

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: HB 1528 Amendment to: _____

Requested by Legislative Council Date of Request: 1-24-91

Please estimate the fiscal impact of the above measure for:

<input checked="" type="checkbox"/>	State general or special funds	<input type="checkbox"/>	Counties	<input type="checkbox"/>	Cities
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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

Narrative:

Enactment of HB 1528 will require a development phase. This will involve the hiring of a claims management consulting firm to assist in the development of a data collection, retention, processing and reporting system. It is estimated the consulting firm will cost \$35,000. In designing this system North Dakota's data committee will hold a series of information gathering meetings involving public and private employers and agencies that have data collection and reporting systems that are similar to the one specified in HB 1528. It is estimated that \$10,000 would cover the cost of these information gathering meetings. Staff to North Dakota's Data Committee would be provided by the State Department of Health and Consolidated Laboratories from existing personnel. Total development costs for the 1991-93 biennium would be \$45,000 to be requested from special funds provided through grants from state government agencies including the Office of the Insurance Commissioner, the Public Employees Retirement System, and the Workers Compensation Bureau.

Operational costs during the 1993-95 biennium are estimated at \$100,000.

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>
	22,500		22,500		45,000

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.

Signed Robert M. Wentz MD
 Robert M. Wentz, M.D.
 Typed Name State Health Officer
 Health & Consolidated
 Department Laboratories

Date Prepared: 1-30-91

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