

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Pharmacist Reimbursement; Covered services during declared public health emergency, specifically, 7 AAC 105. Medicaid Provider and Recipient Participation.
3. Citation of regulation (may be grouped): 7 AAC 105
4. Department of Law file number, if any: 2020200496
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): Public health emergency response.
6. Appropriation/Allocation: Department of Health and Social Services/Medicaid Services/Health Care Medicaid Services
7. Estimated annual cost to comply with the proposed action to:
A private person: \$0.
Another state agency: \$0.
A municipality: \$0.
8. Cost of implementation to the state agency and available funding (in thousands of dollars): \$100.

	Initial Year FY <u>2021</u>	Subsequent Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ <u>65.</u>	\$ _____
1003 General fund match	\$ <u>35.</u>	\$ _____
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (identify)	\$ _____	\$ _____
9. The name of the contact person for the regulation:
Name: Erin Narus, Pharm.D., R.Ph.
Title: Pharmacy Services Manager, Lead Pharmacist

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10. The origin of the proposed action:

- ☒ Staff of state agency
☐ Federal government
☐ General public
☐ Petition for regulation change⁷
☐ Other (identify): _____

11. Date & Prepared by: _____

[signature]

Name (printed): Erin Narus, Pharm.D., R.Ph.

Title (printed): Pharmacy Services Manager, Lead Pharmacist

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