1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Fees to administer the AK SHARP-1 State Health Care Practitioner Loan Repayment Program.
3. Citation of regulation (may be grouped): 7 AAC 80.030
4. Department of Law file number, if any: 2020200348
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: N/A
7. Estimated annual cost to comply with the proposed action to: None. 
   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): None.

<table>
<thead>
<tr>
<th>Initial Year</th>
<th>Subsequent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Cost</td>
<td>$_________ $_________</td>
</tr>
<tr>
<td>Capital Cost</td>
<td>$_________ $_________</td>
</tr>
<tr>
<td>1002 Federal receipts</td>
<td>$_________ $_________</td>
</tr>
<tr>
<td>1003 General fund match</td>
<td>$_________ $_________</td>
</tr>
<tr>
<td>1004 General fund</td>
<td>$_________ $_________</td>
</tr>
<tr>
<td>1005 General fund/program</td>
<td>$_________ $_________</td>
</tr>
<tr>
<td>Other (identify)</td>
<td>$_________ $_________</td>
</tr>
</tbody>
</table>
9. The name of the contact person for the regulation:
   Name: Tricia Franklin
   Title: Health Program Manager III
   Address: 3601 C Suite 424, Anchorage, AK 99503.
   Telephone: (907) 269-3445
   E-mail address: tricia.franklin@alaska.gov
10. The origin of the proposed action:
   _____ Staff of state agency
   _____ Federal government
   _____ General public
   _____ Petition for regulation change
   __X__ Other (identify): Fees to offset costs of administering the program.

11. Date:_________________ Prepared by: ______________________
    ___/___/___ ______________________________
    5/8/2020 [signature]

Name (printed): Tricia Franklin
Title (printed): Health Program Manager III
Telephone: (907) 269-3445