FISCAL NOTE

| (Return in triplicate) | |
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| Bill/Resolution No.: SB2426 | Amendment to: |
| Requested by Legislative Council | Date of Request: 1-19-93 |
| 1. Please estimate the fiscal impact measure for state general or spec | (in dollar amounts) of the above cial funds, counties, and cities. |
| workload resulting from proposed expans cover clinics, physicians, and other pr section NDCC 23-17.2 will have a fiscal Health Departments appropriation reques | increase in staff to facilitate the increased ion of the certificate of need program to ovider groups. These proposed changes to impact of \$180,524 included as part of ND t. \$130,524 in general funds and \$50,000 in this fiscal note is the impact on other state |
| 2. <u>State</u> fiscal effect in dollar amo | ounts: |
| General Special | 1993-95 1995-97 <u>Biennium</u> <u>Biennium</u> General Special General Special <u>Fund</u> Funds Fund Funds |
| Revenues: | \$50,000 \$50,000 |
| Expenditures: | \$130,524 \$50,000 \$130,524 \$50,000 |
| 3. What, if any, is the effect of the your agency or department: | is measure on the appropriation for |
| a. For rest of 1991-93 biennium: | |
| b. For the 1993-95 biennium: | \$180,524 |
| c. For the 1995-97 biennium: $_$ | \$180,524 |
| 4. County and City fiscal effect in | dollar amounts: |
| 1991-93 <u>Biennium</u> <u>Counties Cities</u> | 1993-95 1995-97 <u>Biennium</u> <u>Biennium</u> <u>Counties Cities</u> <u>Counties Cities</u> |
| If additional space is needed, attach a supplemental sheet. Date Prepared: /-25-93 | Signed A. Barnett Typed Name Robert A. Barnett Department Health And Consolidated Lak |

Phone Number <u>224-2392</u>