AO 360 DEPARTMENT OF HEALTH (DOH) REGULATORY REFORM PLAN.

BACKGROUND.

Administrative Order 360 (AO 360) Compliance. The Department of Health (DOH) has developed a Regulatory Reform Plan to comply with the Governor's Administrative Order 360 (AO 360) directive to reduce unnecessary regulatory burden while maintaining regulations that are essential to Alaskans' health, well-being, and self-sufficiency.

DOH Teams. The Department of Health (DOH) includes nine DOH Teams that have and will continue to work with DOH on regulatory reform. The Teams include (1) Division of Behavioral Health (DBH); (2) Division of Health Care Services (HCS); (3) Division of Public Assistance (DPA); (4) Division of Public Health (DPH); (5) Division of Senior and Disabilities Services; (6) Finance and Management Services (FMS) which was recently renamed as Departmental Support Services (DSS); (7) Health Information Technologies (HIT); (8) Medicaid Program Integrity (MPI); and (9) Office of Rate Review (ORR).

DOH's work to comply with AO 360.

- DOH conducted an agency-wide review of its regulations to identify regulations to repeal, consolidate, streamline, and update. DOH's proposed regulatory reform will improve its regulations by reducing regulatory burden and improve clarity and predictability for the regulated community.
- DOH will improve its regulations to (1) clarify existing regulatory obligations; (2) improve or streamline procedures, application requirements, and review processes; (3) reduce administrative burden; (4) improve communication procedures; (5) provide greater transparency with respect to standards, decision-making, and rationales for application processing; and (6) clarify interagency roles.
- DOH's baseline count was 16,513 discretionary regulations. DOH's regulatory reform plan includes more than 60 proposed regulations projects to reduce the number of discretionary requirements.

Section 1: DOH's BASELINE CALCULATION.

Balance DOH's Mission with Regulatory Burden Reduction. DOH used the implementing agencies' *Regulatory Reduction Guide* to calculate DOH's baseline number. Each DOH Team reviewed, analyzed, counted, and calculated discretionary regulations to calculate DOH's baseline count.

DOH has many discretionary regulations that are essential to DOH's mission to promote all Alaskans' health, well-being, and self-sufficiency. DOH also has many discretionary regulations that can be improved. DOH will continue to balance its mission to promote all Alaskans' health, well-being, and self-sufficiency with the need to improve its regulations. DOH will improve its regulations to (1) clarify existing regulatory obligations; (2) improve or streamline procedures, application requirements, and review processes; (3) reduce administrative burden; (4) improve communication procedures; (5) provide greater transparency with respect to standards, decision-making, and rationales for application processing; and (6) clarify interagency roles.

DOH's baseline count that "was established" = 16,513 discretionary regulations.

- DOH's baseline calculation number was (1) comprised of only discretionary requirements; and (2) the discretionary requirements included those set forth in regulation and materials incorporated by reference.

- DOH added new regulations to the established baseline number and included all the required details in DOH's January 1, 2026, Quarterly Report.

Section 2: DOH's STAKEHOLDER ENGAGEMENT.

- DOH received approximately 687 comments and recommendations from stakeholder and public engagement. DOH posted each DOH Team's scoping notice on the Alaska Online Public Notice System.

Stakeholder Engagement: Division of Behavioral Health (DBH).

- *Total number of stakeholder and public comments and recommendations that DBH received = 375.*

Stakeholder & Public Engagement. DBH solicited stakeholder and public input during a 44-day public comment period held September 18, 2025, through October 31, 2025, and more than one oral public hearing. Each DBH hearing included a telephone and internet-accessible Zoom meeting (this included a toll-free call-in telephone number).

List of topics included in stakeholder and public engagement scoping notice. DBH solicited input on topics including

- Community Care Licensing, 7 AAC 50
- Behavioral Health Services, 7 AAC 70
- Fees for Department Services, 7 AAC 80
    - Alcohol Safety Action Program, 7 AAC 80.200-230
    - General Provisions, 7 AAC 80.900-990
- Medicaid Coverage, Professional Services, 7 AAC 110
    - Psychologist Services, 7 AAC 110.550-555
    - Clinical Social Worker Services, 7 AAC 110.565
    - Marital and Family Therapy Services, 7 AAC 110.575
    - Professional Counseling Service, 7 AAC 110.585
- Medicaid Coverage; Behavioral Health Services, 7 AAC 135
- Alaska Substance Use Disorder and Behavioral Health Program: 1115 Demonstration Waiver, 7 AAC 136
- 1115 Substance Use Disorder Waiver Services, 7 AAC 138
- Behavioral Health 1115 Waiver Services, 7 AAC 139
- Inpatient Psychiatric Hospital Services, 7 AAC 140.350-365
- Residential Psychiatric Treatment Facility, 7 AAC 140.400-415
- Electronic and Other Records Containing Behavioral Health Information, 7 AAC 85

- DBH reported that it received input largely from stakeholders.

