

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: HB 1297 Amendment to: _____

Requested by: Legislative Council Date of Receipt: 1-16-89

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:

As written, the measure will have minimal fiscal impact.

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>

If additional space is needed, attach a supplemental sheet.

Signed Robert M. Wentz MD

Typed Name Robert M. Wentz, M.D.
State Health Officer

Date Prepared: January 18, 1989

Department ND State Dept. of Health & Consolidated Laboratories