FISCAL NOTE

(Return original ar					Ame	endment to:	Fn	grossed SB2	182
Requested by Legislative Council						of Request:	03/25/99		
Please estima	ate the fiscal imp	pact (in dolla	amounts) o	f the above m	easure for sta	ate general o	r special fund	ls,	
counties, citie	s, and school d	istricts.							
Narrative:	This bill requir	es the Denar	tment to imr	lement Phase	I of the child	tron's boolth	incurance pr	ogram This r	shooo will
	provide health 100% of the e effective date	i insurance, ii ligible uninsu	ncluding der red with an	ital and optom income eligibil	etric services ity limit of one	s, to an estima e hundred for	ated 3,778 ch	nildren per yea the poverty lin	ar which i ne with a
	for eligibility. (\$8,065,440 ar \$1,866,666 is	nd the cost of	program ad	I, 1999 effection is	ve date the co	ost of insuran be \$806,544	ce premiums for a total of	is estimated \$8,871,984, o	to be of which
	SB 2012 does program. It on the amended premium payn which are not	ly includes \$ Phase II of th nents and \$8	3,886,838, o le children's 06,544 for a	f which \$817, health insurar	790 is genera nce program.	ll. It does not The addition	t contain all thall and the	ne necessary eeded is \$4,17	funding f 78,602 fo
2. State fiscal ef	fect in dollar am	nounts:							
1997-1999			1999-2001			2001-2003			
	<u>Biennium</u>			Bien	<u>nium</u>		<u>Biennium</u>		
	General	Special		General	Special		General	Special	
	Fund	Funds		Fund	Funds		Fund	Funds	
Revenues:									
Expenditures:	-()-		1,866,666	7,005,318		2,704,808	10,150,744	
3. What, if any, i	s the effect of th	nis measure (on the appro	priation for vo	ur agency or	department:			
			• • • • • • • • • • • • • • • • • • • •						
a. For rest of 1997-99 biennium:b. For the 1999-01 biennium:				-0- 8,871,984			_		
c. For the 2001-03 biennium:				12,855,552			_		
4. County, City,			ect in dollar a	amounts:	12,000,002				
1997-1999				1999-2001			2001-2003		
		Biennium			Biennium			Biennium	
	Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	Scho Distric
	-0-			-0-			-0-		Diodie
If additional space is needed,				Signed By Della			a Mc Demott		
attach a suppleme				5	43-	9			_
				Typed Name		Brenda M. Weisz			
Date Prepared: March 26, 1999				Department		Human Services			_
				Phone No.			328-2397		