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Yolanda Richardson  
Operator's Signature

10/16/03  
Date

2003 HOUSE HUMAN SERVICES  
HB 1463

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Yolanda Rickford  
Operator's Signature

10/6/03  
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1463

House Human Services Committee

☐ Conference Committee

Hearing Date January 27, 2003

Tape Number	Side A	Side B	Meter #
2	x		35.2 -61.4
		x	0.0 - 30.0
Committee Clerk Signature <i>Sharon Rengrow</i>			

Minutes:

Rep. Niemeier appeared as prime sponsor with written testimony stating that estimates place the number of uninsured children in ND as high as 15,000. The State has never succeeded in covering more than about 15% of the uninsured ND children. Increasing the income eligibility limits would dramatically increase the number of uninsured ND children with health care coverage.

Rep. Porter was wondering if other states were offering such a cadillac version of a policy.

Rep. Pollert wanted to why we are going for more when we are in a worse financial situation this session than last. Also that last session we worked with moving the asset test, we need some information on that as it goes hand in hand with this.

Concerns of the committee that we don't know how many qualify but are not enrolled, shifting from Healthy Steps and Chips and matching funds.

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*Jo Costa*  
Operator's Signature

*10/6/03*  
Date

Page 2

House Human Services Committee

Bill/Resolution Number HB 1463

Hearing Date January 27, 2003

Rep. Kerzman appeared as cosponsor stating we need to take care of our children and they shouldn't be looked at as second hand citizens.

Bernard Hoggarth, a pediatrician with Altru Health Systems in Grand Forks, appeared in support with written testimony. He states its a lack of knowledge because people don't know of the programs.

Rep. Porter stated year after year we look at the policy coverage that should be afforded, the Medicaid program right now, there is a deficit spending bill of about 16 million that has to be covered for the last biennium and this one has a 700,000.00 fiscal note on it and I guess as we look at this, what areas do you think we should be cutting in order to cover these differences as they are talking about cutting dental coverage for our senior citizens and Chips above & beyond what most other states have done with vision and dental coverage.

Answer: I'm only here to speak for the children of ND, they deserve whatever we can give them and I will leave that up to you to decide what.

James Moench, Executive Director of the ND Disabilities Advocacy Consortium (NDDAC) appeared in support with written testimony.

Questions of the committee as seeing people dropping their employee/employers insurance or how many would qualify but haven't applied.

Gloria Lokken, Pres. of NDEA appeared in support stating we need healthy children and healthy children learn better and to just look at this as an investment.

Sister Margaret Gross, ND Catholic Conference appeared in support.

Dave Zentner, Director of Medical Services for the Dept. of Human Services appeared neutral to provide information with written testimony (based on gross amount, not net).

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House Human Services Committee  
Bill/Resolution Number HB 1463  
Hearing Date January 27, 2003

Questions on deductions - 3 basic deductions, payroll taxes, child care expenses and child support. Gross vs. Net incomes, premium increases, current costs, how many states have dental & vision and what the Dept. considers as child care expenses.

Mr. Zentner will get a new chart of actual poverty levels for the committee.

Closed hearing.

Jo Costa Rickford  
Operator's Signature

10/6/03  
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1463

House Human Services Committee

☐ Conference Committee

Hearing Date January 29, 2003

Tape Number	Side A	Side B	Meter #
1		x	16.8 - 52.5
Committee Clerk Signature <i>Sharon Bergman</i>			

Minutes: Committee Work

Rep. Price handed out Income levels for 2003 Chart & read letter from the Dept. of Human Services.

Rep. Wieland: wanted to know the items that were deducted. Answer: Payroll taxes, child care expenses & child support.

Rep. Porter: Could we put a clause on to go 160% gross and not held ineligible if qualified before.

Rep. Niemeier: We are paying such a high cost for premiums under Medicaid, that being able to ship some of that coverage to kids on CHIPS is going to be a saving right there of about \$30.00 a month for premiums (new applicants)

Rep. Pollert: Doesn't feel its the consensus of the assembly to take this up at this time.

