



**State of Alaska
Department of Labor & Workforce Development
Division of Workers' Compensation**

**Alaska Workers' Compensation Board
Public Meeting Packet**

January 8-9, 2026

For more information, contact:
Division of Workers' Compensation
labor.alaska.gov/wc/ | (907) 465-2790

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TAB 1

ALASKA WORKERS' COMPENSATION BOARD MEETING AGENDA

January 8-9, 2026

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

DIVISION OF WORKERS' COMPENSATION

Zoom Video Conference: <https://us02web.zoom.us/j/82838766736>

To participate telephonically: 833-548-0276, Webinar ID: 828 3876 6736

Thursday, January 8, 2026

9:00am	Call to order Roll call establishment of quorum Introduction of Senior Staff
9:10am	Approval of Agenda
9:15am	Reading and approval of minutes from October 23 and 24, 2025, Board meeting
9:30am	Director's Report <ul style="list-style-type: none">• Division Update• Approval of Board Designees• AWCB 2026 Hearing Calendar• MSRC updates• AMA Guides update
10:00am	Break
10:15am	Public Comment Period <ul style="list-style-type: none">• Public comments
11:15am	Budget & Staffing Update – Alexis Hildebrand, Admin Officer
12:00pm	Lunch Break
1:30pm	Old Business <ul style="list-style-type: none">• Resolution on ombudsmen position for Workers' Compensation• Regulation proposals from past Board meetings<ul style="list-style-type: none">➢ 8 AAC 45.083➢ 8 AAC 45.092➢ 8 AAC 45.176➢ 8 AAC 45.180➢ 8 AAC 45.900
3:00pm	Break
3:15pm	New Business <ul style="list-style-type: none">• Regulation proposals from staff<ul style="list-style-type: none">➢ Complete repeal of 8 AAC 45.170 and .188➢ Repeal and readopt 8 AAC 45.020, .025, .030, .032, .040, .050, .052, .054, .060, .065, .070, and .072➢ Amend 8 AAC 45.120 to meet Alaska Supreme Court guidance➢ Offer new 8 AAC 45.055 Cross Examination
5:00pm	Adjournment

Friday, January 9, 2026

9:00am	Call to order
	Roll call establishment of quorum
9:10am	New Business continued
10:30am	Break
10:45am	New Business Continued
11:50pm	Lunch Break (Bar Association meeting)
1:30pm	New Business Continued
3:30pm	Break
3:45pm	New Business Continued
5:00pm	Adjournment



TAB 2

Workers' Compensation Board
Meeting Minutes
October 23-24, 2025

I. CALL TO ORDER

Director Charles Collins called the meeting to order at 9:00 am in Anchorage, Alaska. Participation was available in person and via video conference.

II. ROLL CALL

The following Board members were present, constituting a quorum:

Brad Austin	Pamela Cline	John Corbett	Sara Faulkner
Bronson Frye	Anthony Ladd	Sarah Lefebvre	Debbie White
Lake Williams	Brian Zematis		

Members Randy Beltz and Mike Dennis were excused.

III. AGENDA APPROVAL

Member Austin motioned to approve the agenda, which was seconded by Member White. Member Lefebvre noted topics were missing under Old Business from the May 15, 2025 meeting. Member Austin amended the motion to include the items, and Member White seconded. The motion passed unanimously.

IV. APPROVAL OF MAY 15, 2025 MEETING MINUTES

Member White moved to approve the minutes, seconded by Member Austin. The minutes were adopted without objection.

V. DIRECTOR'S REPORT

Director Collins provided an update on board terms and vacancies, pending legislation, emerging issues, and revenue trends. He also presented the Division's plan to comply with Administrative Order 360.

Alexis Hildebrand, Administrative Operations Manager, provided staffing and budget updates.

Break 10:03 - 10:18

VI. PUBLIC COMMENT PERIOD 10:15 AM - 11:15 AM

Trudy – Green Acres LLC (Home Health Care provider in Palmer)

- Expressed appreciation for efforts to clarify and simplify workers' compensation regulations.
- Noted challenges navigating the system as a small home-healthcare provider supporting a single quadriplegic client.
- Identified confusion surrounding the medical fee schedule and a lack of clear procedural guidance.
- Encouraged streamlining regulations, improving transparency of internal processes, and providing more accessible information on communication and required procedures.

Adam Fowler – MyMatrixx (Written Comment)

- Described MyMatrixx's role as a pharmacy benefit manager serving insurers, self-insured employers, and TPAs.

- Recommended removing outdated language in 8 AAC 45.081(e) that references the 2009 Alaska Medicaid Preferred Drug List.
- Supported use of evidence-based medicine and drug formularies and offered assistance if the Division pursues adoption of a current formulary.

Steven Peters – Enlyte (Written Comment)

- Described Enlyte's role operating a large property-and-casualty–focused provider network and supporting regulatory compliance.
- Recommended allowing employers or insurers some ability to direct injured workers to trusted medical providers to improve care coordination and reduce system friction costs.
- Noted that many states balance worker choice with coordinated care and encouraged the Board to consider and potentially advocate for statutory amendments to AS 23.30.095.

VII. ANNUAL REPORT

Velma Thomas, Program Coordinator, reviewed statistics from the Division's 2024 annual report, which compiles data submitted by insurers and self-insured employers under AS 23.30.155(m).

Lunch break 12:02 - 1:30

Velma Thomas presented statistics on the Benefits Guaranty Fund and Second Injury Fund.

Michele Wall-Rood, Chief of the Special Investigations Unit (SIU), provided an overview of SIU activities and performance.

Break 2:57 - 3:15

Carrie Craig, Workers' Compensation Officer 1, reviewed SIME statistics.

Member White moved to adjourn for the day, seconded by Member Austin.

Adjourn 4:00 pm

FRIDAY, OCTOBER 24, 2025

VIII. CALL TO ORDER

Director Charles Collins called the meeting to order at 9:00 am in Anchorage, Alaska. The following Board members were present, constituting a quorum:

Brad Austin
Bronson Frye
Lake Williams

Pamela Cline
Anthony Ladd
Brian Zematis

John Corbett
Sarah Lefebvre

Sara Faulkner
Debbie White

Members Randy Beltz and Mike Dennis were excused.

IX. ANNUAL REPORT CONTINUED

William Soule, Workers' Compensation Hearing Officer II, presented notable Decisions and Orders from the Alaska Workers' Compensation Board, the Alaska Workers' Compensation Appeals Commission, and the Alaska Supreme Court.

Breaks 9:37 – 9:49, 10:30 – 10:42; Lunch 12:04 – 1:30

Director Collins reviewed the performance of the Reemployment Benefits Program.

Danean Tedford with RefMed introduced herself as the Division's new fee schedule contract associate.

X. OLD BUSINESS

8 AAC 45.083 – Medical Treatment and Service Fees

Member Lefebvre moved to approve the repeal and readoption of 8 AAC 45.083; Member Austin seconded. The Board compared the Department of Law's revised version to the version approved by the Board on August 22, 2025. The motion failed unanimously. The Board requested that the Dept of Law attend the January meeting to discuss the regulation.

Break 3:00 – 3:14

Member Lefebvre moved to approve 8 AAC 45.083 as presented on screen; Member Austin seconded. Member Lefebvre amended the motion to update the January 1 dates to March 1 in the proposed regulation; Member Austin seconded. The motion passed unanimously.

Member Lefebvre moved to approve Resolution 25-01, as presented in the handout; Member White seconded. During discussion, several Board members departed, and a quorum was no longer present. The remaining members continued discussion and expressed unanimous support for the resolution by voice vote, but no official Board action was taken due to lack of quorum.

XI. ADJOURNMENT

Member Austin moved to adjourn, seconded by Member Corbett. The motion passed unanimously.

Meeting Adjourned 4:20pm

TAB 3

ALASKA WORKERS' COMPENSATION BOARD

Chair, Commissioner Catherine Muñoz
Alaska Department of Labor and Workforce Development

Name	Seat	District	Affiliation
Charles Collins		Commissioner's Designee	
Brad Austin	Labor	1 st Judicial District	Plumbers and Pipe Fitters Local 262
Debbie White	Industry	1 st Judicial District	
Randy Beltz	Industry	3 rd Judicial District	
Pamela Cline	Labor	3 rd Judicial District	Intl. Brotherhood of Electrical Workers LU 1547
Mike Dennis	Industry	3 rd Judicial District	
Sara Faulkner	Industry	3 rd Judicial District	
Bronson Frye	Labor	3 rd Judicial District	
Anthony Ladd	Labor	3 rd Judicial District	Painters and Allied Trades Local 1959
Randall McLellan	Labor	3 rd Judicial District	
Vacant	Industry	3 rd Judicial District	
Vacant	Industry	3 rd Judicial District	
Vacant	Labor	3 rd Judicial District	
John Corbett	Labor	2 nd /4th Judicial District	Laborers Local 942
Sarah Lefebvre	Industry	2 nd /4th Judicial District	Colaska
Lake Williams	Labor	2 nd /4th Judicial District	Operating Engineers Local 302
Vacant	Industry	2 nd /4th Judicial District	
Brian Zematis	Labor	At Large	
Vacant	Industry	At Large	

TAB 4



BOARD DESIGNEES – JAN 2026

The following staff members are appointed as Board designees to act on the Board's behalf in accordance with the Alaska Workers' Compensation Act and Regulations. (For example, the Board designee may conduct prehearing conferences, take action in connection with Board-ordered second independent medical examinations, and decide whether to continue or cancel scheduled Board hearings.)

<u>NAME</u>	<u>LOCATION</u>	<u>POSITION TITLE</u>
Charles Collins	Juneau	Director
Janel Wright	Anchorage	Chief of Adjudications
Kyle Reding	Anchorage	WC Hearing Officer II
William Soule	Anchorage	WC Hearing Officer II
Vacant	Anchorage	WC Hearing Officer I/II
Vacant	Anchorage	WC Hearing Officer I/II
Kathryn Setzer	Juneau	WC Hearing Officer II
Robert Vollmer	Fairbanks	WC Hearing Officer II
Vacant	Fairbanks	WC Hearing Officer I/II
Elizabeth Pleitez	Anchorage	WC Officer II
Harvey Pullen	Anchorage	WC Officer II
Amanda Johnson	Anchorage	WC Officer II
Carrie Craig	Anchorage	WC Officer II
Rochelle Comer	Anchorage	WC Officer I
Vacant	Juneau	WC Officer II
Vacant	Fairbanks	WC Officer I

TAB 5



WORKERS' COMPENSATION DIVISION

JANUARY 2026 ALASKA WORKERS' COMPENSATION DIRECTOR'S REPORT

...to ensure the quick, efficient, fair, and predictable delivery of indemnity and medical benefits to injured workers at a reasonable cost to the employers...

ALASKA WORKERS COMPENSATION BOARD NEWS

The Board is still down several positions. A few applicants have been accepted, but we still have openings, especially in District 3, that is the Anchorage, Mat Valley, and the Kenai Peninsula.

