEGISLATIVE BOARD

Testimony of John Risch Before the House Human Services Committee In Opposition to SB 2204 March 16, 2005

Madam Chairwoman and members of the committee, my name is John Risch. I am the elected North Dakota legislative director of the United Transportation Union. The UTU is the largest rail labor union in North America. Our membership includes conductors, engineers, switchmen, trainmen, and yardmasters.

I am here to oppose the provision in Senate Bill 2204 allowing for a one percent per month late fee charge.

One of my members recently had heart bypass surgery for which the bill was \$47,000. Imagine being without insurance coverage and trying to pay that bill in full. At one percent per month, an additional \$470 would be assessed on the full amount, turning a nearly impossible payment into one that would be impossible to pay.

Medical service providers don't really operate in the free market--they don't post their prices, costs are rarely negotiated beforehand and, for the most part, insurance companies are the ones that have the ability to negotiate prices after the fact, not individuals without insurance. I tried (once) to negotiate with my doctor on the price of something that wasn't covered by my policy and he was shocked that I had even asked him how much the procedure was going to cost. When he came back with the price and I offered him a lower amount, he just laughed it off. Negotiating the price of his services directly with a patient was something he'd never encountered.

Medical providers are able to charge whatever they want and you usually only know what that amount is after the fact. Certainly, insurance companies do their best to hold healthcare costs down through negotiations on behalf of their individual subscribers, but the people with little or no insurance have no leverage and are forced to pay whatever a medical provider decides to charge.

The assessment proposed in this bill is essentially targeted at the underinsured. It's not aimed at the poor covered under Medicaid or the elderly covered under Medicare; it's targeted at small business people, farmers and low wage workers who are least able to pay potentially catastrophic additional charges.

Page 2-John Risch Testimony
SB 2204
March 16, 2005

I am concerned by a number of recent legislative actions; first of all, that both the North Dakota Legislature and the U.S. Senate failed to raise the minimum wage. Then last week the U.S. Senate passed legislation that will make it harder for people to file for bankruptcy and easier for creditors to go after folks' assets when they can't pay their bills. Now this bill comes along that would make hospital bills, in many cases, impossible to pay. The current climate of public policy seems to be much harsher toward middle and lower income people and small business owners than it should be.

My members and I have good healthcare coverage, but even our United Healthcare policy has a \$1 million cap on lifetime benefits. That may seem like a lot of money, but given what hospitals are charging, a million dollar cap is sometimes not enough. Some of our members have exceeded that cap, so even for those of us with good insurance, the potential exists for us to be hit hard by this legislation.

According to one of the authors of a recent Harvard study, medical bills now account for roughly half of all bankruptcies and, "Unless you're Bill Gates, you're just one serious illness away from bankruptcy."

For these reasons, we oppose SB2204 and urge a "DO NOT PASS" recommendation.

SB2204

NORTH DAKOTA

Community
Action



Resource
&
Referral Guide

Table of Contents

Regional Location of CAAs	3
Contact Information	4
Child Care Services	5
Client Education Services	5
Emergency Services	6
Financial & Legal Services	7
Energy Assistance	8
Food Programs	9
Health Services	10
Housing Services	11
Prevention Programs	13
Self Sufficiency Programs	14
Youth Programs & Services	16

Just The Facts

Community Action Agencies (CAAs) are nonprofit organizations originally established under the Economic Opportunity Act of 1964 to fight America's War on poverty.

Today, North Dakota has seven CAAs on the front-lines of the battle. These seven agencies provide essential services to every region and all 53 counties of the state.

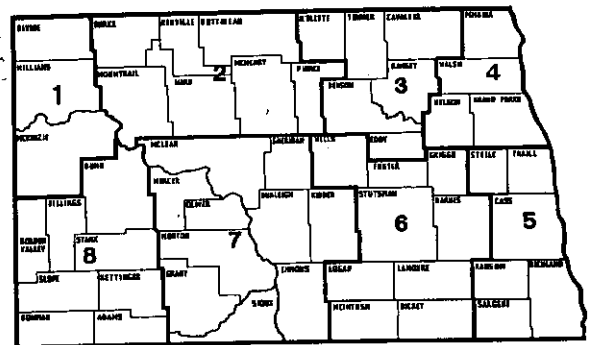
CAAs are governed by uniquely structured boards of directors whose members derive from three diverse segments of the local community.

