

APPENDIX C-1: Additional Regulation Notice Information

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: _____

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 materials incorporated by reference

6. Appropriation/Allocation: Workers' Compensation / Workers' Compensation - 344

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 <u>2024</u>	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)	\$ <u>-0-</u>	\$ <u>-0-</u>


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

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Title: Administrative Officer II
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10. The origin of the proposed action:

- Staff of state agency
 Federal government
 General public
 Petition for regulation change
 Other (identify)

11. Date: September 8, 2023 Prepared by:  _____

Name: Charles Collins
Title: Director
Telephone: 907-465-2790