Those members whose terms are up should have been contacted by Boards and Commissions.

Name	Panel	Affiliation	Term Date
Brad Austin	Southern	Labor	2028
Debbie White	Southern	Industry	2027
Randy Beltz	Southcentral	Industry	2028
Mike Dennis	Southcentral	Industry	2028
Sara Faulkner	Southcentral	Industry	2028
Vacant	Southcentral	Industry	2028
Vacant	Southcentral	Industry	2026
Bronson Frye	Southcentral	Labor	2027
Pam Cline	Southcentral	Labor	2027
Anthony Ladd	Southcentral	Labor	2026
Randall McLellan II	Southcentral	Labor	2026
Vacant	Southcentral	Labor	2027
Sarah LeFebvre	Northern	Industry	2028
Vacant	Northern	Industry	2028
Lake Williams	Northern	Labor	2026
John Corbett	Northern	Labor	2027
Vacant	At Large	Labor	2027
Brian Zematis	At Large	Industry	2026

ALASKA WORKERS COMPENSATION RESOLUTIONS

The Board has active resolutions that have been shared with the Legislature and the Governor's office. A list of those can be found on the Boards web page, [Workers' Compensation Board](#).

Resolution 24-01 is the only active resolution and communicates our desire to use electronic mail for service delivery and reduce the costs to the Division by removing the requirement to send documents by certified mail. A new resolution on the establishment of a workers' compensation ombudsman position was considered at the October 2025 meeting but failed to be ratified. A new resolution is included for consideration.

REGULATIONS

The Governor's Administrative Order 360 directs us to look for ways to "promote growth and investment in Alaska, streamline permitting, maintaining crucial consumer protections while eliminating barriers to new professionals, engaging stakeholders early and continuously in regulation development and reform." To ensure all regulations are clearly written, legally sound, and supported by a demonstrated need. Regularly evaluating existing regulations for effectiveness, redundancy, clarity, and impact to reduce the regulatory burden on all Alaskans.

Since the inception of AO 360 the Division has held multiple public meetings, engaged in an education program, and met with interested stakeholders to actively research our regulations and meet the order. This work will continue through 2026 and will require several Board discussions and votes to amend, repeal and/or add regulations.

This January Board meeting will discuss some of the regulations that we have worked on recently and were held up due to guidance from the Administration. Regulations 8 AAC 45.083. Fees for medical treatment and services and 8 AAC 45.092. Second Independent medical evaluation are both very familiar to the Board. Amendments to 8 AAC 45. 176, 180, and 900 are straight forward and the Board can rule on those as is proper.

Major changes to the regulation group will be introduced and staff have started at the very beginning of our regulations and have many proposed changes for the Board to consider. This process will continue until we meet the Governor's goal and more importantly, the lofty goal the Board has set for itself.

LEGISLATION

Current bills affecting Workers' Compensation that are before the Legislature:

House Bill 44 – This bill would add a death benefit for the estate or parents of a worker who had no dependents. House Labor and Commerce committee heard this bill but there was no movement.

House Bill 88 – Tuition Waivers for peace officers, firefighters and armed forces members. This bill would allow for tuition to be waived for dependents if an injury occurred in the line of duty. House Education committee, no hearings.

House Bill 103 – A change in the language for the firefighter presumption in AS 23.30.121. Changes the exam schedule from annual to biannual. House Labor and Commerce, no hearings yet.

Senate Bill 35 – Delivery Network Companies, or what I call Uber Eats. This will exempt delivery network couriers from the workers' compensation benefits and identify those couriers as independent contractors. This closes a gap in the Transportation Network Company Act as drivers transporting passengers are deemed exempt in Alaska, but no mention is made of delivery network drivers, who may also work as delivery couriers. This bill sets equal status for both types of network company drivers to be treated as independent contractors. This bill was passed in Senate Affairs and is now in Senate Labor and Commerce. During the summer several meetings have been held on this legislation and amendments are pending. I expect this bill to pass.

ISSUES

The staffing of the Medical Services Review Board is almost set, (by the Board meeting date it will be final). We experienced three losses due to life and professional changes in our members.

Continuing with the MSRC:

Jeff Gilbert – representing the Alaska Hospital and Healthcare Association

Dr. Mason McCloskey – representing Alaska Chiropractic Society

Dr. Mary Ann Foland – a medical provider

Misty Steed – a medical payments expert

Valerie Mittlestead – representing the public

For 2026, the Commissioner has appointed three new members:

Dr. Alan Swenson – representing the Alaska Medical Association

Kimberly Dean – representing the insurance industry

Seane Popp – a medical benefits provider

The MSRC is scheduled to meet for work on the 2027 Fee Schedule on June

The Official Alaska Workers' Compensation Medical Fee Schedule for 2026 has been delayed due to regulation adoption. A new draft is included in this packet for the Board's consideration.

Senate Bill 132 was passed last summer, and the Division of Insurance issued a bulletin on the effects of the law changes. While not directly a Workers' Compensation bill, it contains language that introduces changes in the industry that differs from The Workers' Compensation Act. Staff attorney, Brandon Oliveri, has sent over a legal interpretation for our use:

Based on my research, I do not think the new licensing change affects the in-state presence requirement under the Workers' Compensation Act at this time.

*As you noted, AS 23.30.030(4), and AS 23.30.090, require that insures and self-insured employers “provide claims facilities through its own **staffed adjusting facilities located within the state**, or independent, **licensed, resident** adjusters with power to effect settlement within the state.” This language shows a clear intent from the legislature to require an in-state presence for processing workers compensation claims.*

And while SB 132 does change licensing requirements for independent adjusters, including nonresident independent adjusters, this does not automatically override Workers Compensation Act requirements. If an insurer or self-insured employer chooses to provide claims through an independent adjuster, the Workers Comp Act requires that independent adjuster to be two things: (1) licensed (under AS 21.27) and (2) a resident. AS 23.030(4) and AS 23.30.090. Moreover, I believe my interpretation is supported by the fact that instead of using an independent adjuster, an insurer or self-insured employer can have their own adjusting facilities, but they must be within the state. AS 23.30.030(4) and 23.30.090 would not make sense if insures or self-insured employers had to provide their own adjusting facilities in-state, but then could avoid this by having independent adjusters out-of-state.

In summary, I recommend Workers Comp continues with their status quo in requiring a physical presence. But please let me know if you continue to get push back on this. The first goal of statutory interpretation is to interpret possibly conflicting statutes in a way that they do not conflict. That is what I tried to do here, but I also acknowledge that there is not an obvious answer to this question. I am not sure the legislature was aware of AS 23.30.030(4) and AS 23.30.090 when drafting SB 132.

The Board may see this issue in the future as the Division has been contacted by out-of-state adjusters about the possibility of no in-state presence.

As noted in October, The American Medical Association has released a new “edition,” the AMA Guides Sixth 2025 was published on December 2, 2025.

Latest Methodologies Deliver Equitable Ratings

Provide fair and equitable ratings using AMA Guides Sixth 2025 with the newly revised pulmonary system chapter and minor updates to the ear, nose and throat content.



AMA Guides Sixth 2025, released on AMA Guides Digital on Dec. 2, 2025, is effective immediately as the most current version of AMA Guides Sixth.

AMA  Guides® Digital

As directed by AS 23.30.190(d), the Board will hold a public meeting to select a date for the adoption of the new edition. This is the third year in a row a new edition has been published.

DIRECTOR THOUGHTS FOR 2026

This year begins with concern but also hope, the Governor's budget includes a replacement of funding for fiscal year 2027, unfortunately **no** supplementals for the current year. The Division is operating with a large vacancy factor which is impacting on our ability to meet the demands of the industry. The impact has expanded to our Board members, and I have concerns for our continued effectiveness.

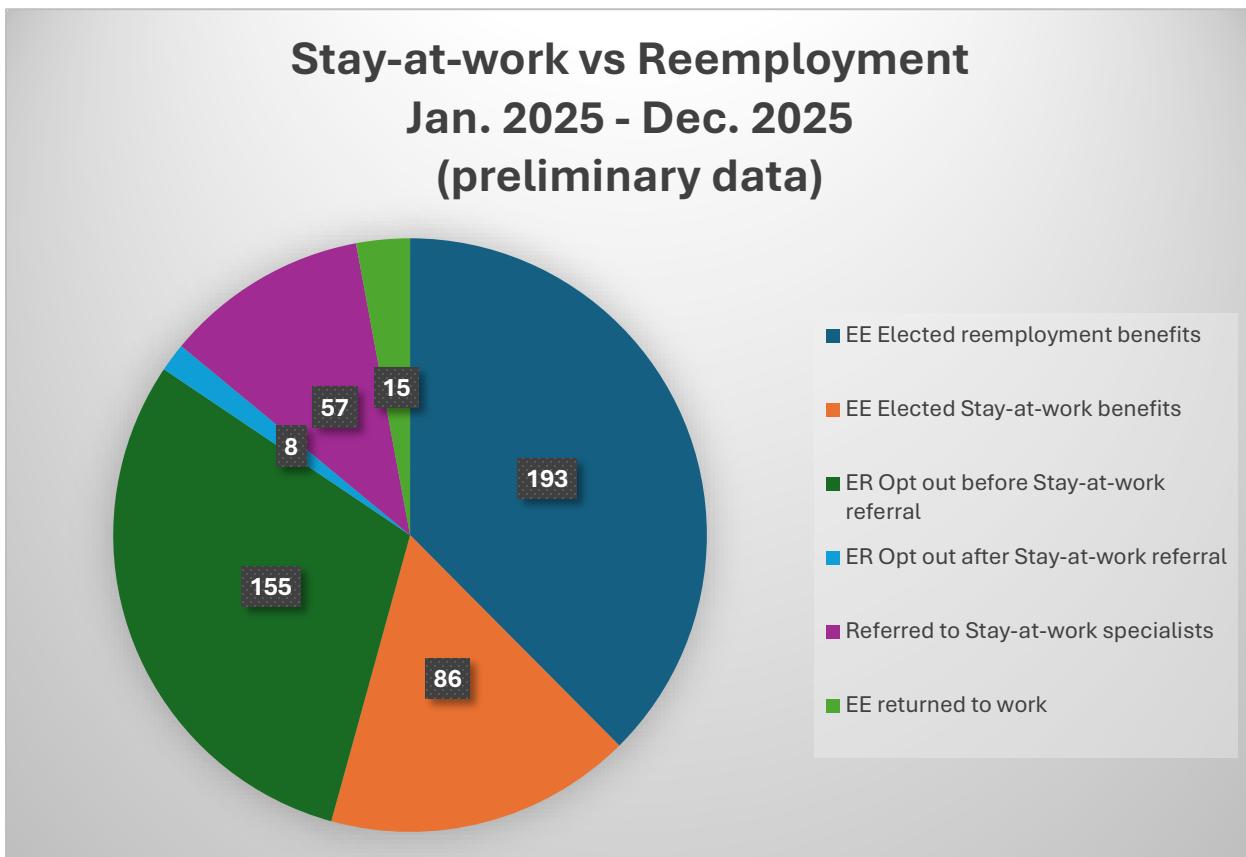
As we enter 2026, the continued decrease in voluntary and assigned risk rates will save employers money once again. Marking the sixteenth, (16th), year in a row that the lost/cost rates have been reduced.

