

FISCAL NOTE
Requested by Legislative Council
12/23/2016

Bill/Resolution No.: HB 1093

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

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

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

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

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

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

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

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

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

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

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

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

There is no projected expenditure.

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

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

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Date Prepared: 01/06/2017

Cash Basis

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

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