- ◆ 1/3 Low-Income Sector
- ◆ 1/3 Private Sector
- ◆ 1/3 Public Sector

By combining resources - local, state, private and federal, CAAs enable low-income people of all ages to secure the opportunities they need to obtain and maintain economic security.

North Dakota Community Action Agencies

Regional Breakdown



Region Agency

I & VIII	Community Action & Development Dickinson
II	Community Action Opportunities Minot
III	Dakota Prairie Community Action Devils Lake
IV	Red River Valley Community Action Grand Forks
V	Southeastern ND Community Action Fargo
VI	Community Action Program Region VI Jamestown
VII	Community Action Program Region Bismarck

Making Contact

Region I & VIII	Community Action & Development 202 East Villard Dickinson ND 58601 1-800-359-2243 701-227-0131 120 Washington Avenue Williston ND 58801 701-572-8191
Region II	Community Action Opportunities 2020 8th Avenue SE Minot ND 58701 1-800-726-8645 701-839-7221
Region III	Dakota Prairie Community Action 223 4th Street Devils Lake ND 58301 1-800-321-5943 701-662-6500
Region IV	Red River Valley Community Action 1013 N Fifth Street Grand Forks ND 58203 1-800-450-1823 701-746-5431
Region V	Southeastern ND Community Action 3233 South University Drive PO Box 2683 Fargo ND 58108 1-800-726-7960 701-232-2452
Region VI	Community Action Program Region VI 1311 12th Avenue NE PO Box 507 Jamestown ND 58402 1-800-726-8179 701-252-1821
Region VII	Community Action Program Region VII 2105 Lee Avenue Bismarck ND 58504 1-800-223-0364 701-258-2240



Child Care



Head Start: Head Start is a comprehensive early childhood program for eligible preschool children. Children & their families also have access to a variety of support services. Center Based Head Start and Home Based Head Start are administered by some CAAs. **(Region V, VI, VIII)**



Child Care: Child Care Centers provide affordable child care for low-income families. **(Region V, VI, VIII)**



Day Care Vouchers: Vouchers provided to in-need individuals and families to assist with childcare expenses. **(Region IV)**



Client Education



1-2-3 Magic: Parenting program utilizing proven techniques, humor & insight to provide parents of children ages 2-12 with easy-to-learn disciplinary methods. **(Region VI)**



Homeless Adult Education: GED and adult basic education classes, individual tutoring, and educational counseling are available for homeless persons in the Grand Forks area. **(Region IV)**



Tutoring Services: Client tutoring needs are met by home-based and center-based services. **(Region II)**



Nurturing Program: Family-based preventive education program aimed at preventing child abuse and designed to improve family communication skills and teach appropriate roles and child development. **(Region II & VI)**



Client Education



Entrepreneurship for Single Parents & Minorities: Program provides the opportunity to receive professional training, guidance, and financial assistance in the development of small businesses. (Region VII)



Residential Energy Efficiency Program: Individuals are provided with information, techniques and materials on decreasing energy use; lowering energy bills; and increasing the level of comfort in their homes. (All CAAs)



Emergency Assistance



Community Travelers Assistance: North Dakota non-resident travelers are assisted with gas, oil, minimal car repairs, food or lodging. (Region II)

Bus passes are provided to in-need Grand Forks area residents to assist with priority travel (e.g. school, employment, medical, etc.) (Region IV)



Emergency Services: Funds are provided to income eligible individuals and families needing assistance with first month or past due rent, mortgage assistance, utilities, security and utility deposits, utility disconnect notices, prescriptions, medical needs, and transportation (specific services vary among agencies). (All CAAs)