	FY23	FY24	FY25	FY26	FY27
Leg Allocation from WSCAA	\$ 7,266,100.00	\$ 7,418,900.00	\$ 7,907,700.00	\$ 8,032,600.00	\$ 8,731,500.00
WSCAA Revenue	\$ 6,507,298.10	\$ 6,722,658.41	\$ 6,651,845.00	\$ 6,743,455.00	\$ 6,879,797.00
					Projection
Empty Authority	\$ 758,801.90	\$ 696,241.59	\$ 1,255,855.00	\$ 1,289,145.00	\$ 1,851,703.00
					GF 1,445,500.00
Workers' Comp	\$ 5,647,669.82	\$ 5,679,967.68	\$ 5,573,382.00	\$ 7,047,300.00	\$ 7,089,584.00
WC Appeals Commission	\$ 391,564.18	\$ 373,796.46	\$ 371,610.00	\$ 478,000.00	\$ 480,868.00
WC Capital Improvement Project	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Safety and Health	\$ 157,410.18	\$ 226,803.12	\$ 616,503.00	\$ 713,900.00	\$ 718,183.00
Labor Market Info	\$ 83,603.79	\$ 69,946.26	\$ 77,426.00	\$ 141,800.00	\$ 142,651.00
					Projection
Expenditure Total	\$ 6,280,247.97	\$ 6,350,513.52	\$ 6,638,921.00	\$ 8,381,000.00	\$ 8,431,286.00
					Projection
Revenue Shortfall	\$ 227,050.13	\$ 372,144.89	\$ 12,924.00	\$ (1,637,545.00)	\$ (1,551,489.00)

This will be discussed in person due to the sensitive nature and considerable complexity involved.

STAY-AT-WORK / RETURN-TO-WORK

The Stay-at-Work / Return-to-Work program continues to expand as employers and employees become aware of the program.



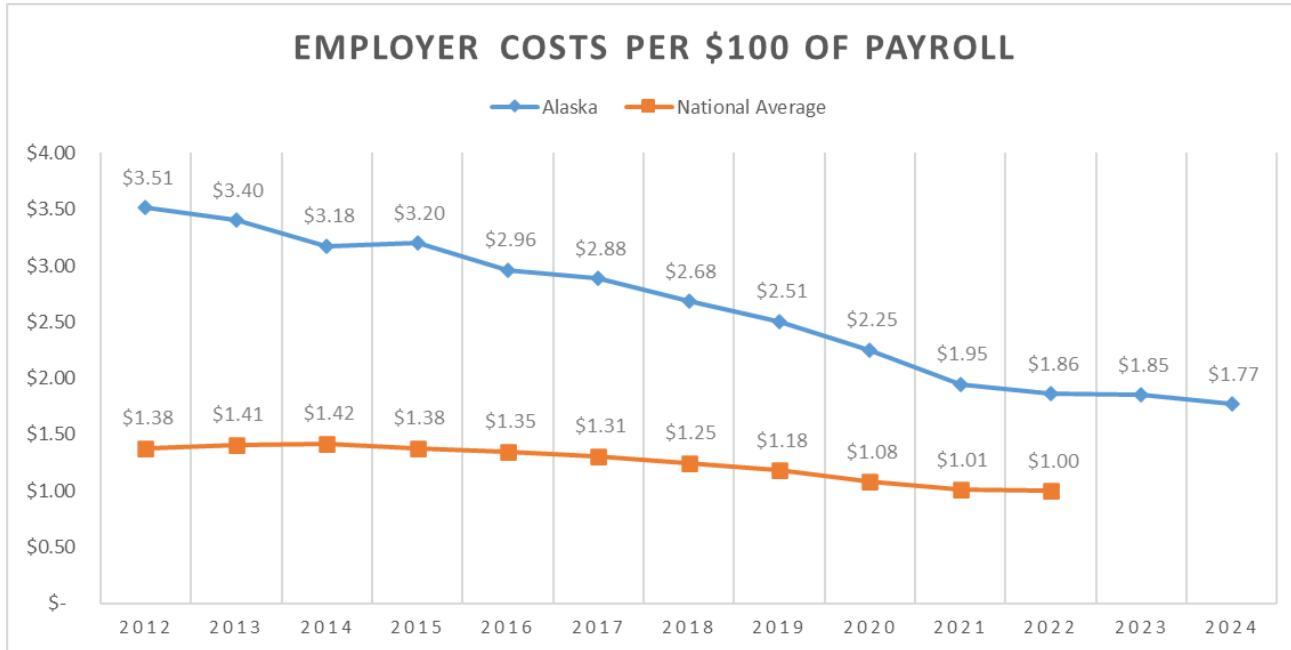
This chart shows 86 injured workers elected Stay-at-work benefits and 193 elected reemployment benefits. We received 155 notices where the employer opted out of the stay-at-work program before a referral was made to a rehabilitation specialist and 8 notices where the employer opted out of the stay-at-work program after a referral was made to a rehabilitation specialist.

In 41 cases that were referred to a rehabilitation specialist a SAW plan could not be developed for the following reasons: ER opted out/did not want to participate, EE returned to work in some capacity and did not need SAW services/support, EE changed their mind and did not want to participate, medical providers would not approve light duty, and EE was terminated before a SAW plan could be developed.

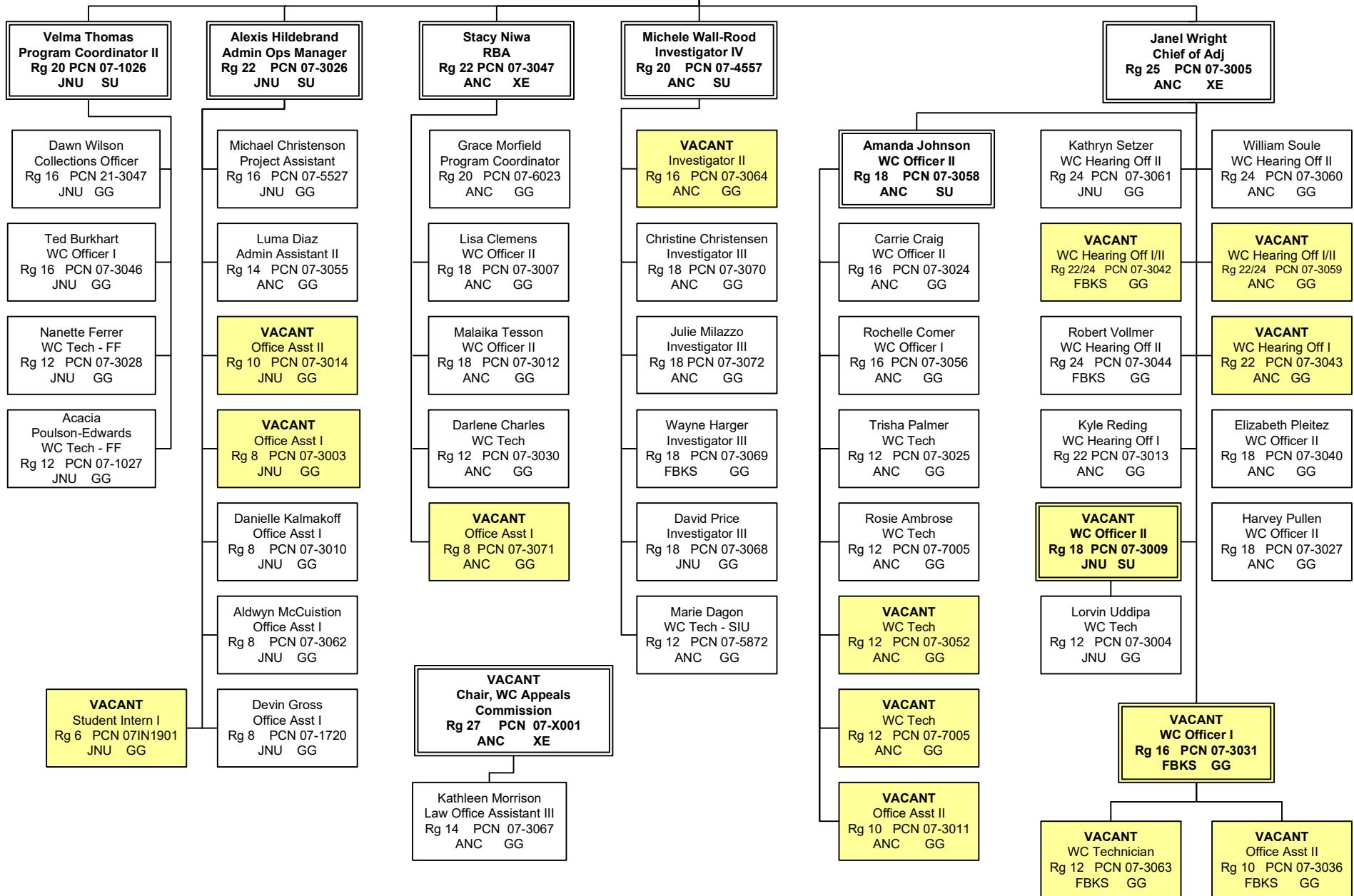
We have nine cases pending a referral to a rehabilitation specialist for SAW plan development.

TOTAL COSTS TO WORKERS COMPENSATION IN ALASKA

Alaska continues to work diligently to carefully control costs and partner with providers and payers to improve outcomes for injured workers. The latest numbers available show continued progress at keeping Alaska competitive by lowering the costs of delivering benefits to injured workers at a “quick, efficient, fair, and predictable delivery of indemnity and medical benefits to injured workers at a reasonable cost to the employers.”



Charles Collins
Director
PCN 07-3001
JNU XE



TAB 6

8 AAC 45.083. Fees for medical treatment and services.

(a) A fee or other charge for medical treatment or service may not exceed the maximums in AS 23.30.097.

The fee or other charge for medical treatment or service

- (1)** provided on or after December 1, 2015, but before April 1, 2017, may not exceed the fee schedules set out in (b) — (l) of this section;
- (2)** provided on or after April 1, 2017, but before January 1, 2018, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, effective April 1, 2017, and adopted by reference;
- (3)** provided on or after January 1, 2018, but before January 1, 2019, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, effective January 1, 2018, and adopted by reference;
- (4)** provided on or after January 1, 2019, but before January 1, 2020, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, effective January 1, 2019, and adopted by reference;
- (5)** provided on or after January 1, 2020, but before January 1, 2021, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, effective January 1, 2020, and adopted by reference;
- (6)** provided on or after January 1, 2021, but before February 24, 2022, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, effective January 1, 2021, and adopted by reference;
- (7)** provided on or after February 24, 2022, but before January 29, 2023, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, January 1, 2022 edition, and adopted by reference;
- (8)** provided on or after January 29, 2023, but before January 1, 2024, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, January 1, 2023 edition, and adopted by reference;
- (9)** provided on or after January 1, 2024, but before January 1, 2025, may not exceed the maximum allowable reimbursement established in the Official Alaska Workers' Compensation Medical Fee Schedule, January 1, 2024 edition, and adopted by reference;

8 AAC 45.083(a)(10) is amended to read:

(10) provided on or after January 1, 2025, **but before March 15, 2026**, may not exceed the maximum allowable reimbursement established in the *Official Alaska Workers' Compensation Medical Fee Schedule*, January 1, 2025 edition, and adopted by reference; [.]

