Section I
Notice of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Veterinary Medicine

RULE NOS.: RULE TITLES:
61G18-16.002 Continuing Education Requirements for Active Status License Renewal
61G18-16.003 Continuing Education Standards

PURPOSE AND EFFECT: The Board proposes the development of rule amendments to address continuing education requirements and standards.

SUBJECT AREA TO BE ADDRESSED: Continuing education requirements and standards.

RULEMAKING AUTHORITY: 474.206, 474.211 FS.

LAW IMPLEMENTED: 455.2177, 455.2123, 474.211 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Ruthanne Christie, Executive Director, Board of Veterinary Medicine, 2601 Blair Stone Road, Tallahassee, FL 32399-0751, N13, or by electronic mail - Ruthanne.Christie@myfloridalicense.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

Section II
Proposed Rules

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE NO.: RULE TITLE:
64B15-14.007 Standard of Care for Office Surgery

PURPOSE AND EFFECT: The proposed rule amendment is intended to clarify language for gluteal fat grafting.

SUMMARY: The proposed rule amendment deletes the word "superficial" with regard to gluteal fat grafting in office surgery procedures.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at its Board meeting, the Board concluded that this rule change will not have any impact on licensees and their businesses or the businesses that employ them. The rule will not increase any fees, business costs, personnel costs, will not decrease profit opportunities, and will not require any specialized knowledge to comply. This change will not increase any direct or indirect regulatory costs. Hence, the Board determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 459.005, 459.015(1)(z), 459.026 FS.

LAW IMPLEMENTED: 459.015(1)(g), (x), (z), (aa), 459.026 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kama Monroe, J.D., Executive Director, Board of Osteopathic Medicine/MQA, 4052 Bald Cypress Way, Bin # C06, Tallahassee, Florida 32399-3256.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B15-14.007 Standard of Care for Office Surgery. Nothing in this rule relieves the surgeon of the responsibility for making the medical determination that the office is an appropriate forum for the particular procedure(s) to be performed on the particular patient.

(1) No change.

(2) General Requirements for Office Surgery.

(a) through (e) No change.

(f) Standard of Care for Gluteal Fat Grafting. When performing gluteal fat grafting procedures, fat may only be injected into the subcutaneous space and must never cross the

~~superficial~~ gluteal fascia. Intramuscular or submuscular fat injections are prohibited.

(g) through (n) No change.

(3) through (6) No change.

Rulemaking Authority 459.005, 459.015(1)(z), 459.026 FS. Law Implemented 459.015(1)(g), (x), (z), (aa), 459.026 FS. History–New 11-29-01, Amended 2-23-03, 11-2-05, 6-4-09, 8-30-10, 3-20-13, 10-3-13, 12-11-14, 5-24-15, 11-10-15, 5-31-16, 10-4-16, 9-10-17, 5-17-18, 9-11-19, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Joint Committee on Surgical Care

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Osteopathic Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 6, 2020

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: January 15, 2020

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE NO.: RULE TITLE:

64B15-14.0076 Requirement for Osteopathic Physician Office Registration; Inspection or Accreditation

PURPOSE AND EFFECT: The proposed substantial rewording of the rule is intended to address the newly enacted Section 459.0138, F.S., regarding office surgery registration and the requirements for a designated physician.

SUMMARY: The proposed substantial rewording of the rule addresses the newly enacted Section 459.0138, F.S., regarding office surgery registration and the requirements for a designated physician.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at its Board meeting, the Board concluded that this rule change will not have any impact on licensees and their businesses or the businesses that employ them. The rule will not increase any fees, business costs, personnel costs, will not decrease profit opportunities, and will not require any specialized knowledge to comply. This change will not increase any direct or indirect regulatory costs. Hence, the Board determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 459.0138(2) FS.

LAW IMPLEMENTED: 456.069, 459.0138 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kama Monroe, J.D., Executive Director, Board of Osteopathic Medicine/MQA, 4052 Bald Cypress Way, Bin # C06, Tallahassee, Florida 32399-3256.

THE FULL TEXT OF THE PROPOSED RULE IS:

(A SUBSTANTIAL REWORDING OF RULE 64B15-14.0076, F.A.C. SEE FLORIDA ADMINISTRATIVE CODE FOR PRESENT TEXT).

64B15-14.0076 Requirement for Osteopathic Physician Office Surgery Registration; Inspection or Accreditation.

(1) Registration.

(a) Office Registration. An office in which a physician performs liposuction procedures where more than 1,000 cubic centimeters of supernatant fat is removed, a Level II office surgery, or a Level III office surgery shall register with the Department of Health (Department) unless the office is licensed as facility under Chapter 390 or Chapter 395, Florida Statutes. The office must notify the Department within 10 calendar days after the termination of a designated physician relationship and must notify the Department of the designation of another physician to serve as the designated physician.

(b) Designated Physician. Each office registered in Subparagraph (1)(a) must designate a physician who is responsible for office's compliance with the health and safety requirements of Section 459.0138, F.S., Rule 64B15-14.007, F.A.C., and this rule, including any changes to the office registration in paragraph (1)(a) above. The designated physician is required to update within 10 days any modifications to the office surgery registration application regarding the recovery personnel and persons on the surgical team along with supporting documentation if said person is not a physician.

(c) Physician Registration. Each physician practicing at a registered office shall notify the Board in writing within 10 calendar days after beginning or ending his or her practice at a

registered office. The physician must comply with the requirements and qualifications of Section 459.0138, F.S., Rule 64B15-14.007, F.A.C., and this rule. The written notification for beginning office surgery practice requires the physician to provide and document the following information:

1. Financial Responsibility. All physicians practicing at a registered office must meet the financial responsibility requirements of Section 458.320/459.0085, F.S., as applicable, and notify the Board of the option he or she elects.

2. For surgeons:

a. the level of surgery the physician intends to perform;

b. the types of procedures the physician intends to perform at this registered office;

c. whether the physician holds current certification of eligiblity with a specialty board approved by the Florida Board of Osteopathic Medicine and if so, to submit a copy of the certificate or board-eligibility letter with the notification;

d. if the physician does not hold current certification or board eligibility, the physician must provide documentation to establish comparable background, training, and experience;

e. if the physician intends to perform procedures not covered by the registered office's transfer agreement, submission of a letter of good standing and a copy of the delineation of staff privileges as set forth in Rules 64B15-14.007 (4)(b) 1, F.A.C.;

f. submit a copy of the physician's current Advanced Cardiac Life Support (ACLS) certification; and

g. list the dates of attendance and specialty areas of all residency, fellowship, background experience, and additional training.

3. For physicians who are anesthesia providers, submission of a current copy of the ACLS card or Pediatric Advanced Life Support (PALS) card (if appropriate), and

4. For assistants to the surgeon, submission of a current copy of the Basic Life Support (BLS) card.

(d) In order to register at an office for office surgery, the physician must comply with the Department's Rule 64B-4.003, F.A.C., and provide documentation to support compliance with Rule 64B8-9.009, F.A.C., and this rule.

(e) The registration shall be posted in the office.

(2) Inspection.

(a) Unless the office has previously provided written notification of current accreditation by a nationally recognized accrediting agency or an accrediting organization approved by the Board, the office shall submit to an annual inspection by the Department. Nationally recognized accrediting agencies are the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), Accreditation Association for Ambulatory Health Care (AAAHC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO). All nationally recognized and Board-approved accrediting organizations shall be held to the same Board-determined surgery and anesthesia standards for accrediting Florida office surgery sites.

(b) The office surgery inspection fee set forth in the Department's Rule 64B-4.002, F.A.C., shall be remitted for each practice location.

(c) For those inspections which are required to be announced, such inspections shall be announced at least one week in advance of the arrival of the inspector(s).

(d) If the office is determined to be in noncompliance, the designated physician shall be notified and shall be given a written statement specifying the deficiencies at the time of inspection. If the designated physician is not present at the time of the inspection, the written statement shall be provided to the designated physician's designee and a copy shall be provided to the designated physician. Unless the deficiencies constitute an immediate and imminent danger to the public, the designated physician shall be given 30 days from the date of inspection to correct any documented deficiencies and notify the Department of corrective action. Upon written notification from the designated physician that all deficiencies have been corrected, the Department is authorized to re-inspect for compliance. If the designated physician fails to submit a corrective action plan within 30 days of the inspection, the Department is authorized to re-inspect the office to ensure that the deficiencies have been corrected.

(e) The deficiency notice and any subsequent documentation shall be reviewed for consideration of disciplinary action under any of the following circumstances:

1. When the initial notice of deficiencies contain deficiencies that constitute immediate and imminent danger to the public;

2. The designated physician fails to provide the Department with documentation of correction of all deficiencies within thirty (30) days from the date of inspection; or

3. Upon a finding of noncompliance after a reinspection has been conducted pursuant to paragraph (2)(d), of this rule.

(f) Documentation of corrective action shall be considered in mitigation of any offense.

(g) Nothing herein shall limit the authority of the Department to investigate a complaint without prior notice.

(3) Accreditation.

(a) The office shall submit written notification of the current accreditation survey from a nationally recognized accrediting agency or an accrediting organization approved by the Board in lieu of undergoing an inspection by the Department.

(b) An office shall submit, within thirty (30) days of accreditation, a copy of the current accreditation survey of its office and shall immediately notify the Department of any

accreditation changes that occur. For purposes of initial registration, an office shall submit a copy of its most recent accreditation survey in lieu of undergoing an inspection by the Department.

(c) If a provisional or conditional accreditation is received, the office shall notify the Department in writing and shall include a plan of correction.

Rulemaking Authority 459.0138(2) ~~459.005(1), (2)~~ FS. Law Implemented 456.069, 459.0138 ~~459.005(2)~~ FS. History–New 2-12-02, Amended 11-20-03, 6-4-09, 7-19-10, 3-20-13, 10-3-13, 12-22-14, 8-24-17, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Joint Committee on Surgical Care

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Osteopathic Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 6, 2020

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: January 15, 2020

DEPARTMENT OF CHILDREN AND FAMILIES

Substance Abuse Program

RULE NOS.:	RULE TITLES:
65D-30.014	Standards for Medication-Assisted Treatment for Opioid Use Disorders
65D-30.0141	Needs Assessment for Medication-Assisted Treatment for Opioid Use Disorders
65D-30.0142	Clinical and Operational Standards for Medication-Assisted Treatment for Opioid Use Disorders

PURPOSE AND EFFECT: The Department intends to divide 65D-30.014, F.A.C., into three separate rules and to clarify when awarded applicants must receive at least a probationary license to provide medication-assisted treatment for opioid use disorders.

SUMMARY: Rule 65D-30.014, F.A.C. will be separated into rules 65D-30.014, F.A.C., Standards for Medication-Assisted Treatment for Opioid Use Disorders, 65D-30.0141, F.A.C., Needs Assessment for Medication-Assisted Treatment for Opioid Use Disorders, and 65D-30.0142, F.A.C., Clinical and Operational Standards for Medication-Assisted Treatment for Opioid Use Disorders. Awarded applicants will be required to receive at least a probationary license within two (2) years of receipt of an award letter connected to their Application for Licensure to Provide Substance Abuse Services. If an applicant fails to obtain a probationary license within the specified time, the Department will rescind the award.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of $200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department used a checklist to conduct an economic analysis and determine if there is an adverse impact or regulatory costs associated with this rule that exceeds the criteria in section 120.541(2)(a), F.S. Based upon this analysis, the Department has determined that the proposed rule is not expected to require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 397.321(5), FS.

LAW IMPLEMENTED: 397.311(26), 397.321, 397.410, 397.427, FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jodi Abramowitz. Jodi can be reached at (850)717-4470 or Jodi.abramowitz@myflfamilies.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

65D-30.014 Standards for Medication-Assisted Treatment for Opioid Use Disorders.

~~In addition to rule 65D-30.004, F.A.C., subsections (1) through (7) of this rule apply to methadone medication-assisted treatment. Subsection (8) of this rule applies to all other medication-assisted treatments.~~

(1) State Authority. The state authority is the Department's Office of Substance Abuse and Mental Health. The State Opioid Treatment Authority (SOTA) is the individual designated by the Office of Substance Abuse and Mental Health to exercise the state's authority and responsibilities in governing opiate treatment by opioid treatment programs. The SOTA acts as the state's coordinator for the development and regulatory monitoring of opioid treatment programs and serves as a liaison with the appropriate federal, state and local agencies.

(2) Federal Authority. The federal authority is the Center for Substance Abuse Treatment.

This rule sunsets five years from the effective date of the rule.