List of topics that received the most stakeholder comment and recommendations. DBH scoping notice topics that received the most stakeholder input included

- 1115 Substance Use Disorder Waiver Services (84).
- Medicaid Coverage; Behavioral Health Services (76).
- Community Care Licensing (51).
- Behavioral Health Services (43).
- Behavioral Health 1115 Waiver Services (36).
- Requirements adopted by reference (26).

Summary of review and regulations reform decisions based on that review. *Behavioral Health Services* stakeholder and public input was robust with 375 recommendations and comments. DBH sorted recommendations and comments related to current regulation, even if a stakeholder or other member of the public did not provide a specific regulation reference. In consultation with DBH subject matter experts, each recommendation and comment was examined to determine whether it was possible to accept a recommendation or if the recommendation would have to be rejected based on federal law, federal rule, and state statute, or discretionary regulatory requirements grounded in public health and safety or essential functions of the department.

DBH, in its decisional document, paired each recommendation and comment with a corresponding proposed regulations project.

DBH developed a list of proposed regulations projects for reform by incorporating stakeholder and public input and DBH subject matter review and analysis.

Stakeholder Engagement: Division of Health Care Services (HCS).

- *Total number of stakeholder comments and recommendations that HCS received = 10.*

Stakeholder & Public Engagement. HCS solicited stakeholder and public input during a 36 - day public comment period held October 3, 2025, through November 7, 2025, and more than one oral public hearing. Each HCS hearing included a telephone and internet-accessible Zoom meeting (this included a toll-free call-in telephone number).

List of topics included in stakeholder and public engagement scoping notice. HCS solicited input on topics including

- Background Check Program;
- Health Facilities Licensing & Certification;
- Medicaid;
- Residential Licensing.

List of topics that received the most stakeholder comment and recommendations. HCS scoping notice topics that received the most stakeholder input included

- Background Check Program;
- Health Facilities Licensing & Certification.

Stakeholder Engagement: Division of Public Assistance (DPA).

- *Total number of stakeholder comments and recommendations that DPA received = "approximately 76" (58 related to the Child Care Program and 18 related to other public assistance programs).*

Stakeholder & Public Engagement. DPA solicited stakeholder and public input during a 48-day public comment period held October 17, 2025, through December 3, 2025, and more than one oral public hearing. Each DPA hearing included a toll-free call-in telephone number.

List of topics included in stakeholder and public engagement scoping notice. DPA solicited input on topics including

- Child Care Grant Program and Child Care Assistance Program;
- Child Care Facilities Licensing;
- General Relief and Catastrophic Illness and Chronic and Acute Medical Assistance;
- Public Assistance, Adult Public Assistance, and Permanent Fund Hold Harmless;
- Heating Assistance Program and Temporary Assistance Program;
- Public Assistance Hearings and Medicaid Eligibility;
- Food Stamp/SNAP Program.

List of topics that received the most stakeholder comment and recommendations. DPA scoping notice topics that received the most stakeholder input included

- Child Care Grant Program and Child Care Assistance Program (approximately 52 comments);
- Child Care Facilities Licensing (approximately 6 comments);
- Chapter 44. Federal Heating Assistance Program (approximately 16 comments);
- Chapter 47. General Relief (approximately 2 comments).

Summary of review and regulations reform decisions based on that review. DPA reviewed all public and stakeholder comments and recommendations submitted during the scoping and engagement period.

The majority of comments focused on the Child Care Grant Program and Child Care Assistance Program, including administrative processes, eligibility and authorization requirements, and opportunities to reduce burden on families and providers while improving program access and efficiency. Comments related to Child Care Facilities Licensing focused on operational and compliance considerations for providers.

Although multiple scoping notices were issued for additional public assistance programs, comments and recommendations were received only for the Federal Heating Assistance Program and the General Relief program. Most of those comments focused on the Federal Heating Assistance Program, including staffing capacity, program access in rural and remote communities, income eligibility standards, and the importance of continued funding to support household energy needs. Comments related to the General Relief program focused primarily on funeral assistance and benefit levels.

