ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))

1.	Adopting agency: Department of Labor and Workforce Development, Alaska Workers'
	Compensation Board
	•

- 2. General subject of regulation: <u>Fees for medical treatment and services</u>
- 3. Citation of regulation (may be grouped): <u>8 AAC 45.083</u>
- 4. Department of Law file number, if any: 2020200548
- 5. Reason for the proposed action:

()	Compliance with federal law or action (identify):
()	Compliance with new or changed state statute
()	Compliance with federal or state court decision (identify):
()	Development of program standards
(X)	Other (identify): Compliance with state statute relating to medical fee schedule

- 6. Appropriation/Allocation: Workers' Compensation #344
- 7. Estimated annual cost to comply with the proposed action to:

A private person: <u>0</u>
Another state agency: <u>0</u>
A municipality: <u>0</u>

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year		Subsequent	
	FY <u>2021</u>	_	Years	
Operating Cost	\$0	\$0		
Capital Cost	\$0	\$0		
1002 Federal receipts	\$0	\$0		
1003 General fund match	\$0	\$0		
1004 General fund	\$0	\$0		
1005 General fund/				
Capital Cost 1002 Federal receipts 1003 General fund match 1004 General fund	\$0 \$0 \$0	\$0 \$0 \$0		

	progra	am	\$0	\$0				
	Other (i	dentify)	\$0	\$0				
9. The name of the contact person for the regulation:								
	Title: D Address Telepho	Charles Collins irector s: 1111 W. 8 th , Suitone: (907) 465-279 address: charles.co.	00		1			
10.	0. The origin of the proposed action:							
	_X	Staff of state ager Federal governme General public Petition for regul Other (identify):	ent					
11.	Date:	8/27/2020	Prepared	d by:	Mewman 554411			
					[signature]			
			Title (p	,	nistrative Officer II			
			Telenh	ione: (907) 465	-6059			