

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/16/2017**

Bill/Resolution No.: HB 1375

- 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
<b>Revenues</b>				\$(1,356,462)		\$(1,356,462)
<b>Expenditures</b>			\$1,373,962	\$(1,356,462)	\$1,356,462	\$(1,356,462)
<b>Appropriations</b>			\$1,373,962	\$(1,356,462)	\$1,356,462	\$(1,356,462)

- 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
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

- 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).*

HB 1375 will not allow the Department of Human Services (Department) to seek payment from recipients or patients for care and treatment at the state hospital after 5 years have lapsed since the charges were incurred or collect more than \$25,000 from any recipient or patient.

- 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.*

The Department estimates that approximately 10% of estate collections for care and treatment are for charges incurred within the last 5 years, or are for recipients or patients with charges under \$25,000 in total. If this bill is adopted, it is assumed that an additional 1/3 of all private pay collections would not be collected. The estimated loss in revenue that would need to be replaced with general fund in both the 17-19 biennium and 19-21 biennium is \$1,356,462.

The average daily rate for inpatient services at the State Hospital is \$486.84 for calendar year (CY) 2016. Based upon CY 2016 rates, the total days a recipient or patient may be charged for care and treatment under this bill is 51 days, assuming no other charges are incurred for items such as medications, or care provided by external health care providers. The average stay of a patient at the State Hospital is 55 days.

The fiscal impact assumes the Department would continue to bill 3rd party payers such as Medicare or insurance companies the full charges of care and treatment for the patient or recipient.

The estimate does not include assumptions related to clients choosing to not pay until the five years would be reached.

The Department will incur \$17,500 in additional IT cost for changes to computer software for this policy change.

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.*

The Department would have an estimated loss in revenue in both the 17-19 and 19-21 biennium of \$1,356,462 for not having the ability to collect charges of patients or recipients for care and treatment at the State Hospital after 5 years have passed since the charges were incurred and limiting charges that could be collected to \$25,000 per recipient or patient for the care and treatment they received.

It is assumed the Department would continue to bill 3rd party payers such as Medicare or insurance companies the full charges of care and treatment for the patient or recipient.

The estimate does not include assumptions related to clients choosing to not pay until the five years would be reached.

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.*

The Department estimates an increase of \$1,373,962 in general fund expenditures and a decrease of \$1,356,462 in other fund expenditures in both the executive budget recommendation (HB 1072) and the base level budget (HB 1012) for the 2017-2019 biennium assuming the Department would continue to bill 3rd party payers.

For the 19-21 biennium the Department also estimates an increase of \$1,356,462 in general fund expenditures and a decrease of (\$1,356,462) in other fund expenditures assuming the Department would continue to bill 3rd party payers.

In addition to 1,356,462 in lost revenue, the Department will incur \$17,500 in additional IT cost for changes to computer software for this policy change.

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.*

The Department estimates it would need a general fund appropriation increase of \$1,373,962 and a decrease in other fund appropriation of \$1,356,462 for the 2017-2019 biennium for both the executive budget recommendation (HB 1072) and the base level budget (HB 1012) for lost revenue at the State Hospital.

For the 19-21 biennium the Department estimates a general fund appropriation increase of \$1,356,462 and a decrease in other fund appropriation of \$1,356,462 for lost revenue at the State Hospital.

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**Agency:** Human Services

**Telephone:** 328-3695

**Date Prepared:** 01/25/2017

**2017 HOUSE HUMAN SERVICES**

**HB 1375**

# 2017 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB 1375  
1/31/2017  
27647

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to delinquent charges for the care and treatment at the state hospital.

## Minutes:

1,

Chairman Weisz: called the committee to order.

Attendance was taken.

Opened the hearing on HB 1375

Chairman Weisz: Is there any testimony in support of HB 1375?

Rep. Kathy Hogan  
(Attachment 1)

3:38

Chairman Weisz: Are there questions from the committee?

Representative Devlin: Even if the patient has insurance or family willing to pay if it is over \$25,000 you say they can't collect it..

Rep. Hogan: That is not the legislative intent. The intent is to pay either on a sliding fee base or resource available. That is the suggestion of the cap amount or writing off major debt. I think we should bill insurance and ability to pay should be exercised first.