DPA evaluated each recommendation for feasibility, alignment with state and federal requirements, program integrity, and operational impact. Where appropriate, recommendations were used to inform the identification and prioritization of regulatory reform projects and will be reviewed as part of those projects or used to inform future program and regulatory considerations while maintaining compliance with applicable federal requirements and existing state policy frameworks.

Stakeholder Engagement: Division of Public Health (DPH).

- *Total number of stakeholder and public comments and recommendations that DPH received = 0.*
    - *Please note. DPH did not receive any public comments or recommendations.*

Stakeholder & Public Engagement. DPH solicited stakeholder and public input during a 52-day public comment period held September 29, 2025, through November 19, 2025, and more than one oral public hearing. Each DPH hearing included a toll-free call-in telephone number.

List of topics included in stakeholder and public engagement scoping notice. DPH solicited input on topics including

- Chapter 05. Vital Records (7 AAC 05.010 — 7 AAC 05.990).
- Chapter 16. Do-Not-Resuscitate Protocol and Identification (7 AAC 16.010 — 7 AAC 16.090).
- Chapter 18. Radiation Sources and Radiation Protection (7 AAC 18.010 — 7 AAC 18.990).
- Chapter 19. Registration and Inspection of Dental Radiological Equipment (7 AAC 19.010 — 7 AAC 19.900).
- Chapter 24. Health Care Professionals Workforce Enhancement Program (7 AAC 24.010 — 7 AAC 24.995).
- Chapter 25. Retail Services (7 AAC 25.430 — 7 AAC 25.460).
    - *Article 3. Compressed Oxygen*
- Chapter 26. Emergency Medical Services (7 AAC 26.010 — 7 AAC 26.999).
- Chapter 27. Preventive Medical Services (7 AAC 27.005 — 7 AAC 27.990).
- Chapter 34. Medical Use of Marijuana (7 AAC 34.010 — 7 AAC 34.990).
- Chapter 35. Embalming and Other Post-Mortem Services (7 AAC 35.010 — 7 AAC 35.390).
- Chapter 80. Fees for Department Services (7 AAC 80.010 — 7 AAC 80.990).
    - *Article 1. Public Health Services.*
    - *Article 4. General Provisions.*
- Chapter 86. Health Care Services Price Transparency (7 AAC 86.010 — 7 AAC 86.090).

Stakeholder Engagement: Division of Senior and Disabilities Services (SDS).

- *Total number of stakeholder and public comments and recommendations that SDS received = 127.*

Stakeholder & Public Engagement. SDS solicited stakeholder and public input during a 61-day public comment period held October 2, 2025, through December 1, 2025, and more than one oral public hearing. Each SDS hearing included a telephone and internet-accessible Zoom meeting (this included a toll-free call-in telephone number).

List of topics included in stakeholder and public engagement scoping notice. SDS solicited input on topics including

- Home and Community Based Waiver Services;
- Programs for Children with Disabilities/Infant Learning Program;
- Community First Choice Services and Personal Care Services;
- General Relief Assisted Living Home Care; and
- Materials Adopted by Reference.

List of topics that received the most stakeholder comment and recommendations. SDS scoping notice topics that received the most stakeholder input included

- Home and Community-Based Services; and
- Programs for Children with Disabilities/Infant Learning Program.

Summary of review and regulations reform decisions based on that review. The SDS leadership team and regulation staff reviewed all comments received. Comments were reviewed with consideration to potential reduction of regulatory burden for providers, improving services and ease of access to individuals, and allowability of the recommendation under federal regulatory requirements.

Stakeholder Engagement: Finance and Management Services (FMS) which was recently renamed as Departmental Support Services (DSS).

- *Total number of stakeholder comments and recommendations that FMS/DSS received = 27.*

Stakeholder & Public Engagement. FMS/DSS solicited stakeholder and public input during a (1) 31-day public comment period held October 14, 2025, through November 13, 2025, and (2) 32-day public comment period held October 14, 2025, through November 14, 2025. Each FMS/DSS hearing included a telephone and internet-accessible Zoom meeting (this included a toll-free call-in telephone number).

List of topics included in stakeholder and public engagement scoping notice. FMS/DSS solicited input on topics including

- 7 AAC 78. Grant Programs; and
- 7 AAC 81. Grant Services for Individuals.

List of topics that received the most stakeholder comment and recommendations. FMS/DSS scoping notice topics that received the most stakeholder input was 7 AAC 78. Grant Programs, specifically, 7 AAC 78.030. Eligible applicants, subsection (e).

