



**Fiscal Estimate Narratives**

**DSPS 3/8/2017**

LRB Number <b>17-1074/1</b>	Introduction Number <b>AB-0096</b>	Estimate Type <b>Original</b>
<b>Description</b> supply and use of epinephrine auto-injectors by certain authorized individuals		

**Assumptions Used in Arriving at Fiscal Estimate**

The Division Administrators and the Budget Director has reviewed the proposed legislation and have determined that there will be no fiscal impact to the agency.

**Long-Range Fiscal Implications**

## Fiscal Estimate Worksheet - 2017 Session

Detailed Estimate of Annual Fiscal Effect

Original     
  Updated     
  Corrected     
  Supplemental

LRB Number <b>17-1074/1</b>		Introduction Number <b>AB-0096</b>	
<b>Description</b>			
supply and use of epinephrine auto-injectors by certain authorized individuals			
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>			
The Division Administrators and the Budget Director has reviewed the proposed legislation and have determined that there will be no fiscal impact to the agency.			
<b>II. Annualized Costs:</b>		<b>Annualized Fiscal Impact on funds from:</b>	
		Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>			
	State Operations - Salaries and Fringes	\$0	\$
	(FTE Position Changes)		
	State Operations - Other Costs		
	Local Assistance		
	Aids to Individuals or Organizations		
	<b>TOTAL State Costs by Category</b>	<b>\$0</b>	<b>\$</b>
<b>B. State Costs by Source of Funds</b>			
	GPR		
	FED		
	PRO/PRS (Program Revenue)	0	
	SEG/SEG-S		
<b>III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)</b>			
		Increased Rev	Decreased Rev
	GPR Taxes	\$	\$
	GPR Earned		
	FED		
	PRO/PRS		
	SEG/SEG-S		
	<b>TOTAL State Revenues</b>	<b>\$</b>	<b>\$</b>
<b>NET ANNUALIZED FISCAL IMPACT</b>			
		<u>State</u>	<u>Local</u>
NET CHANGE IN COSTS		\$0	\$
NET CHANGE IN REVENUE		\$	\$
<b>Agency/Prepared By</b>		<b>Authorized Signature</b>	<b>Date</b>
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