

FISCAL NOTE

AMENDED

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Bill/Resolution No.: \_\_\_\_\_ Amendment to: Eng. HB 1050

Requested by Legislative Council \_\_\_\_\_ Date of Request: 2-15-95

- 1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, and cities.

Narrative : Our assessment of the change in eligibility requirements for Medical Assistance benefits, as reflected in Section 30, would cost about \$11 million in the 1995-97 biennium which is intended to be appropriated in SB 2012 as noted in Section 34. The impact of Section 31 is unknown. The decrease in the 1997-99 biennium results from the mandate to include a portion of the children added as a result of this bill in the regular Medical Assistance Program .

- 1. State fiscal effect in dollar amounts:

| 1993-95<br>Biennium |               | 1995-97<br>Biennium |               | 1997-99<br>Biennium |               |
|---------------------|---------------|---------------------|---------------|---------------------|---------------|
| General Fund        | Special Funds | General Fund        | Special Funds | General Fund        | Special Funds |

Revenues:

|               |           |           |           |           |
|---------------|-----------|-----------|-----------|-----------|
| Expenditures: | 3,000,451 | 8,110,179 | 2,334,475 | 6,276,806 |
|---------------|-----------|-----------|-----------|-----------|

- 3. What, if any, is the effect of this measure on the appropriation for your agency or department:

- a. For rest of 1993-95 biennium: -0-
- b. For the 1995-97 biennium: 11,110,630
- c. For the 1997-99 biennium: 8,611,281

- 4. County and City fiscal effect in dollar amounts:

| 1993-95<br>Biennium |        | 1995-97<br>Biennium |        | 1997-99<br>Biennium |        |
|---------------------|--------|---------------------|--------|---------------------|--------|
| Counties            | Cities | Counties            | Cities | Counties            | Cities |

452,733

352,245

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name Mike Schwindt

Date Prepared: 2-17-95

Department Human Services

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