Summary of review and regulations reform decisions based on that review. 7 AAC 78 and 7 AAC 81 regulations are actively and primarily used by FMS/DSS services staff. These regulations address grant administration and provider agreement administration, types of contracts. These regulations have not been updated since 2013.

- FMS/DSS' approach was to comprehensively review all components of the regulation as opposed to focusing on certain subsections.
- FMS/DSS had already begun the process of regulation updates and received approval from the DOH Commissioner's office just prior to the announcement of the AO360 Regulatory Reform Project.

- FMS/DSS had previously considered the topic that received the most public comments (eligibility requirements regarding tribes and sovereign immunity) and developed a policy on that topic prior to AO360 and public comment. In review of the public comments received, many of the ideas were not feasible due to compliance or resource restrictions; however, some of the ideas did inform FMS/DSS' approach to selecting topics to include in the proposed Regulatory Reform Plan.

Stakeholder Engagement: Health Information Technologies (HIT).

- *Total number of stakeholder comments and recommendations that HIT received = 2.*

Stakeholder & Public Engagement. HIT solicited stakeholder and public input during a 32-day public comment period held October 10, 2025, through November 10, 2025, and one oral public hearing. HIT's oral public hearing included a telephone and internet-accessible Zoom meeting (this included a toll-free call-in telephone number).

List of topics included in stakeholder and public engagement scoping notice. HIT solicited input on topics including

- 7 AAC 165. Alaska Medicaid Electronic Health Record Incentive Program.
- 7 AAC 166. Statewide Electronic Health Information Exchange System.

List of topics that received the most stakeholder comment and recommendations. HIT scoping notice topics that received the most stakeholder input included

- **7 AAC 166. Statewide Electronic Health Information Exchange System (2 comments).** Both the comments focused on modernizing data sharing standards and providing clear, concise, and transparent information regarding how data is shared, and with whom.

Summary of review and regulations reform decisions based on that review. HIT appreciated the public comment that was provided and agreed to incorporate the ideas shared in upcoming regulation updates.

Stakeholder Engagement: Medicaid Program Integrity (MPI).

- *Total number of stakeholder comments and recommendations that MPI received = 10.*

Stakeholder & Public Engagement. MPI solicited stakeholder and public input during a 42-day public comment period held October 2, 2025, through November 12, 2025, and one oral public hearing. MPI's oral public hearing included a telephone and internet-accessible Zoom meeting (this included a toll-free call-in telephone number).

List of topics included in stakeholder and public engagement scoping notice. MPI solicited input on topics including

- 7 AAC 105.230. Requirements for provider records (Provider Responsibilities);
- 7 AAC 105.400 – 7 AAC 105.490. Provider Sanctions and Remedies; and
- 7 AAC 160. Article 1 Program Integrity and Quality Assurance (7 AAC 160.100 – 7 AAC 160.140).

List of topics that received the most stakeholder comment and recommendations. 7 AAC 160, Article 1, Program Integrity and Quality Assurance received the most comments and recommendations.

Summary of review and regulations reform decisions based on that review. MPI reviewed all comments and recommendations and will incorporate the feedback where appropriate.

Office of Rate Review (ORR).

- *Total number of stakeholder comments and recommendations that ORR received = 60.*

Stakeholder & Public Engagement. ORR solicited stakeholder and public input during a (1) 30-day public comment period held September 30, 2025, through October 29, 2025, and (2) 34-day public comment period held October 3, 2025, through November 5, 2025. Each ORR hearing included a telephone and internet-accessible Zoom meeting (this included a toll-free call-in telephone number).

List of topics included in stakeholder and public engagement scoping notice. ORR solicited input on topics including

- Certificate of Need (7 AAC 07);
- End-stage renal disease facility payment rate (7 AAC 145.607);
- Rural Health Clinic and Federally Qualified Health Center Services (7 AAC 145.700 – 739);
- Supplemental Emergency Medical Transportation (SEMT) Program Services (7 AAC 145.750 – 799);
- Prospective Payment System; Other Payment (7 AAC 150).

List of topics that received the most stakeholder comment and recommendations. ORR scoping notice topics that received the most stakeholder input included those related to Federally Qualified Health Centers (FQHC) and Certificate of Need.

ORR noted that "*common themes of input*" included

- *methodologies being used are outdated, confusing, and conflicting;*
- *concerns related to fair treatment across facility type;*
- *enforcement (or lack thereof).*

Summary of review and regulations reform decisions based on that review.

