

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Labor and Workforce Development, Alaska Workers' Compensation Board
2. General subject of regulation: Fees for medical treatment and services
3. Citation of regulation (may be grouped): 8 AAC 45.083;
4. Department of Law file number, if any: TBD
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): Updating procedures.
6. Appropriation/Allocation: -0-
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):

	Initial Year FY _____	Subsequent Years
Operating Cost	\$ <u>0</u>	\$ <u>0</u>
Capital Cost	\$ <u>0</u>	\$ <u>0</u>
1002 Federal receipts	\$ <u>0</u>	\$ <u>0</u>
1003 General fund match	\$ <u>0</u>	\$ <u>0</u>
1004 General fund	\$ <u>0</u>	\$ <u>0</u>
1005 General fund/ program	\$ <u>0</u>	\$ <u>0</u>

Other (identify) \$ 0 \$ 0

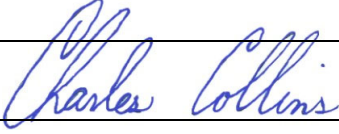
9. The name of the contact person for the regulation:

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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: 9/2/2022

Prepared by: 
[signature]

Name: Charles Collins
Title: Director
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