Department of Employe Trust Funds

266-3763

4/26/99

FISCAL ESTIMATE WORKSHEET			Detailed Estimate of Annual Fiscal Effect								in. Rule #	
☑ ORIGINAL ☐ UPDATED ☐ CORRECTED ☐ SUPPLEMENTAL			LRB # -2591/1 INTRODUCTION # SB 115							Adm	in. Rule #	
Subjec	t		INTROL	MANUFACTION # SD 115								
		coverage of smoki	ng cessation t	reat	ment and medication	ons.	. "					
I. C												
II. A	Annualized Costs:						Annualized Fiscal impact o					
A. S	State Costs by Category State Operations - Salaries and Fringes					Increased Costs			Decreased Costs			
						\$			\$	-		
	(FTE Position Changes)						(FTE)		(-	FTE)	
	State Operations - Other Costs					1,800,000				R		
	Local Assistance									-		
	Aids to Individuals or Organizations									-	·	
	TOTAL State Costs by Category						\$ 1,800,000			-		
B. S	State Costs by Source of Funds						Increas	ed Costs		Decrease	ed Costs	
	GPR		·			\$			\$	-		
	FED									-	,	
	PRO/PR	s								-		
SEG/SEG-S										-		
S	State Revenues Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)						Increased Rev.			Decreas	ed Rev.	
	GPR Taxes					\$			\$	-	-·· ·· · · · · · · · · · · · · · · · ·	
	GPR Earned									-		
FED							· · · · · · · · · · · · · · · · · · ·			-		
PRO/PRS										-		
SEG/SEG-S												
TOTAL State Revenues									\$	-		
			NET ANN	IUA	LIZED FISCAL IMF	PACT	-		LOC	:AL		
NET CHANGE IN COSTS \$ 1,800					,800,000		_	\$				
	REVENUES		\$			\$						
Prepared By: / Phone # / Agency Name					Authorized Signatur	ephone No.			Date			
	267-2929			5 1115 A 2112712						6-99		

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