

FISCAL NOTE

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Bill / Resolution No.: SB 2182

Amendment to: _____

Requested by Legislative Council

Date of Request: 1/4/99

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

Narrative:

This bill requires the Department to implement Phase II of the children's health insurance program. This phase will provide health insurance to an estimated 3,846 children with an income eligibility limit of one hundred fifty percent of the poverty line. The program would not require a premium payment or include an asset test for eligibility. It would impose a copayment for pharmaceutical prescriptions and emergency room visits and impose a deductible for each inpatient hospital visit.

The Department's budget request as contained in SB 2012 includes \$3,886,838, of which \$817,790 is general funds, for the insurance premium payments. At this point in time it is not known if the Department or the county will determine eligibility, however it is estimated the cost of administering the program will be \$388,684, with the non-federal share being \$81,779. The administrative expenditures are reflected below with the assumption the state would contract for eligibility determination services.

- State fiscal effect in dollar amounts:

1997-1999		1999-2001		2001-2003	
<u>Biennium</u>		<u>Biennium</u>		<u>Biennium</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>

Revenues:

Expenditures:	-0-	899,569	3,375,953	987,738	3,734,112
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- What, if any, is the effect of this measure on the appropriation for your agency or department:

- For rest of 1997-99 biennium: -0-
- For the 1999-01 biennium: 4,275,522
- For the 2001-03 biennium: 4,721,850

- County, City, and School District fiscal effect in dollar amounts:

1997-1999			1999-2001			2001-2003		
<u>Biennium</u>			<u>Biennium</u>			<u>Biennium</u>		
<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>
-0-			-0-			-0-		

If additional space is needed, attach a supplemental sheet.

Signed

Brenda M. Weisz

Typed Name

Brenda M. Weisz

Date Prepared: January 11, 1999

Department

Human Services

Phone No.

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