

Bill/Resolution No.: SB 2200 Amendment to: _____

Requested by: Legislative Council Date of Receipt: 12-29-88

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:

The fiscal effect of the proposed measure would be less than \$5,000 for each of the funds.

State Fiscal Effect:

<u>1989-90</u>		<u>1990-91</u>		<u>Biennium Total</u>	
<u>General</u>	<u>Special</u>	<u>General</u>	<u>Special</u>	<u>General</u>	<u>Special</u>
<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>

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: 1-4-89

Department Health & Consol Labs