Representative Devlin: I was just reacting to the last sentence where it says you can't collect more than \$25,000 in charges for care and treatment.

Rep. Hogan: That would be a good amendment.

Chairman Weisz: Further questions?  
Further testimony in support of HB 1375?

Chairman Weisz: Opposition to HB1375.  
Seeing none. Committee are there any questions on the fiscal note?

Representative Schneider: I have a lot of questions on the fiscal note, but I don't know who to ask.

Shauna Auchland, Dept. of Human Services.  
I wrote the note.

Representative Schneider: Maybe you can give us a little background on the fiscal note.

S. Auchland, the department looked at the bill and based on how it was written we did the fiscal note as though we could bill insurances, because the bill to us read that we couldn't bill the client after insurance had paid on the bill. What we did is estimate looking at all of the bills still being owed to us that only about 30% would fall in this and be written off with the assumption that as time goes on we might not be able to collect anything. Our private pay and our collections was estimated to be 30% uncollectible, but as they are now we estimated that 90% would be uncollectible because they would be over 5 years old.

Representative Schneider: Did you base this one actual information about what you actually collect from individuals and if so how many individuals. Were they involuntarily or voluntarily committed. Over what period of years did you look, and so forth or are you just kind of guessing on this?

S. Auchland, We looked at what we had put in house bill 1072 or 1012 for our revenues which is actual collections to date and we looked at all of the collections that we had been collecting to see how many of them fell over the \$25,000 cap or the 5 years and that is how we came up with the approximate 30%.

Representative Schneider: How many clients did you look at? Most of the clients I have know have either been impoverished when they went in or involuntarily committed and might be treated differently under this.

Rosalie Etherington, Superintendent of the ND State Hospital  
Approximately 90% of the individuals coming to us would be in fact committed. So they are committed by the court for involuntary treatment. It is important for the committee to know that we are already required by statute to make a decision on payment based on ability to pay. At admission to the hospital or at the least, when that individual is able to have discussion, then they are evaluated for their ability to pay, so we make a decision on billing based on that. There are adjustments made.

Representative Schneider: How many are judged unable to pay at admission that aren't covered by medical assistance or is that part of your decision of their ability to pay? If they have those sources.

R. Etherington, as an institute for mental disease, IMD, we may not bill Medicaid. We can bill Medicare and other forms of insurance. I don't know the percentage of the number of individuals that are privately insured and/or are on Medicare. A large portion of the people that come to the hospital are on Medicare due to disability. That would be the hospital proper. Mind you, we have the hospital, we have our sex offender treatment unit and then we have

our rehabilitation unit. That rehab program is already funded through the department of corrections. Individuals are not billed for that. Then we have our sex offender residential treatment program. The vast majority of those individuals will not, in fact, be on Medicare. I think only one individual in that program is on Medicare or was on Medicare. Then we have the hospital where the majority of folks would in deed qualify for Medicare or some other insurance.

Representative Schneider: Do you know the % of people that are judged unable to pay that come into the hospital itself?

S. Auchland: We give the opportunity for everybody at discharge. It is in century code that we do offer the program. We do look at certain things in order to decide if they meet the criteria to pay it. It is based upon family size and their income.

Representative Schneider: Do you know the percentage?

S. Auchland: I don't have it. I don't have the actual percentage of how many do apply, but they are all given the opportunity to apply.

Representative Schneider: Am I correct in understanding that the sexual predator program folks are not required to pay?

R. Etherington: The sex offenders in treatment are billed for their services. Already in statute there is already some limitation about the number of years they may be billed for their services. Those that come from prison are not billed. They continue to be under the jurisdiction of the department of corrections when they come to us for treatment.

Representative Schneider: Do you see unfairness in that system that a 21- year old person who is involuntarily committed is responsible to pay, but a prisoner is not responsible to pay? And a sexual offender has limits on what they have to pay.

R. Etherington: Fairness would be a difficult question for me to answer. As a hospital administrator I compare the hospital to other hospitals in the state who are treating these individuals also and are able to seek reimbursement. I don't think the state hospital should be treated differently than those other hospitals that seek reimbursement. We have to follow the same standards and function as a hospital. Because we have 3 different types of services, the part of the hospital that functions as a hospital is an inpatient facility.