Rep. Weisz: stated the winners are those who don't have child care expense and the losers are those who have child care expense.

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*10/16/03*  
Date

Page 2  
House Human Services Committee  
Bill/Resolution Number HB 1463  
Hearing Date January 29, 2003

Rep. Niemeier: at 200% of poverty, possibility of access in family coverage.

Rep. Price: Restriction is in Federal whether net or gross.

Rep. Pollert moved a motion for DO NOT PASS, second by Rep. Porter.

Rep. Wieland: noted that its a large jump from 140% to 200%.

Rep. Price explains procedure: Medicaid program is first, it covers children 0 to 6 at a 133% of poverty and children 6 to 18 at 100% of poverty. If they are not eligible for Medicaid, they go to CHIPS up to 140% net, if they are above that income guideline, 200% of poverty then they are eligible for Caring for Kids. This is a Basic policy, not a comprehensive plan at all.

Rep. Sandvig: Are we losing Federal dollars? Answer: we are also losing money on Medicaid.

Rep. Price: states she intends to lobby appropriations to fully fund CHIPS as it is.

VOTE: 7 - 6 - 0

Rep. Weisz will carry the bill.

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10/16/03  
Date

**FISCAL NOTE**  
Requested by Legislative Council  
01/27/2003

**REVISION**

Bill/Resolution No.: HB 1463

**1A. 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.*

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$4,582,610	\$0	\$8,805,696
Expenditures	\$0	\$0	\$1,329,415	\$4,582,610	\$2,596,200	\$8,805,696
Appropriations	\$0	\$0	\$1,329,415	\$4,582,610		

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**2. Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill amends and reenacts subsection 6.a. of section 50-29-04 of the Century Code to increase the income eligibility requirement for the children's health insurance program to two hundred percent of the poverty line.

**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.*

Other funds consist of federal funds at the federal medical assistance percentage as provided under Title XXI of the Social Security Act.

**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.*

This bill increases the grants line item by \$5,912,025 to allow for an increase in the income eligibility requirement to two hundred percent of poverty.

**C. Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

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*Salvatore Riccardi*  
Operator's Signature

*10/16/03*  
Date



The executive budget includes costs for the children's health insurance program at one hundred forty percent of poverty as provided by law. This bill increases income eligibility requirement to two hundred percent of poverty, which would require an increase in appropriations for 2003-05 of \$5,912,025 of which \$1,329,415 would be general funds.

Name:	Debra A. McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	01/29/2003

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Debra A. McDermott  
Operator's Signature

10/16/03  
Date

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**FISCAL NOTE**  
Requested by Legislative Council  
01/21/2003

Bill/Resolution No.: HB 1463

**1A. 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.

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$2,489,135	\$0	\$4,826,568
Expenditures	\$0	\$0	\$722,188	\$2,489,135	\$1,423,032	\$4,826,568
Appropriations	\$0	\$0	\$722,188	\$2,489,135	\$1,423,032	\$4,826,568

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**2. Narrative:** Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

This bill amends and reenacts subsection 6.a. of section 50-29-04 of the Century Code to increase the income eligibility requirement for the children's health insurance program to two hundred percent of the poverty line.

**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.

Other funds consist of federal funds at the federal medical assistance percentage as provided under Title XXI of the Social Security Act.

**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.

This bill increases the grants line item by \$3,211,323 to allow for an increase in the income eligibility requirement to two hundred percent of poverty.

**C. Appropriations:** Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The executive budget includes costs for the children's health insurance program at one hundred forty percent of poverty as provided by law. This bill increases income eligibility requirement to two hundred percent of poverty, which would require an increase in appropriations for 2003-05 of \$3,211,323 of which \$722,188 would be general funds.