~~(3) Determination of Need.~~

~~(a) The Department shall annually perform the assessment detailed in the "Methodology of Determination of Need Methadone Medication Assisted Treatment," CF-MH-4038, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-10669. The Department shall publish the results of the assessment in the Florida Administrative Register by June 30. Facilities owned and operated by the Florida Department of Corrections are exempt from the needs assessment process. However, these facilities must apply for a license to deliver this service.~~

~~(b) The publication shall direct interested parties to submit a letter of intent to apply for licensure to provide medication-assisted treatment for opioid use disorders to the Regional Office of Substance Abuse and Mental Health where need has been demonstrated.~~

~~1. The publication shall provide a closing date for submission of letters of intent.~~

~~2. Interested parties must identify the fiscal year of the needs assessment to which they are responding and the number of awards they are applying for per county identified in the assessment in their letter of intent.~~

~~(c) Within seven (7) business days of the closing date, the Regional Office shall notify parties who submitted a letter of intent on how to proceed.~~

~~1. If the number of letters of intent equals or is less than the determined need, parties shall be awarded the opportunity to proceed to licensure by completing an "Application for Licensure to Provide Substance Abuse Services" form, C&F-SA-Form-4024, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-10668.~~

~~2. If the number of letters of intent exceeds the determined need, parties shall be invited to submit a "Methadone Medication Assisted Treatment (MAT) Application to Proceed to Licensure Application" form, CF-MH-4041, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-10671. Applications may not be rolled over for consideration in response to a needs assessment published in a different year and may only be submitted for a current fiscal year needs assessment.~~

~~a. The Department shall utilize an evaluation team made up of industry experts to conduct a formal rating of applications as stipulated in the "Methadone Medication Assisted Treatment (MAT) Application Evaluation" form, CF-MH-4040, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-10670. The evaluation team members shall not be affiliated with the Department, current methadone medication assisted treatment providers operating in Florida, or the applicants.~~

~~b. The selection of a provider shall be based on the following criteria:~~

~~(I) Capability to Serve Selected Area(s) of Need and Priority Populations. Area(s) of Need are the counties identified as having a need for additional clinics. Priority Populations are pregnant women, women with young children, and individuals with financial hardships;~~

~~(II) Patient Safety and Quality Assurance/Improvement;~~

~~(III) Scope of Methadone Medication Assisted Treatment Services;~~

~~(IV) Capability and Experience; and~~

~~(V) Revenue Sources.~~

~~c. Applicants with the highest scored applications in each county shall be awarded the opportunity to apply for licensure for the number of programs specified in their letter of intent to meet the need of that county. If there is unmet need, the next highest scored applicant(s) will receive an award(s) based on the remaining need and the number of programs specified in their letter of intent. This process will continue until the stated need is met. Regional offices shall inform the highest scoring applicant(s) in writing of the award.~~

~~d. All awarded applicants must submit a letter of intent to apply for licensure to the appropriate regional office within 30 calendar days after the award. If an applicant declines an award or fails to submit the letter of intent within the specified time, the Department shall rescind the award. After the Department rescinds the original award for that selected area of need, the applicant with the next highest score shall receive the award.~~

~~(d) Awarded applicants must receive at least a probationary license within two (2) years of the published needs assessment connected to their application. See rule 65D-30.0036, F.A.C. for licensure application requirements. Applicants may submit a request to the State Authority and Substance Abuse and Mental Health Program Office for an exception if unable to meet timeframes due to a natural disaster that causes physical damage to the applicant's building(s). Proof of natural disaster and impact on physical property must accompany the request. Upon receipt of the request for exception and accompanying proof, a one-time extension shall be granted for six (6) months. Providers who are delayed for a reason other than a natural disaster may petition the Department for a rule waiver pursuant to section 120.542, F.S.~~

~~(4) General Requirements.~~

~~(a) Methadone Medication Assisted Treatment Program Sponsor. The methadone medication assisted treatment sponsor, as defined in subsection 65D-30.002(42), F.A.C., of a new provider shall be a licensed health professional and shall have worked in the field of substance use treatment at least five (5) years. The sponsor is responsible for the program operation~~

and assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

(b) Medical Director. The medical director of a provider shall have a minimum of two (2) years' experience treating substance use disorders.

(c) Special Permit and Consultant Pharmacist.

1. Special Permit.

a. All providers shall obtain a special pharmacy permit from the State of Florida Board of Pharmacy. New applicants shall be required to obtain a special pharmacy permit prior to licensure by the Department.

b. Providers obtaining a special pharmacy permit shall hire a consultant pharmacist licensed by the state of Florida.

2. Consultant Pharmacist. The responsibilities of the consultant pharmacist include the following:

a. Develop policies and procedures relative to the supervision of the compounding and dispensing of all medications dispensed in the facility;

b. Provide ongoing pharmaceutical consultation;

c. Develop operating procedures for maintaining all medication records and security in the area within the facility in which the compounding, storing, and dispensing of medications occur;

d. Meet face to face, at least quarterly, with the medical director to review the provider's pharmacy practices. Meetings shall be documented in writing and signed and dated by both the consultant pharmacist and the medical director;

e. Prepare written reports regarding the provider's level of compliance with established pharmaceutical procedures. Reports shall be prepared at least semi-annually and submitted, signed, and dated by the consultant pharmacist and submitted to the medical director; and

f. Physically visit the provider at least every two (2) weeks to ensure that established procedures are being followed, unless otherwise stipulated by the state Board of Pharmacy. A log of such visits shall be maintained, signed, and dated by the consultant pharmacist at each visit.

3. Change of Consultant Pharmacist. The provider's medical director shall notify the Board of Pharmacy within 10 days of any change of consultant pharmacists and provide a copy of such notification to the Substance Abuse and Mental Health Program Office and the SOTA.

(d) Providers shall develop policies and procedures for the treatment of pregnant women.

1. Prior to the initial dose, each female shall be fully informed of the risks of taking and not taking methadone during pregnancy, including possible adverse effects on the mother or fetus. If the medication is not taken, risk includes withdrawal syndrome which has been associated with fetal demise. The individual shall sign and date a statement acknowledging this information. Pregnant women shall be seen by the physician or their qualified designee as clinically advisable. The physician or qualified medical designee must document in the clinical record that the pregnant individual was informed of the risks in this paragraph.

2. Pregnant individuals shall be informed of the opportunity and need for prenatal care by referral to publicly or privately funded health care providers. The provider shall establish a documented system for referring individuals to prenatal care.

3. In the event there are no publicly funded prenatal referral resources to serve those who are indigent, or if the individual refuses the services, the provider shall offer her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service. The nature of prenatal support shall be documented in the clinical record.

4. When the individual is referred for prenatal services, the practitioner to whom she is referred shall be notified that she is undergoing methadone medication assisted treatment and provided treatment plans addressing pregnancy and post-partum care. Documentation of referral shall be kept in the clinical record. If a pregnant individual refuses referral and prenatal instruction and counseling, the provider shall obtain a signed statement from the individual acknowledging that she had the opportunity for the prenatal care but declined.

5. The physician shall sign or countersign and date all entries related to prenatal care.

6. Treating physicians or their qualified designee shall consult with other treating medical staff providing care and medications to ensure that prescribed medication protocols are not contraindicated.

(e) Minimum Responsibilities of the Physician. Physicians must adhere to best practice standards for an individual receiving methadone medication assisted treatment. Best practices are evidence based practices which are subject to scientific evaluation for effectiveness and efficacy. Best practice standards may be established by entities such as the Substance Abuse and Mental Health Services Administration, national trade associations, accrediting organizations recognized by the Department, or comparable authorities in substance use treatment. In addition, the responsibilities of the physician include the following:

1. To ensure that evidence of current physiological addiction, history of addiction, and exemptions from criteria for admission are documented in the clinical record before the individual receives the initial dose of medication;

2. To sign or countersign and date all medical orders, including the initial prescription, all subsequent prescription

changes, and all changes in the frequency of take-home medication;

3. To ensure that justification is recorded in the clinical record for any change to the frequency of visits to the provider for observed medication ingesting, including cases involving the need for exemptions, or when prescribing medication for physical or emotional problems;

4. To review, sign or countersign, and date treatment plans at least annually; and

5. To ensure that a face-to-face assessment is conducted with each individual at least annually, including evaluation of the individual's physical/medical status, progress in treatment, and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol. The assessment shall be conducted by a physician or a P.A. or A.P.R.N. under the supervision of a physician. The protocol shall include criteria and the conditions under which the assessment would be conducted more frequently.

(f) Central Registry.

1. Providers shall register and participate in the Department-approved electronic registry system for individuals receiving methadone medication-assisted treatment services. The registry is used to prevent the enrollment of individuals at more than one (1) provider and to facilitate continuity of care in the event of program closure and guest dosing verification. The registry shall be implemented in compliance with 42 Code of Federal Regulations, §2.13. The provider must submit to information gathering activities by the SOTA for state planning purposes.

2. Methadone shall not be administered or dispensed to an individual who is known to be currently enrolled with another provider. Providers shall develop policies and procedures to ensure compliance with 42 C.F.R. 8.12(g)2. If an individual changes providers, the current provider shall assist with coordinating the transfer to another provider. The evidence of linkage to care shall be noted in the clinical record. Upon notification that an individual is being admitted to a new provider, it is the responsibility of the original admission site to discharge an individual from the Central Registry.

3. Individuals applying for methadone medication-assisted treatment shall be informed of the registry procedures and shall be required to sign a consent form before receiving services. Individuals who apply for services and do not consent to the procedures will not be enrolled.

4. If an individual is found trying to secure or has succeeded in obtaining duplicate doses of methadone or other medication, the individual shall be referred back to the original provider. A written statement documenting the incident shall be forwarded to the original provider and, if the individual succeeded in obtaining the duplicate dose, the incident must be reported in the Department-approved incident reporting system by the provider who dispensed the duplicate dose. The physician of the original provider or their qualified designee shall evaluate the individual as soon as medically feasible for continuation of treatment. In addition, a record of violations by individuals must become part of the clinical record maintained by all participating providers and shall be made available to Department staff upon request.

5. With the application for licensure, providers shall submit with the application for licensure written plans for participating in registry activities.

(g) Wait lists.

1. Providers must maintain wait list data for individuals seeking care but unable to enroll within 24 hours of first contact requesting initiation of treatment.

2. When an opening is available, providers must make at least one (1) attempt to contact the next prospective individual on the waiting list and maintain a system of documenting attempts. Documentation shall include at a minimum: date of attempted contact, individual's name, date of birth, address, and contact information.

3. Priority must be given to pregnant woman and HIV-positive individuals.

(h) Operating Hours and Holidays.

1. Providers shall post operating hours in full view of the public. This information shall include hours for counseling and administering medication.

2. All providers shall be open Monday through Saturday. Providers shall have medicating hours and counseling hours that accommodate individuals, including two (2) hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m.

3. Providers are required to medicate on Sundays according to the needs of the individual. This includes individuals on Phase 1, individuals on a 30 to 180-day detoxification regimen, and individuals who need daily observation. Providers shall develop policies and procedures for Sunday coverage.

4. In case of impending disaster, providers shall implement disaster preparedness policies and procedures as necessary regarding operating hours and dosing.

5. When holidays are observed, all individuals shall be given a minimum of a seven (7) day notice of any changes to the hours of operation.

6. When applying for a license, providers shall inform the respective program offices of their intended holidays. In no case shall two (2) or more holidays occur in immediate succession unless the provider is granted an exemption by the state and federal authority. Take-out privileges shall be available to all eligible individuals during holidays, if clinically advisable. Services shall be accessible to individuals for whom take-home medication is not clinically advisable. Individuals who fall into this category shall receive a minimum of seven (7) days

notification regarding arrangements and exact hours of operation.

(5) Maintenance Treatment Standards.

(a) Standards for Placement.

1. Determining Addiction and Placement.

a. An individual aged 18 or over shall be placed in treatment only if the physician, or their qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., determines that the individual is currently physiologically addicted to opioid drugs and became physiologically addicted at least one (1) year before placement in methadone medication-assisted treatment.

b. A one (1) year history of addiction means that individuals seeking placement in methadone medication-assisted treatment were physiologically addicted to opioid drugs at least one (1) year before placement and were addicted continuously or episodically for most of the year immediately prior to placement with a provider.

c. In the event the exact date of physiological addiction cannot be determined, the physician or their qualified designee may admit the individual to treatment if, by the evidence presented and observed, and utilizing reasonable clinical judgment, the physician or their qualified designee concludes that the individual was physiologically addicted during the year prior to placement. Such observations shall be recorded in the clinical record by the physician or their qualified designee.

d. Individuals with a chronic immune deficiency or who are pregnant must be screened and admitted on a priority basis.

e. Individuals seeking admission with only a primary medical diagnosis of a chronic pain condition must be referred to specialists qualified to treat chronic pain conditions and are not eligible for admission. Individuals who are diagnosed with a primary opioid use disorder and a chronic pain condition are eligible for admission.

2. Placement of Individuals Under 18 Years of Age.

a. An Individual under 18 is required to have had two (2) documented unsuccessful attempts at short-term detoxification or substance use treatment within the last year to be eligible for treatment.

b. The physician or their qualified designee shall document in the clinical record that the individual continues to be or is again physiologically dependent on opioid drugs and is appropriate for placement.

c. Treatment standards in this rule are not intended to limit current best practice protocols for this population.

3. Evidence of Addiction.

a. In determining the current physiological addiction of the individual, the physician or their qualified designee shall consider signs and symptoms of drug intoxication, evidence of use of drugs through a urine drug screen, and needle marks.

b. Other evidence of current physiological dependence shall be considered by noting early signs of withdrawal, such as cramping, lachrymation, rhinorrhea, pupilary dilation, pilo erection, body temperature, pulse rate, elevated blood pressure, and increased respiratory rate.

(b) Individual Consent. In addition to the minimum requirements for completing a treatment plan, providers shall conduct the following:

1. Individuals shall be advised of the benefits of therapeutic and supportive rehabilitative services, and that the goal of methadone medication-assisted treatment is stabilization of functioning. The individual shall be fully informed of the risks and consequences of methadone medication-assisted treatment.

2. Each provider shall provide a thorough explanation of all program services, as well as state and federal policies and regulations, and obtain a voluntary, written, and signed program-specific statement of fully informed consent from the individual at admission.