Representative Schneider: Do you see the potential for mental health exacerbation in the case where you are seeking debt repayment. Do you use outside debt collection entities to pursue individuals who have been involuntarily committee?

R. Etherington: We do use an outside agency. We do not take lightly turning it over to collections. We make efforts to seek remedy in all sorts of ways. I am always making deals with people that can only pay partially. I have the authority under the statute to waive the rest of that bill, which I do. We also have our ability to pay program, so we encourage people to submit the paperwork necessary for that, so that their bills may be reduced or eliminated if they do not have the ability to pay. So I believe we already have in place what it takes to

limit people's stress and exacerbation of that illness.

Representative Schneider: Your predecessor indicated that he did not have that authority to waive collections in this regard. Where does your authority come from for that and is there criteria for that you could provide the committee that might be forgiven.

R. Etherington: To my knowledge, I don't have the authority to waive debt, but I have the authority to accept an alternative payment. So I have ability to reduce the requirement based on their ability to pay a certain amount. That's not complete waiver.

Chairman Weisz: Why is the fiscal note the same going out in the future biennium, wouldn't they load it up more on the first biennium because you would have some collections that are way out there. Once those would be cleared up wouldn't it be a smaller fiscal note going forward?

S. Auchland: It was estimated based on revenues we have seen come in. We just estimated that we would just continue to have those revenues because that was the average amount and even though some of them are estates, we assumed that we would still have some revenues coming in.

Chairman Weisz: Under this bill you are eliminating anything past 5 years. Is that correct?

S.Auchland: Yes.

Chairman Weisz: So once you do that initially, wouldn't you have a smaller amount going forward. You are going to have potentially 20 to 25 years out that you have forgiven that first biennium if you have some on the books that far out. Either that or you are assuming 0 collections on those after a certain age anyway.

S. Auchland: The collections that we are collecting now are not that far out, so maybe there are some that we wouldn't have, but it is too hard to predict what will happen in 4 years.

Chairman Weisz: Further questions?

Representative McWilliams: If this bill is passed, will people look at this and decide not to pay their bill for 5 years. If so, did you figure that in the fiscal note?

S. Auchland: yes, we did think about that, but we did not take that into consideration for the next year. We didn't know how many would take that path.

Closed the hearing on HB 1375.

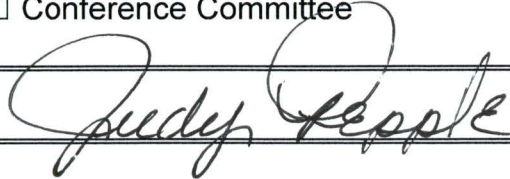
# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1375  
2/6/2017  
27939

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to delinquent charges for care and treatment at the state hospital.

## Minutes:

Chairman Weisz: opened the hearing on HB 1375

Information from the State Hospital as was requested by Representative Schneider:

Committee wishes.

Representative Porter: This isn't the first time we have had this bill in front of us. The state hospital has a collection tool chest. They are an entity on the hospital side and it is not free by any means and it is not free to learn. The bill has a -\$1.4 fiscal note attached to it. I guess the times that we have reviewed this we have found that they are very prudent in their collection process and they are very fair in their review of who can and who cannot pay and who needs a hardship type discount. They run it like any other hospital or healthcare facility across the state. They don't write anything off unless there is a proven hardship. I can't blame them for that and I don't think the tax payers would blame them either. I just don't see where we are in a position to change that long standing policy of what they do.

Representative McWilliams: I don't see where this bill would answer one of the questions I have. I am a little concerned that they are saying "against the estate". In my family the land has been in the family since the 1880s and if something happened, that would take the only income that my Mother-in-law and Father-in-law have. So if something happened to them the entire farm could be lost if they had to sell it to be able to pay out to the state hospital. I would like to see if there is something we could do to protect the family estate.

Chairman Weisz: Further discussion?

Representative P. Anderson: Has the committee in previous legislative sessions talked about the statute of limitations which prior to July 1, 1961. I think there is a statute of limitations for certain claims. Would it be worthwhile to look at this with the statute of limitations for other claims. That seems like a long time ago. Have they ever addressed the statute of limitations?



Chairman Weisz: Representative Schneider, since you are our resident attorney here, on the civil side, how does the statute of limitations apply?

Representative Schneider: It doesn't apply.