8 AAC 45.083(a) is amended by adding a new paragraph to read:

(11) provided on or after March 15, 2026, may not exceed the maximum allowable reimbursement established in the *Official Alaska Workers' Compensation Medical Fee Schedule*, January 1, 2026 edition, and adopted by reference.

8 AAC 45.083(b) is repealed:

(b) Repealed ____/____/____.

8 AAC 45.083(c) is repealed:

(c) Repealed ____/____/____.

8 AAC 45.083(d) is repealed:

(d) Repealed ____/____/____.

8 AAC 45.083(e) is repealed:

(e) Repealed ____/____/____.

8 AAC 45.083(f) is repealed:

(f) Repealed ____/____/_____.

8 AAC 45.083(g) is repealed:

(g) Repealed ____/____/_____.

8 AAC 45.083(h) is repealed:

(h) Repealed ____/____/_____.

8 AAC 45.083(i) is repealed:

(i) Repealed ____/____/_____.

8 AAC 45.083(j) is repealed:

(j) Repealed ____/____/_____.

8 AAC 45.083(k) is repealed:

(k) Repealed ____/____/_____.

8 AAC 45.083(l) is repealed:

(l) Repealed ____/____/____.

(m) The following material is adopted by reference:

- (1)** *Current Procedural Terminology Codes*, 2015 edition, produced by the American Medical Association, as may be amended;
- (2)** *Healthcare Common Procedure Coding System*, 2015 edition, produced by the federal Centers for Medicare and Medicaid Services, as may be amended;
- (3)** *International Classification of Diseases*, 10th Revision, Clinical Modification, developed by the National Center for Health Statistics, as may be amended;
- (4)** *Relative Value Guide*, 2015 edition, produced by the American Society of Anesthesiologists, as may be amended;
- (5)** *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, produced by the American Psychiatric Association, as may be amended;
- (6)** *Current Dental Terminology*, 2015 edition, published by the American Dental Association, as may be amended;
- (7)** *Resource-Based Relative Value Scale*, effective January 1, 2015, produced by the federal Centers for Medicare and Medicaid Services, as may be amended;
- (8)** *Ambulatory Payment Classifications*, effective January 1, 2015, produced by the federal Centers for Medicare and Medicaid Services, as may be amended;
- (9)** *Medicare Severity Diagnosis Related Groups*, effective January 1, 2015, produced by the federal Centers for Medicare and Medicaid Services, as may be amended;
- (10)** *Hospital Outpatient Prospective Payment System*, produced by the federal Centers for Medicare and Medicaid Services;
- (11)** *Clinical Diagnostic Laboratory Services*, produced by the federal Centers for Medicare and Medicaid Services, as may be amended;
- (12)** *Durable Medical Equipment, Prosthetics, Orthotics, and Supplies*, produced by the federal Centers for Medicare and Medicaid Services, as may be amended;
- (13)** *Payment Allowance Limits for Medicare Part B Drugs, Average Sale Price*, produced by the federal Centers for Medicare and Medicaid Services, as may be amended;
- (14)** *Ambulance Fee Schedule*, produced by the federal Centers for Medicare

and Medicaid Services, as may be amended.

8 AAC 45.083(m) is amended by adding a new paragraph to read:

(15) 42.C.F.R. 412.84 and 412.525, revised as of October 1, 2024.

8 AAC 45.083(n) is repealed:

(n) Repealed ____/____/____.

8 AAC 45.083 is amended by adding a new subsection to read:

(o) The adoption by reference in (a) of this section of an edition of the *Official Alaska Workers' Compensation Medical Fee Schedule* includes the applicable conversion factors, multipliers, modifiers, and other requirements for reimbursement for services during the period to which the edition applies.
(Eff. 12/1/2015, Register 216; am 3/11/2016, Register 217; am 4/1/2017, Register 221; am 1/1/2018, Register 224; am 1/1/2019, Register 228; am 5/12/2019, Register 230; am 12/21/2019, Register 232; am 1/1/2021, Register 236; am 2/24/2022, Register 241; am 1/29/2023, Register 245; am 1/1/2024, Register 248; am 1/1/2025, Register 252; am ____/____/____, Register ____)

Authority: AS 23.30.005 AS 23.30.097 AS 23.30.098

((((Publisher: Please change the period that follows 8 AAC 45.083(m)(14) to a semicolon.)))

8 AAC 45.092(b) is amended to read:

(b) The list of physicians will be created as follows:

(1) Not later than January 15 [T] the board or its designee will provide a copy of the second independent medical examiners list in effect and ask the Alaska Chiropractic Society, Alaska Dental Society, [ALASKA OPTOMETRIC ASSOCIATION] Alaska Society of Eye Physicians and Surgeons, and Alaska State Medical Association to make recommendations [FROM WITHIN THEIR RESPECTIVE SPECIALTY]. The recommendations must be received by the board on or before [NOVEMBER 1, 1989 AND ON OR BEFORE NOVEMBER] May 1 of each year [AFTER THAT].

(2) Not later than [DECEMBER] June 15 of each year, the board will [PUBLISH A BULLETIN LISTING] provide the names of the physicians recommended by the Alaska Chiropractic Society, the Alaska Dental Society, [THE ALASKA OPTOMETRIC ASSOCIATION] Alaska Society of Eye Physicians and Surgeons, and the Alaska State Medical Association to the volunteer panel members chosen by the Commissioner [AS WELL AS THE NAMES OF SECOND INDEPENDENT MEDICAL EXAMINERS].

(3) An attorney who meets the following criteria may, not later than [MARCH] April 1 of each year, submit a letter to the commissioner volunteering to serve on a panel to select physicians for inclusion on the board's second independent medical examiner list [AS DESCRIBED IN (5) OF THIS SUBSECTION]. The attorney must

(A) be admitted to the practice of law in this or another state;
(B) have personally [PRESENTED] represented parties either at workers' compensation mediations or hearings [A TOTAL OF] in at least

three cases [, NO MORE THAN ONE OF WHICH WAS RESOLVED BY AGREED SETTLEMENTS, FOR BOARD DECISION] during the calendar year preceding volunteering to serve on a panel; and

(C) in the calendar year preceding volunteering, have represented one class of litigants, either employee or employer, 90 percent of the time; based on the class of litigant that was represented 90 percent of the time, the commissioner will classify the attorney as either an employee or employer attorney.

(4) Letters of interest from physicians interested in serving as second independent medical examiners

(a) Shall be considered by the panel if received on or before June 1 of each year; and

(b) The panel may consider letters of interest from physicians interested in serving as second independent medical examiners received after June 1 of each year and consider other physicians identified by panel members during its meetings.

[(4)] **(5)** By [MAY] **June** 1 of each year, the commissioner shall choose, from the attorneys who volunteered in accordance with (3) of this subsection, two employee attorneys and two employer attorneys to serve on a panel to select physicians for inclusion on the board's list of physicians. The panel shall meet and select physicians by [AUGUST] **September** 1 of each year. The commissioner shall provide staff to schedule the panel's meetings, publish notice of the meetings, and arrange facilities or other support for the meeting to assist the panel, but the panel members may not be paid for their work or expenses for participating on the panel.

[(5)] **(6)** The panel members shall vote, or abstain from voting, upon the physicians **recommended by the Alaska Chiropractic Society, the Alaska Dental Society,**

Alaska Society of Eye Physicians and Surgeons, and the Alaska State Medical Association

[WHOSE NAMES WERE LISTED IN THE BULLETIN PUBLISHED UNDER (2) OF THIS SUBSECTION] or [ARE] suggested by a panel member, even if the physician's name did not appear in the bulletin. A physician who receives three affirmative votes will be sent by the board or its designee an application and a letter asking if the physician is interested in performing second independent medical examinations. Unless the board determines that good cause exists to extend the time, not later than 60 days after the date of the board's letter the physician must submit

(A) a completed application listing the physician's education, training, work experience, specialty, and the particular discipline in which the physician is licensed, as well as the names and addresses of professional organizations that have certified the physician or in which the physician is an active member;

(B) a copy or proof of the physician's current license from the appropriate licensing agency in the state in which the physician practices;

(C) a certificate of insurance for the physician's current and enforceable professional liability insurance for the services performed; and

(D) a certificate of insurance for the physician's workers' compensation insurance if the physician has employees.

[(6)] **(7)** If the physician complies with ([5] **6**) of this subsection, the physician's name will be added to the board's list of second independent medical examiners, effective [NOVEMBER] **January** 1 of [THAT] **the next** year. **The board will publish a bulletin listing the names of the second independent medical examiners not later than December 15 of each year.** Except as provided in ([7] **8**) of this subsection and (c) of this section, the

physician's name will remain on the list for three years. After three years, the physician must be reselected in accordance with ([5] **6**) of this subsection. If reselected, the physician will remain on the list unless

8 AAC 45.092(h) is amended to read:

(h) In an evaluation under AS 23.30.095(k), the board or the board's designee will identify the medical disputes at issue and prepare and submit questions addressing the medical disputes to the medical examiners selected under this section. The board may direct

(1) a party to [MAKE A COPY OF] **organize and digitize** all medical records, including medical providers' depositions, regarding the employee in the party's possession, put the [COPY] **records** in chronological order by date of treatment with the initial report on top, **and** number the records consecutively[, AND PUT THE RECORDS IN A BINDER];

(2) the party [MAKING THE COPY] to **electronically** serve the [BINDER OF] medical records upon the opposing party together with an affidavit verifying that [THE BINDER CONTAINS COPIES OF] all the medical reports relating to the employee in the party's possession **have been organized chronologically and digitized**;

(3) the party served with [THE BINDER] **digitized medical records** to review [THE COPIES OF THE MEDICAL RECORDS TO] **and** determine if [THE BINDER CONTAINS COPIES OF] all the employee's medical records in that party's possession **are included**; the party served with the [BINDER] **digitized records** must file them [BINDER] **electronically** with the [BOARD] **division** not later than 10 days after receipt and, if the [BINDER IS] **digitized medical records are**

(A) complete, the party served with the [BINDER] **digitized medical records** must file the [binder] **digitized records** upon the [BOARD] **division** together with an affidavit verifying that the [binder] **digitized medical records** contain[S] copies of all the employee's medical records in the party's possession; or