Energy Share of North Dakota: A non-profit voluntary program to assist fellow North Dakotans with emergency home energy needs. Energy Share funds focus on emergency bill obligations not covered by other assistance programs. (All CAAs)



Emergency Services



Emergency Loan Fund: Limited funds are available to income-eligible individuals & families who have no other funding sources to assist with basic needs not covered by other programs. Funds are loaned at no interest rate. (Region I & VIII)



Financial & Legal Services



Volunteer Income Tax Assistance (VITA): Aids low-income, elderly, non-English speaking, and handicapped persons in completing their federal and state income tax returns. (Region I, IV, & VIII).



Budget & Money Management Counseling: Assists individuals & families in stabilizing and improving their financial situation. Counseling consists of financial analysis, debt management, information & referral. (Region I, II, III, IV, VI, VII & VIII)



Legal Aid: Free legal services are operated in cooperation with second and third year university law students. The students receive supervision from practicing attorneys. (Region IV)



Representative Payee Case Management: Finances of participating recipients of Social Security and Supplemental Security Income are handled by CAAs. Clients are assisted in making intelligent spending choices on limited incomes. (Region I, II, III, V, VII & VIII)



Better Money Management Workshops: Free workshops available to assist participants in prioritizing their spending, setting up a budget, and setting financial goals. (Region II)



Energy Assistance Programs

- ▲ **Energy Share of North Dakota:** A cooperative effort of CAAs in North Dakota, utility companies and private donors assist eligible households prevent electrical shutoffs. Assistance is provided in emergency situations and when all other resources have been exhausted. **(All CAAs)**
- ▲ **Weatherization:** Provides energy conservation services to low-income households to make their homes more energy efficient. Services include insulation, caulking, water heater jackets, pipe insulation, replacing broken windows & doors, and other measures to reduce energy consumption. **(All CAAs)**
- ▲ **Emergency Furnace & Water Heater Repair & Replacement:** Assists households with repair and replacement of unsafe heating systems. Clients must be eligible for Fuel Assistance Program and may be required to contribute a co-payment. **(All CAAs)**
- ▲ **Cooling Program:** Window air-conditioning units are provided to households with a verified medical need. Households must be eligible for the Fuel Assistance Program and provide verification of a medical need. **(All CAAs)**



Food Programs

- ⊙ **Child/Adult Care Food Program:** This program works with registered and licensed childcare providers who receive monthly reimbursement for serving nutritious meals and snacks which meet the guidelines set by the U.S. Department of Agriculture. **(Region III, IV & V)**
- ⊙ **Food & Nutrition:** Food pantries are administered and supported by CAAs across the state. Many CAAs house food pantries within their agencies and / or have established pantries throughout their regions. The Emergency Food Assistance Program provides surplus food commodities to food pantries, soup kitchens and homeless shelters. **(All CAAs)**
- ⊙ **Summer Food Program:** A program of the USDA, sponsored by Community Action Opportunities, provides a nutritious breakfast and noon meal for children ages 7 months to 18 years during summer months in the Minot area. **(Region II)**
- ⊙ **Market Express:** A grocery shopping and delivery service for frail elderly and disabled persons living in the city of Grand Forks. **(Region IV)**
- ⊙ **Food Fellowship:** A prepared and perishable food program designed to serve the greater Grand Forks Community. This program recovers surplus foods from area schools, grocery stores, dairy companies, etc. **(Region IV)**



