266-3763

4-23-99

Pamela Henning 267-2929

Department of Employe Trust Funds

	C7	1 55 % 66						A 1		
© ORIGINAL ☐ UPDATED ☐ LRB # -0857/2 ☐ CORRECTED ☐ SUPPLEMENTAL INTRODUCTION # AR 2					61				in. Rule	
Subject Surfices Introduction # AB 2								1		
Subject Health insurance o	overage of smoking	ng cessation treat	ment and medicatio	ns.						
I. One-time Cos	ts or Revenue Impa	acts for State and/	or Local Governmer	nt (do	not inc	clude in anni	ualized	l fiscal e	effect):	
II. Annualized Costs:				Annualized Fiscal impact						
A. State Costs by Category				Increased Costs				Decreased Costs		
	erations - Salaries	and Fringes		\$			\$	-		
(FTE Position Changes)					(FTE)		(-	FTE	
State Operations - Other Costs					1,800	0,000		-	·=	
Local Ass	sistance									
Aids to Individuals or Organizations								•		
TOTAL State Costs by Category				\$ 1,800,000			\$ -			
B. State Costs by Source of Funds				Increased Costs			Decreased Costs			
GPR				\$			\$	-		
FED								•		
PRO/PRS								-		
SEG/SEG	G-S							-	٠.	
State Revenues Complete this only when proposal will increase or decrease state					Increa	sed Rev.		Decreas	ed Rev.	
revenues (e.g., tax increase, decrease in license fee, etc.) GPR Taxes							\$			
GPR Earned								-		
FED								-		
PRO/PRS								-		
SEG/SEG-S								-		
TOTAL State Revenues					\$		\$ -			
		NET ANNUA	LIZED FISCAL IMP	ACT	•		LOC	<u>AL</u>		
NET CHANGE IN COSTS \$ <u>1,</u>			800,000	<u> </u>					·	
NET CHANGE IN REVENUES \$				\$						
Prepared By: / Phone # / Agency Name			Authorized Signature/Telephone No.					Date		
Pamela Henning 267-2929 Department of Employe Trust Funds			David Him	michs 266-3763				4-23-99		