

(Return in triplicate)

FISCAL NOTE

"REVISED"

Bill/Resolution No.: _____ Amendment to: SB 2062

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:

THIS BILL WILL HAVE A FISCAL IMPACT IN RELATION TO THE CLAIMS PAID IN THE FIRST SIX MONTHS OF THE EFFECTIVE CONTRACT FOR A MEDICAL CONDITION WHICH EXISTED WHEN THE CONTRACT WAS EFFECTED. WE ESTIMATE A SAVINGS OF APPROXIMATELY \$197,100.00 PER YEAR TO THE PROGRAM, OR APPROXIMATELY 14.6% OF THE TOTAL CLAIMS PAID.

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>
\$197,100.00		\$197,100.00		\$394,200.00	

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 Rodney Warner

Typed Name RODNEY WARNER

Date Prepared: 4-11-89

Department INSURANCE DEPARTMENT