Representative D. Anderson: I make a motion for a do not pass on HB 1375. We had this same bill last session too I believe. It is really not a problem.

Representative Westlind: Second

Chairman Weisz: Discussion. Again this would forgive anything over \$25,000 after 5 years.

Representative Schneider: I will still vote for this bill because I am on it, but I think it came about because the predecessor at the State Hospital said he had no authority to write down or write off debts. I can see where that is coming from now. It is the department that can write them down or write them off, but I suspect that the head of the State Hospital is making a recommendation to the department.

Chairman Weisz: Further discussion. Seeing none, the clerk will call the roll for a do not pass on HB 1375.

Roll call vote taken. Yes 9 No 2 Absent 3  
Motion carried.

Chairman Weisz: Volunteer to carry this one? Representative McWilliams will carry it.

Adjourned.

Date: 2/6/17  
 Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB 1375

House Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
 Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Rep. D. Anderson Seconded By Rep. Westlind

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson		✓
Vice Chairman Rohr	✓		Rep. Schneider		✓
Rep. B. Anderson	absent				
Rep. D. Anderson	✓				
Rep. Damschen	absent				
Rep. Devlin	absent				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 9 No 2

Absent 3

Floor Assignment Rep. McWilliams

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

**REPORT OF STANDING COMMITTEE**

**HB 1375: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (9 YEAS, 2 NAYS, 3 ABSENT AND NOT VOTING). HB 1375 was placed on the Eleventh order on the calendar.

**2017 TESTIMONY**

**HB 1375**

*Att. 1  
HB 1375  
1-31-17*

Testimony in support of  
HB 1375  
January 31, 2017  
By Kathy Hogan, Rep. District 21

Chairman Weisz and members of the House Human Services Committee, for the record, my name is Kathy Hogan. This bill was submitted on behalf of a constituent.

Over the years, I have been aware of a number of individuals who have had hospitalizations at the NDSH that have resulted in very large bills. The current situation is a 21-year-old with over \$200,000 in debt. Often those bills were generated through involuntary commitments or a short term mental health crisis, but these incidents have resulted in long-term life-time financial challenges including difficulty in getting school loans or mortgages.

There are three major suggestions I would like your committee to consider:

1. Establishment of a cap on billing amount.
2. Establishing an option for the ND Department of Human Services to write off bills based on the financial situation of the patient.
3. Allow the Department to write off uncollectable accounts for all accounts after an established time period, i.e. 5 years .

Thank you for your consideration of this bill. I would be more than willing to answer any questions.

att.  
HB 1375  
1-31-17

In 1996 I was committed to the State Hospital for 6 months for a suicide attempt. I received mental health and substance abuse treatment. I was committed there by the court, two times during my stay, I did not seek treatment voluntarily. I was 23 years old. Upon leaving, I received a large bill. I have paid intermittently on that bill, per instructions from your people as will be explained below, for the past 18 years. The bill is still \$55,000. I recently had another nervous breakdown, missed payments, did not contact the office and they have now, after 18 years of very intermittent and sporadic payments, sent the bill to collection, damaging my credit and are now proceeding with legal action. Note again, I was committed against my will. **Like a an inmate in a prison, I could not leave.** Unlike an inmate in a prison, however, I had not hurt anybody.

So, now that you are taking legal action against me, putting it out there for the world to see that I was in the State Hospital, there is no sense in me keeping quiet about this. That is another huge consideration here, confidentiality. Please don't insult me with semantics and how they negate this, there's no need, I'll let someone else fight that battle. However, I know I sure as hell didn't sign a release for that less than informative, putting it nicely, man with the god like ego at the collection agency.

Please be patient through the following story, it will all come together. I am not disputing the unjust policies of the State of ND in making people pay for these treatments in the first place, issues like that are for the ACLU. While I will take my jabs, I think it is wrong, I understand that is currently the law. On that you win, it is easy to win when you make the rules. What I am disputing, is your handling of my bill, and what I am chastising is the recent operation of discretion regarding that. I also think you have forgotten what you do, the people you serve. It is apparent that in Jamestown, you are just a "job with the state" and nothing more. In reality, you're a healthcare provider and a government agency obligated to serve citizens, the most vulnerable of citizens, entrusted. I don't know if things have changed up there because of the prison, but sending an **18 year old (EIGHTEEN)** mental health medical bill that is **obviously, on its face, currently uncollectible**, to collection. **That's a very prison, punishment like mentality.**

