ESTABLISH A REINSURANCE PROGRAM TO REINSURE HIGH RISK RESIDENTS OF THIS STATE

ADDITIONAL REGULATIONS NOTICE INFORMATION (AS 44.62.190(d))

1.	Adopting agency: <u>Division</u> Development	on of Insurance, De	partment of Commerce, Community, and Economi				
2.	*	on: Establish the A	laska Reinsurance Program to reinsure high risk				
3.		be grouped): 3 A	AC 31.500 – 3 AAC 31.549				
4.							
5.	Reason for the proposed ac	tion:					
	() Compliance with fe	ederal law or action	n (identify):				
	(x) Compliance with n	ew or changed stat	e statute				
	() Compliance with Federal or state court decision (identify)						
	(x) Development of pro	ogram standards					
	() Other (identify):						
6.	Appropriation/Allocation: <u>Insurance Operations/Insurance Operations</u>						
7.	A private person: Health of be required to pay to the All pharmacy rebates they rece however, except for deduct pharmacy rebates would be insurers. Another state agency: Nor Association, a nonprofit income.	l costs in the aggregate to comply with the proposed action to: Health care insurers participating in the Alaska Reinsurance Program would by to the Alaska Comprehensive Health Insurance Association, the premiums and as they received relating to high risk persons covered under the program, for deductions for the association's administrative costs, the premium and as would be utilized for reinsurance payments to the participating health care ency: None are anticipated, however, the Comprehensive Health Insurance comprofit incorporated legal entity established under AS 21.55.010 – 21.55.060, is e \$200,000 - \$250,000 in expenses to implement and administer the proposed					
	reinsurance program under	•	• • • • • • • • • • • • • • • • • • • •				
	A municipality: None are		utions.				
8.	Cost of implementation to the state agency and available funding (in thousands of dollars): Initial Year Subsequent						
		FY <u>16</u>	Years				
	Operating Cost	\$ 30,000	\$ 0				
	Capital Cost	\$ 0	\$ <u>0</u>				
	1002 Federal receipts	\$ <u>0</u>	\$ <u>0</u> \$ 0				

	d \$ <u>30,000</u>	\$ <u>0</u>		
1005 General fun	d/			
program	\$ <u>0</u>	\$ <u>0</u>		
Other (identify)	\$_0	\$_0		
The many of the contest many of the many letters				
The name of the contact person for the regulation:				
Name: Sarah Ba	-			
	Specialist III			
Address: Divisi				
P.O. Box 110805, Juneau, AK 99811-0805				
Telephone: (907) 465-4608				
E-mail address s	arah.bailey@alaska.gov			
The origin of the proposed action:				
The origin of the	proposed detion.			
-	f state agency			
Staff of				
Staff of	state agency government			
Staff of Federal Genera	state agency government public			
Staff of Federal General Petition	state agency government public n for regulation change	on (Chapter 5 4SSLA 16)		
Staff of Federal General Petition	state agency government public n for regulation change	on (Chapter 5 4SSLA 16)		
Staff of Federal Genera Petition X Other (i	state agency government public for regulation change identify) New state legislation	,		
Staff of Federal Genera Petition X Other (i	state agency government public for regulation change identify) New state legislation	on (Chapter 5 4SSLA 16) [signature]		
Staff of Federal Genera Petition X Other (i	state agency government public for regulation change identify) New state legislation	· · · · · · · · · · · · · · · · · · ·		
Staff of Federal Genera Petition X Other (i	f state agency government l public n for regulation change identify) New state legislation Prepared by:	· · · · · · · · · · · · · · · · · · ·		
Staff of Federal Genera Petition X Other (i	f state agency government l public n for regulation change identify) New state legislation Prepared by: Name (printer	[signature]		