

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Ambulatory Surgical Center Requirements & Miscellany, specifically, 7 AAC 12. Facilities & Local Units.
3. Citation of regulation (may be grouped): 7 AAC 12.110, .120, .338, .340, .566, .571, .910.
4. Department of Law file number, if any: 2020200677
5. Reason for the proposed action:
☒ (X) Compliance with federal law or action (identify): 42 C.F.R. 416.41(b)(3); 42 C.F.R. 416.52(a)
☐ () Compliance with new or changed state statute
☐ () Compliance with federal or state court decision (identify): _____
☐ () Development of program standards
☐ () Other (identify): _____
6. Appropriation/Allocation: Department of Health and Social Services/Health Care Services/ Health Facilities Licensing and Certification
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): None.

	Initial Year	Subsequent
	FY _____	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: Ms. Susan Miller Dunkin
Title: Medicaid Program Specialist IV
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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): Susan Miller Dunkin

Title (printed): Medicaid Program Specialist IV

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