Health Services

- ⊕ **Family Planning:** Individuals obtain comprehensive health care including health education, assessment, and treatment with a goal of meeting family planning needs and safeguarding future fertility. Community youth are also provided with health education programs. **(Region VIII)**
- ⊕ **Prairie Rose Center:** A center for chronically mentally ill individuals in the community that provides social and recreational activities which help develop daily living skills. Information and referral services are available to help members become more aware of community resources. **(Region VIII)**
- ⊕ **Senior Health Insurance Counseling:** Provides assistance to senior citizens who have questions or problems understanding their insurance coverage, billings or other related issues. **(Region IV)**
- ⊕ **Third Street Clinic:** Free clinic that provides medical, dental and mental health services to persons without insurance. **(Region IV)**
- ⊕ **Individual & Family Services:** A variety of therapeutic services tailored to meet the specific needs & concerns of individuals, families, & children. **(Region VI)**
- ⊕ **Diabetes Program:** A grant from the Dakota Medical Foundation provides diabetes medications and supplies to eligible individuals on an emergency basis. **(Regions III, IV, V & VI)**



Housing Services

- ⊕ **Community Housing Development Organizations (CHDO):** CAAs are non-profit developers of affordable housing for low-income individuals and can assist with acquisition and rehabilitation of existing rental housing; rehab of existing rental housing owned by another entity; construction of new rental housing; acquisition and rehab of existing housing for sale to first-time homebuyers; and building new housing for sale to first-time homebuyers. **(All CAAs)**
- ⊕ **Homeownership Acquisition & Rehab Program (HARP):** Aids low-income households with stable income and good credit rating to purchase, rehab and own housing. A joint effort of the North Dakota Housing Finance Agency and CAAs. **(All CAAs)**
- ⊕ **HOME / Owner Occupied Rehabilitation:** Intended to preserve and extend the life of existing housing in North Dakota. The goal is to provide assistance to low and moderate income homeowners in maintaining their homes as safe, sanitary dwellings. Priorities include correcting structural deficiencies, meeting code standards, Weatherization and general home improvements. **(All CAAs)**
- ⊕ **Housing Counseling:** Certified housing counselors provide counseling services to homeowners, homebuyers, and renters. Individuals are assisted with improving housing conditions and meeting the responsibilities of home ownership and tenancy. **(All CAAs)**
- ⊕ **Shelter Plus Care:** A program that assists homeless individuals and families with disabilities to obtain safe and secure housing and supportive services. **(All CAAs)**



Housing Services

- ☼ **Homebuyer Education:** A cooperative effort between CAAs, lenders, realtors and other housing providers. Free workshops provide information on the home buying process, renting vs. owning, post-purchase considerations and other pertinent topics. (All CAAs)
- ☼ **Shelter House / Transitional Living:** Provides temporary safe housing for women and children who are homeless due to domestic violence, eviction or lack of money. (Region I, III, IV, VI, & VIII)
- ☼ **Rent Hotline:** A service for tenants or landlords in need of information regarding state laws as it pertains to rental rights and responsibilities. (Region V)
- ☼ **Senior Chore Service:** Senior citizens are assisted with basic home maintenance chores to help them continue living independently in their home. (Region IV)
- ☼ **Share-A-Home:** This shared housing effort matches younger persons with senior citizens in the senior's home. The younger person aids with household chores and other tasks in exchange for low-cost housing. (Region IV)
- ☼ **Weatherization:** Provides energy conservation services to low-income households to make their homes more energy efficient. Services include insulation, caulking, water heater jackets, pipe insulation, replacing broken windows & doors, and other measures to reduce energy consumption. (All CAAs)
- ☼ **Tri-State Help Program:** A program that provides emergency and supportive services to eligible individuals and their families. (All CAAs)



Prevention Programs

- ☐ **Community Prevention Coalition:** A collaborative effort among numerous agencies to address the issues of high-risk youth behaviors and the impact of these behaviors in the community. (Region VIII)
- ☐ **Pregnancy Prevention:** "Baby Think It Over," a program utilizing life-like dolls, provides teenagers with hands-on parenting experience. Program is coordinated with area schools, hospitals, health units and social service agencies. (Region I & VIII)
- ☐ **Safe Communities Coalition:** These, volunteer Councils, consisting of area organizations, are dedicated to addressing traffic, home & community safety related issues. The Councils provide various educational programs, advocate for policy issues and encourage community involvement. (Region I, II, VII & VIII)
- ☐ **Safe Seats Car Seat Program:** Safe Seats is a program in which parents are able to obtain a car seat for a reasonable donation, and receive basic education on the proper use of the seat in the car. (Region I)



