

APPENDIX C-1: Additional Regulation Notice Information

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Division of Insurance
2. General subject of regulation: Pharmacy benefits managers and dispensing fees
3. Citation of regulation (may be grouped): 3 AAC 23.093 - 3 AAC 31.060
4. Department of Law file number, if any: 2024200445

5. Reason for the proposed action:

- () Compliance with federal law or action (identify): _____
- (x) Compliance with new or changed state statute
- () Compliance with federal or state court decision (identify): _____
- () Development of program standards
- () Other (identify): _____

6. Appropriation/Allocation: Insurance Operations / Insurance Operations; OMB
Component Number: 354

7. Estimated annual cost to comply with the proposed action to:

A private person: no anticipated cost

Another state agency: no anticipated cost

A municipality: no anticipated cost

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

	Initial Year	Subsequent
	FY <u>2025</u>	Years
Operating Cost	<u>\$0.00</u>	<u>\$0.00</u>
Capital Cost	<u>\$0.00</u>	<u>\$0.00</u>
1002 Federal receipts	<u>\$0.00</u>	<u>\$0.00</u>
1003 General fund match	<u>\$0.00</u>	<u>\$0.00</u>
1004 General fund	<u>\$0.00</u>	<u>\$0.00</u>
1005 General fund/ program	<u>\$0.00</u>	<u>\$0.00</u>
Other (identify)	<u>\$0.00</u>	<u>\$0.00</u>

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

Name: Lieann Amante
Title: Regulations Specialist 2
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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: February 12, 2025

Prepared by: 

[signature]

Name (printed): Lieann Amante

Title (printed): Regulations Specialist 2

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