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Operator's Signature

*Salvatore Riccardi*

Date

10/16/03

IP

Name:	Debra A. McDermott	Agency:	Human Services
Phone Number:	328-3695	Date Prepared:	01/23/2003

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10/16/03  
Date

Date: January 21, 2003  
Roll Call Vote #: 1

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1463

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken DNP

Motion Made By Rep Pollett Seconded By Rep Porter

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair		✓	Rep. Sally Sandvig		✓
Rep. Bill Devlin, Vice-Chair	✓		Rep. Bill Amerman		✓
Rep. Robin Weisz	✓		Rep. Carol Niemeier		✓
Rep. Vonnie Pietsch	✓		Rep. Louise Potter		✓
Rep. Gerald Uglem	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Gary Kreidt	✓				
Rep. Alon Wieland		✓			

Total (Yes) 7 No 6

Absent 0

Floor Assignment Rep. Weisz

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

La Costa Rickford  
Operator's Signature

10/16/03  
Date

**REPORT OF STANDING COMMITTEE (410)**  
January 30, 2003 8:48 a.m.

Module No: HR-18-1316  
Carrier: Welsz  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**  
HB 1463: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT PASS** (7 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HB 1463 was placed on the Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

HR-18-1316

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*Richard Costa*  
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*10/6/03*  
Date

2003 TESTIMONY

HB 1463

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10/6/03  
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**TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE  
REGARDING HB 1463  
JANUARY 27, 2003**

Madam Chair, members of the committee, I am Representative Carol Niemeier, from Buxton and representing District 20.

Congress authorized states to implement the State Children's Health Insurance Program (S-CHIP) in 1997. Legislation to establish the Healthy Steps Program in North Dakota was passed during the 1999 Legislative Assembly and signed into law.

When Congress enacted Title XXI of the Social Security Act (CHIP), they dedicated \$24 billion for ten years toward the coverage of children without health insurance. North Dakota was allotted over \$5 million per year, the 2001 allotment was \$6.6 million. Federal legislation allowed the states to enact a program based on a 79% federal match. This means that for every dollar invested by North Dakota in providing health insurance for children, the federal government provides 3 dollars and 76 cents, an excellent deal for North Dakota children.

North Dakota's S-CHIP, named Healthy Steps, has been a successful effort that provides health care coverage for children in families with adjusted incomes that do not exceed 140% of the federal poverty level. The program allows working families who do not receive health insurance as a benefit of employment and cannot afford private insurance to receive health care coverage for their children. And Healthy Steps allows families to obtain health insurance for their children in a manner that avoids the social stigma that can accompany other forms of public health care assistance.

As of January 1, 2001, 2,175 North Dakota children were eligible for the program. In the 2001 session the Legislature debated raising the income eligibility to 165% of the federal poverty level. That increase would have made an additional 2,059 North Dakota children eligible for the program, as estimated by a Robert Wood Johnson Foundation survey performed at that time.

HB 1463 would amend subsection 6 of section 50-29-04 of the North Dakota Century Code to set the income eligibility limit for participation in S-CHIP at 200% of the federal poverty line. I urge the committee to vote for a do pass recommendation because:

- ♦ Estimates place the number of uninsured children in North Dakota as high as 15,000.
- ♦ The state has never succeeded in covering more than about 15% of uninsured North Dakota children.
- ♦ Increasing the income eligibility limit would dramatically increase the number of uninsured North Dakota children with health care coverage.
- ♦ Providing health insurance for thousands of North Dakota children at a cost to the state of 20 cents on the dollar is an investment that makes sense for our kids, our economy and the quality of life in our communities, urban and rural.

*La Costa Richard*  
Operator's Signature

*10/16/03*  
Date

For an investment of about \$700,000 dollars North Dakota would be eligible to receive over \$3 million in federal matching funds in the next biennium. Since North Dakota has, in many years, has spent significantly less than allotted by the federal government we will be in no danger of running out of federal funding. In fact, only an act of Congress prevented the state from having to return over \$2 million in past funding. We simply have not done enough to build the kind of Healthy Steps program that we are capable of and that North Dakota children deserve.