Self Sufficiency Programs



Job Club / Employment

Development Program: Provides support for people seeking employment. Topics include self-esteem, assertiveness, career development, goal exploration, job search, resume writing, interviewing skills and maintaining employment. **(Region I, II, V & VIII)**



Supportive Employment & Job Coach Program:

Persons with developmental disabilities or with chronic mental illness are placed in employment situations with a job coach. **(Region VIII)**



Tickets to Success: Instructional and motivational classes that increase the potential for self sufficiency by focusing on self-esteem, motivation, dress for success, etc. **(Region VIII)**



Self Reliance Program:

Comprehensive one-to-one mentorship program. Clients and Certified Family Development Specialists collaborate to:

- *Identify and overcome barriers
 - *Meet basic needs
 - *Improve decision making
 - *Identify skills and values
 - *Explore career choices
 - *Gain employment seeking skills
 - *Establish long and short-term goals
- (All CAAs)**



Self Sufficiency Programs



Building Visions: Educational support group focused on building self-esteem & overcoming barriers to self reliance. Participants meet on a weekly basis. **(Region VII)**



Individual & Family Services: A variety of therapeutic services tailored to meet the specific needs & concerns of individuals, families, & children. **(Region VI)**



The Pacific Institute: Trained facilitators offer seminars that address:

- * *Insights into personal behavior*
- * *Managing stress and pressure*
- * *Instilling self-confidence*
- * *Principles of decision-making*
- * *Constructive self-motivation*

Contact any of the Community Action Agencies for additional information.



Donation Center: Clothing, household items, and furniture are available free of charge to eligible households on a first-come, first-serve basis. Donations to the center are always welcome. Volunteers to work in the center are also needed. **(Region VII)**



Career Closet: A program that provides professional attire and accessories for men and women as they seek employment opportunities. **(Region I & VIII)**



Self Sufficiency Programs



Senior Companion Program: Senior Companions provide assistance and friendship to seniors and others who have difficulty with daily living tasks. The service provided helps others live independently in their own homes. **(Region I & II)**



Job Retention Program: Addresses "soft skills" related to obtaining and maintaining employment. Some of the topics include: stress management, conflict resolution, household planning and much more. Program can be offered in a workshop or one-on-one format. **(Selected Regions)**



Youth Services



Youth Educational & Recreational Scholarships: DPCAA provides funding to low-income children for educational and recreational activities. School supplies can also be provided. **(Region III)**



Foster Grandparents: Provides assistance to children with special needs. Foster Grandparents help with social skills, assisting with reading skills or assisting a child with physical disabilities. **(Region II)**



Kid's Day at the Fair: Provides an opportunity for underprivileged children from all over the state a chance to experience the ND State Fair. **(Region II)**



Youth Services



Causative Power: A seminar tailored to meet the special needs of today's youth, ages 12-18 years, for their positive growth and development. **(Region IV & VII)**



Joint Action Community Service (JACS): A national human service organization of community volunteers assisting at-risk youth, after Job Corps training, enter the workforce and become self reliant adults. **(All CAAs)**



Keys to Inner Vision: Motivational program, in conjunction with Juvenile Court, assists youth in developing positive attitudes, making good choices, and building self-esteem. **(Region VII & VIII)**



Teen Court: Voluntary program in which juvenile offenders are sentenced by their peers. The program strives to promote youth accountability and development. **(Region II & VII)**



Teen Tutoring Center: Provides services to at-risk junior and senior high youth in need of additional assistance with school studies. **(Region I)**



Tobacco Coalition: A youth tobacco cessation seminar provided and taught by volunteers from area hospitals. A coalition addresses issues surrounding tobacco use by youth. **(Region VIII)**



Youth Program: An after-school group for homeless and low-income children during the school year which provides various free recreational and educational activities. **(Region IV)**