| (Return in triplicate) <u>FISCAL NOTE</u>  |
|--|
| Bill/Resolution No.: House Bill No. 1665 Amendment to:                               |
| Requested by:Legislative Council Date of Receipt:                                    |
| Please estimate the fiscal impact of the above measure for:                          |
| X State general or special funds Counties Cities                                     |
| In the following space note the fiscal effect in dollars of this measure:            |
| Narrative:   |
| The fiscal effect of HB1665 would be less than \$5,000.                              |
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| State Fiscal Effect:   |
|  |
| SpecialGeneralSpecialGeneralSpecialGeneralFundsFundFundsFundFundsFund                |
|  |
|  |
| County and City Fiscal Effect:   |
| 1987-88 1988-89 Biennium Total   |
| CountiesCitiesCountiesCitiesCitiesCountiesCities                                     |
|  |
|  |
| If additional space is needed, Signed Robert M. Went mn attach a supplemental sheet. |
| - accaon a suppremental sheet.   |

Date Prepared: February 2, 1987

Typed Name Robert M. Wentz, M.D. Department ND State Department of Health