3. During treatment plan review, the counselor shall re-assess present level of functioning, course of treatment, and identify future goals.

4. No individual under 18 years of age shall be placed in methadone medication-assisted treatment unless a parent or legal guardian provides written consent.

(c) Exemption from Minimum Standards for Placement.

1. An individual who has resided in a penal or chronic care institution for one (1) month or longer may be placed in treatment within 14 days before release or within 6 months after release from such institution. This can occur without documented evidence to support findings of physiological addiction, providing the individual would have been eligible for placement before incarceration or institutionalization, and in the reasonable clinical judgment of the physician or their qualified designee, methadone medication-assisted treatment is medically justified.

2. Evidence of prior residence in a penal or chronic care institution, evidence of all other findings, and the criteria used to determine the findings shall be recorded by the physician or their qualified designee in the clinical record.

3. The physician or their qualified designee shall sign and date these entries before the initial dose is administered.

(d) Pregnant individuals.

1. Pregnant individuals, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs, may be placed in methadone medication-assisted treatment. For such individuals, evidence of current physiological addiction to opioid drugs is not needed if a physician or their qualified designee certifies the pregnancy and, in utilizing reasonable clinical judgment, finds treatment to be medically justified.

2. Pregnant individuals may be placed on a medication-assisted treatment regimen using a medication other than methadone only upon the written order of a physician who determines this to be the best choice of therapy for that individual.

3. Evidence of current or prior addiction and criteria used to determine such findings shall be recorded in the clinical record by the admitting physician or their qualified designee. The physician or their qualified designee shall sign and date these recordings prior to administering the initial dose.

(e) Readmission to Treatment.

1. Up to 2 years after discharge or detoxification for opioid use disorders, and individual who has been previously involved in methadone medication-assisted treatment may be readmitted without evidence to support findings of current physiological addiction. This can occur if the provider is able to document prior maintenance treatment of six (6) months or more and the physician or their qualified designee, utilizing reasonable clinical judgment, finds readmission to treatment to be medically justified.

2. Evidence of prior treatment and the criteria used to determine such findings shall be recorded in the clinical record by the physician or their qualified designee. The physician or their qualified designee shall sign and date the information recorded in the clinical record.

(f) Denying an Individual Treatment.

1. If an individual will not benefit from a treatment regimen that includes the use of methadone or other opioid treatment medications, or if treating the individual would pose a danger to others, the individual may be refused treatment. This is permitted even if the individual meets the standards for placement.

2. The physician or their qualified designee shall make this determination and shall document the basis for the decision to refuse treatment.

(g) Methadone Take-home Privileges.

1. Take-home doses of methadone are permitted only for individuals participating in a methadone medication-assisted treatment program. Requests for take-home doses greater than the amount allowed, as stipulated in paragraph (5)(h) of this rule, must be entered into the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT) Opioid Treatment Program Extranet for federal and state approval. The following must be indicated on the exception request:

a. Dates of Exception: not to exceed a 12 month period of time per request;

b. Justification;

c. Dates and results of last three (3) drug screens, for individuals in treatment longer than 90 days;

d. Indicate compliance with securing methadone in a lockable secure container;

e. Statement of supporting documentation on file; and

f. Any other information the provider deems necessary in support of the request.

2. The medical director shall make determinations based on take-home criteria as stated in 42 CFR 8.12(i)(2).

3. When considering an individual's responsibility in handling methadone, the physician shall consider the recommendations of other staff members who are most familiar with the relevant facts regarding the individual.

4. The requirement of time in treatment and participation is a minimum reference point after which an individual may be eligible for take-home privileges. The time in treatment reference is not intended to mean that an individual in treatment for a particular length of time has a right to take home methadone. Regardless of time in treatment, the physician, state or federal authorities with cause, may deny or rescind the take-home privileges of an individual.

5. In the event of a disaster that prompts a program-wide exemption authorized by SAMHSA and the SOTA in advance, providers must make appropriate arrangements for unstable individuals to obtain their medication.

(h) Take-home Phases. To be considered for take-home privileges, all individuals shall be in compliance with criteria as stated in 42 CFR 8.12(i)(2).

1. Differences in the nature of abuse potential in opioid treatment medications determine the course of treatment and subsequent take-home privileges available to the individual based on progress, participation, and circumstances. The assessment and decision approving all take-homes shall be documented in the individual's clinical record, signed and dated by the physician.

2. No take-homes shall be permitted during the first 30 days following placement unless approved by both the state and federal authorities.

a. Phase I. Following 30 consecutive days in treatment, the individual may be eligible for one (1) take-home per week from day 31 through day 90, provided that the individual has had negative drug screens and is following program requirements for the preceding 30 days.

b. Phase II. Following 90 consecutive days in treatment, the individual may be eligible for two (2) take-homes per week from day 91 through day 180, provided that the individual has had negative drug screens for the preceding 60 days.

c. Phase III. Following 180 consecutive days in treatment, the individual may be eligible for three (3) take-homes per week with no more than a two (2)-day supply at any one time from day 181 through one (1) year, provided that the individual has had negative drug screens for the preceding 90 days.

d. Phase IV. Following one (1) year in continuous treatment, the individual may be eligible for four (4) take-homes per week through the second year of treatment, provided that the individual has had negative drug screens for the preceding 90 days.

e. Phase V. Following two (2) years in continuous treatment, the individual may be eligible for five (5) take homes per week, provided that the individual has had negative drug screens for the preceding 90 days.

f. Phase VI. Following three (3) years in treatment, the individual may be eligible for six (6) take homes per week provided that the individual had all negative drug screens for the past year.

3. Methadone Medical Maintenance. Providers may place an individual on methadone medical maintenance in cases where it can be demonstrated that the potential benefits of medical maintenance to the individual exceed the potential risks, in the professional judgment of the physician. Only a physician may authorize placement of an individual on medical maintenance. The physician shall provide justification in the clinical record regarding the decision to place an individual on medical maintenance.

The following conditions shall apply to medical maintenance.

a. To qualify for partial medical maintenance, an individual may receive no more than 13 take homes and must have been in continuous treatment for four (4) years with negative drug screens for the previous two (2) years.

b. To qualify for full medical maintenance an individual may receive no more than 27 take homes and must have been in continuous treatment for five (5) years with negative drug screen for the prious two (2) years.

c. All individuals in medical maintenance will receive their medication orally in the form of liquid, diskette or tablet. Diskettes and tablets are allowed if formulated to reduce potential parenteral abuse.

d. All individuals will participate in a "call back" program by reporting back to the provider upon notice for a medication count.

e. All criteria for take homes as listed under paragraph (5)(g) shall continue to be met.

(i) Transferred Individuals and Take-Home Privileges.

1. Any individual who transfers from one (1) provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment and compliance with program requirements is received from the previous provider prior to implementing transfer. The physician at the previous provider shall also document that the individual met all criteria for their current phase and are at least on Phase I.

2. Any individual who transfers from out of state is required to comply with the criteria stated in 42 CFR 8.12(i)(2), and with verification of previous clinical records, the physician shall determine the phase level based on the individual's history.

(j) Transfer Information. When an individual transfers from one (1) provider to another, the referring provider shall release the following information:

1. Results of the latest physical examination,

2. Results of the latest laboratory tests on blood and urine,

3. Results of drug screens for the past 12 months,

4. Medical history,

5. Current dosage level and dosage regimen for the past 12 months,

6. Documentation of the conditions which precipitated the referral;

7. A written summary of the individual's last three (3) months of treatment;

8. Any history of behavioral non compliance, emotional, or legal problems; and

9. A copy of the clinical records to ensure coordination of care, to include: discharge summary, medical assessments, and current medications and dosage. Additional records may be sent based on their appropriateness to ensure coordination of care. This information shall be released prior to the individual's arrival at the provider to which he or she is transferred. Providers shall not withhold an individual's records when requested by the individual for any reason, including failure to pay bills owed to the provider. The referring provider shall forward the records directly to the provider of the individual's choosing with signed records releases from the individual.

(k) Exemptions from Take Home Privileges and Phasing Requirements.

1. Exemptions for Disability or Illness.

a. If an individual is found to have a physical disability which interferes with the individual's ability to conform to the applicable mandatory schedule, the individual may be permitted a temporary or permanently reduced schedule by the physician and, at the discretion of the SOTA and federal authorities, provided the individual is also found to be responsible in handling opioid treatment medication, is making progress in treatment, and is providing drug screens free of illicit substances.

b. Providers shall obtain medical records and other relevant information as needed to verify the medical condition. Justification for the reduced attendance schedule shall be documented in the clinical record by the physician or their qualified designee who shall sign and date these entries.

2. Temporary Reduced Schedule of Attendance

a. An individual may be permitted a temporarily reduced schedule of attendance because of exceptional circumstances

such as illness, personal or family crises, travel or other hardship which causes the individual to become unable to conform to the applicable mandatory schedule. This is permitted only if the individual is also found to be responsible in handling opioid treatment medication, has consistently provided drug screens free of illicit substances, and has made acceptable progress toward treatment goals.

b. Any individual using prescription opioid medications or sedative medication not used in the medication assisted treatment protocols shall provide a legitimate prescription from the prescribing medical professional. The physician, or medical designee, shall consult with the prescribing physician to coordinate care as outlined in medical protocols.

c. The necessity for an exemption from a mandatory schedule is to be based on the reasonable clinical judgment of the physician or qualified designee. Such determination of necessity shall be recorded in the clinical record by the physician or their qualified designee who shall sign and date these entries. An individual shall not be given more than a 14-day supply of methadone at any one time unless an exemption is granted by the state methadone authority and by the federal government. The state and federal authorities shall review exemption requests and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

3. Travel Distance.

a. In those instances where access to a provider is limited because of travel distance, the physician is authorized to reduce the frequency of an individual's attendance. This is permitted if the individual is currently employed or attending a regionally approved educational or vocational program or the individual has regular child caring responsibilities that preclude daily trips to the provider. This does not extend to individuals who choose to travel further than the closest affordable program to dose.

b. The reason for reducing the frequency of attendance shall be documented in the clinical record by the physician who shall sign and date these entries. The state and federal authorities shall review the requests for reducing the frequency of attendance and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

4. Other Travel.

a. Any exemption that is granted to an individual regarding travel shall be documented in the clinical record. Such documentation shall include tickets prior to a trip, copies of boarding passes, copies of fuel receipts, lodging receipts, or other verification of the individual's arrival at the approved destination. If travel is due to medical treatment, documentation shall include a physician's note or related documentation from the physician or qualified designee. Generally, special take-homes shall not exceed 27 doses at one (1) time. Request for take homes in excess of 27 doses must be submitted for approval through SAMHSA/CSAT Opioid Treatment Program Extranet for federal and state approval. The state and federal authorities shall review these requests for take-homes in excess of 27 doses and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

b. Individuals who receive exemptions for travel shall be required to submit to a drug screening on the day of return to the provider.

(l) Random Drug Screening.

1. Individuals in the first six (6) months of treatment shall be required to submit to at least one (1) monthly random drug screen.

2. Individuals who are on Phase III or higher shall be required to submit to a minimum of eight (8) random drug screens per year of an individual's treatment plan.

3. All drug screens shall be conducted by direct observation, or by another accurate method of monitoring in order to reduce the risk of falsification of results. Each specimen shall be analyzed for opioids, methadone, buprenorphine, amphetamines, benzodiazepines, and cocaine. If there is a history of prescription opioid analgesic abuse, an expanded toxicology panel that includes these opioids shall administered. Additional testing is based on individual patient need and local drug use patterns and trends.

4. The physician or their qualified designee shall review all positive drug screens from illicit substances in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

(m) Employment of Persons on a Maintenance Protocol. No staff member, full-time, part-time or volunteer, shall be on a maintenance protocol unless a request to maintain or hire staff undergoing treatment is submitted with justification to and approved by the federal and state authorities. Any approved personnel on a maintenance regimen shall not be allowed access to or responsibility for handling methadone or other opioid treatment medication.

(n) Caseload. No full-time counselor shall have a caseload that exceeds the equivalent of 32 currently participating individuals. Participating individual equivalents are determined in the following manner.

1. An individual seen once per week would count as 1.0 equivalent.

2. An individual seen bi-weekly would count as a .5 equivalent.

3. An individual seen monthly or less would count as a .25 equivalent.

4. As an example, a counselor has a caseload of 15 individuals that are seen weekly (counts as an equivalent of 15), 30 individuals seen biweekly (counts as an equivalent of 15), and 8 individuals seen monthly (counts as an equivalent of 2). The counselor would have a total caseload of 53 individuals equaling 32 equivalent individuals.

(o) Termination from Treatment.

1. There will be occasions when individuals will need to be terminated from treatment. Individuals who fall into this category are those who:

a. Attempt to sell or deliver their prescribed medication or any other drugs;

b. Become or continue to be actively involved in criminal behavior;

c. Consistently fail to adhere to the requirements of the provider;

d. Persistently use illicit substances; or

e. Do not effectively participate in treatment programs to which they are referred.

Such individuals shall be withdrawn in accordance with a dosage reduction schedule prescribed by the physician or qualified designee and referred to other treatment, as clinically indicated. This action shall be documented in the clinical record by the physician or their qualified designee.

2. Providers shall establish criteria for involuntary termination from treatment. All individuals shall be given a copy of these criteria upon placement and shall sign and date a statement that they have received the criteria.

(p) Withdrawal from Maintenance.