Only one state has a lower eligibility limit than North Dakota. Wyoming has an income limit of 133% of the federal poverty line. North Dakota is one of only 4 states that have an income eligibility lower than 150% of the federal poverty line. A majority of states have set an eligibility limit at 200% of federal poverty, because they recognize a good investment when they see one. Some states, such as Tennessee, Missouri, New Jersey and Georgia, have income limits far above 200% of federal poverty. Tennessee has the highest income limit, at 400% of the federal poverty line.

Healthy kids get a better education and are a step ahead of children without health care when it comes to becoming better citizens and contributing more to our society and our economy. Health insurance is not the only thing that makes a difference in a child's life, but it is clearly one of the more important things. Moreover, Healthy Steps helps children and does not penalize working parents.

Every person I know wants to ensure that people who are able to work have that opportunity. Healthy Steps allows many parents to find work, save money, create a future for themselves and their family without giving up their children's health insurance just when things are starting to look a little brighter. HB 1463 would allow even more parents to improve their economic situation without immediately endangering their children's health care coverage.

Lastly, setting the income eligibility limit at 200% of federal poverty would provide North Dakota with the opportunity to provide health insurance for pregnant women or parents of children eligible for Healthy Steps. Several states, including Minnesota, New Jersey, Rhode Island and Wisconsin, have taken this step with very positive results. Of course, before federal matching funds can be accessed for parents, states must demonstrate that they are effectively covering the core population of low-income children (those in families with incomes below 200% of federal poverty).

I ask that the members of the committee give a do pass recommendation to HB 1463. We need to invest in the future of North Dakota. I know of no better way of doing that than investing in the health of our children.

*La Costa Richard*  
Operator's Signature

*10/16/03*  
Date



**TESTIMONY**  
**REGARDING HOUSE BILL 1463**

**January 27, 2003**

Chairman, members of the committee, I am Bernard Hoggarth, a pediatrician with the Altru Health System in Grand Forks for the last 25 years. I am here in support of HB1463. The effect of this bill is to increase the income eligibility limit requirement for the children's health insurance program.

The child's physician and parents, working in partnership, make up the child's medical home and play an important role in health care of North Dakota's children.

Over the last few months, I visited a representation of all the pediatricians, pediatric clinic staff, and clinic billing personnel in the state to provide information and materials about public health coverage programs and to facilitate enrollment. I worked closely with the North Dakota Department of Human Services, specifically with Camille Eisenmann the Healthy Steps Outreach Coordinator. This initiative was funded through a grant from the American Academy of Pediatrics.

Healthy Steps coverage, by law, begins on the first day of the month after eligibility is determined. Medicaid coverage, in contrast, pays for services

*La Costa Rickford*  
Operator's Signature

*10/16/03*  
Date

provided up to three months before a family applies for coverage. With these distinctions in mind, it is important to urge families with uninsured children to apply for coverage before a medical condition or emergency occurs.

In 1998, a Robert Wood Johnson Foundation Survey estimated that 14,662 children were uninsured in North Dakota. After the enactment of the state children's health insurance program (SCHIP) at the national level, the state initially expanded Medicaid eligibility to 18 year olds and then launched a stand-alone insurance plan in 1999. Uninsured children whose families do not qualify for Medicaid can now be covered under Healthy Steps insurance if their net income does not exceed 140% of the federal poverty level. (The legislature approved allowable deductions of taxes, childcare expenses, and child support payments.) To the best of my knowledge, ~ 4,000 children may qualify for this coverage in North Dakota.

Since implementing SCHIP, North Dakota has extended health coverage via Medicaid or SCHIP to a significant percent of the estimated uninsured children in the state. The state now covers a large percentage of the children who are projected to qualify for SCHIP. Many families and providers are still unaware that their children qualify for coverage programs.