- ORR, alongside stakeholders, has made time and resource intensive investment in identifying Federally Qualified Health Centers (FQHC) concerns. Despite recent regulatory adjustments that have positively impacted facility reimbursement, more work remains, especially related to the streamlining, deconflicting, and clarifying of regulations related to expanded change in scope (CIS) definitions and their accompanying reporting timelines and processes.
- ORR has long recognized that the Certificate of Need (CON) regulations need to be updated from the 2005 version.
- Comments and recommendations that would result in additional limits and burdens on both providers and DOH remain outside the scope of proposed improvements.

Section 3: DOH's PROPOSED REGULATORY REFORM.

DOH SUMMARY. Each DOH Team developed its regulatory reform proposal after comprehensive regulatory review and stakeholder and public comment and recommendations review.

DOH will work with each DOH Team to implement regulatory reform initiatives. DOH will work with each DOH Team to improve its regulations to (1) clarify existing regulatory obligations; (2) improve or streamline procedures, application requirements, and review processes; (3) reduce administrative burden; (4) improve communication procedures; (5) provide greater transparency with respect to standards, decision-making, and rationales for application processing; and (6) clarify interagency roles.

DOH and DOH Teams will collaborate to ensure that regulatory reform initiatives improve regulations and reduce regulatory burden. DOH and DOH Teams will continue to balance DOH's mission to promote all Alaskans' health, well-being, and self-sufficiency with the need to improve its regulations.

DOH Proposed Regulatory Reform: Division of Behavioral Health (DBH).

DBH developed a list of proposed regulations projects for reform by incorporating stakeholder and public input and DBH subject matter review and analysis. DBH's list includes the projects that are detailed below.

- **Opioid Treatment Program (OTP) Requirements; 7 AAC 70.125 and 7 AAC 70.910.**
    - *Increase efficacy and efficiency of opioid treatment programs (OTP) in Alaska by proposing to amend the most current date of federal rule 42 CFR Part 8, compliance date of 10/2/2024, and repeal federal Guidelines for Opioid Treatment Programs as material adopted by reference; and repeal and replace 7 AAC 70.125 to reflect current federal requirements, simplify Alaska's OTP application process, and minimize overlap between state and accreditation standards for OTPs.*

- **Medicaid Behavioral Health Services Rate Methodology; 7 AAC 145 and 7 AAC 160.900.**
    - *Transition reimbursement methodology under Alaska Medicaid for community behavioral health services that incorporates an "independent rate build-up" approach that more accurately reflects the cost of care, promotes access, and improves behavioral health outcomes.*

- **Certified Community Behavioral Health Clinics (CCBHC); 7 AAC 135 and 7 AAC 145.**
    - *Amend regulations to include Certified Community Behavioral Health Clinics (CCBHC) in the array of behavioral health service providers and establish a prospective payment system to reimburse CCBHCs for Medicaid services. The innovation has the potential to promote stronger provider participation in Alaska Medicaid services by reducing administrative and economic burdens associated with the current bifurcation of medical and behavioral health services and offering innovative solutions to managing care.*

- **Behavioral Health Crisis Response, Intervention, and Stabilization Services; 7 AAC 135, 7 AAC 138, and 7 AAC 139.**
    - *Amend regulations under 7 AAC 135 to enhance the behavioral health crisis services array to include continuum of behavioral health crisis response, intervention, and stabilization services. Proposed innovations have the potential to promote stronger provider participation in Alaska Medicaid services at less acute levels of care, improve quality of care, and contain costs.*

- **Behavioral Health Reform 1115 Medicaid Waiver Services; ASAM; 7 AAC 136, 7 AAC 138, 7 AAC 139, and 7 AAC 160.900.**
    - *Repeal 7 AAC 138 and 7 AAC 139 and readopt the regulations into a single chapter that is clearer and more concise as well as repeal the behavioral health and substance use disorder manuals adopted by reference and incorporate essential requirements they currently contain into regulation. The two (2) manuals total 220 pages with over 2,600 discretionary requirements. Proposed amendments include updating material incorporated by reference to the most current version; The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive Substance-Related, and Co-occurring Conditions, 4th Edition.*

- **Behavioral Health Service Provider Qualifications and Requirements; 7 AAC 70.**
    - *Amend 7 AAC 70 to modernize and clarify qualifications and requirements for behavioral health service providers, minimizing duplication of regulatory and accreditation requirements where appropriate that maintain state standards to protect the health, safety, and well-being of recipients.*

- **Medicaid State Plan Behavioral Health Services; 7 AAC 135 and 7 AAC 160.900.**