1. The physician or qualified designee shall ensure that all individuals in methadone medication-assisted treatment receive an annual assessment. This assessment may coincide with the annual assessment of the treatment plan and shall include an evaluation of the individual's progress in treatment and the justification for continued maintenance. The assessment and recommendations shall be recorded in the clinical record.

2. All providers shall develop policies and procedures that establish a process to assist individuals served in attaining recovery goals, thereby enabling transition to a lower level of care. At least annually, during the treatment plan review, the provider shall assess the individual's readiness and desire to transition to a lower level of care and shall provide information about the titration of medication to maintain therapeutic levels or to withdraw from the medication with the least necessary discomfort. Transition is gradual, individualized, and actively involves the individual served and the next provider to ensure effective coordination and engagement.

3. An individual being withdrawn from treatment shall be closely supervised during withdrawal. A dosage reduction schedule shall be established by the physician or qualified designee and documented in the clinical record. In the event withdrawal is clinically inadvisable, justification must be kept in the clinical record, signed and dated by the physician or qualified designee and the individual.

(q) Services.

1. Comprehensive Services. A comprehensive range of services shall be available to each individual as required in subsection 397.427(1), F.S. The type of services to be provided shall be determined by individual needs, the characteristics of individuals served, and the available community resources.

2. Counseling.

a. Each individual receiving methadone medication-assisted treatment shall receive regular counseling. A minimum of one (1) counseling session per week shall be provided to individuals through the first 90 days. A minimum of two (2) counseling sessions per month shall be provided to individuals who have been in treatment for at least 91 days and up to one (1) year. A minimum of one (1) counseling session per month shall be provided to individuals who have been in treatment for longer than one (1) year.

b. A counseling session shall be at least 30 minutes in duration, conducted in a private room, and shall be documented in the clinical record.

c. Any entity or qualified professional who has entered into a written agreement with a licensed provider is bound by these regulations.

(r) Overdose Prevention.

1. All licensed providers must develop overdose prevention plans. Overdose prevention plans must be shared with individuals upon admission and discharge from medication-assisted treatment, regardless of the reason for discharge. Plans must also be shared with individuals placed on a waitlist to receive treatment services. Overdose prevention plans shall include, at a minimum:

a. Education about the risks of overdose, including having a lower tolerance for opioids once the individual is no longer on medication-assisted treatment;

b. Information about Naloxone, the medication that reverses opioid overdose, including where and how to access Naloxone in the county of residence;

c. For providers who maintain an emergency overdose prevention kit, a developed and implemented plan to have staff trained in the prescribed use and the availability of the kit for use during all program hours of operation.

(6) Medication Units.

(a) A provider that currently holds a state license and who has either exceeded site capacity or has a significant proportion of individuals in treatment with a travel burden, may apply to the SOTA to establish a medication unit. The provider must be in compliance with the Department and applicable regulating agencies. The licensed provider and medication unit must be owned by the same provider.

~~(b) A medication unit's services shall comply with the requirements 42 CFR 8.2 and 42 CFR 8.11(i).~~

~~(c) Providers interested in establishing a medication unit must submit a written proposal to the state authority for review and approval. Proposals must include the following for consideration of approval:~~

~~1. Description of proposed medication unit. Include description of target population, geographical catchment area, physical location/address, proposed capacity, and hours of operation;~~

~~2. Justification of need for medication unit. Provide explanation on why currently licensed facilities are insufficient and how the proposed medication unit addresses unmet need;~~

~~3. Copy of state license and federal certifications;~~

~~4. Required qualifications and job description for Medical Director, clinical on site Director or Manager, and proposed staffing for the medication unit;~~

~~5. Implementation plan, including timeframes for securing federal approvals for a medication unit and anticipated start date of services;~~

~~6. Plans to secure proper zoning before medication unit opening; and~~

~~7. Plans on how medication unit will ensure individuals receive comprehensive support services such as counseling.~~

~~8. An affirmative statement that the primary full service program agrees to retain responsibility for care;~~

~~9. An affirmative statement that the medication unit is limited to administering and dispensing the narcotic treatment medications and collecting samples for drug screening or analysis.~~

~~(d) Medication units must open within two (2) years of receiving approval. Providers who are delayed for a reason other than a natural disaster may petition the Department for a rule waiver pursuant to section 120.542, F.S.~~

~~(7) Best Practices. All licensed providers shall comply with best practices as defined in paragraph (4)(e) of this rule.~~

~~(8) Other Medications.~~

~~(a) Buprenorphine Products. Qualified medical personnel licensed to practice in the state of Florida and meeting all federal requirements can prescribe buprenorphine to individuals under their license. Medical personnel shall comply with federal regulations related to buprenorphine products.~~

~~(b) Naltrexone Products. Naltrexone can be prescribed by any healthcare provider who is licensed to prescribe medications. Healthcare providers must meet all federal requirements and shall conform to federal regulations related to naltrexone products.~~

~~(c) Providers shall adhere to the prevailing federal and state requirements regarding the use of opioid treatment medications in the maintenance treatment of individuals who are or become pregnant during the course of treatment.~~

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.410, 397.427, 427 FS. History–New 5-25-00, Amended 4-3-03, 6-25-19, _____.

65D-30.0141 Needs Assessment for Medication-Assisted Treatment for Opioid Use Disorders.

(1) Determination of Need.

(a) The Department shall annually perform the assessment detailed in the "Methodology of Determination of Need Methadone Medication-Assisted Treatment," CF-MH 4038, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX. The Department shall publish the results of the assessment in the Florida Administrative Register by June 30. Facilities owned and operated by the Florida Department of Corrections are exempt from the needs assessment process. However, these facilities must apply for a license to deliver this service.

(b) The publication shall direct interested parties to submit a letter of intent to apply for licensure to provide medication-assisted treatment for opioid use disorders to the Regional Office of Substance Abuse and Mental Health where need has been demonstrated.

1. The publication shall provide a closing date for submission of letters of intent.

2. Interested parties must identify the fiscal year of the needs assessment to which they are responding and the number of awards they are applying for per county identified in the assessment in their letter of intent.

(c) Within seven (7) business days of the closing date, the Regional Office shall notify parties who submitted a letter of intent on how to proceed.

1. If the number of letters of intent equals or is less than the determined need, parties shall be awarded the opportunity to proceed to licensure by completing an "Application for Licensure to Provide Substance Abuse Services" form, C&F-SA Form 4024, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX.

2. If the number of letters of intent exceeds the determined need, parties shall be invited to submit a "Methadone Medication-Assisted Treatment (MAT) Application to Proceed to Licensure Application" form, CF-MH 4041, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX. Applications may not be rolled over for consideration in response to a needs assessment published in a different year and may only be submitted for a current fiscal year needs assessment.

a. The Department shall utilize an evaluation team made up of industry experts to conduct a formal rating of applications as stipulated in the "Methadone Medication-Assisted Treatment

(MAT) Application Evaluation" form, CF-MH 4040, May 2019, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX. The evaluation team members shall not be affiliated with the Department, current methadone medication-assisted treatment providers operating in Florida, or the applicants.

b. The selection of a provider shall be based on the following criteria:

(I) Capability to Serve Selected Area(s) of Need and Priority Populations. Area(s) of Need are the counties identified as having a need for additional clinics. Priority Populations are pregnant women, women with young children, and individuals with financial hardships;

(II) Patient Safety and Quality Assurance/Improvement;

(III) Scope of Methadone Medication-Assisted Treatment Services;

(IV) Capability and Experience; and

(V) Revenue Sources.

c. Applicants with the highest-scored applications in each county shall be awarded the opportunity to apply for licensure for the number of programs specified in their letter of intent to meet the need of that county. If there is unmet need, the next highest scored applicant(s) will receive an award(s) based on the remaining need and the number of programs specified in their letter of intent. This process will continue until the stated need is met. Regional offices shall inform the highest-scoring applicant(s) in writing of the award.

d. All awarded applicants must submit a letter of intent to apply for licensure to the appropriate regional office within 30 calendar days after the award. If an applicant declines an award or fails to submit the letter of intent within the specified time, the Department shall rescind the award. After the Department rescinds the original award for that selected area of need, the applicant with the next highest score shall receive the award.

(2) Awarded applicants must receive at least a probationary license within two (2) years of receipt of an award letter connected to their "Methadone Medication-Assisted Treatment (MAT) Application to Proceed to Licensure Application" form, CF-MH 4041. If an applicant fails to obtain a probationary license within the specified time, the Department shall rescind the award. See rule 65D-30.0036, F.A.C. for licensure application requirements. Applicants may submit a request to the State Authority and Substance Abuse and Mental Health Program Office for an exception if unable to meet timeframes due to a natural disaster that causes physical damage to the applicant's building(s). Proof of natural disaster and impact on physical property must accompany the request. Upon receipt of the request for exception and accompanying proof, a one-time extension shall be granted for six (6) months. Providers who are delayed for a reason other than a natural disaster may petition the Department for a rule waiver pursuant to section 120.542, F.S.

This rule sunsets five years from the effective date of the rule.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.410, 397.427, 427 FS. History–New

65D-30.0142 Clinical and Operational Standards for Medication-Assisted Treatment for Opioid Use Disorders.

(1) General Requirements.

(a) Methadone Medication-Assisted Treatment Program Sponsor. The methadone medication-assisted treatment sponsor, as defined in subsection 65D-30.002(42), F.A.C., of a new provider shall be a licensed health professional and shall have worked in the field of substance use treatment at least five (5) years. The sponsor is responsible for the program operation and assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

(b) Medical Director. The medical director of a provider shall have a minimum of two (2) years' experience treating substance use disorders.

(c) Special Permit and Consultant Pharmacist.

1. Special Permit.

a. All providers shall obtain a special pharmacy permit from the State of Florida Board of Pharmacy. New applicants shall be required to obtain a special pharmacy permit prior to licensure by the Department.

b. Providers obtaining a special pharmacy permit shall hire a consultant pharmacist licensed by the state of Florida.

2. Consultant Pharmacist. The responsibilities of the consultant pharmacist include the following:

a. Develop policies and procedures relative to the supervision of the compounding and dispensing of all medications dispensed in the facility;

b. Provide ongoing pharmaceutical consultation;

c. Develop operating procedures for maintaining all medication records and security in the area within the facility in which the compounding, storing, and dispensing of medications occur;

d. Meet face-to-face, at least quarterly, with the medical director to review the provider's pharmacy practices. Meetings shall be documented in writing and signed and dated by both the consultant pharmacist and the medical director;

e. Prepare written reports regarding the provider's level of compliance with established pharmaceutical procedures. Reports shall be prepared at least semi-annually and submitted, signed, and dated by the consultant pharmacist and submitted to the medical director; and

f. Physically visit the provider at least every two (2) weeks to ensure that established procedures are being followed, unless otherwise stipulated by the state Board of Pharmacy. A log of such visits shall be maintained, signed, and dated by the consultant pharmacist at each visit.

3. Change of Consultant Pharmacist. The provider's medical director shall notify the Board of Pharmacy within 10 days of any change of consultant pharmacists and provide a copy of such notification to the Substance Abuse and Mental Health Program Office and the SOTA.

(d) Providers shall develop policies and procedures for the treatment of pregnant women.

1. Prior to the initial dose, each female shall be fully informed of the risks of taking and not taking methadone during pregnancy, including possible adverse effects on the mother or fetus. If the medication is not taken, risk includes withdrawal syndrome which has been associated with fetal demise. The individual shall sign and date a statement acknowledging this information. Pregnant women shall be seen by the physician or their qualified designee as clinically advisable. The physician or qualified medical designee must document in the clinical record that the pregnant individual was informed of the risks in this paragraph.

2. Pregnant individuals shall be informed of the opportunity and need for prenatal care by referral to publicly or privately funded health care providers. The provider shall establish a documented system for referring individuals to prenatal care.

3. In the event there are no publicly funded prenatal referral resources to serve those who are indigent, or if the individual refuses the services, the provider shall offer her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service. The nature of prenatal support shall be documented in the clinical record.

4. When the individual is referred for prenatal services, the practitioner to whom she is referred shall be notified that she is undergoing methadone medication-assisted treatment and provided treatment plans addressing pregnancy and post-partum care. Documentation of referral shall be kept in the clinical record. If a pregnant individual refuses referral and prenatal instruction and counseling, the provider shall obtain a signed statement from the individual acknowledging that she had the opportunity for the prenatal care but declined.

5. The physician shall sign or countersign and date all entries related to prenatal care.

6. Treating physicians or their qualified designee shall consult with other treating medical staff providing care and medications to ensure that prescribed medication protocols are not contraindicated.

(e) Minimum Responsibilities of the Physician. Physicians must adhere to best practice standards for an individual receiving methadone medication-assisted treatment. Best practices are evidence-based practices which are subject to scientific evaluation for effectiveness and efficacy. Best practice standards may be established by entities such as the Substance Abuse and Mental Health Services Administration, national trade associations, accrediting organizations recognized by the Department, or comparable authorities in substance use treatment. In addition, the responsibilities of the physician include the following:

1. To ensure that evidence of current physiological addiction, history of addiction, and exemptions from criteria for admission are documented in the clinical record before the individual receives the initial dose of medication;

2. To sign or countersign and date all medical orders, including the initial prescription, all subsequent prescription changes, and all changes in the frequency of take-home medication;

3. To ensure that justification is recorded in the clinical record for any change to the frequency of visits to the provider for observed medication ingesting, including cases involving the need for exemptions, or when prescribing medication for physical or emotional problems;

4. To review, sign or countersign, and date treatment plans at least annually; and

5. To ensure that a face-to-face assessment is conducted with each individual at least annually, including evaluation of the individual's physical/medical status, progress in treatment, and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol. The assessment shall be conducted by a physician or a P.A. or A.P.R.N. under the supervision of a physician. The protocol shall include criteria and the conditions under which the assessment would be conducted more frequently.

