

(Return in triplicate) FISCAL NOTE

Bill/Resolution No.: SB2402 Amendment to: _____

Requested by Legislative Council Date of Request: _____

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 provides for an additional appeal process near the end of the rehabilitation process. The Bureau currently assigns about 500 cases per year for rehabilitation. An appeal at this stage would cost an estimated \$2,000 per case.

No estimate is made as to the number of cases appealed under this section.

State Fiscal Effect:

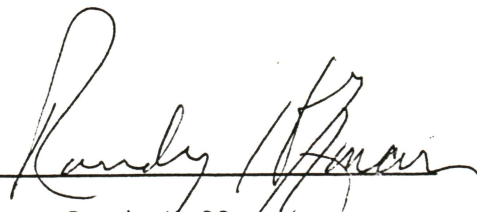
<u>1991-92</u>		<u>1992-93</u>		<u>Biennium Total</u>	
<u>General Fund</u>	<u>Special Funds</u>	<u>General Fund</u>	<u>Special Funds</u>	<u>General Fund</u>	<u>Special Funds</u>

County and City Fiscal Effect:

<u>1991-92</u>		<u>1992-93</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.

Date Prepared: 2-1-91

Signed 
 Typed Name Randy Hoffman
 Department Workers Compensation
 Phone Number 224-3894