- *Amend 7 AAC 135 to clarify and modernize regulations related to Medicaid State Plan behavioral health services, minimizing duplication of regulatory and accreditation requirements where appropriate that maintain state standards to protect the health, safety, and well-being of recipients.*

- **Independent Professional Behavioral Health Services; 7 AAC 110 and 7 AAC 160.900.**
  - *Amend sections of 7 AAC 110 to align Alaska Medicaid rendering provider scope of practice with service setting considerations for independent psychologists (110.550 and 110.555), licensed professional counselors (110.585), licensed marital and family therapists (110.575), and licensed clinical social workers (110.565). Respond to stakeholder input to allow independent professional Medicaid providers to bill for a broader range of services, e.g. crisis services to reduce referral to more acute settings.*

- **Autism Services; 7 AAC 135 and 7 AAC 160.900.**
  - *Amend 7 AAC 135.300 and 7 AAC 135.350 pertaining to autism services that clarify and modernize regulations related to staff qualifications, provider enrollment, staffing services for children with complex behaviors, and clarifying billable services and related rates. Respond to stakeholder input to clarify language and modernize regulation to support quality services and reduce administrative burden.*

- **Medicaid Coverage of Inpatient Psychiatric Hospital Services and Residential Psychiatric Treatment Center (RPTC) Services; 7 AAC 140 and 7 AAC 160.900**
  - *Amend 7 AAC 140.350 - 7 AAC 140.415 to clarify and modernize requirements for Inpatient Psychiatric Hospital and Residential Psychiatric Treatment Center Services including removing the Behavioral Health Inpatient Psychiatric Review Provider Manual from material adopted by reference under 7 AAC 160.900(d)(19), moving any requirements in the manual into regulation.*

- **Residential Child Care Facility Licensing; 7 AAC 50.**
  - *Amend 7 AAC 50.005 – 7 AAC 50.790 to modernize and clarify requirements for residential child care facilities. Respond to stakeholder input to clarify language and modernize regulation to support quality services and reduce administrative burden. Clarify interagency roles where confusion remains for providers in the language of 7 AAC 50 after adoption of Foster Care Licensing Redesign with the adoption of 7 AAC 67 effective 7/1/2022.*

- **Electronic and Other Records Containing Behavioral Health Information; 7 AAC 85.**
  - *Amend 7 AAC 85 to clarify departmental authority following the bifurcation of DHSS into DOH and DFCS, modernize the approach to electronic and other records containing behavioral health information to reflect current practice and technology, and reduce administrative burden where appropriate.*

- **Fees for Department Services; 7 AAC 80.**
  - *Amend 7 AAC 80 to clarify departmental authority following the bifurcation of DHSS into DOH and DFCS, update fee collection procedures and waivers to reflect current practice and reduce administrative burden where appropriate.*

DOH Proposed Regulatory Reform: Division of Health Care Services (HCS).

HCS Approach.

Each of the four programs within HCS, Background Check, Health Facilities Licensing and Certification, Medicaid, and Residential Licensing, conducted a comprehensive review of previously identified discretionary regulations (i.e., regulations not required by federal statute, federal regulation, or state statute).

Regulations previously identified as discretionary were evaluated to identify those that:

- are primarily the responsibility of another division or office;
- are essential to the safety and health of Alaskans;
- ensure appropriate utilization;
- are necessary or inextricably linked to a mandatory regulation; or
- impose no requirement on the public or serve to clarify or define a term.

From the remaining net discretionary regulations, HCS then identified those that are:

- obsolete or otherwise no longer necessary;
- unnecessarily rigid, punitive, or otherwise burdensome on the public; or
- potentially appropriate for revision as a good-faith effort to reduce regulatory burden.

HCS intentionally conducted a comprehensive and forward-looking review, identifying the universe of potential opportunities for regulatory reduction or repeal at the outset of the project period. This approach allows the Division to utilize the remainder of the project timeline to take a deliberate and thoughtful approach to drafting regulatory changes.
As this work progresses, HCS will further evaluate the identified regulations and remove from consideration any that would create undue hardship for the Department, involve disproportionate cost, or are otherwise determined to be important to retain, while still meeting or exceeding the 25% regulatory reduction expectation established under Administrative Order 360.

DOH Proposed Regulatory Reform: Division of Public Assistance (DPA).

DPA identified and prioritized regulatory reform projects through a coordinated review of public and stakeholder input, program operations, regulatory requirement counts, and alignment with state and federal program requirements.