(f) Central Registry.

1. Providers shall register and participate in the Department-approved electronic registry system for individuals receiving methadone medication-assisted treatment services. The registry is used to prevent the enrollment of individuals at more than one (1) provider and to facilitate continuity of care in the event of program closure and guest dosing verification. The registry shall be implemented in compliance with 42 Code of Federal Regulations, §2.13. The provider must submit to information gathering activities by the SOTA for state planning purposes.

2. Methadone shall not be administered or dispensed to an individual who is known to be currently enrolled with another provider. Providers shall develop policies and procedures to ensure compliance with 42 C.F.R. 8.12(g)2. If an individual changes providers, the current provider shall assist with coordinating the transfer to another provider. The evidence of linkage to care shall be noted in the clinical record. Upon

notification that an individual is being admitted to a new provider, it is the responsibility of the original admission site to discharge an individual from the Central Registry.

3. Individuals applying for methadone medication-assisted treatment shall be informed of the registry procedures and shall be required to sign a consent form before receiving services. Individuals who apply for services and do not consent to the procedures will not be enrolled.

4. If an individual is found trying to secure or has succeeded in obtaining duplicate doses of methadone or other medication, the individual shall be referred back to the original provider. A written statement documenting the incident shall be forwarded to the original provider and, if the individual succeeded in obtaining the duplicate dose, the incident must be reported in the Department-approved incident reporting system by the provider who dispensed the duplicate dose. The physician of the original provider or their qualified designee shall evaluate the individual as soon as medically feasible for continuation of treatment. In addition, a record of violations by individuals must become part of the clinical record maintained by all participating providers and shall be made available to Department staff upon request.

5. With the application for licensure, providers shall submit with the application for licensure written plans for participating in registry activities.

(g) Wait lists.

1. Providers must maintain wait list data for individuals seeking care but unable to enroll within 24 hours of first contact requesting initiation of treatment.

2. When an opening is available, providers must make at least one (1) attempt to contact the next prospective individual on the waiting list and maintain a system of documenting attempts. Documentation shall include at a minimum: date of attempted contact, individual's name, date of birth, address, and contact information.

3. Priority must be given to pregnant woman and HIV-positive individuals.

(h) Operating Hours and Holidays.

1. Providers shall post operating hours in full view of the public. This information shall include hours for counseling and administering medication.

2. All providers shall be open Monday through Saturday. Providers shall have medicating hours and counseling hours that accommodate individuals, including two (2) hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m.

3. Providers are required to medicate on Sundays according to the needs of the individual. This includes individuals on Phase 1, individuals on a 30 to 180-day detoxification regimen, and individuals who need daily observation. Providers shall develop policies and procedures for Sunday coverage.

4. In case of impending disaster, providers shall implement disaster preparedness policies and procedures as necessary regarding operating hours and dosing.

5. When holidays are observed, all individuals shall be given a minimum of a seven (7)-day notice of any changes to the hours of operation.

6. When applying for a license, providers shall inform the respective program offices of their intended holidays. In no case shall two (2) or more holidays occur in immediate succession unless the provider is granted an exemption by the state and federal authority. Take-out privileges shall be available to all eligible individuals during holidays, if clinically advisable. Services shall be accessible to individuals for whom take-home medication is not clinically advisable. Individuals who fall into this category shall receive a minimum of seven (7) days notification regarding arrangements and exact hours of operation.

(2) Maintenance Treatment Standards.

(a) Standards for Placement.

1. Determining Addiction and Placement.

a. An individual aged 18 or over shall be placed in treatment only if the physician, or their qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., determines that the individual is currently physiologically addicted to opioid drugs and became physiologically addicted at least one (1) year before placement in methadone medication-assisted treatment.

b. A one (1)-year history of addiction means that individuals seeking placement in methadone medication-assisted treatment were physiologically addicted to opioid drugs at least one (1) year before placement and were addicted continuously or episodically for most of the year immediately prior to placement with a provider.

c. In the event the exact date of physiological addiction cannot be determined, the physician or their qualified designee may admit the individual to treatment if, by the evidence presented and observed, and utilizing reasonable clinical judgment, the physician or their qualified designee concludes that the individual was physiologically addicted during the year prior to placement. Such observations shall be recorded in the clinical record by the physician or their qualified designee.

d. Individuals with a chronic immune deficiency or who are pregnant must be screened and admitted on a priority basis.

e. Individuals seeking admission with only a primary medical diagnosis of a chronic pain condition must be referred to specialists qualified to treat chronic pain conditions and are not eligible for admission. Individuals who are diagnosed with a primary opioid use disorder and a chronic pain condition are eligible for admission.

2. Placement of Individuals Under 18 Years of Age.

a. An Individual under 18 is required to have had two (2) documented unsuccessful attempts at short-term detoxification or substance use treatment within the last year to be eligible for treatment.

b. The physician or their qualified designee shall document in the clinical record that the individual continues to be or is again physiologically dependent on opioid drugs and is appropriate for placement.

c. Treatment standards in this rule are not intended to limit current best practice protocols for this population.

3. Evidence of Addiction.

a. In determining the current physiological addiction of the individual, the physician or their qualified designee shall consider signs and symptoms of drug intoxication, evidence of use of drugs through a urine drug screen, and needle marks.

b. Other evidence of current physiological dependence shall be considered by noting early signs of withdrawal, such as cramping, lachrymation, rhinorrhea, pupilary dilation, pilo erection, body temperature, pulse rate, elevated blood pressure, and increased respiratory rate.

(b) Individual Consent. In addition to the minimum requirements for completing a treatment plan, providers shall conduct the following:

1. Individuals shall be advised of the benefits of therapeutic and supportive rehabilitative services, and that the goal of methadone medication-assisted treatment is stabilization of functioning. The individual shall be fully informed of the risks and consequences of methadone medication-assisted treatment.

2. Each provider shall provide a thorough explanation of all program services, as well as state and federal policies and regulations, and obtain a voluntary, written, and signed program-specific statement of fully informed consent from the individual at admission.

3. During treatment plan review, the counselor shall re-assess present level of functioning, course of treatment, and identify future goals.

4. No individual under 18 years of age shall be placed in methadone medication-assisted treatment unless a parent or legal guardian provides written consent.

(c) Exemption from Minimum Standards for Placement.

1. An individual who has resided in a penal or chronic-care institution for one (1) month or longer may be placed in treatment within 14 days before release or within 6 months after release from such institution. This can occur without documented evidence to support findings of physiological addiction, providing the individual would have been eligible for placement before incarceration or institutionalization, and in the reasonable clinical judgment of the physician or their qualified designee, methadone medication-assisted treatment is medically justified.

2. Evidence of prior residence in a penal or chronic-care institution, evidence of all other findings, and the criteria used to determine the findings shall be recorded by the physician or their qualified designee in the clinical record.

3. The physician or their qualified designee shall sign and date these entries before the initial dose is administered.

(d) Pregnant individuals.

1. Pregnant individuals, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs, may be placed in methadone medication-assisted treatment. For such individuals, evidence of current physiological addiction to opioid drugs is not needed if a physician or their qualified designee certifies the pregnancy and, in utilizing reasonable clinical judgment, finds treatment to be medically justified.

2. Pregnant individuals may be placed on a medication-assisted treatment regimen using a medication other than methadone only upon the written order of a physician who determines this to be the best choice of therapy for that individual.

3. Evidence of current or prior addiction and criteria used to determine such findings shall be recorded in the clinical record by the admitting physician or their qualified designee. The physician or their qualified designee shall sign and date these recordings prior to administering the initial dose.

(e) Readmission to Treatment.

1. Up to 2 years after discharge or detoxification for opioid use disorders, and individual who has been previously involved in methadone medication-assisted treatment may be readmitted without evidence to support findings of current physiological addiction. This can occur if the provider is able to document prior maintenance treatment of six (6) months or more and the physician or their qualified designee, utilizing reasonable clinical judgment, finds readmission to treatment to be medically justified.

2. Evidence of prior treatment and the criteria used to determine such findings shall be recorded in the clinical record by the physician or their qualified designee. The physician or their qualified designee shall sign and date the information recorded in the clinical record.

(f) Denying an Individual Treatment.

1. If an individual will not benefit from a treatment regimen that includes the use of methadone or other opioid treatment medications, or if treating the individual would pose a danger to others, the individual may be refused treatment. This is permitted even if the individual meets the standards for placement.

2. The physician or their qualified designee shall make this determination and shall document the basis for the decision to refuse treatment.

(g) Methadone Take-home Privileges.

1. Take-home doses of methadone are permitted only for individuals participating in a methadone medication-assisted treatment program. Requests for take-home doses greater than the amount allowed, as stipulated in paragraph (5)(h) of this rule, must be entered into the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT) Opioid Treatment Program Extranet for federal and state approval. The following must be indicated on the exception request:

a. Dates of Exception: not to exceed a 12-month period of time per request;

b. Justification;

c. Dates and results of last three (3) drug screens, for individuals in treatment longer than 90 days;

d. Indicate compliance with securing methadone in a lockable secure container;

e. Statement of supporting documentation on file; and

f. Any other information the provider deems necessary in support of the request.

2. The medical director shall make determinations based on take-home criteria as stated in 42 CFR 8.12(i)(2).

3. When considering an individual's responsibility in handling methadone, the physician shall consider the recommendations of other staff members who are most familiar with the relevant facts regarding the individual.

4. The requirement of time in treatment and participation is a minimum reference point after which an individual may be eligible for take-home privileges. The time in treatment reference is not intended to mean that an individual in treatment for a particular length of time has a right to take-home methadone. Regardless of time in treatment, the physician, state or federal authorities with cause, may deny or rescind the take-home privileges of an individual.

5. In the event of a disaster that prompts a program-wide exemption authorized by SAMHSA and the SOTA in advance, providers must make appropriate arrangements for unstable individuals to obtain their medication.

(h) Take-home Phases. To be considered for take-home privileges, all individuals shall be in compliance with criteria as stated in 42 CFR 8.12(i)(2).

1. Differences in the nature of abuse potential in opioid treatment medications determine the course of treatment and subsequent take-home privileges available to the individual based on progress, participation, and circumstances. The assessment and decision approving all take-homes shall be documented in the individual's clinical record, signed and dated by the physician.

2. No take-homes shall be permitted during the first 30 days following placement unless approved by both the state and federal authorities.

a. Phase I. Following 30 consecutive days in treatment, the individual may be eligible for one (1) take-home per week from day 31 through day 90, provided that the individual has had negative drug screens and is following program requirements for the preceding 30 days.

b. Phase II. Following 90 consecutive days in treatment, the individual may be eligible for two (2) take-homes per week from day 91 through day 180, provided that the individual has had negative drug screens for the preceding 60 days.

c. Phase III. Following 180 consecutive days in treatment, the individual may be eligible for three (3) take-homes per week with no more than a two (2)-day supply at any one time from day 181 through one (1) year, provided that the individual has had negative drug screens for the preceding 90 days.

d. Phase IV. Following one (1) year in continuous treatment, the individual may be eligible for four (4) take-homes per week through the second year of treatment, provided that the individual has had negative drug screens for the preceding 90 days.

e. Phase V. Following two (2) years in continuous treatment, the individual may be eligible for five (5) take-homes per week, provided that the individual has had negative drug screens for the preceding 90 days.

f. Phase VI. Following three (3) years in treatment, the individual may be eligible for six (6) take-homes per week provided that the individual had all negative drug screens for the past year.

3. Methadone Medical Maintenance. Providers may place an individual on methadone medical maintenance in cases where it can be demonstrated that the potential benefits of medical maintenance to the individual exceed the potential risks, in the professional judgment of the physician. Only a physician may authorize placement of an individual on medical maintenance. The physician shall provide justification in the clinical record regarding the decision to place an individual on medical maintenance.

The following conditions shall apply to medical maintenance.

a. To qualify for partial medical maintenance, an individual may receive no more than 13 take-homes and must have been in continuous treatment for four (4) years with negative drug screens for the previous two (2) years.

b. To qualify for full medical maintenance an individual may receive no more than 27 take-homes and must have been in continuous treatment for five (5) years with negative drug screen for the prious two (2) years.

c. All individuals in medical maintenance will receive their medication orally in the form of liquid, diskette or tablet. Diskettes and tablets are allowed if formulated to reduce potential parenteral abuse.

d. All individuals will participate in a "call back" program by reporting back to the provider upon notice for a medication count.

e. All criteria for take-homes as listed under paragraph (5)(g) shall continue to be met.

(i) Transferred Individuals and Take-Home Privileges.

1. Any individual who transfers from one (1) provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment and compliance with program requirements is received from the previous provider prior to implementing transfer. The physician at the previous provider shall also document that the individual met all criteria for their current phase and are at least on Phase I.

2. Any individual who transfers from out-of-state is required to comply with the criteria stated in 42 CFR 8.12(i)(2), and with verification of previous clinical records, the physician shall determine the phase level based on the individual's history.