(B) incomplete, the party served with the [BINDER] **digitized medical records** must file the [BINDER] **digitized records** [UPON] **with** the [BOARD] **division** together with [A] supplemental [BINDER WITH COPIES OF THE] **digitized** medical records in that party's possession that were missing from the [BINDER] **digitized medical records** and an affidavit verifying that the [BINDERS] contain [COPIES OF] all **the employee's** medical records in the party's possession; the [COPIES OF THE] medical records in the supplemental [BINDER] **digitized medical records** must be placed in chronological order by date of treatment, with the initial report on top, and numbered consecutively; the party must also serve the party who prepared the first [BINDER] **digitized medical records** with [A COPY OF] the supplemental [BINDER] **digitized medical records** together with an affidavit verifying that the [BINDER IS] **supplemental digitized medical records are** identical to the supplemental [BINDER] **records** filed with the [BOARD] **division**;

(4) the party, who receives additional medical records after the [BINDER] **digitized medical records** [HAS] **have** been [PREPARED] **organized** and filed with the [BOARD] **division**, to [MAKE TWO COPIES OF] **digitize** the additional medical records, [PUT THE COPIES IN TWO SEPARATE BINDERS] **organize them** in chronological order by date of treatment, with the initial report on top, and number the copies consecutively; the party must **electronically** file [one binder with the board] **the additional medical records with the**

division and on the opposing party not later than seven days after receiving the medical records[; THE PARTY MUST SERVE THE OTHER ADDITIONAL BINDER ON THE OPPOSING PARTY], together with an affidavit stating the [BINDER IS] **additional digitized medical records are** identical to the **records** [binder] filed with the [BOARD] **division**, not later than seven days after receiving the medical records;

(Eff. 7/1/88, Register 107; am 10/28/88, Register 108; am 3/16/90, Register 113; am 7/20/97, Register 143; am 7/2/98, Register 146; am 2/27/2000, Register 153; am 3/13/2004, Register 169; am 2/28/2010, Register 193; am 4/1/2017, Register 221; am 7/27/2017, Register 223; am 5/12/2019, Register 230; am 12/23/2021, Register 240, am ____ / ____ / ___, Register ____)

Authority: AS 23.30.005

AS 23.30.095

AS 23.30.110

Register _____, _____ 2025 LABOR AND WORKFORCE DEV.

8 AAC 45.176(d)(3) is amended to read:

8 AAC 45.176(d)(3) a violation of AS 23.30.075 that exceeds 180 **consecutive** calendar days;

(Eff. 2/28/2010, Register 193; am __ / __ / __, Register __)

Authority: AS 23.30.005 AS 23.30.080

8 AAC 45.180(b) is amended to read:

(b) A fee under AS 23.30.145(a) will only be awarded to an attorney licensed to practice law in this or another state. An attorney seeking a fee from an employer for services performed on behalf of an applicant must apply to the board for approval of the fee; the attorney may [SUBMIT AN APPLICATION FOR ADJUSTMENT OF] file a claim [OR A PETITION]. An attorney requesting a fee in excess of the statutory minimum in AS 23.30.145(a) must

(1) file an affidavit itemizing the hours expended, in 1/10 of an hour increments, as well as the extent and character of the work performed[, AND];

(2) block billing, giving only totals for all tasks performed, is not permitted. The affidavit itemizing work performed must specify time taken for each individual task;

(3) fee affidavits must address each factor in Alaska Rule of Professional Conduct 1.5(a); and

(4) if a hearing is scheduled, file the affidavit at least three working days before the hearing on the claim for which the services were rendered; at the hearing, the attorney may supplement the affidavit by testifying about the hours expended and the extent and character of the work performed after the affidavit was filed. If the request and affidavit are not in accordance with this subsection, the board will deny the request for a fee in excess of the statutory minimum fee, and will award the minimum statutory fee.

8 AAC 45.900. Definitions. (a) In this chapter

8 AAC 45.900(j) is amended to read:

(j) [FOR AN INJURY OCCURRING AFTER DECEMBER 22, 2011,] "Previously rehabilitated" under AS 23.30.041(f)(3) means having [(1)] completed a reemployment benefits plan under AS 23.30.041 or a substantially similar law in another jurisdiction.; OR (2) DONE BOTH OF THE FOLLOWING: (A) HAVING STIPULATED TO ELIGIBILITY, HAVING AN ELIGIBILITY REQUEST APPROVED, OR HAVING AN ELIGIBILITY EVALUATION ORDERED UNDER AS 23.30.041(C); (B) HAVING WAIVED REEMPLOYMENT BENEFITS UNDER AS 23.30.041(Q), 23.30.012, OR A SUBSTANTIALLY SIMILAR LAW IN ANOTHER JURISDICTION.]

(Eff. 5/28/83, Register 86; am 12/14/86, Register 100; am 7/1/88, Register 107; am 3/16/90, Register 113; am 7/20/97, Register 143; am 7/2/98, Register 146; am 4/16/2010, Register 194; am 12/22/2011, Register 200; am 12/1/2015, Register 216; am 7/27/2017, Register 223; am 12/23/2021, Register 240; ____/____/____, Register ____)

Authority:	AS 23.30.005	AS 23.30.097	AS 23.30.240
	AS 23.30.030	AS 23.30.175	AS 23.30.395
	AS 23.30.041	AS 23.30.220	AS 23.30.090
	AS 23.30.230		

TAB 7

8 AAC 45.020 is repealed and readopted to read:

8 AAC 45.020. Transaction of business. (a) The division will transact business at its offices in Juneau, Anchorage and Fairbanks during the hours prescribed by law.

(b) Documents may be filed in person at the division's offices, and by mail, by facsimile transmission or by electronic mail.

(c) Documents filed by facsimile transmission or by electronic mail must comply with the following:

(1) a party may file a document by electronic mail with the division by sending the document, as an attachment, to the division's electronic mail address, and may file a reemployment benefits administrator document with the reemployment benefits administrator by sending the document, as an attachment, to the administrator's electronic mail address;

(2) a document

(A) electronically mailed to the division or administrator may not exceed 10 megabytes and must be sent as attachments in .pdf format;

(B) filed by facsimile transmission to the division or administrator may not exceed 50 pages;

(3) the filing party must attach proof of service as required by 8 AAC 45.060 (c) and (d) by including it on, or attaching it to, the filed document;

(4) filing of a document in person or by mail is considered received when it is stamped "received" at a division office; electronic mail and facsimile transmission filings are considered received upon receipt of the entire document at the electronic mail addresses or by the facsimile machines of the division or administrator, respectively;

- (5) a document is considered filed upon receipt unless received on a Saturday, Sunday, a day the division is closed due to a state-recognized closure, or after 5:00 p.m. Alaska time; otherwise, the filing date will be the next working day;
- (6) the division, the board, and the administrator are not responsible for verifying that documents filed by any method are received correctly, that all pages were filed or transmitted, that the document is legible, or that receipt was correct in any other respect, and are not responsible for technological problems that may occur as a party tries to transmit documents electronically; electronic mail that is identified as having a virus will be deleted immediately, the filing party will be informed by the division, and a document attached to the electronic mail will be considered rejected;
- (7) original documents of all electronically filed pleadings must be kept by the party to resolve questions pertaining to authenticity; originals may not be filed unless specifically ordered by the division, board or administrator;
- (8) a party filing documents by electronic mail must include in the subject line of the transmitting message
 - (A) the division's case number for the attached documents; and
 - (B) a brief description of the documents to be filed;
- (9) a party filing documents by facsimile must include a cover sheet with the division's case number and identify the documents to be filed;
- (10) the party may not provide extraneous narrative or explanation in the body of the transmitting electronic mail message or on the facsimile cover sheet; information in the electronic mail message or on the facsimile cover sheet is limited to the division's case number, and title of each document that is attached for filing;
- (11) failure to adhere this section may result in rejection of the submitted documents.

8 AAC 45.025 is repealed and readopted to read:

8 AAC 45.025. Forms. The division may require the use of forms for reporting any information required by this chapter or by AS 23.30. A person may obtain forms on the division's website at http://www.labor.alaska.gov/wc/pdf_list.htm.

8 AAC 45.030 is repealed and readopted to read:

8 AAC 45.030. Fees. The division may charge

- (1) reasonable duplication fees for copying division files, papers, documents, orders, or decisions; and
- (2) reasonable duplication fees for copying hearing recordings;
- (3) a party requesting a transcript must pay all transcription costs; the division does not prepare transcripts.

8 AAC 45.032 is repealed and readopted to read:

8 AAC 45.032. Case files. (a) Upon receiving written notice of an injury or death, or when a failure-to-insure investigation is initiated, the division will establish a case file and will notify the employee or beneficiary, employer, and insurer in writing of the case number.

8 AAC 45.040 is repealed and readopted to read:

8 AAC 45.040. Parties. (a) A person other than the employee filing a claim for benefits shall join the injured employee as a party and must first prove a compensable injury to be eligible for benefits, or the opposing party must stipulate to or admit facts from which the board can find the employee's injury is compensable.

(b) **Party joinder.**

- (1) any person who may have a right to relief in respect to or arising out of the same transaction or series of transactions should be joined as a party;
- (2) any person against whom a right to relief may exist should be joined as a party;
- (3) if the employer was not insured at the time of the injury, the Alaska Workers' Compensation Benefits Guaranty Fund shall be joined as a party;
- (4) in a death case all persons who may be the deceased employee's dependents or beneficiaries, shall be joined as parties so the employer's liability is determined in one proceeding.

(c) Proceedings to join a person to an existing claim are begun by

- (1) a party filing with the division a petition to join the person and serving a copy of the petition and a copy of the existing claim on the person to be joined and all other parties; or
- (2) the board or its designee serving a notice to join and a copy of the existing claim on all parties and the person to be joined;
- (3) a party filing a petition to join a person to an existing claim need not file a new claim against the party to be joined.

(d) A petition or a notice to join must state that the person will be joined as a party to an existing claim unless, within 20 days after service of the petition or notice and a copy of the existing claim, the person or an existing party files an objection with the division and serves it on the petitioner and on all parties. If the petition or notice to join does not conform to this section, the person will not be joined. If the person to be joined or a party fails to object timely, the right to object to joinder is waived and the person is joined without further board action.

(e) In determining whether to join a person to an existing claim, the board or its designee will consider (b) of this section and any timely filed objections.

(f) **Consolidation.** If a single incident injures two or more employees, regardless of whether the employers are the same, two or more cases may be consolidated solely for the purpose of taking evidence; a party may ask for consolidation by filing a petition, or a designee may raise the issue

at a prehearing; to consolidate cases at the prehearing the designee must determine the injuries or issues in the cases are similar or closely related.

8 AAC 45.050 is repealed and readopted to read:

8 AAC 45.050. Pleadings. (a) A person may start a proceeding before the board by filing a written claim or petition; a minor child's claim must be filed by the surviving parent or other authorized representative.