DPA selected projects by evaluating regulatory areas that (1) have the greatest impact on public access to benefits and services; (2) create unnecessary administrative burden for applicants, recipients, and providers; (3) have discretionary requirements; (4) are duplicative; or (5) have outdated regulatory requirements. Moreover, DPA considered (1) implementation challenges; (2) audit and compliance risks; and (3) the need to better align regulations with current program practices and service delivery models.

Based on this review, DPA developed discrete regulatory reform projects across major public assistance and child care program areas, including:

- Low Income Home Energy Assistance Program (LIHEAP) – updates to eligibility criteria to expand access;
- Chronic and Acute Medical Assistance (CAMA) – repeal of outdated Chapter 44 regulations;
- Medicaid (Title XIX) – alignment with the Affordable Care Act and Medicaid expansion requirements;
- Adult Public Assistance; and
- Child Care Assistance and Child Care Licensing programs.

DPA identified discrete projects for each program area to allow targeted legal review and phased implementation. DPA's project-based process will (1) support DPA and DOH's regulation drafting work; (2) facilitate the Department of Law's review; and (3) allow DPA to sequence its regulatory reform initiatives in a way that minimally disrupts its program operations.

DPA analyzed each proposed project to determine whether it complies with AO 360 objectives. DPA prioritized regulatory reforms that (1) reduce regulatory burden; (2) clarify eligibility and administrative processes; (3) strengthen program integrity; and (4) improve efficiency and access for Alaskans. DPA prioritized these regulatory reforms while maintaining required federal and state compliance standards.

AO 360 DEPARTMENT OF HEALTH (DOH) REGULATORY REFORM PLAN.

DOH Proposed Regulatory Reform: Division of Public Health (DPH).

DPH subject matter experts in a DPH section collaborated with DPH leadership to identify discrete regulation projects. DPH has eight sections, and of those five identified discrete projects for regulatory reform. The following five DPH sections identified discrete projects for regulatory reform: (1) Women's, Children's, and Family Health (WCFH); (2) Health Analytics and Vital Records (HAVRS); (3) Rural & Community Health Systems (RCHS); (4) Alaska State Public Health Laboratories (ASPHL); and (5) Epidemiology.

DPH identified the following discrete projects for regulatory reform:

- Chapter 05. Vital Records. *Revision of Chapter 05 Vital Records Regulations.*
- Chapter 18. Radiation Sources and Radiation Protection. *Regulatory Reduction and Modernization of 7 AAC 18: Repeal of Obsolete Provisions and Streamlining of Administrative Requirements*
- Chapter 19. Registration and Inspection of Dental Radiological Equipment. *Dental Handheld Radiological Device Use.* → *Added August 2026.*
- Chapter 24. Health Care Professionals Workforce Enhancement Program. *Reduction of 7 AAC 24.*
- Chapter 25. Retail Services. *Repeal of 7 AAC 25 Article 3: Removal of Obsolete Compressed Oxygen Regulations*
- 7 AAC 26.720 Qualifications for Certification. *Regulatory Reduction and Modernization of 7 AAC 26: Emergency Medical Technician and Paramedic Training Requirements.*
- Chapter 27. Preventive Medical Services. *Regulatory Reduction and Technical Updates to 7 AAC 27: Preventive and Screening Services Requirements. Repeal of Duplicative DOH Regulatory Provisions Superseded by DEC Authority.*
- Chapter 34. Medical Use of Marijuana. *Targeted Regulatory Reduction of 7 AAC 34: Medical Use of Marijuana.*
- Chapter 80. Fees for Department Services. *Technical Clarification and Alignment of Newborn Testing Fee Language in 7 AAC 80.030.*
- Chapter 86. Health Care Services Price Transparency. *Revision of 7 AAC 86.010 and 7 AAC 26.720; Health Care Facility Reporting Requirements.*

DPH identified these discrete projects primarily for the following reasons: (1) no longer relevant/needed; (2) it will improve or streamline procedures, application requirements and review processes; (3) opportunity to reduce administrative burden on the public; (4) clarify existing regulatory obligations; and (4) clarify interagency roles.

DOH Proposed Regulatory Reform: Division of Senior & Disabilities Services (SDS).

SDS identified the projects for regulatory reform plan based on feedback from the public comment period related to (1) the potential reduction of regulatory burden for providers; (2) improving services and ease of access to individuals; and (3) whether a recommendation is allowed under federal regulation.

SDS' AO 360 regulatory workplan includes projects that will (1) reduce regulatory burden; (2) clarify areas of current regulation in response to provider feedback; (3) increase access to services in response to provider feedback; and (4) increase flexibilities in response to provider feedback.