(j) Transfer Information. When an individual transfers from one (1) provider to another, the referring provider shall release the following information:

1. Results of the latest physical examination,

2. Results of the latest laboratory tests on blood and urine,

3. Results of drug screens for the past 12 months,

4. Medical history,

5. Current dosage level and dosage regimen for the past 12 months,

6. Documentation of the conditions which precipitated the referral;

7. A written summary of the individual's last three (3) months of treatment;

8. Any history of behavioral non-compliance, emotional, or legal problems; and

9. A copy of the clinical records to ensure coordination of care, to include: discharge summary, medical assessments, and current medications and dosage. Additional records may be sent based on their appropriateness to ensure coordination of care. This information shall be released prior to the individual's arrival at the provider to which he or she is transferred. Providers shall not withhold an individual's records when requested by the individual for any reason, including failure to pay bills owed to the provider. The referring provider shall forward the records directly to the provider of the individual's choosing with signed records releases from the individual.

(k) Exemptions from Take-Home Privileges and Phasing Requirements.

1. Exemptions for Disability or Illness.

a. If an individual is found to have a physical disability which interferes with the individual's ability to conform to the applicable mandatory schedule, the individual may be permitted a temporary or permanently reduced schedule by the physician and, at the discretion of the SOTA and federal authorities, provided the individual is also found to be responsible in handling opioid treatment medication, is making progress in treatment, and is providing drug screens free of illicit substances.

b. Providers shall obtain medical records and other relevant information as needed to verify the medical condition. Justification for the reduced attendance schedule shall be documented in the clinical record by the physician or their qualified designee who shall sign and date these entries.

2. Temporary Reduced Schedule of Attendance

a. An individual may be permitted a temporarily reduced schedule of attendance because of exceptional circumstances such as illness, personal or family crises, travel or other hardship which causes the individual to become unable to conform to the applicable mandatory schedule. This is permitted only if the individual is also found to be responsible in handling opioid treatment medication, has consistently provided drug screens free of illicit substances, and has made acceptable progress toward treatment goals.

b. Any individual using prescription opioid medications or sedative medication not used in the medication-assisted treatment protocols shall provide a legitimate prescription from the prescribing medical professional. The physician, or medical designee, shall consult with the prescribing physician to coordinate care as outlined in medical protocols.

c. The necessity for an exemption from a mandatory schedule is to be based on the reasonable clinical judgment of the physician or qualified designee. Such determination of necessity shall be recorded in the clinical record by the physician or their qualified designee who shall sign and date these entries. An individual shall not be given more than a 14-day supply of methadone at any one time unless an exemption is granted by the state methadone authority and by the federal government. The state and federal authorities shall review exemption requests and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

3. Travel Distance.

a. In those instances where access to a provider is limited because of travel distance, the physician is authorized to reduce the frequency of an individual's attendance. This is permitted if the individual is currently employed or attending a regionally approved educational or vocational program or the individual has regular child-caring responsibilities that preclude daily trips to the provider. This does not extend to individuals who choose to travel further than the closest affordable program to dose.

b. The reason for reducing the frequency of attendance shall be documented in the clinical record by the physician who shall sign and date these entries. The state and federal authorities shall review the requests for reducing the frequency

of attendance and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

4. Other Travel.

a. Any exemption that is granted to an individual regarding travel shall be documented in the clinical record. Such documentation shall include tickets prior to a trip, copies of boarding passes, copies of fuel receipts, lodging receipts, or other verification of the individual's arrival at the approved destination. If travel is due to medical treatment, documentation shall include a physician's note or related documentation from the physician or qualified designee. Generally, special take-homes shall not exceed 27 doses at one (1) time. Request for take-homes in excess of 27 doses must be submitted for approval through SAMHSA/CSAT Opioid Treatment Program Extranet for federal and state approval. The state and federal authorities shall review these requests for take-homes in excess of 27 doses and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

b. Individuals who receive exemptions for travel shall be required to submit to a drug screening on the day of return to the provider.

(l) Random Drug Screening.

1. Individuals in the first six (6) months of treatment shall be required to submit to at least one (1) monthly random drug screen.

2. Individuals who are on Phase III or higher shall be required to submit to a minimum of eight (8) random drug screens per year of an individual's treatment plan.

3. All drug screens shall be conducted by direct observation, or by another accurate method of monitoring in order to reduce the risk of falsification of results. Each specimen shall be analyzed for opioids, methadone, buprenorphine, amphetamines, benzodiazepines, and cocaine. If there is a history of prescription opioid analgesic abuse, an expanded toxicology panel that includes these opioids shall administered. Additional testing is based on individual patient need and local drug use patterns and trends.

4. The physician or their qualified designee shall review all positive drug screens from illicit substances in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

(m) Employment of Persons on a Maintenance Protocol. No staff member, full-time, part-time or volunteer, shall be on a maintenance protocol unless a request to maintain or hire staff undergoing treatment is submitted with justification to and approved by the federal and state authorities. Any approved personnel on a maintenance regimen shall not be allowed access to or responsibility for handling methadone or other opioid treatment medication.

(n) Caseload. No full-time counselor shall have a caseload that exceeds the equivalent of 32 currently participating individuals. Participating individual equivalents are determined in the following manner.

1. An individual seen once per week would count as 1.0 equivalent.

2. An individual seen bi-weekly would count as a .5 equivalent.

3. An individual seen monthly or less would count as a .25 equivalent.

4. As an example, a counselor has a caseload of 15 individuals that are seen weekly (counts as an equivalent of 15), 30 individuals seen biweekly (counts as an equivalent of 15), and 8 individuals seen monthly (counts as an equivalent of 2). The counselor would have a total caseload of 53 individuals equaling 32 equivalent individuals.

(o) Termination from Treatment.

1. There will be occasions when individuals will need to be terminated from treatment. Individuals who fall into this category are those who:

a. Attempt to sell or deliver their prescribed medication or any other drugs;

b. Become or continue to be actively involved in criminal behavior;

c. Consistently fail to adhere to the requirements of the provider;

d. Persistently use illicit substances; or

e. Do not effectively participate in treatment programs to which they are referred.

Such individuals shall be withdrawn in accordance with a dosage reduction schedule prescribed by the physician or qualified designee and referred to other treatment, as clinically indicated. This action shall be documented in the clinical record by the physician or their qualified designee.

2. Providers shall establish criteria for involuntary termination from treatment. All individuals shall be given a copy of these criteria upon placement and shall sign and date a statement that they have received the criteria.

(p) Withdrawal from Maintenance.

1. The physician or qualified designee shall ensure that all individuals in methadone medication-assisted treatment receive an annual assessment. This assessment may coincide with the annual assessment of the treatment plan and shall include an evaluation of the individual's progress in treatment and the justification for continued maintenance. The assessment and recommendations shall be recorded in the clinical record.

2. All providers shall develop policies and procedures that establish a process to assist individuals served in attaining recovery goals, thereby enabling transition to a lower level of care. At least annually, during the treatment plan review, the provider shall assess the individual's readiness and desire to transition to a lower level of care and shall provide information about the titration of medication to maintain therapeutic levels

or to withdraw from the medication with the least necessary discomfort. Transition is gradual, individualized, and actively involves the individual served and the next provider to ensure effective coordination and engagement.

3. An individual being withdrawn from treatment shall be closely supervised during withdrawal. A dosage reduction schedule shall be established by the physician or qualified designee and documented in the clinical record. In the event withdrawal is clinically inadvisable, justification must be kept in the clinical record, signed and dated by the physician or qualified designee and the individual.

(q) Services.

1. Comprehensive Services. A comprehensive range of services shall be available to each individual as required in subsection 397.427(1), F.S. The type of services to be provided shall be determined by individual needs, the characteristics of individuals served, and the available community resources.

2. Counseling.

a. Each individual receiving methadone medication-assisted treatment shall receive regular counseling. A minimum of one (1) counseling session per week shall be provided to individuals through the first 90 days. A minimum of two (2) counseling sessions per month shall be provided to individuals who have been in treatment for at least 91 days and up to one (1) year. A minimum of one (1) counseling session per month shall be provided to individuals who have been in treatment for longer than one (1) year.

b. A counseling session shall be at least 30 minutes in duration, conducted in a private room, and shall be documented in the clinical record.

c. Any entity or qualified professional who has entered into a written agreement with a licensed provider is bound by these regulations.

(r) Overdose Prevention.

1. All licensed providers must develop overdose prevention plans. Overdose prevention plans must be shared with individuals upon admission and discharge from medication-assisted treatment, regardless of the reason for discharge. Plans must also be shared with individuals placed on a waitlist to receive treatment services. Overdose prevention plans shall include, at a minimum:

a. Education about the risks of overdose, including having a lower tolerance for opioids once the individual is no longer on medication-assisted treatment;

b. Information about Naloxone, the medication that reverses opioid overdose, including where and how to access Naloxone in the county of residence;

c. For providers who maintain an emergency overdose prevention kit, a developed and implemented plan to have staff trained in the prescribed use and the availability of the kit for use during all program hours of operation.

(3) Medication Units.

(a) A provider that currently holds a state license and who has either exceeded site capacity or has a significant proportion of individuals in treatment with a travel burden, may apply to the SOTA to establish a medication unit. The provider must be in compliance with the Department and applicable regulating agencies. The licensed provider and medication unit must be owned by the same provider.

(b) A medication unit's services shall comply with the requirements 42 CFR 8.2 and 42 CFR 8.11(i).

(c) Providers interested in establishing a medication unit must submit a written proposal to the state authority for review and approval. Proposals must include the following for consideration of approval:

1. Description of proposed medication unit. Include description of target population, geographical catchment area, physical location/address, proposed capacity, and hours of operation;

2. Justification of need for medication unit. Provide explanation on why currently licensed facilities are insufficient and how the proposed medication unit addresses unmet need;

3. Copy of state license and federal certifications;

4. Required qualifications and job description for Medical Director, clinical on-site Director or Manager, and proposed staffing for the medication unit;

5. Implementation plan, including timeframes for securing federal approvals for a medication unit and anticipated start date of services;

6. Plans to secure proper zoning before medication unit opening; and

7. Plans on how medication unit will ensure individuals receive comprehensive support services such as counseling.

8. An affirmative statement that the primary full-service program agrees to retain responsibility for care;

9. An affirmative statement that the medication unit is limited to administering and dispensing the narcotic treatment medications and collecting samples for drug screening or analysis.

(d) Medication units must open within two (2) years of receiving approval. Providers who are delayed for a reason other than a natural disaster may petition the Department for a rule waiver pursuant to section 120.542, F.S.

(4) Best Practices. All licensed providers shall comply with best practices as defined in paragraph (4)(e) of this rule.

(5) Other Medications.

(a) Buprenorphine Products. Qualified medical personnel licensed to practice in the state of Florida and meeting all federal requirements can prescribe buprenorphine to individuals under their license. Medical personnel shall comply with federal regulations related to buprenorphine products.

(b) Naltrexone Products. Naltrexone can be prescribed by any healthcare provider who is licensed to prescribe medications. Healthcare providers must meet all federal requirements and shall conform to federal regulations related to naltrexone products.

(c) Providers shall adhere to the prevailing federal and state requirements regarding the use of opioid treatment medications in the maintenance treatment of individuals who are or become pregnant during the course of treatment.

This rule sunsets five years from the effective date of the rule.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.410, 397.427, 427 FS. History–New

NAME OF PERSON ORIGINATING PROPOSED RULE: Corine Stancil

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Chad Poppell

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 10, 2020

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: January 21, 2020

Section III
Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Food Safety

RULE NOS.:	RULE TITLES:
5K-4.004	General Requirements for the Manufacturing, Processing, Packing, Holding and Retailing of Foods
5K-4.0041	Mobile Food Establishments and Commissaries
5K-4.020	Food Permits; Requirements and Fees
5K-4.023	Packaged Ice
5K-4.033	Limited Poultry and Egg Farm Operation

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 45 No. 62, March 29, 2019 issue of the Florida Administrative Register and the first Notice of Change published in Vol.45 no.237, December 9, 2019 issue of the Florida Administrative Register

5K-4.004 General Requirements for the Manufacturing, Processing, Packing, Holding and Retailing of Foods.

The provisions of subsections (1) through (6) shall apply in determining whether the facilities, methods, practices and controls used in the manufacture, processing, packing, holding, retailing or offering for sale of foods are in conformance with or are operated or administered in conformity with this rule to assure that food for human consumption is safe.

(1) through (7) No change.

(8) Review of plans by the Department.

(a) An Applicant or holder of a food permit may request assistance from the Department in the review of construction or remodeling plans to evaluate conformance with requirements as established in this chapter by submitting a completed Plan Review Application, FDACS-14222 (Rev. 12/19~~11/18~~), the attachments, and fee to the Department as required in the form. The Plan Review Application, FDACS-14222 (Rev. 12/19~~11/18~~) is incorporated by reference and available online at https://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX.

(b) No change.

(9) No change.

Rulemaking Authority 570.07(23), 500.09, 500.12 FS. Law Implemented 500.04, 500.09, 500.10, 500.12(2)(b), 500.13, 500.172 FS. History–New 3-1-72, Repromulgated 12-31-74, Amended 1-18-83, Formerly 5E-6.04, 5E-6.004, Amended 9-30-96, 7-26-04, _____.

5K-4.0041 Mobile Food Establishments and Commissaries.

(1) Mobile Food Establishments.

(a) Mobile Food Establishments shall meet all applicable requirements as specified in the Mobile Food Permit Requirements (Rev. 12/19~~7/19~~) incorporated by reference and available online at https://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX.