I am not trying to cry my way out of this bill, bankruptcy will do that for me, I just want you to know what you have done, what you do, to the mentally ill. After 6 mos and \$55,000 not only did I not receive any actual treatment, as how could I without a proper diagnosis, I received drugs that harmed me and made me have more suicidal thoughts. Funny how years later that became a medically proven FACT!!! Your people told me this was normal and to deal. Now 18 years later you are abusing me with your power, so I think you, and all you work with, should know, because for those of us with mental illness, life is often times, hard, messy and complicated because we don't fit with the world.

During my younger years, I had been put into Heartview treatment center in Bismarck ND for substance abuse treatment repeatedly by my parents. It was a scam to take people's money. Their treatment methods were abusive. They did not treat mental health issues, so they were negated. I was severely bulimic starting at the age of 11 and went through periods of mania and severe depression. They also did not treat trauma, I had been sexually molested continually starting at the age of 5 and had a twin sister that had died. I made them aware of these things repeatedly. Instead of treating the causes of my acting out, my actions were attributed to drug and alcohol usage, not vice versa. I know this sounds astounding, I have however, since received external confirmation from other counselors and mental health care professionals that have treated patients that had the same experiences at Heartview, my Parents share the same opinion and there is a reason they are no longer operating.

As this treatment history had followed me, the NDSH fell into the trap of relying upon it too much, and once again I was labeled a substance abuser. For even after 6 months in the NDSH, I did not receive a proper diagnosis. I did not receive a proper diagnosis until I sought one out in 2008 from a private practitioner. It was Bipolar and ADD. For the first time in my life, I medication that actually alleviated my depression. ONE of the haunting moments from my time at the NDSH was during my discharge meeting with one of your substance abuse counselor. She asked me, as they always do, if I ever thought about suicide. When I responded, yes, everyday, all of the time, she told me, well, some people are just like that and you just have to learn how to deal with it. The bipolar anti-depressants are the only thing that have ever alleviated the suicidal thoughts. I lived with them until I was 36 years old. I fought them, every single day from the age of 14 until 36. They were not normal thoughts I could control, they were haunting thoughts, that did their own thing.

You guys had 6 months inpatient to figure this out, you didn't even try. I suppose I can't complain, the incompetence at the NDSH during the 90's was not as damaging as the abuse at Heartview. It kept me breathing and did not cause me to regress. The sick part is though, for over 10 years, I thought about what that woman said every day with the suicidal thoughts. Her words, from your watch, haunted me just as much. Just as I had done at Heartview, I internalized full responsibility and put my head down to suffer through it.

When I left, they discussed the bill. I was told I have to pay it, that is how it is in ND, they are not nice like MN (your people's words). However, they said well some day they will just keep it out of your inheritance, or if you get some money you can settle it for a lesser amount with the AG office, it is not a big concern. I went to a mental health halfway type house when I left back in Fargo, got a job, eventually an apartment, went back to life. Once again, when discussing the bill, one of your people said, just give them a little each month, the State doesn't need your money (your people's words).

At the NDSH I met a guy in substance abuse treatment for alcohol. When back in Fargo, I ran into this guy again and we started dating. He had a seemingly great family (they were very traditional, unlike my family, very welcoming, accepting, warm, also millionaires), he was sober then, we fell in love, got married, had two kids...yada, yada. I went to college, got 3 degrees. I got a really good job where I can give back to society, have flexibility and earn a decent living. I also learned I wasn't really an alcoholic. Being a weekend warrior a couple times a month is just not the same. The black outs I had, that would start after 2 drinks, that caused so many problems for me, well they quit suddenly when I was no longer actively bulimic. I am still stunned by the fact that I really had no idea...

