ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))¹

Adopting agency: Department of Health & Social Services			
General subject of regulation: Statewide Immunization Program			
 () Compliance with federal (X) Compliance with new of () Compliance with federal () Development of program 	al law or action (id or changed state s al or state court d im standards	statute ecision (identify):	_
Appropriation/Allocation: N/A			
Estimated annual cost to com A private person: \$0 Another state agency: \$0 A municipality: \$0	nply with the prop	osed action to:	
Cost of implementation to the state agency and available funding (in thousands of dollars): None.			
Operating Cost Capital Cost	FY	Years	
1002 Federal receipts 1003 General fund match 1004 General fund 1005 General fund/ program Other (identify)	\$ \$ \$ \$	\$ \$ \$ \$	
	General subject of regulation Citation of regulation (may be Department of Law file numb Reason for the proposed acti () Compliance with federa (X) Compliance with new of () Compliance with federa () Development of progra () Other (identify): Appropriation/Allocation: N/A Estimated annual cost to com A private person: \$0 Another state agency: \$0 A municipality: \$0 Cost of implementation to the Operating Cost Capital Cost 1002 Federal receipts 1003 General fund match 1004 General fund 1005 General fund/ program	General subject of regulation: Statewide Immu Citation of regulation (may be grouped): 7 AA Department of Law file number, if any: 201820 Reason for the proposed action: () Compliance with federal law or action (io (X) Compliance with new or changed state is () Compliance with federal or state court d () Development of program standards () Other (identify): Appropriation/Allocation: N/A Estimated annual cost to comply with the prop A private person: \$0 Another state agency: \$0 A municipality: \$0 Cost of implementation to the state agency and Initial Year FY Operating Cost Capital Cost \$ 1002 Federal receipts 1003 General fund match 1004 General fund 1005 General fund/ program \$	() Compliance with federal law or action (identify): (X) Compliance with new or changed state statute () Compliance with federal or state court decision (identify): () Development of program standards () Other (identify): Appropriation/Allocation: N/A Estimated annual cost to comply with the proposed action to: A private person: \$0 Another state agency: \$0 A municipality: \$0 Cost of implementation to the state agency and available funding (in thousands of dollars): Initial Year Subsequent FY

9. The name of the contact person for the regulation:

Name: Matthew Bobo

Title: Health Program Manager III

Address: 3601 C St., Suite 540, Anchorage, AK 99503.

Telephone: (907) 269-8015

E-mail address: matthew.bobo@alaska.gov

10.	The origin of the proposed action:
	X Staff of state agency
	Federal government
	General public
	Petition for regulation change
	Other (identify):
11.	Date: 3/14/18 Prepared by: Matthew Babo
	[signature]
	Name (printed): <u>Matthew Bobo</u>
	Title (printed): Health Program Manager III
	Telephone: (907) 269-8015
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