(b) through (f) No change.

(2) No change.

Rulemaking Authority 500.09, 570.07(23) FS., Law Implemented 500.09, 500.12, FS. History–New____.

5K-4.020 Food Permits; Requirements and Fees.

(1) No change.

(2) Food permits. The Department shall not issue a food permit to a Food Establishment until the following conditions are met:

(a) The Food Establishment submits a complete Food Permit Application, FDACS-14306 (Rev. 12/19~~08-19~~) to the Department, either online or by mail as indicated on the form. Food Permit Application, FDACS-14306 (Rev. 12/19~~08/19~~) is incorporated by reference and available online at https://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX.

(b) through (e) No change.

(3) through (4) No change.

(5) Late Fees.

(a) The renewal fee for all food permits shall be the same as the food permit fee required by subsection 5K-4.020(4),

F.A.C., and shall be due annually on January 1. If the renewal fee is not received by the department within thirty days after its due date, a late fee of $100 must be paid in addition to the food permit fee required by subsection 5K-4.020(4), F.A.C., before the department will issue the food permit.

(b) through (c) No change.

(6) through (7) No change.

Rulemaking Authority 500.09, 500.12(1)(b), 500.12(1)(f), 570.07(23) FS. Law Implemented 500.04, 500.09, 500.10, 500.12(1)(a), (b), (c), (d), (f), 500.12(2), 500.12(7), 500.121, 500.171, 500.172, 500.177, 570.15 FS. History–New 1-10-93, Formerly 5E-6.020, Amended 8-8-95, 3-11-98, 3-6-01, 10-30-01, 1-1-03, 11-1-04, 11-5-07, 10-28-08, 3-1-09, 3-24-14,_____.

5K-4.023 Packaged Ice, Ice Vending Machines, and Water Vending Machines.

(1) through (5) No change.

(6) Water vending machines and ice vending machines shall have the following information displayed in a conspicuous location on the machine as follows:

(a) No change.

(b) Source of water: either approved public water supply ~~or licensed private water source~~;

(c) Method of treatment to water~~, if applicable~~;

(d) Method of post treatment to water~~, if applicable~~;

(e)~~(c)~~ No change.

(f) No change.

(7) through (12) No change.

(13) Commissaries

(a) Ice vending machines shall not operate independent of a Commissary approved by the Department. Each Ice vending machine operator shall submit to the Department a completed Commissary Letter of Agreement, FDACS-14223 (Rev. 11/18) incorporated by reference in paragraph 5K-4.0041(1)(c), F.A.C.

1. through 2. No change.

(b) No change.

Rulemaking Authority 500.09, 500.12, 570.07(23) FS. Law Implemented 500.147, 500.459, 500.511 FS. History–New 1-19-95, Formerly 5E-6.023, Amended 8-8-95,____.

5K-4.033 Limited Poultry and Egg Farm Operation.

(1) through (5) No change.

(6) Materials adopted by reference. All documents and materials referenced in this rule are hereby adopted and incorporated by reference and are available as follows:

(a) through (b) No change.

(c) Regulations Governing the Inspection of Eggs (Egg Products Inspection Act) as provided in Title 7 Code of Federal Regulations, Part 57, revision date January 1 ~~April 12~~, 2006, is available through the internet at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03708.

Rulemaking Authority 500.09(3), (4), (8), 500.12(1)(a), (b), 570.07(23), 583.01, 583.04 FS. Law Implemented 500.09, 500.12, 583.09 FS. History–New 3-24-14, Amended, ____.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Food Safety

RULE NO.: RULE TITLE:

5K-11.002 Permits and Fees

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 45 No. 62, March 29, 2019 issue of the Florida Administrative Register.

5K-11.002 – Permits and Fees.

(1) No change.

(2) MMTCs are strongly encouraged to undergo a plan review with the Department prior to applying for a food permit pursuant to this rule chapter, for the purpose of evaluating whether proposed construction or remodeling plans conform to current requirements established in Chapter 500, F.S., and this rule chapter including existing regulations adopted by reference. MMTCs may request a plan review by submitting a completed Plan Review Application, FDACS- 14222 (Rev. 12/19~~11/18~~) incorporated by reference in Rule 5K-4.004(8)(a), F.A.C., and any applicable fees as outlined in paragraph 5K-4.004(8)(b), F.A.C.

(3) Initial Permits. Prior to producing or manufacturing Edibles, an MMTC must obtain a food permit pursuant to Chapter 500, F.S., and in accordance with this rule. To apply for a food permit an MMTC shall:

(a) Submit to the Department a completed Medical Marijuana Treatment Center Food Permit Application, FDACS-14031, (Rev. 12/19~~01/19~~), which is adopted and incorporated by reference and available online at http://www.flrules.org/Gateway/reference.asp?No=Ref-xxxx;

(b) through (d) No change.

(4) through (9) No change.

Rulemaking Authority 500.09, 500.12, 570.07(23) FS. Law Implemented 381.006(10), 500.12, 500.147, FS. History–New _____.

Section IV
Emergency Rules

DEPARTMENT OF HEALTH

RULE NO.: RULE TITLE:

64ER20-14 Requirements for CMTL Certification and Application

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: Pursuant to Chapter 2019-116, § 41, at 31, Laws

of Florida, the Department is not required to make findings of an immediate danger to the public, health, safety, or welfare.

REASON FOR CONCLUDING THAT THE PROCEDURE IS FAIR UNDER THE CIRCUMSTANCES: The Department of Health is directed by Chapter 2019-116, § 41, at 31, Laws of Florida, to adopt emergency rules to implement section 381.988, Florida Statutes.

SUMMARY: Emergency rule 64ER20-14 supersedes the Department's emergency rule 64ER20-2 which was filed and effective on January 21, 2020 and published in Vol. 46, No. 15 edition of the Florida Administrative Register on January 23, 2020. Emergency rule 64ER20-14 provides the requirements for certification as a Certified Marijuana Testing Laboratories and adopts the application form.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Courtney Coppola at Courtney.Coppola@flhealth.gov.

THE FULL TEXT OF THE EMERGENCY RULE IS:

64ER20-14 Requirements for CMTL Certification and Application

This emergency rule supersedes the emergency rule 64ER20-2 which was filed and effective on January 21, 2020.

(1) This rule establishes the application and ongoing requirements for CMTLs. Any Applicant seeking certification as a CMTL must apply for certification as provided for in this rule.

(2) Certification will be on a per-Testing Facility basis. Separate applications must be submitted for each Testing Facility.

(3) To apply for certification, an Applicant must submit a completed Form DH8022-OMMU-01/2020, "Application and Instructions for Certified Marijuana Testing Laboratory Certification," incorporated by reference herein and available at https://knowthefactsmmj.com/rules-and-regulations/ together with the application fee of $62,945.25.

(4) To become a CMTL, an Applicant must meet and maintain during certification all of the following requirements pertaining to CMTLs:

(a) Accreditation. A CMTL must possess ISO/IEC 17025:2017 accreditation (revised March 2018) by an accrediting body recognized by the International Laboratory Accreditation Cooperation (ILAC). The accreditation must establish the CMTL is qualified to analyze one or more of the following Testing Fields:

1. Microbes;

2. Mycotoxins;

3. Residual Solvents;

4. Heavy Metals;

5. Agricultural Agents;

6. Water Activity;

7. Moisture;

8. Filth and Foreign Material; and

9. Cannabinoid Profile.

(b) Proficiency Testing. A CMTL must have received satisfactory results on two of the three most recent Proficiency Tests administered by an ISO/IEC 17043:2010 accredited body covering one or more of the Testing Fields within one or more of the following three Matrix Groups:

1.Usable Whole Flower Marijuana

a. Microbes;

b. Mycotoxins;

c. Heavy Metals;

d. Agricultural Agents;

e. Water Activity;

f. Moisture; and

g. Cannabinoid Profile.

2. Derivative Products

a. Microbes;

b. Mycotoxins;

c. Residual Solvents;

d. Heavy Metals;

e. Agricultural Agents;

f. Water Activity; and

g. Cannabinoid Profile.

3. Edibles

a. Microbes;

b. Mycotoxins;

c. Residual Solvents;

d. Heavy Metals;

e. Agricultural Agent;

f. Water Activity; and

g. Cannabinoid Profile.

(c) Personnel:

1. Laboratory Employees:

a. All CMTL Employees must be 21 years of age or older.

b. All CMTL Employees must have, at a minimum, a high school diploma from a state-approved and accredited public or private school, or its equivalent.

c. CMTL Employees must not work for an MMTC, regardless of whether compensation is received; nor shall CMTL Employees receive any form of compensation or benefits of any kind from an MMTC while employed by a CMTL.

2. Samplers:

a. All CMTL Samplers must meet the requirements for an Employee of a CMTL.

b. All CMTL Samplers must be trained by the CMTL on the minimum requirements for sampling and the Standard Operating Procedures for sampling and security.

3. Analysts:

a. All CMTL Analysts must meet the requirements for an Employee of a CMTL.

b. All CMTL Analysts must be trained by the CMTL on the minimum requirements for sampling and the Standard Operating Procedures for sampling and security.

c. All CMTL Analysts must have, at a minimum, a bachelor's degree in a natural science, to include, but not be limited to, biology, chemistry, physics, engineering, or environmental sciences; or hold a current license as a Clinical Laboratory Personnel, as defined in s. 483.803, F.S., from the Florida Board of Clinical Laboratory Personnel.

4. Laboratory Directors:

a. All CMTL Directors must meet the requirements for an Employee and for an Analyst of a CMTL.

b. A CMTL must employ a Laboratory Director for each physically independent Testing Facility operated by the CMTL.

c. All CMTL Directors must have a minimum of three (3) years of experience in an ISO, CAP, TNI, or similarly accredited laboratory environment.

(d) Infrastructure and Security. A CMTL must have the ability to maintain adequate controls against the diversion, theft, or other loss of marijuana, the tampering or compromise of samples, and the tampering or compromise of testing equipment and materials. A CMTL must have documented security controls together with written Standard Operating Procedures, which must be in accordance with any accreditation required by this rule, and must comply with the following security requirements to ensure the safety and security of all proposed Testing Facilities and Secure Storage areas:

1. A fully operational security alarm system that secures all entry points and perimeter windows and is equipped with motion detector and duress, panic, and hold-up alarms.

2. A fully operational video surveillance system that records continuously 24 hours a day, and meets the following criteria:

a. Cameras are fixed in a place that allows for the clear identification of persons and activities in controlled areas of any Testing Facility and Secure Storage area;

b. Cameras are fixed at entrances and exits to the premises, record from both indoor and outdoor, or ingress and egress, vantage points;

c. Recorded images legibly and accurately display the time and date; and

d. Video surveillance recordings are retained for at least 45 days.

3. Fully operational dusk-to-dawn safety lighting on the exterior of the Testing Facility that provides illumination to the areas directly around the premises, including all points of ingress and egress.

4. All marijuana and marijuana samples are stored in a secured, locked room or a vault in a manner that does not accelerate spoilage or promote other degradation.

5. At least two Employees are on the Testing Facility premises when marijuana is received, when marijuana is tested, when marijuana is disposed of, and during the CMTL's normal business hours.

6. Each Employee wears a legible photo identification badge visible at all times while on the premises.

7. Any non-Employee persons with access to the premises of the CMTL must prominently display an identification badge clearly indicating their visitor status, and be accompanied by an Employee;

8. Each Employee has training in, and access to, the CMTL's alcohol and drug-free workplace policy.

9. Each Employee has training and access to the CMTL's theft and diversion policies and procedures which must require reporting to local law enforcement within 24 hours of notification or knowledge of any apparent theft, diversion, or loss of marijuana.

(e) Operations and Accountability. A CMTL must have written Quality Assurance and Quality Control procedures. Quality Assurance and Quality Controls must be contained within written Standard Operating Procedures and be in accordance with any accreditation required by this rule.

1. A CMTL's written Quality Assurance Manual must address every aspect of its Quality Assurance program, including without limitation:

a. Quality Control procedures;

b. Organizational structure, to include all Managers and supervisors of personnel;

c. Employee training;

d. Employee responsibilities;

e. Objectives for measurement data;

f. Data and result traceability;

g. Preventative maintenance and calibration of equipment;

h. Performance audits, to include internal and external auditing;

i. Corrective action;

j. Recordation and maintenance of Quality Assurance records; and

k. Transport, receiving, handling, and Secure Storage of samples.

2. At least once a calendar year, or whenever a change of method, equipment, or Laboratory Director occurs, the Laboratory Director or authorized Employee must review, amend as necessary, and approve the Testing Facility's Quality Assurance Manual and Quality Assurance program.

3. Internal Quality Assurance and Quality Control audits must occur at least once every calendar year. Internal audit results, including any and all remedial actions, must be

provided to the department via email to OMMUlabs@flhealth.gov, by the internal auditor that conducted the audit within five business days of the completion of the audit.

4. A CMTL must use testing equipment that satisfies the requirements of any accreditation required by this rule.

a. Equipment that is not suitable for a specific method must not be used for that purpose.

b. Testing equipment must be used and maintained according to the manufacturer's instructions and must be calibrated pursuant to the requirements of any accreditation under which it is operated. CMTLs must retain records of all equipment repairs, maintenance, and Calibrations.

5. Internal audits of all CMTL equipment, facilities, personnel, and security must occur at least once every calendar year. Audit results must be provided to the department via email to OMMUlabs@flhealth.gov, by the internal auditor that conducted the audit within five business days of the completion of the audit.

