FISCAL NOTE

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Bill/Resolution No.:	Amendment to:	SB 2285
Requested by Legislative Council	Date of Request:	2-10-99

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

Narrative:

The licensure provision of this bill will result in the licensure of approximately 72 quick response units and 118 rescue services. The statute establishes the maximum license fee per service at \$25 per license per year. The annual license fees for 190 services at \$25 per license would be \$4,750.

The statute would require compliance by quick response units and rescue services for standards established by administrative rule which has not yet been developed. We believe, however, that the administrative rules establishing the standard would be set at a level at which most quick response units and rescue services are currently in compliance and that few additional expenditures would need to be made for additional equipment.

The amendment to this bill removes the air ambulance licensure provision of the bill. We are aware of only four air ambulance services in the state (although there may be others) and would estimate there would be little or no impact on the fiscal note.

2. State fiscal effect in dollar amounts:

	1997-99 Biennium		1999-2001	Biennium	2001-03	2001-03 Biennium	
	General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds	
Revenues:	9,500	-0-	9,500	-0-	9,500	-0-	
Expenditures:	< 5,000	-0-	< 5,000	-0-	< 5,000	-0-	

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

a.	For rest of 1997-99 biennium:	-0-	
b.	For the 1999-2001 biennium: _	< \$5,000	
c.	For the 2001-03 biennium:	< \$5,000	

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

1997-99 Biennium School			1999-2001 Biennium School		200	2001-03 Biennium School		
Counties	Cities	Districts	Counties	Cities	Districts	Counties	Cities	Districts
Unknown			Unknown					
If additional space is needed, attach a supplemental sheet.				Signe Type	ed	Robert A. Bar	nett	
Date Prepa	ared: <u>2-</u>	11-99		Depa	artment	State Departm	nent of Hea	alth
				Phon	e Number _	328-2392		