

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: 2025200455
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>

APPENDIX C-1: Additional Regulation Notice Information

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

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Title: Administrative Operations Manager
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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: 1/14/26 Prepared by: Alexis Hildebrand
Name: Alexis Hildebrand
Title: Administrative Operations Manager
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