SDS identified the following discrete projects for regulatory reform:

- 7 AAC 23.110-7 AAC 23.210. Programs for Children with Disabilities, Article 2.
- 7 AAC 79. Older Alaskans Pilot Projects Grant.
- 7 AAC 23.010. Infant Learning Program.
- 7 AAC 130.267. Acuity.
- 7 AAC 130.215; 7 AAC 125; 7 AAC 127; 7 AAC 160.900. *interRAI* Home Care Tool.

- 7 AAC 130.215; 7 AAC 125; 7 AAC 127; 7 AAC 160.900. *interRAI-ID* Tool.
- 7 AAC 130.21; 7 AAC 125; 7 AAC 127; 7 AAC 160.900. interrail-Resource Allocation.
- 7 AAC 130.202. Legally Responsible Individuals.
- 7 AAC 130.235. Nursing Oversight and Care Management.
- 7 AAC 130.265. Group Home/Family Home Habilitation Clarification.
- 7 AAC 160.900. Agency Conditions of Participation.
- 7 AAC 130.257. Host Home Services.

DOH Proposed Regulatory Reform: Finance & Management Services (FMS)/Department Support Services (DSS).

FMS/DSS's regulatory reform plan includes regulatory changes that (1) reflect the need to update outdated language; and (2) bring department regulations in line with federal compliance standards.

FMS/DSS prioritized discrete regulation projects that most directly impact operations, policies, and procedures on a day-to-day basis.

FMS/DSS identified discrete regulation projects titled DOH *Grant Regulation Changes*; all are related to Chapter 78. Grant Programs.

DOH Proposed Regulatory Reform: Health Information Technologies (HIT).

HIT's regulatory reform plan includes projects that propose to (1) reduce administrative burden on participating Medicaid providers by sunsetting regulations which no longer support an active incentive program. Removal of 37 discretionary requirements; and (2) update regulations to reflect innovations in health data exchange and enhance governance rules to protect the privacy of Alaskans.

HIT identified the following discrete projects for regulatory reform:

- Chapter 165. Alaska Medicaid Electronic Health Record Incentive Program. *Repeal of Chapter on Medicaid Electronic Health Record Incentive Program.*
- Chapter 166. Statewide Electronic Health Information Exchange System. *Modernize Chapter on Statewide Electronic Health Information Exchange (HIE) System.*

DOH Proposed Regulatory Reform: Office of Rate Review (ORR).

ORR developed its regulatory reform plan by balancing stakeholder and public appetite for regulatory change with AO 360 requirements.

ORR has prioritized the following regulations for regulatory reform:

- Chapter 07. Certificate of Need (CON).
    - Prioritization Rationale.
        - Received the most input through the AO360 listening sessions/process.
        - Administering the program with outdated regulations increases legal liabilities and adds burden both to providers and to the state.
        - Changes are aligned to the Rural Health Transformation Program, the absence of which may carry potential pulled back federal funding starting 1/2028

- Federally-Qualified Health Centers (FQHC) - related regulation project.
    - Prioritization Rationale.
        - This is a culmination of multiple years of work.
        - Reimbursement more closely aligned to services as they are delivered stabilizes FQHCs which
            - directly supports access to care for vulnerable Alaskans by improving long-term viability of care centers;
            - indirectly supports the Rural Health Transformation Program.

- Chapter 150. Prospective Payment System; Other Payment.
    - Prioritization Rationale.
        - Though there were no comments made on this topic, the review ORR conducted through the AO360 process revealed some areas for simplification, streamlining, and alignment of reporting requirements across multiple facility types.

Section 4: APPROVED DEADLINE EXTENSIONS.

- DOH requested and the implementing agencies approved one deadline extension-*from October 13, 2025, to October 31, 2025*---for DOH's baseline count calculation.

CONCLUSION.

DOH has many discretionary regulations that are essential to DOH's mission to promote all Alaskans' health, well-being, and self-sufficiency. DOH also has many discretionary regulations that can be improved. DOH will balance its mission to promote all Alaskans' health, well-being, and self-sufficiency with the need to reduce regulatory burden and improve its regulations.

DOH will continue to improve its regulations to (1) clarify existing regulatory obligations; (2) improve or streamline procedures, application requirements, and review processes; (3) reduce administrative burden; (4) improve communication procedures; (5) provide greater transparency with respect to standards, decision-making, and rationales for application processing; and (6) clarify interagency roles.

DOH has already begun its work to reduce regulatory burden and improve its regulations. DOH is ready to continue this work to reduce regulatory burden and improve its regulations to benefit all Alaskans.