

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health.
2. General subject of regulation: Medicaid Payment Rates for Pharmacy Dispensing Fees.
3. Citation of regulation (may be grouped): 7 AAC 145.410.
4. Department of Law file number, if any: 2024200171.
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
 - (X) Other (identify): This regulatory proposal is submitted to (1) establish interim Medicaid pharmacy dispensing fee rates, which will remain in place until the current pharmacy dispensing fee survey is completed; and (2) prevent pharmacy dispensing fees from returning to the approved pre-COVID-19 public health emergency levels.
6. Appropriation/Allocation: Medicaid Services/Medicaid Services; OMB Component Number: 3234.
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 FY2025.	Subsequent Years
Operating Cost	<u>\$7,200.</u>	<u>\$7,200.</u>
Capital Cost	<u>\$0</u>	<u>\$0</u>
1002 Federal receipts	<u>\$6,000.</u>	<u>\$6,000.</u>
1003 General fund match	<u>\$1,200.</u>	<u>\$1,200.</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>
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 & DOH Division Project Lead: _____

[signature]

Name (printed): Susan Miller Dunkin

Title (printed): Medicaid Program Specialist IV

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