(b) Claims and petitions,

- (1) a claim is a written request for benefits;
- (2) a petition is a written request for action by the board, other than a claim;
- (3) except for a petition for a self-insurance certificate or an executive officer waiver, a complete claim or petition must include
 - (A) the names and addresses of all parties, the date of injury, and the general nature of the dispute between the parties; and
 - (B) the signature of the claimant or a claimant's representative;
- (4) the board or its designee will not act on a petition or claim that does not meet the requirements of this section and will return an incomplete petition or claim to the person filing it;
- (5) a petition to terminate benefits must include the date on which the petitioner claims the disability or need for medical treatment ended.

(c) Answers to claims and petitions,

- (1) an answer to a claim or petition must be filed not later than 20 days after the date of service of the pleading and served upon all parties; upon a party's petition or on its own motion, the

board may extend or postpone the time for filing an answer. If an answer is not timely filed, default will not be entered, but statements in the claim or petition will be deemed admitted; however, failure of a party to deny a fact alleged in a claim or petition does not preclude the board from requiring proof of the fact;

(2) a general denial is not an answer; an answer must be simple in form and language and state the admitted and disputed claims briefly and clearly so that a lay person knows what proof will be required at the hearing and, when applicable, state

- (A) any reason why the claim or dispute cannot be heard completely at the first hearing;
- (B) whether the claim is barred under AS 23.30.022, 23.30.100, 23.30.105, 23.30.110, or otherwise barred by law or equity;
- (C) whether the injury was proximately caused by the employee's willful intent to injure or kill any person;
- (D) whether the injury was proximately caused by the employee being intoxicated or being under the influence of a drug or combination of drugs;
- (E) whether the last injurious exposure rule applies;
- (F) whether the employee has failed to minimize the disability, giving specifics of the allegation;
- (G) whether the employee has been overpaid or paid at a different rate than that which is due;
- (H) whether the employee's compensation rate should be adjusted under AS 23.30.175(b).

(d) **Replies.** No party is required to file a reply to an answer, but a party who chooses to file a reply must file it not later than seven days after the answer was served upon the parties.

(e) **Amendments.** A pleading may be amended at any time before award upon such terms as a board designee directs. If the amendment arose out of the conduct, transaction, or occurrence set out or attempted to be set out in the original pleading, the amendment relates back to the date of the original pleading, subject to all defenses.

(f) Stipulations,

- (1) a stipulation signed by all parties to the stipulation may be filed if the stipulating parties agree that there is no dispute as to any material fact and agree to the dismissal of a claim or petition or the dismissal of a party; by filing a stipulation under this paragraph, the parties agree to the immediate filing of an order based upon the stipulation;
- (2) stipulations between parties may be made in writing at any time or may be made orally in the course of a hearing or a prehearing;
- (3) stipulations are binding upon the parties to the stipulation and have the effect of an order unless the board, for good cause, relieves a stipulating party from the terms of the stipulation;
- (4) a stipulation waiving an employee's right to benefits under AS 23.30 must conform to AS 23.30.012 and 8 AAC 45.160, and be approved by the board;
- (5) attorney fees may be resolved by stipulation; the stipulating parties must serve an attorney fee stipulation on the employee; an employee who objects to the stipulation must file with the division and serve on all parties to the case a written objection, stating all grounds upon which the employee objects, within seven days of service of the fee stipulation;
- (6) notwithstanding any stipulation to the contrary, or if the employee objects to a fee stipulation, the commissioner's designee may base its findings upon the facts as they appear from the evidence, may cause further evidence or testimony to be taken, or may order an investigation into the matter as prescribed by AS 23.30.

8 AAC 45.052 is repealed and readopted to read:

8 AAC 45.052. Medical summary. (a) Parties may use form 07-6103 or its substantial equivalent to comply with AS 23.30.095(h).

(b) A medical summary is not required for a claim or petition requesting only

- (1) a compensation rate adjustment or a determination of gross weekly earnings;
- (2) additional compensation under AS 23.30.155;
- (3) a determination that the employer or its insurer frivolously or unfairly controverted benefits;
- (4) attorney's fees or costs;
- (5) a determination of dependency in death cases;
- (6) reimbursement under AS 23.30.155(j);
- (7) an offset under AS 23.30.225;
- (8) an executive officer waiver; or
- (9) a self-insurance certificate.

8 AAC 45.054 is repealed and readopted to read:

8 AAC 45.054. Discovery. (a) The party seeking to introduce a witness' testimony by deposition shall pay the initial costs of the deposition and transcript.

(b) Upon the petition of a party, the board will, in its discretion, order other means of discovery.

(c) The board's designee may issue subpoenas and subpoenas duces tecum in accordance with the Act. The person requesting the subpoena shall serve the subpoena at the person's expense. Neither the division nor the board will serve subpoenas on behalf of a party.

(d) A party who refuses to release information after having been properly served with a request for discovery may not introduce at a hearing the evidence which is the subject of the discovery request.

8 AAC 45.060 is repealed and readopted to read:

8 AAC 45.060. Service. (a) The party filing a petition must serve the petition and provide proof of service of the petition upon all parties;

(b) A party may file a document with the division in compliance with 8 AAC 45.020. Except for a claim, a party shall serve a copy of a document filed with the division upon all parties or, if a party is represented, upon the party's representative. Service must be done personally, by facsimile, by electronic mail, or by mail, in accordance with due process. Service by mail is complete when deposited in the mail if mailed with sufficient postage and properly addressed to the party at the party's last known address. If a right may be exercised or an act is to be done, three days must be added to the prescribed period when a document is served by mail.

(c) A party shall file proof of service with the division. Proof of service may be made by

(1) affidavit of service; if service was electronic or by facsimile, the affidavit must verify successfully sending the document to the party;

(2) written statement, signed by the person making the statement upon the document served, together with proof of successfully sending the document to the party if served by facsimile or electronically; or

(3) letter of transmittal if served by mail.

(d) Proof of service must set out the names of the persons served, method and date of service, place of personal service or the address to which it was mailed or sent by facsimile or electronically, and

verification of successful sending if required. The board will, in its discretion, refuse to consider a document when proof of its service does not conform to the requirements of this section.

(e) Immediately upon a change of address for service, a party or a party's representative must file with the division and serve on the opposing party a written notice of the change. Until a party or the division receives written notice of a change of address, documents must be served upon a party at the party's last known address.

(f) If after due diligence, service cannot be done personally, electronically, by facsimile, or by mail, the board will, in its discretion, find a party has been served.

8 AAC 45.065 is repealed and readopted to read:

8 AAC 45.065. Prehearings. (a) After a claim or petition has been filed, a party may file a written request for a prehearing, and the division will schedule a conference. Even if a claim, petition, or request for prehearing conference has not been filed, the board or its designee will exercise discretion directing the parties or their representatives to appear for a conference. The division will give the parties at least 10 days' notice of a prehearing by email or by first-class mail. At the prehearing, the board's designee will exercise discretion to

(1) identify and simplify the issues;

(2) amend the pleadings, and require parties to file additional documents;

(3) accept stipulations, including agreed or accepted facts, or to provide other documents that may avoid presenting unnecessary evidence at hearing;

(4) limit the number of witnesses, identify witnesses, and require a witness list in accordance with 8 AAC 45.112;

(5) order the length and filing and service dates for briefs if different from 8 AAC 45.114;

- (6) decide the relevance of information requested under AS 23.30.107(a) and AS 23.30.108;
- (7) decide petitions to join a person;
- (8) consolidate two or more cases, even if a petition for consolidation has not been filed;
- (9) discuss settlement or using mediation to resolve the dispute;
- (10) decide discovery requests;
- (11) set the closing date for discovery;
- (12) set the closing date for serving and filing evidence;
- (13) determine if a party intends at the time of hearing to seek recusal of a hearing panel member from participating in the hearing;
- (14) extend time for the parties' opening and closing arguments; or
- (15) decide and issue orders on other matters that may aid in the disposition of the case.

- (b) After a prehearing, the board's designee will issue a summary of the discussions and actions taken at the prehearing. The summary will limit the issues for hearing. Unless modified, the summary governs the issues and the course of the hearing.
- (c) Not later than 10 days after service of a prehearing summary issued under (b) of this section, a party may ask in writing that a prehearing summary be modified or amended by the designee to correct a misstatement of fact or to change a prehearing determination. The party making a request to modify or amend a prehearing summary shall serve all parties with a copy of the written request. If a party's request to modify or amend is not timely filed or lacks proof of service upon all parties,

the designee may not act upon the request. Not later than 10 days after the division receives a party's request to modify or amend a prehearing summary, the designee shall either approve or deny the request and give notice of the decision to the parties. If the designee denies the request to modify or amend a prehearing summary, the requesting party must request a prehearing conference to correct the misstatement of fact or to change the prehearing determination.

(d) The board's designee may set a hearing date at the prehearing. The designee will set the hearing for the first possible date on the board's hearing calendar unless good cause exists to set a later date.

(e) A party may audio record the prehearing at the party's expense. If a party audio records the prehearing and transcribes the recording, the party must file the recording and a certified transcript with the division and serve a copy upon all parties at least 10 days before a scheduled hearing. If a party fails to file and serve the audio recording and certified transcript timely, the board will exclude the transcript and audio recording from consideration.

(f) Notwithstanding (c) of this section, a party may appeal a discovery order entered by a board designee under AS 23.30.108 by filing with the division a petition in accordance with 8 AAC 45.050. Unless a petition is filed under this subsection not later than 10 days after service of a board designee's discovery order, the discovery order is final.

(g) Notwithstanding (c) of this section, only the board designee who entered the discovery order may order reconsideration of a discovery order entered under AS 23.30.108. The discovery order may be reconsidered on the board designee's own motion or on petition of a party under AS 44.62.540. A petition for reconsideration must set out the specific grounds for reconsideration. Not later than 15 days after the division receives a party's request for reconsideration, the designee shall either grant or deny the request and give notice of the decision to the parties. If a party wants to seek board review of the designee's reconsideration decision, a petition for appeal under (f) of this section must be filed not later than 10 days after service of the reconsideration decision.

8 AAC 45.070 is repealed and readopted to read:

8 AAC 45.070. Hearings. (a) Hearings will be held at the time and place fixed by notice served by the division under 8 AAC 45.060(e). A hearing may be adjourned, postponed, or continued at the discretion of the board or its designee, and in accordance with the Act and this chapter.

(b) If a party wants a hearing on a claim but is not fully prepared for a hearing, the party must petition for an extension of time to request a hearing under AS 23.30.110(c).

(c) Except as provided in (1)(A) and (F) of this subsection and 8 AAC 45.074(c), a hearing will not be scheduled unless a claim or petition has been filed, and an affidavit of readiness for hearing has been filed and that affidavit is not returned by the division. The division has available an Affidavit of Readiness for Hearing form that a party may use. The division will return an affidavit of readiness for hearing, and a hearing will not be set if the affidavit lacks proof of service upon all other parties, or if the affiant fails to state that the party has completed all necessary discovery, has all the necessary evidence, and is fully prepared for the hearing.

(1) A hearing is requested by using the following procedures:

(A) For review of an administrator's decision issued under AS 23.30.041, a party shall file a petition for review of the administrator's decision under 8 AAC 45.150. A hearing request is not required.

