## Fiscal Estimate - 2009 Session

	Original		Updated		Corrected		Supplemental		
LRB	Number	09-0899/2		Intro	duction Numb	oer A	B-0195		
<b>Description</b> The Volunteer Health Care Provider Program									
Fiscal	Effect								
	No State Fiscandeterminate Increase E Appropriati Decrease I Appropriati Create Nev	xisting ions Existing	Increase E Revenues Decrease Revenues	Existing	to abs		s - May be possible n agency's budget \textsquare No		
Local:  No Local Government Costs Indeterminate  1. Increase Costs Permissive Mandatory  2. Decrease Costs Permissive Mandatory Permissive Mandatory Permissive Mandatory Permissive Mandatory Decrease Revenue Permissive Mandatory Districts  5. Types of Local Government Units Affected Towns Counties Counties Others School Districts									
Fund Sources Affected Affected Ch. 20 Appropriations									
GP	R  FED	⊠ PRO [	PRS SEG	SE	EGS 20.165 (1)(g)	)	·		
Agenc	y/Prepared B	Ву	Auth	orized S	Signature		Date		
R&L/ Jim Parker (608) 266-0746 Hecto				or Colon (608) 266-8608 4/14/2009					

## Fiscal Estimate Narratives R&L 4/14/2009

LRB Number 09-0899/2	Introduction Number	AB-0195	Estimate Type	Original					
Description									
The Volunteer Health Care Provider Program									

## Assumptions Used in Arriving at Fiscal Estimate

This bill would have no fiscal impact on the Department of Regulation and Licensing.

**Long-Range Fiscal Implications** 

## Fiscal Estimate Worksheet - 2009 Session

Detailed Estimate of Annual Fiscal Effect

	Original		Updated			Corrected	d		Supplemental	
LRB Number <b>09-0899/2</b>					Intro	duction	Num	ber	AB-0195	
<b>Descrip</b> The Volu		th Care Provi	der Program	l						
annualiz	zed fiscal e	ffect):	mpacts for	Sta	te and/or			•	not include in	
II. Annualized Costs:				Annualized Fiscal Impact on funds from:						
A Ctota	On oto has f	2-1				Increased	Costs		Decreased Co	sts
<del></del>	Costs by Costions		d Eringoo		I		Φ.			Φ.
<del></del>	State Operations - Salaries and Fringes (FTE Position Changes)						\$			\$
<del> </del>		- Other Costs	3							
<del> </del>	Assistance		_	-						
Aids to	Individuals	s or Organiza	itions							
ТОТ	ΓAL State (	Costs by Cat	egory				\$			\$
B. State	Costs by S	Source of Fu	ınds							
GPR										
FED	FED									
PRO/F	PRS									
SEG/S	SEG-S									
		- Complete increase, de					ase o	r decrea	se state	
						Increased	d Rev		Decreased F	lev
ļļ	GPR Taxes						\$			\$
<del></del>	GPR Earned									
FED										
PRO/PRS										
SEG/SEG-S										
TOTAL State Revenues  NET ANNUALIZ				ED EICO	N. 114DAO	\$			\$	
			NEI ANNUA	LIZ	ED FISCA		State	•	l o	201
NET CH	NET CHANGE IN COSTS					State \$	Loca \$			
NET CHANGE IN REVENUE					\$	\$				
							Ψ1	-		Ψ
Agency/Prepared By Au				thorized Signature				Date		
R&L/ Jim Parker (608) 266-0746			He	lector Colon (608) 266-8608				4/14/200	9	