A real alcoholic drinks to the point of pure oblivion, to the point of pissing their pants, then trying to drive when they can't even talk or passing out on the boulevard for the cops to find you and take you home. A real alcoholic blacks out and beats his wife giving her stitches, black eyes and bruises. Even worse, cycles through anger and guilt, then explodes and beats her again like clockwork when he sobers up. A real alcoholic is so insecure he invades her mind to try and control every thought, every moment of every day. He looks through her phone, checks the times on her receipts he has retrieved from the garbage and then interrogates her about every single detail making false accusations if something doesn't quite match up. He calls her so many names she thinks it's normal to name call and finds herself doing it even though it's so out of character. A real alcoholic makes sure that the lives of everyone around him evolve completely, and solely, around his disease...he makes sure his disease is always front and center, as if he is parading his destruction around for the world to see, to shame his family into submission. A challenge, to make sure that every waking moment, you have to spend to try and figure it

out, combat it and cover it up. His misery is so great, so consuming, all he can do is try and spread some of it on to you in a sad attempt to alleviate his own suffering.

I was released from the NDSH directly into this for 12 years. I was still so sick, scared, undiagnosed. The sad, scary sick part of it all...the abuse and control distracted me from my illness, occupied me at least. Occupy myself, that is how I coped, still do. I did this in the marriage for 12 years. There are pages, upon pages, upon pages of detailed physical and emotional abuse in my divorce affidavits for the world to see. It didn't quit with the divorce. He terrorized us for years. He sat behind our house, followed us in our car, broke in and took from the most intimate of items to credit cards guns. He attacked me with a suitcase and drug me out of his apartment building by my hair. He will call 50 times in a row. He has been in and out of treatment more times than you can count. But for the NDSH, come in vulnerable, leave vulnerable, when you start to get your strength back we'll come knocking on your door to make sure and try and break you back down.

He tries to control now by missing visits with the boys and withholding child support. Child support does not enforce against him. He has not made a payment since June of 2013, but still has a license and is not under an order of contempt. It is imputed at the minimum wage. \$328 per month, but he still owes me more than \$10,000. He had a normal, decent job all through our marriage. He quit working after we separated. He told me explicitly, that he quit intentionally because he was going to take time off like I had during school. I did not work during Law School, I started with an 8 week old, had a 2 year old and drove back and forth to Grand Forks every day. Prior to LS, during undergrad, I worked 3 jobs. His wealthy parents support him and he works off the books to hurt us financially, and it works.

After everything, on the day of trial, he settled and the settlement, was exactly like the initial MTA that I presented him at the very start of the proceedings. He could have just signed it, it would have cost \$1,000 and we would have been done. Instead, he tried to ask for alimony, accused me of having an affair (didn't know with who, when or where, just "knew"), called me a horrible mother (after failing to pick up the kids when I was halfway across the country multiple times, having social services call me and telling me to go pick up the kids immediately due to his drinking, failing to be there when I went to pick up the kids...etc.) filed motions then withdrew them always at the last minute, lied from affidavit to affidavit, submitted documents that substantiated said lies. It was absolutely insane. Due to the alimony request, I had to document and relive the abuse all over again. The system that I had gone to school to learn so much about, was blatantly used against me, just to torture me, there really was no end goal. And his parents paid for it. They paid \$250 per hour for him to do it. It's all documented in my divorce file. It's absolutely apparent from the face of the case. Look at the MTA and the final settlement...then everything in between for nothing. Just so he could throw one final big tantrum and harass me again. I have never been so appalled. The family law system is truly, truly broken for victims of abuse.

I had a breakdown and entered day treatment that October of 2013. Even that was kind of twisted. My insurance cut me short and I had to leave prior to their recommendation. It was twisted because my insurance had paid for him to have treatment at that very facility 4 times during our separation when he was covered. So the productive person, paying for the insurance, seeking treatment to remain productive, doesn't get a full shot, but the complete drain, mooching off of me because I can't get him off, gets 4 full shots and blows them all. But, I made the most of it, worked through it all, worked it through with my job and everything else. My boys are happy, well adjusted, safe and able. He still has his \$16,000 NDSH bill, I guarantee you are not chasing after him for it. Guess I should have just put my feet up, moved to MN or something and gone on welfare instead of going to school and attempting to



give back to society. It appears as though it would be the economically smart thing to do. I would get a lot more sleep.

After I left Prairie, I continued with an experimental eye treatment therapy for abuse victims and a number of other therapies. It was really hard. It was really hard to deal with my mental health issues on top of working through dealing with the abuse. Dealing with the abuse, facing it, was much harder in many ways than actually going through it. So after that, in February, when you last received a payment, was when I was just going out on my own after all of this. Life has been somewhat hard since then, just getting back to normal. I left a 3 year relationship, my grandfather passed away...but I'm doing it, alone. I have to continue to mitigate the damage of my ex's drinking on my two boys.