(B) For a written record hearing based on the division's file on a claim or petition, a party must file an affidavit of readiness for hearing in accordance with (2) of this subsection.

(C) For an in-person hearing on a claim or petition, a party must file an affidavit of readiness in accordance with (2) of this subsection.

(D) For a default hearing under AS 23.30.170, a party may file a petition together with an affidavit of readiness for hearing.

(E) To resolve a medical dispute under AS 23.30.095(k) or to request the board order a physical examination under AS 23.30.110(g), a party shall file with the division and serve on opposing parties a petition asking the board to order a second independent medical evaluation, a completed second independent medical evaluation form signed by the party that filed the petition, and medical records reflecting the medical disputes; if the parties do not stipulate to the second independent medical evaluation within 20 days of service of the documents, the board or its designee will schedule a hearing, the board will hold a hearing on the written record with briefs, and the board will issue its decision and order within 60 days of the date the documents were filed with the division and served on the opposing party; an affidavit of readiness for hearing form is not required.

(2) Except as provided in (1) of this subsection, a party may not file an affidavit of readiness for hearing until after the opposing party files an answer under 8 AAC 45.050 to a claim or petition or 20 days after the service of the claim or petition, whichever occurs first. If an affidavit of readiness is filed before the time set by this paragraph, no action will be taken by the division or board or its designee until the 20 days have passed.

(3) If the board or its designee determines that a hearing should be scheduled even though a party has not filed an affidavit of readiness for hearing, the board or its designee will give notice of the hearing in accordance with AS 23.30.110 and 8 AAC 45.060(e).

(c) To oppose a hearing, a party must file an affidavit of opposition in accordance with this subsection. If an affidavit of opposition to a hearing is filed in accordance with this subsection, the board's designee will, within 30 days after the filing of the affidavit of opposition, hold a prehearing conference. In the prehearing conference the board's designee will schedule a hearing date within 60 days or, in the discretion of the board's designee, schedule a hearing under (a) of this section on a date stipulated by all the parties. If the affidavit of opposition is not in accordance with this subsection, and unless the parties stipulate to the contrary, the board's designee will schedule a hearing within 60 days, and will exercise discretion in holding a

prehearing conference before scheduling a hearing. An affidavit of opposition that is filed under this subsection must

- (1) be filed with the division office nearest the requested hearing location;
- (2) be filed not later than 10 days after the filing of the affidavit of readiness for hearing that is being opposed;
- (3) have proof of service upon the other parties;
- (4) include the case number and list the parties' names and the date of the affidavit of readiness for hearing that is being opposed; and
- (5) state the specific reason, and not a general allegation, why the case should not be heard, that a party is not ready, or why a hearing is not appropriate.

(d) Unless the parties stipulate otherwise, or the board's designee or the board determines that a hearing should be scheduled, no hearing will be scheduled or held until the party filing the affidavit of readiness for hearing has complied with the provisions of this section.

(e) If an agreed settlement is reached less than 14 days before a scheduled hearing and

- (1) it conforms to AS 23.30.012 and 8 AAC 45.160, and is filed with the division not less than two working days before the scheduled hearing, the parties must appear at the scheduled hearing to request board action under AS 23.30.012 on the agreed settlement; if the board does not approve the agreed settlement, the hearing will proceed as scheduled; or
- (2) it is not in accordance with AS 23.30.012, 8 AAC 45.160 and this subsection, the parties must appear before the board's designee at the scheduled hearing time to state the terms of the settlement agreement; after the parties have stated the terms of the

settlement, a request to continue, postpone, cancel, or change the scheduled hearing may be made in accordance with 8 AAC 45.074, and will be granted.

(f) If a settlement is reached more than 14 days before a scheduled hearing, but it is not written and signed by the parties, and approved by the board, the hearing will proceed as scheduled.

(g) If the board finds that a party was served with notice of hearing and is not present at the hearing, the board will in its discretion,

(1) proceed with the hearing in the party's absence and, after taking evidence, decide the issues in the claim or petition;

(2) dismiss the claim or petition without prejudice; or

(3) adjourn, postpone, or continue the hearing.

(h) Except when the board determines that unusual and extenuating circumstances exist, the prehearing summary, if a prehearing was conducted and if applicable, governs the issues and the course of the hearing.

(i) If the hearing is not completed on the scheduled hearing date and the board determines that good cause exists to continue the hearing for further evidence, legal memoranda, or oral arguments, the board will set a date for the completion of the hearing.

(j) The board will, in the board's discretion, permit a member

(1) to attend a hearing by electronic means; or

(2) who did not attend a hearing, to review the written record, evidence, and hearing recording and to deliberate with

- (A) a deadlocked two-member panel to decide the case; or
- (B) the remaining member of a two-member panel if, before a decision is filed on a case heard by a two-member panel, one member dies, resigns from the board, is replaced by the governor, or the member's term expires.

(k) Before the member is added to the panel under (i) of this section, the board will write to the parties, stating the member's name, and give the parties an opportunity to request the member's disqualification from the panel in accordance with AS 44.62.450(c).

(In effect before 7/28/59; am 5/28/83, Register 86; am 12/14/86, Register 100; am 7/1/88, Register 107; am 3/16/90, Register 113; am 7/20/97, Register 143; am 7/2/98, Register 146; am 3/31/2002, Register 161; am 5/12/2019, Register 230; am 7/7/2024, Register 251).

8 AAC 45.072 is repealed and readopted to read:

8 AAC 45.072. Venue. The venue for injuries occurring in the First Judicial District is Juneau. The venue for injuries occurring in the Second and Fourth Judicial Districts is Fairbanks. The venue for injuries occurring in the Third Judicial District is Anchorage. A hearing will be held only in a city in which a division office is located. The venue may be changed to a different city in which a division office is located if

- (1) the parties stipulate to the change;
- (2) after receiving a party's petition, and based on the documents filed with the division and the parties' written arguments, the board orders the venue changed for the convenience of the parties and the witnesses; the board's panel in the city with the initial venue will decide the petition to change the venue;
- (3) the board or its designee may change the venue for the board's convenience or to assure a speedy remedy.

8 AAC is amended by adding a new section to read:

8 AAC 45.055. Cross-examination. (a) A party may request the right to cross-examine the author of written documents at any time.

(b) Medical records.

(1) If the party filing an affidavit of readiness for hearing wants the opportunity to cross-examine the author of a medical report listed on the medical summaries that have been filed, the party must file with the division, and serve upon all parties, a substantially completed Smallwood objection, form 07-6174 or its equivalent, together with the affidavit of readiness for hearing, an updated medical summary and copies of the medical reports listed on the medical summary.

(2) If a party served with an affidavit of readiness for hearing wants the opportunity to cross-examine the author of a medical report listed on any medical summaries filed as of the date of service of the affidavit of readiness for hearing, and a request for cross-examination of the author of that medical record has not already been filed and served upon all parties, a request for cross-examination must be filed with the division, and served upon all parties, not later than 10 days after service of the affidavit of readiness for hearing.

(3) After an affidavit of readiness for hearing has been filed, and until the claim is heard or otherwise resolved,

(A) all new medical summaries must be accompanied by a request for cross-examination if the party filing the new medical summary wants the opportunity to cross-examine the author of a medical report listed on the new medical summary; and

(B) if a party served with a new medical summary and copies of the medical reports listed on the new medical summary wants the opportunity to cross-examine the author of a medical report listed on the new medical summary, a request for cross-

examination must be filed with the division and served upon all parties not later than 10 days after service of the new medical summary.

- (4) If a new medical summary with attached medical records is filed and served less than 20 days before a hearing, the board may rely upon a medical report listed on the new medical summary only if the parties expressly waive the right to cross-examination, or if the board determines that the medical report listed on the new summary is not hearsay or is admissible under a hearsay exception of the Alaska Rules of Evidence.
- (5) If a request for cross-examination is not in accordance with this section, the party waives the right to request cross-examination of the author of a medical report listed on a medical summary. If a party waived the right to request cross-examination, at hearing the party may present as the party's witness, at the party's expense, the testimony of the author of a medical report listed on a medical summary.

(c) Non-medical records.

- (1) If the party filing an affidavit of readiness for hearing wants the opportunity to cross-examine the author of a non-medical document that has been filed with the division, and served under 8 AAC 45.060, the party must file with the division, and serve upon all parties, a substantially completed request for cross examination, form 07-6174 or its equivalent, together with the affidavit of readiness for hearing.
- (2) If a party served with an affidavit of readiness for hearing wants the opportunity to cross-examine the author of a non-medical document filed with the division and served under 8 AAC 45.060, as of the date of service of the affidavit of readiness for hearing, and a request for cross-examination of the author of that document has not already been filed and served, the party must file with the division, and serve upon all parties, a substantially completed request for cross-examination, form 07-6174 or its equivalent, not later than 10 days after service of the affidavit of readiness for hearing.

(3) After an affidavit of readiness for hearing has been filed, and until the claim is heard or otherwise resolved,

(A) all new medical summaries must be accompanied by a request for cross-examination if the party filing the new medical summary wants the opportunity to cross-examine the author of a medical report listed on the new medical summary; and

(B) if a party served with a new medical summary and copies of the medical reports listed on the new medical summary wants the opportunity to cross-examine the author of a medical report listed on the new medical summary, a request for cross-examination must be filed with the division and served upon all parties not later than 10 days after service of the new medical summary.

(4) If new documentary evidence is filed and served less than 20 days before a hearing, the board may rely upon the evidence only if the parties expressly waive the right to cross-examination, or if the board determines that the documents are admissible under the Alaska Rules of Evidence.

(5) If a request for cross-examination is not in accordance with this section, the party waives the right to request cross-examination of the author of a non-medical document. If a party waived the right to request cross-examination, at hearing the party may present as the party's witness, at the party's expense, the testimony of the author of the document.

(d) Any document served upon the parties under 8 AAC 45.060, that is in the division's possession 20 or more days before hearing will, in the board's discretion, be relied upon by the board in reaching a decision unless a written request for an opportunity to cross-examine the document's author is filed with the division under this section.

(e) A request for cross-examination filed under this section must

- (1) specifically identify the document by date and author, and generally describe the type of document; and
- (2) state a specific reason why cross-examination is being requested.

(f) If a request is filed in accordance with this section, an opportunity for cross-examination will be provided unless the request is withdrawn or the board determines that

- (1) under the Alaska Rules of Evidence, the document is admissible;
- (2) the document is a report of an examination performed by a physician chosen by the board under AS 23.30.095(k) or AS 23.30.110(g).

8 AAC 45.120 is repealed and readopted to read:

8 AAC 45.120. Evidence. (a) AS 44.62.460 (a) through (d) apply in workers' compensation cases.

(b) If the board determines that a party is extremely indigent and cannot afford to pay the transcription fee, the board will rely upon the audio or visual recording of the deposition without a transcript.

(c) The order in which evidence and argument is presented at the hearing will be in the discretion of the board, unless otherwise expressly provided by law.

(c) A party who does not testify may be called and examined by any party as if under cross-examination.