The relatively narrow gap between Medicaid and SCHIP eligibility levels makes it challenging to identify and enroll potentially eligible children at the community

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10/16/03  
Date

level. This is further complicated by differences between the two programs. Legislative policymakers are gradually addressing these challenges. Beginning in January, 2002 for example, the Medicaid program assumed one of the more consumer-friendly features of the SCHIP program. One simple, short, joint application available to make it easier for families to apply for coverage programs for uninsured children. The legislature has also removed asset limits from the Medicaid eligibility criteria for the children/family/pregnant women coverage group beginning in January 2002. Previously low-income, working families were denied Medicaid health coverage for their children if they owned a second car, or had a savings account or other disqualifying assets.

There are still program differences that future legislative sessions will hopefully resolve. Healthy Steps (SCHIP), for example, features a 12-month eligibility period, a toll-free number, and the option of picking up applications in the community and mailing them in to the state Department of Human Services office. In contrast, Medicaid eligibility is determined by local county social service offices. Families participating in Medicaid coverage who have fluctuating incomes must report income changes monthly to the county social service office, and a child's eligibility status may fluctuate. Some families may have children covered under these two different coverage programs.

Most families cannot choose between Medicaid and the Healthy Steps children's health insurance plan. Federal law requires states to first determine whether uninsured children are eligible for Medicaid and to enroll them in Medicaid if they qualify and want Medicaid coverage. Those who are not eligible for Medicaid may be eligible for the state children's health insurance program, Healthy Steps. Determining which health coverage program is best to meet a child's needs is complex. Healthy Steps and Medicaid have different coverage features, which are set by the state legislature and Congress.

The department has developed a joint application that can be used to apply for Medicaid or Healthy Steps coverage. It is available on the Internet and in communities. This will help families who apply for coverage without knowing which coverage they may qualify for.

Chairperson, members of this committee, House Bill 1463 will benefit our most precious treasures, the children of North Dakota. For these reasons, I respectfully recommend a **DO PASS** on this bill. Thank you for this opportunity to testify. I will be glad to answer any questions regarding my testimony. Thank you.

Bernard J. Hoggarth MD FAAP Pediatrician

Altru Health System

1000 S. Columbia Road

Grand Forks, ND 58201

Work 780-6110

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Bernard J. Hoggarth  
Operator's Signature

10/16/03  
Date

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Operator's Signature

10/16/03  
Date

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**Testimony  
North Dakota Disabilities Advocacy Consortium**

**HB 1463  
Children's Health Insurance Program (CHIP)**

**House Human Services Committee  
January 27, 2003**

Chairman Price, members of the House Human Services Committee, I am James M. Moench, Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). The Consortium is made up of 25 organizations concerned with addressing the issues that affect North Dakotans, especially people with disabilities. We are very interested in adding our support to expanding health insurance coverage to more of North Dakota's children with the Children's Health Insurance Program.

An estimated 17,300 children in North Dakota have no health insurance. That means preventive and primary healthcare needs such as immunizations, dental checkups, well baby checks and eye examinations are not provided to many of North Dakota's most vulnerable citizens, our children. When parents are struggling just to put food on the table purchasing health insurance, even for their children, too often is only a pipe dream.

For too many of North Dakota's children, poverty is a way of life. In North Dakota, 49 of the 53 counties have over 25% of their population living below 200% of the poverty level. For a family of four, 200% of poverty is \$36,200, which is one parent earning \$17.40 per hour or two parents earning \$8.70 each per hour. There are 14 counties where 40% or more of the population earns below 200% of poverty. Poverty and lack of health insurance puts too many of North Dakota's children at risk.

Access to health care means that a child can reasonably expect to get health care services. Not having affordable insurance coverage means that a child's basic medical needs most likely will not be met because the family lacks the funds to pay for doctor, dentist or optometrist visits. When prevention and primary care is not possible, routine screening is not done. The cost of screening, early detection, and treatment for a disease or disability is always far less than the cost of emergency care or hospitalization later.