***There is no reason to have to now go through dealing with a bankruptcy for an 18 year old medical bill. If you were going to do this, it should have been done at least 10 years ago.*** Otherwise, it should just be written off. Once again, this is patently unjust. Why would someone who has discretion, do such a thing. This is not a normal debt. I would have been better off had I committed a crime. Criminals are treated better than the mentally ill in the state of ND. I am not some crack head junkie that landed there to get out of something. I have a mental illness. At the beginning of our divorce, my ex moved to MN. The state of MN has paid for him to have treatment for alcoholism, inpatient, for over 10 months. He has worked in that state a total of 3 months of the last 2 years. I have lived (AND ALWAYS, save for 6 mos, WORKED since the age of 10!!!) in ND most of my life...way to give back ND, way to give back.

Broke, scared, confused, barely recovering, trying to get back on my own two feet. Like I have always done. I have done this all myself. I have never relied on anyone. I paid for my school, I took my loans with me from the divorce voluntarily from the get go. I have supported these two boys by myself, without assistance from the State or anyone else, not their father, not his millionaire parents. They have not so much as bought these boys a pair of underwear. I have contributed, given back. I work hard every day for this government, sometimes day and night, 24 hours a day non-stop. It's not pretty how I do things personally sometimes, it's messy, I am not like everyone else, but I try really hard, I work really hard, I try to make up for my shortcomings and I offer the utmost of empathy to anyone less fortunate than me. I have worked so hard, I have doubled my income in the last 6 years, professionally I work and live up to the best in my field nationally-they want me, I had to, it became clear to me I am likely all these boys ever have. We are finally on the cusp of having a shot...and now this...I apologize, but what assholes you are.

You are right. This is completely my fault. **My big issue is...this bill is 18 years old.** I have gone much longer in the past without paying and my payment history has not changed. I have not done anything differently, yet you have. Especially now, when the State of ND is swimming in money. I deserve an answer to the following question:

#### **WHY NOW HAS THIS BEEN SENT TO COLLECTION? WHAT HAS CHANGED?**

I feel you have reneged on everything that I have been told, time and time again. Your people told me these things, if these informal and unwritten underlying themes have now changed due to some internal policies, for example someone now has a pet project or some stats to pad, then what you are doing is patently unjust. Or, it could just be, you guys were sitting around in the office with your feet up and someone was having a god-like ego moment, bad day, and now no one wants to fess up to save face. If that's the case, it will soon suck to be you. While my operating on presumptions based on past dealings

with you is not in line with your formal policies, I feel that I was justified in doing so, and that your sending this bill to collection was the wrong thing to do. In fact, I would go so far as to say, that your sending the bill of anyone who has received mental health services from the NDSH, especially under commitment, is the wrong thing to do.

Your Accounts Receivable Representative Susan was able to tell me there is no Statute of Limitations on NDSH bills. She refused to tell me if you could file bankruptcy on them. She said I had to find that out. Undoubtedly, if she knows the answer to the SOL question, she also knows the answer to the bankruptcy question but refuses to disclose the answer. Ken Schulz will not return my calls. Mr. Olhauser at the collection agency falsely legally advised me that it would be in my best interest to accept service from the post office. Luckily I know better as I have a law degree. I am also smart enough not to disclose that to him. I am also smart enough to repeat back his statement and get an affirmative. Unscrupulous though, I had already disclosed the bill was for being committed for mental health issues. He knew (should have) full well there may be issues of incompetency, yet gave bunk legal advice that could have been very damaging. The State of ND, is not only sanctioning, but participating in these types of actions against the mentally ill. The collection agency will not even allow me to talk to the attorney whose name is on the letter head.

File bankruptcy on an 18 year old medical bill...that's insane. I suppose though, it will be taken care of then. It is not the course of action that I would prefer to take. I would rather have settled the bill at a lesser amount at some point in the future once I get my boys up and running into adulthood. That is what I had always thought would happen, either that or it would be kept out of my inheritance, which will be more than enough to cover it. It was one of the things on my mind as to why I had to go to school, get a good job, to be able to pay it someday for Christ's sake, it's never left my mind. As wrong as I think it is, talk about a situation where those in charge took advantage of society's most vulnerable, I have always accepted it, I want to take responsibility. In fact, I think the wrongness of its existence bothers me as applied more to others, than to me. The unjustness of my situation lies more in your current actions.

