ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Alaska Department of Labor and Workforce Development, Division of Workers' Compensation and the 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: Annual update of the Workers' Compensation Medical Fee Schedule

( ) 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): 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
A school district: 0

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY 2027	Subsequent Years
Operating Cost	$0	$0
Capital Cost	$0	$0
1002 Federal receipts	$0	$0
1003 General fund match	$0	$0
1004 General fund	$0	$0
1005 General fund/ program	$0	$0
Other (identify)	$0	$0

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:

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

11. Date: 9/8/2026 Prepared by: Alexis Hildebrand

Name (printed): Alexis Hildebrand
Title (printed): Administrative Operations Manager
Telephone: (907) 465-6059