(f) Any document that is served upon the parties, accompanied by proof of service, and that is in the division's possession 20 or more days before hearing will, in the board's discretion, be relied upon by the board in reaching a decision unless a written request for an opportunity to cross-examine the document's author is filed with the division and served upon all parties under 8 AAC 45.055.

(g) Section 8 AAC 45.055 does not limit the parties' right to object to the introduction of documents on other grounds.

(h) The board favors the production of medical evidence in the form of written reports, but will, in its discretion, give less weight to written reports that do not include

(1) the patient's complaints;

(2) the history of the injury;

(3) the source of all facts set out in the history and complaints;

- (4) the findings on examination;
- (5) the medical treatment indicated;
- (6) the relationship of the impairment or injury to the employment;
- (7) the medical provider's opinion concerning the employee's working ability and reasons for that opinion;
- (8) the likelihood of permanent impairment; and
- (9) the medical provider's opinion as to whether the impairment, if permanent, is ready for rating, the extent of impairment, and detailed factors upon which the rating is based.

(i) Unless a genuine question is raised as to the authenticity of the original or, in the circumstances, it would be unfair to admit the duplicate in place of the original, a duplicate is admissible in accordance with this section to the same extent as an original.

(1) For purposes of this subsection, a duplicate is a counterpart produced by the same impression as the original, or from the same matrix, or by means of photography, or by mechanical or electronic recording, or by chemical reproduction, or by other equivalent techniques that accurately reproduce the original.

(2) The following duplicates are admissible to the same extent as an original:

- (A) duplicates of medical reports or records of any governmental agency;
- (B) a duplicate of the contents of a writing, recording, or photograph is admissible if

- (i) all originals are lost or have been destroyed, unless the party in bad faith lost or destroyed them;
- (ii) (ii) an original cannot be obtained by any available judicial or administrative process or procedure;
- (iii) at a time when an original was under the control of the party against whom offered, that party was put on notice, by the pleadings or otherwise, that the contents would be a subject of proof at the hearing, and that party does not produce the original at hearing; or
- (iv) the writing, recording, or photograph is not closely related to a controlling issue.

(j) The board will not consider evidence or legal memoranda filed after the board closes the hearing record, unless the board, upon its motion, determines that the hearing was not completed and reopens the hearing record for additional evidence or legal memoranda. The board will give the parties written notice of reopening the hearing record, will specify what additional documents are to be filed, and the deadline for filing the documents.

TAB 8



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

DIVISION OF INSURANCE
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BULLETIN B25-09

SB132 IMPLEMENTATION AND GENERAL LICENSING GUIDANCE

**TO: ALL LICENSEES AND ADMITTED INSURERS IN THE STATE OF ALASKA AND OTHER
INTERESTED PARTIES**

RE: SB132 IMPLEMENTATION, LICENSING GUIDANCE

**On June 24, 2025, the Governor signed Alaska Senate Bill (SB) 132, the Omnibus Insurance Bill, into law.
The law becomes effective on January 1, 2026.**

This bulletin serves to publicize licensing updates set forth under SB132 and addresses Alias usage on licenses. It provides guidance on Pharmacy Benefits Managers (PBMs), Third-Party Administrators (TPAs), Independent Adjusters, Designated Home States, and other relevant National Uniformity Updates.

Pharmacy Benefits Managers (PBMs)

- PBMs are licensed entities regulated under Title 21, Chapter 27 (AS 21.27.010–AS 21.27.990). PBMs are subject to the Division's full authority under Title 21, Chapter 27, including notable sections such as AS 21.27.040 (Application for Licensure) and AS 21.27.380 (License Renewal, Expiration, and Reinstatement). PBMs are further regulated under AS 21.27.901–21.27.975.
- PBMs must designate a Compliance Officer under AS 21.27.903(d).
- Provisions of AS 21.27.905(b) regarding renewal fees have been repealed.
 - The PBM application fee under AS 21.27.905(a) is \$20,000.
- A PBM operating in Alaska must obtain a license with the Division regardless of ownership. The definition of PBM was updated under AS 21.27.975(15):

“Pharmacy benefits manager” means a person that contracts with a pharmacy on behalf of an insurer to process claims or pay pharmacies for prescription drugs or medical devices and supplies or provide network management for pharmacies, regardless of ownership of the pharmacy benefits manager.”

Examinations

- PBMs may be examined under the same authority as insurers operating in Alaska under a Certificate of Authority under AS 21.06.120(a).
- PBM entities may be examined at any time the Director deems necessary, including through multi-

state participation with the National Association of Insurance Commissioners (NAIC) under AS 21.06.120(d) and (h).

- The Division's full authority to examine a PBM can be found under AS 21.06.120. Under AS 21.06.160(a), a PBM is responsible for paying the cost of an examination.

Third-Party Administrators (TPAs) Licensing

- TPAs are licensed entities regulated under Title 21, Chapter 27 (AS 21.27.010–AS 21.27.990). TPAs are subject to the Division's full authority under Title 21, including notable sections such as AS 21.27.040 (Application for Licensure) and AS 21.27.380 (License Renewal, Expiration, and Reinstatement). TPAs are further regulated under AS 21.27.630–21.27.660.
- TPAs must designate a Compliance Officer, also referred to as DRLP. This person must be licensed under AS 21.27.630(m). TPA DRLPs are exempt from licensure exam requirements under AS 21.27.060.
- The TPA application fee is \$2,000 under AS 21.27.640(e).

Examinations

- TPAs may be examined under the same authority as insurers operating in Alaska under a Certificate of Authority under AS 21.06.120(a).
- TPAs may be examined at any time the Director deems necessary, through multi-state participation with the NAIC under AS 21.06.120(d).
- The Division's full authority to examine a TPA is under AS 21.06.120. Under AS 21.06.160(a), a TPA is responsible for paying the cost of an examination.

Exempt Third-Party Administrators

- The Division has streamlined TPA licensing by eliminating exemptions under AS 21.27.630. A TPA that represents a foreign insurer that holds a resident state license no longer is exempt from registration/licensure. The exempt registration for a TPA under AS 21.27.630(f) has been repealed. A person who performs management services for an admitted insurer must be licensed as a TPA.
- Additional information on TPA exemptions can be found on our Third-Party Administrator Exemption Filing Form or under AS 21.27.630(e)–(k).
- A TPA that is exempt from licensure must **annually certify its status with the Director by submitting our Exempt Third-Party Administrator Annual Certification Form** under AS 21.27.630(l):

“A person that is not required to be licensed as a third-party administrator under (e)–(k) of this section must file an annual certification with the director that the person meets the requirements for exemption on or before February 1 of each year.”

TPA Filing Requirements

- TPA-license holders must submit Quarterly Filings to the Division. These filings are outlined under AS 21.27.650(a)(3). The Quarterly Filing Form is due on January 1, April 1, July 1, and October 1 of each year.

- Exempt Third-Party Administrators are required to submit an annual filing to our office on or before February 1 of each year pursuant to AS 21.27.630(l).

Independent Adjusters

- SB132 amended Title 21 to authorize the Division to license nonresident independent adjusters in a reciprocal manner to the person's home state under AS 21.27.270.
- The definition of "home state" has been updated in AS 21.27.990(12)(B):
"Home state," with respect to an independent adjuster, means the District of Columbia or a state or territory of the United States in which an independent adjuster maintains the independent adjuster's principal place of residence or principal place of business and is licensed to act as an independent adjuster or, if the state or territory of the United States of the independent adjuster's principal place of residence or principal place of business does not license independent adjusters, the state or territory of the United States designated by the independent adjuster where the independent adjuster is licensed."
- The definition of "Independent Adjuster" has been updated in AS 21.27.990(13):
"Independent adjuster" means a person who investigates, negotiates, or settles property, casualty, or workers' compensation claims for insurers or self-insurers.

Designated Home State Authority

- SB132 made numerous amendments to Title 21 that allow the Division to engage in Designated Home State licensing. Nonresident Independent Adjusters who reside in a state that does not issue Independent Adjuster licenses will be able to obtain a "Designated Home State" license in Alaska.
 - AS 21.27.270(j):
"A nonresident applicant for issuance or renewal of an independent adjuster license or firm independent adjuster license who designates this state as the applicant's home state must qualify for licensure under AS 21.27.020 and apply for the issuance or renewal of the license in accordance with AS 21.27.040."
- These changes will allow the Division to reciprocate Designated Home State licenses.
 - AS 21.27.270(i):
"If a nonresident independent adjuster applicant's home state does not license independent adjusters, the independent adjuster applicant may designate the applicant's home state as any state in which the applicant is licensed in good standing."
- SB132 also eliminates the distinction between an independent adjuster and a portable electronics adjuster.
 - AS 21.27.270(h):
"A nonresident applicant for an independent adjuster license who is licensed as an independent adjuster and in good standing in the applicant's home state does not have to meet the requirements of AS 21.27.060 or 21.27.830 to be licensed under this section."

National Uniformity Efforts – Firm (Business Entity) Licensing / PLMA Compliance

- SB 132 updated the line of authority name from “Health” to “Accident, Health and Sickness” in accordance with the Producer Licensing Model Act. AS 21.27.115(2):
“Accidental and health or sickness insurance coverage for sickness, bodily injury, or accidental death; in this paragraph, ‘accidental and health or sickness insurance coverage’ includes health insurance, as defined in AS 21.12.050(a), and may include benefits for disability income.”
- SB132 made a conforming amendment to bring the Division’s operations more in line with uniform standards. SB132 provides the Division the ability to accept Compliance Officer registrations per line of authority.
 - Under AS 21.27.020(c)(3), a firm may:
“Designate one or more compliance officers for the firm, except that not more than one compliance officer may be designated for each line of authority under AS 21.27.115.”
 - Under AS 21.27.990(8) “compliance officer” means a licensee designated for a specific line of authority under AS 21.27.115 who is responsible for a firm’s compliance with the insurance statutes and regulations of this state;
- The Division no longer will require licensees to provide a physically accessible business location in their resident state as previously required under AS 21.27.330.
- The Division no longer will be required to establish a continuing education advisory committee.

Alias Names Guidance

- The Division has noticed some confusion around appropriate use of the “Alias Names” record in State Based Systems (SBS). SBS allows the following types of fictitious names to be added to a license. The Division interprets these names as follows:
 - Alias: Used to indicate that an individual licensee is also known or more familiar under another specified name.
 - Doing Business As/Trade Name: Used by a business entity with alternative business operations, except that a DBA may not be a separate legal entity with a separate FEIN.
 - Formerly Known As: Used to indicate that an individual licensee was previously known by a different name than specified on their current license.

Questions regarding the updates made in SB132 to licensing requirements as described in this bulletin should be directed to Program Coordinator 2 Kayla Erickson at kayla.erickson@alaska.gov or 907-465-2545.

Questions regarding other aspects of SB132 implementation can be directed to Director Heather Carpenter at heather.carpenter@alaska.gov or 907-465-2518.

12/23/2025

Dated: _____

Signed by:

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Heather Carpenter
Director