The other option is for you to send the bill back from collection. I won't qualify for your ability to pay thing, but it won't take into account all the medical bills I had to just pay for my breakdown and all of the lawyer's fees I just paid out for no reason. It also probably won't account for the student loans I paid to make the money I make. I know it makes no sense to you, that I can seemingly function at such a high level, but have such difficulty with such simple things. It makes no sense to me either. I can sit here at home (I work at home) and argue with the best in the nation in my field over very complex matters, yet am scared to make a phone call over a bill. I do not know why, I really do not. That is mental illness. It makes the world hard, those of us that have it have to work really hard to adjust. Just like to you, this is just a bill, you are following procedure, but I think you can see why to me, given the circumstances, it is very representative of a sick and twisted reality. If you do show compassion, I ask to that you remember to show it not only for me, but also, in the future, to everyone else in my situation.

One of the worst parts about having a mental illness is the uncertainty. Knowing how bad it can be but never knowing when it will strike. Forever wondering, will I be able to handle this or that, and that. Always, always, wondering will this be it, will this be the thing that finally breaks me and sends me into the abyss. How ironic that would be in this situation, to end up back where I started. I always force myself to follow it through so I know. It would end with me there, again, my boys on assistance, another

bill...18 years of hard work gone. You taking away what you gave. I shouldn't have to tell you these things, it's your business.

It just makes no sense to me, after 18 years, why would you force me to choose to file bankruptcy? It will hurt me, I did not want to be relieved of this bill, I wanted pay it. I was told it can wait and wait and wait. You allowed it to wait and wait and wait: 18 frickin years. There are only a few logical answers. It looks bad on your books, so you are cleaning them up, someone has a pet project. Someone decided it's time to clean house for some report somewhere. Or someone was having a bad day. That is not the right thing to do. You have suddenly changed the rules. That is horrible and unjust policy. You obviously have a great, great deal of discretion in these matters, someone has exercised it in this matter inappropriately. As such, I hope that this does not become an issue of pride, there is no need for justification to save face.

ND just plain sucks the big one when it comes to any sort of social service issues, we take horrible care of our people, only winter saves our face and grace. Someone gets cancer or has an accident and we do all kinds of things to raise money and such to help them out, someone has a mental illness, also not their fault, also strikes suddenly in the night, and we ship them away, shame them into submission, treat them worse than prisoners...haunt them 18 years later, ***not because we need to, just because we can.*** I've had lots of experience with cancer & it's cruelty, firsthand, upfront, it's taken people I love. I wish I had cancer, it has more mercy. Especially when you live in ND.

Sincerely,

**Stephanie Jongeward**

206 20<sup>th</sup> Ave N  
Fargo, ND 58102  
(701) 205-5902

Josh, My son received this from the State Hospital, they put him collections for \$198,972. He was ordered to the State Hospital by the Court. This was not of his own free will and was not allowed to leave. The Court released him a year and a half ago and he has not had any problems in society. He was a 14 year old with a indecent exposure charge, went to Juvenile court and then went to treatment. The Court placed him for evaluation at the state hospital once he was 18. It was found at review two years later that the he did not meet the requirements to keep him there and was released. When we went to his registration hearing at the Attorney General's office last year, not one of the 12 board members present were aware that the residents at the State Hospital were billed. They were in fact shocked at the bill that Kyle showed them. This included the representative of the Dept. of human services. I find this outrageous that an autistic person with a misdemeanor juvenile record was forced into the state hospital then billed \$198,972. How is anyone going to pay a bill like that. He is trying to get his life on track, working full time, living on his own and doing just fine. Please look into this crazy bill. It should be know that this was shared with his attorney and he is part of the federal law suit against the State Hospital and the State of ND.

Brad Aune

Kyle's statement:

My State Hospital Account has been placed in collections. I am so frustrated. I refuse to pay for services I didnt agree to and/or didnt need. Attached is a picture of the notification letter.

What should I do?

Sincerly, Kyle Aune