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STAFF REVIEW OF BILLS PERTAINING TO DHSS

Fiscal Note #: _____ Bill #: _____
Reviewer's Name: _____ Division: _____
Phone #: _____ Date: _____

1. Brief Description of proposed legislation:

2. Issues/Concerns with the proposed legislation, including any negative or positive impact on the department or the public:

3. Reviewer's Recommendation and Position:

Support Oppose No Position

4. Comment Memo information (if applicable):