North Dakotans face many decisions about where to spend their money. When basic needs like food, shelter, heat and basic communication, cannot be met, the chances of spending for health insurance are small. The cost of providing the Children's Health Insurance Program to more children will be a hard choice in the current budget situation. If you choose to add more children to the program, the long-term payback will be worth the current cost. The NDDAC supports making that hard, right choice.

I appreciate this opportunity to testify on behalf of the NDDAC and look forward to working with you over the course of this legislative session. Thank you.

Richard Costa  
Operator's Signature

10/6/03  
Date

# ND Disabilities Advocacy Consortium

## Member List

Dakota Center for Independent Living  
Mental Health Association in ND  
The Arc of Cass County  
ND Statewide Independent Living Council  
The Arc of Bismarck  
Bismarck Public Schools  
ND Federation of Families for Children's Mental Health  
People First of ND  
ND Center for Persons With Disabilities  
Friendship Inc.  
ND Protection & Advocacy Project  
Options Inc.  
Independence Inc.  
ND Association for Persons in Supported Employment  
ND Association of the Blind  
ND IPAT Consumer Advisory Committee  
ND Association of the Deaf  
Freedom Resource Center for Independent Living Inc.  
The Arc of ND  
ND Fair Housing Council  
ND Association for the Disabled  
Family Voices of ND  
American People Self-Advocacy Association  
United Voices

## Associate Member

North Dakota Nurses Association

and growing.....



Updated 12/13/02

**TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE**

**REGARDING HOUSE BILL 1463**

**JANUARY 27, 2003**

Chairman Price, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear to provide information regarding the fiscal note on this bill.

This bill would increase the income eligibility standard for the Healthy Steps Program from 140% of the federal poverty level based on net income to 200% of the federal poverty level based on gross income.

The Department estimated the number of children who would be eligible for the program based on the estimate from a survey that was conducted by the Robert Wood Johnson Foundation in 1998. While the information is not as up to date as we would wish, it is the most recent comprehensive survey available that estimates the number of uninsured children in our state.

We estimate that in the first month of implementation about 351 children would enroll if the income level were increased to 200% of the federal poverty level. Additional children would enroll over the following 23 months so that at the end of the next biennium about 1,405 additional children would be enrolled in the program. This represents about 60% of the estimated children who could be eligible at the 200% level. This amount is offset by 21 children per month who would lose eligibility because family gross income exceeds 200% of the poverty level, but the net income is at or below the 140% federal poverty level.

Based on a monthly premium of \$154.22 per month, the additional cost to increase Healthy Steps income level to 200% of the federal poverty level would total about ~~\$2.5~~ million, of which about \$800,000 would be general funds.

3.2

722,000

I would be happy to answer any questions you may have.

*Yolanda Richardson*  
Operator's Signature

*10/16/03*  
Date



HB 1403

# INCOME LEVELS FOR 2003

Family Size	Family Coverage (1931)	Med. Needy	SSI	Children Age 6 to 19 and QMB 100% of Poverty	SLMB 120% of Poverty	Preg. Women Child to Age 6 133% of Poverty	QI-1 135% of Poverty	Healthy Steps 140% of Poverty	Transitional Medicaid 185% of Poverty	200% of Poverty
1	\$ 296	\$ 500	\$ 552	\$ 739	\$ 887	\$ 982	\$ 997	\$ 1034	\$ 1366	\$ 1478
2	399	516	829	996	1195	1324	1344	1394	1841	1992
3	501	666		1252	1503	1665	1690	1753	2316	2504
4	604	800		1509	1811	2007	2037	2112	2791	3018
5	707	908		1766	2119	2348	2383	2472	3266	3532
6	809	1008		2022	2427	2689	2730	2831	3741	4044
7	912	1083		2279	2735	3031	3076	3190	4215	4558
8	1015	1141		2536	3043	3372	3426	3550	4690	5072
9	1117	1200		2792	3351	3713	3769	3909	5165	5584
10	1220	1250		3049	3659	4055	4116	4268	5640	6098

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*Richard Costa*  
Operator's Signature

10/16/03  
Date