

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

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Reportable Conditions Update
3. Citation of regulation (may be grouped): 7 AAC 27.005, .007; .012; .014.
4. Department of Law file number, if any: 2017200866
5. Reason for the proposed action:
☐ Compliance with federal law or action (identify): _____
☐ Compliance with new or changed state statute
☐ Compliance with federal or state court decision (identify): _____
☒ Development of program standards
☐ Other (identify): _____
6. Appropriation/Allocation: Not Applicable.
7. Estimated annual cost to comply with the proposed action to:
A private person: None
Another state agency: None
A municipality: None
8. Cost of implementation to the state agency and available funding (in thousands of dollars): No additional cost for implementation.

	Initial Year FY _____	Subsequent Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ _____	\$ _____
1003 General fund match	\$ _____	\$ _____
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (identify)	\$ _____	\$ _____

9. The name of the contact person for the regulation:
Name: Jared Parrish, Ph.D.
Title: Maternal & Child Health Senior Epidemiologist

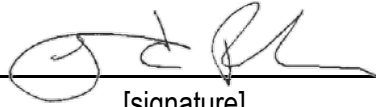
Address: 3601 C St, Suite 358 Anchorage, AK, 99503

Telephone: (907) 269-8068

E-mail address: jared.parrish@alaska.gov

10. The origin of the proposed action:
- ☒ Staff of state agency
- ☐ Federal government
- ☐ General public
- ☐ Petition for regulation change
- ☐ Other (identify): _____

11. Date: 3/23/2018

Prepared by: 
[signature]

Name (printed): Jared Parrish

Title (printed): MCH Senior Epidemiologist

Telephone: (907) 269-8068