

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: HB 1036 Amendment to: _____

Requested by: Legislative Council Date of Receipt: _____

Please estimate the fiscal impact of the above measure for:

State general or special funds Counties Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

H.B. 1036 does not affect employees covered under the state health insurance plan (Chapter 54-52.1, NDCC); the definition of an "eligible employee" under Chapter 54-52.1 is an employee in a funded position who works twenty or more hours per week for five or more months per year. Thus, any employee covered under HB 1036 would be eligible for full coverage if they are employed by an agency participating in the state group health insurance plan.

Please note, Interim Retirement Committee Bill No.13, which allows part-time employees of agencies participating in the state group health plan to participate in the state health plan at their own cost; and Interim Retirement Committee Bill No. 48, which changes the definition of "eligible employee" for purposes of participation in the uniform group insurance program to employees employed at least 17.5 hours per week for five or more months per year. This legislative change is being pursued to coincide with federal definitions for discrimination purposes.

State Fiscal Effect:

| <u>1989-90</u> | | <u>1990-91</u> | | <u>Biennium Total</u> | |
|---------------------|----------------------|---------------------|----------------------|-----------------------|----------------------|
| <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> |
| \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

County and City Fiscal Effect:

| <u>1989-90</u> | | <u>1990-91</u> | | <u>Biennium Total</u> | |
|-----------------|---------------|-----------------|---------------|-----------------------|---------------|
| <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> |
| \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

If additional space is needed, attach a supplemental sheet.

Signed *Alan Person*

Typed Name Alan Person

Date Prepared: December 14, 1988

Department NDPERS