6. A CMTL must have a tracking system to document the complete chain of custody of marijuana samples, and all testing data attributed to those samples, from receipt through disposal. Chain of custody entries must show the date, time, name of Employees handling the samples, the condition of the samples, the condition of any container or packaging the samples were transported or stored in, the location of the samples, the unique identifier assigned to each sample, and the seed to sale information from the MMTC. The CMTL's tracking system will be required to be integrated with the department's seed to sale tracking system once implemented.

(f) Background Screening. A CMTL's Owners, Managers, and Employees must successfully pass a background screening in accordance with CMTL rules.

(g) Ownership. A CMTL must not be owned or Controlled by an MMTC, and must provide to the department the following:

1. A fully diluted capitalization table that must:

a. List all share types and the aggregate sum of shares associated with any natural persons, whether considered Owners or Investors;

b. Sum to one hundred percent (100%) of all shares issued and outstanding; and

c. List only natural persons as Owners and Investors.

2. A CMTL must notify the department in writing of all contractual relationships to change Control of the entity holding the certification, or to change its Managers, Owners or Investors prior to the execution of the change. Such contractual relationships must be provided to the department for approval.

3. Publicly-traded companies are not exempt from any requirements of this rule and must maintain documentation identifying all Owners and Investors that are considered Non-Objecting Beneficial Owners ("NOBOs").

Rulemaking Authority 381.988(2), 381.988(3), 381.988(9), FS. Law Implemented 381.988 FS. History– New 1-30-2020.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.
EFFECTIVE DATE: January 30, 2020

DEPARTMENT OF HEALTH

RULE NO.: RULE TITLE:
64ER20-15 CMTL Background Screening

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC, HEALTH, SAFETY OR WELFARE: Pursuant to Chapter 2019-116, § 41, at 31, Laws of Florida, the Department is not required to make findings of an immediate danger to the public, health, safety, or welfare.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The Department of Health is directed by Chapter 2019-116, § 41, at 31, Laws of Florida, to adopt emergency rules to implement section 381.988, Florida Statutes.

SUMMARY OF THE RULE: Emergency rule 64ER20-15 supersedes the Department's emergency rule 64ER20-13 which was filed and effective on January 22, 2020 and published in Vol. 46, No. 16 edition of the Florida Administrative Register on January 24, 2020. Emergency rule 64ER20-15 addresses the background screening requirements for CMTLs.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Courtney Coppola at Courtney.Coppola@flhealth.gov.

THE FULL TEXT OF THE EMERGENCY RULE IS:

64ER20-15 CMTL Background Screening

This emergency rule supersedes the emergency rule 64ER20-13 which was filed and effective on January 22, 2020.

(1) Required Background Screening.

(a) No person may serve as an Owner, Manager, or Employee, as those terms are defined by CMTL rules, unless and until the person has undergone and successfully passed a level 2 background screening pursuant to section 435.04, F.S. Additionally, an Owner, Manager, or Employee must not have not been found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in chapters 837, 895, or 896, F.S., or similar law of another jurisdiction.

(b) A CMTL that allows a person to serve as an Owner, Manager, or Employee without successfully passing a required

background screening will be subject to discipline pursuant to CMTL rules.

(2) Background Screening Procedures.

(a) A CMTL or Applicant must request and obtain clearance from the department before allowing any individual to serve as a CMTL Owner, Manager, or Employee.

(b) To request clearance of a prospective CMTL Owner, Manager, or Employee, a CMTL or Applicant must provide, via email to OMMUlabs@flhealth.gov, a request that the department process the individual's background screening report. The CMTL or Applicant's request for clearance of a prospective Owner, Manager, or Employee must include the full name of the person(s) submitting to background screening together with Form DH8023-OMMU-01/2020, "Certified Marijuana Testing Laboratory (CMTL) Waiver Agreement and Statement" incorporated by reference and available at https://knowthefactsmmj.com/rules-and-regulations/, which must be completed and signed by the prospective Owner, Manager, or Employee.

(c) Persons required to undergo background screening must submit a full set of fingerprints to a Livescan Service Provider and, at the time of submission, give to the Livescan Service Provider the ORI number FL924890Z (DOH – OFFICE OF MEDICAL MARIJUANA USE).

(d) Once generated, the background screening report will be sent directly to the department. The department will not process the background screening report unless and until it receives a clearance request from a CMTL or Applicant, as provided in paragraph (2)(b). If a CMTL or Applicant does not request clearance from the department within six months from the date the prospective Owner, Manager, or Employee submitted fingerprints to a Livescan Service Provider pursuant to paragraph (2)(c), the department will be unable to process the background screening report and the individual will again be required to submit fingerprints to a Livescan Service Provider pursuant to paragraph (2)(c).

(e) After receipt of the background screening report, the department may issue to the individual requests for additional information or clarification necessary to complete its review of the background screening report. Upon assessing the background screening report and any additional information received from the individual, the department will issue notice to the individual stating whether the individual passed the background screening. The department will also issue notice to the CMTL or Applicant advising whether the individual has been cleared to serve as a CMTL Owner, Manager, or Employee.

(f) If an individual's fingerprints are rejected twice for image quality, the individual shall participate in the Federal Bureau of Investigation's name check procedure for fingerprint submissions rejected twice due to image quality.

(g) A CMTL must retain in its records clearance notices from the department for all Owners, Managers, or Employees currently serving the CMTL and must retain the notices for at least five years after an Owner, Manager, or Employee is terminated, removed, or otherwise separated from the CMTL.

(3) Fingerprint Retention Fees and Notifications.

(a) The annual fee for participation in the AFRNP is $6.00 per individual record retained. There is no fee for the initial year of participation.

(b) The department will direct FDLE to enter and retain the fingerprints of all CMTL Owners, Managers, or Employees. CMTLs must notify the department in writing within 30 calendar days of the termination or separation of any Owner, Manager, or Employee so that the individual's fingerprints may be removed.

(4) Disclosure of Arrest Reports and Continuing Background Clearance.

(a) After becoming aware of the arrest of any Owner, Manager, or Employee of the CMTL for any of the disqualifying offenses provided in s. 435.04, F.S., or becoming aware that such individual has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense in chapter 837, chapter 895, chapter 896 or similar law of another jurisdiction, the CMTL shall provide notice to the department. Such notice shall be provided to the department in writing within 48 hours of becoming aware of the individual's arrest and shall include the following information:

1. Name of the arrested individual;

2. Position or job title of the arrested individual; and

3. A copy of the arrest report, if available.

(b) If the department receives an arrest notification concerning a CMTL Owner, Manager, or Employee that renders the individual ineligible to serve as a CMTL Owner, Manager, or Employee the department will provide written notice to the CMTL. Within 24 hours of receiving written notice from the department, a CMTL must terminate the Employee or Manager or remove the Owner from his or her position. Failure to do so is grounds for revocation of the certification.

Rulemaking Authority 381.988(3), 381.988(9), 943.05(2)(h)3, FS. Law Implemented 381.988, 943.05 FS. History– New 1-30-2020.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.
EFFECTIVE DATE: January 30, 2020

Section V
Petitions and Dispositions Regarding Rule Variance or Waiver

DEPARTMENT OF TRANSPORTATION

RULE NO.: RULE TITLE:

14-75.003 Minimum Technical Qualification Standards by Type of Work

The Florida Department of Transportation hereby gives notice: on January 30, 2020, the Department entered an Order Granting Variance from paragraph 14-75.003(5)(m), F.A.C. On November 21, 2019, Ayers Associates, Inc. filed a petition for a variance from paragraph 14-75.003(5)(m), F.A.C., providing minimum experience requirements for landscape architects on Department projects. The Department granted the variance because Ayers Associates, Inc. has satisfied the requirements for a variance under Section 120.542, Florida Statutes.

A copy of the Order or additional information may be obtained by contacting: the Agency Clerk at FDOT.AgencyClerk@dot.state.fl.us.

DEPARTMENT OF FINANCIAL SERVICES

Division of Unclaimed Property

RULE NO.: RULE TITLE:

69G-20.0022 PROOF OF OWNERSHIP AND ENTITLEMENT TO UNCLAIMED PROPERTY

The Department of Financial Services hereby gives notice: On October 28, 2019, Richard W. Glukstad petitioned the Department for a waiver from paragraph 69G-20.0022(5)(c), Florida Administrative Code. The rule requires that a person claiming unclaimed property reported in the name of a dissolved corporation must prove entitlement to the unclaimed property or the claimant must be an officer or director of the corporation. On January 24, 2020, the Department entered an order denying the petition for waiver because the Department does not have the authority to grant waivers from statutory requirements included within a rule. The Department provided Notice of the Petition for publication in the Florida Administrative Register on November 1, 2019, Volume 45, Number 214.

The Department did not receive comments on the petition.

A copy of the Order or additional information may be obtained by contacting: Julie Jones, Agency Clerk, 200 East Gaines Street, Tallahassee, FL 32399-0390, or julie.jones@myfloridacfo.com.

Section VI
Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF LEGAL AFFAIRS

The Prevention/Education Subcommittee for the Statewide Task Force on Opioid Abuse to Combat Florida's Substance Abuse Crisis announces a telephone conference call to which all persons are invited.

DATE AND TIME: MEETING CANCELLED Wednesday, February 5, 2020, 10:00 a.m. until conclusion

PLACE: DIAL-IN INFORMATION: 1(888)585-9008 & PARTICIPANT PASSCODE: 116-364-531 (Meeting Cancelled).

GENERAL SUBJECT MATTER TO BE CONSIDERED: Task Force Business

For more information, you may contact: Rachel Kamoutsas at Rachel.Kamoutsas@myfloridalegal.com by telephone at (850)245-0140.

DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, February 11, 2020, 10:00 a.m.

PLACE: Madison Church of God Life Center, 771 NE Colin Kelly Hwy, Madison, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT) will host a meeting of the Florida Multi-use Corridors of Regional Economic Significance (M-CORES) Task Force for the for the Suncoast Connector extending from Citrus County to Jefferson County. Registration begins at 9:30 a.m. The public is invited to attend and observe the proceedings of the Task Force. Comment stations will be available throughout the meeting where comments may be submitted in writing. In addition, a public comment period will begin at 4:00 p.m. Comments also may be submitted any time to FDOT.Listens@dot.state.fl.us.

The Florida Department of Transportation may adopt the result of this planning effort into the environmental review process, pursuant to Title 23 U.S.C. § 168(4)(d) or the state project development process.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability, or family status. People who require special accommodations under the Americans with Disabilities Act or who require translation

services (free of charge) should contact Ryan Asmus at Ryan.Asmus@dot.state.fl.us or (386)961-7443. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

A copy of the agenda may be obtained by contacting: Ryan Asmus at Ryan.Asmus@dot.state.fl.us or (386)961-7443.

DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, February 12, 2020, 10:00 a.m.

PLACE: Levy County Suwannee River Fair and Livestock Pavilion, 17851 NW 90th Ave, Fanning Springs, FL 32693

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT) will host a meeting of the Florida Multi-use Corridors of Regional Economic Significance (M-CORES) Task Force for the Northern Turnpike Connector extending from the northern terminus of the Florida's Turnpike northwest to the Suncoast Parkway. Registration begins at 9:30 a.m. The public is invited to attend and observe the proceedings of the Task Force. Comment stations will be available throughout the meeting where comments may be submitted in writing. In addition, a public comment period will begin at 4:00 p.m. Comments also may be submitted any time to FDOT.Listens@dot.state.fl.us.

The Florida Department of Transportation may adopt the result of this planning effort into the environmental review process, pursuant to Title 23 U.S.C. § 168(4)(d) or the state project development process.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability, or family status. People who require special accommodations under the Americans with Disabilities Act or who require translation services (free of charge) should contact Jennifer Stults at Jennifer.Stults@dot.state.fl.us, or (407)264-3808, at least seven (7) days prior to the meeting at least seven (7) days prior to the meeting. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

A copy of the agenda may be obtained by contacting: Jennifer Stults at Jennifer.Stults@dot.state.fl.us or (407)264-3808.

For more information, you may contact: www.FloridaMCORES.com.

DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, February 13, 2020, 10:00 a.m.

PLACE: Doyle Conner Building, 900 US 27, Moore Haven, FL 33471

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT) will host a meeting of the Florida Multi-use Corridors of Regional Economic Significance (M-CORES) Task Force for the for the Southwest-Central Connector extending from Collier County to Polk County. Registration begins at 9:30 a.m. The public is invited to attend and observe the proceedings of the Task Force. Comment stations will be available throughout the meeting where comments may be submitted in writing. In addition, a public comment period will begin at 4:00 p.m. Comments also may be submitted any time to FDOT.Listens@dot.state.fl.us.

The Florida Department of Transportation may adopt the result of this planning effort into the environmental review process, pursuant to Title 23 U.S.C. § 168(4)(d) or the state project development process.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability, or family status. People who require special accommodations under the Americans with Disabilities Act or who require translation services (free of charge) should contact Marlon Bizerra at Marlon.Bizerra@dot.state.fl.us or 1(863)519-2250, at least seven (7) days prior to the meeting at least seven (7) days prior to the meeting. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

A copy of the agenda may be obtained by contacting: Marlon Bizerra at Marlon.Bizerra@dot.state.fl.us or 1(863)519-2250.

For more information, you may contact: www.FloridaMCORES.com.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

The DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES announces a public meeting to which all persons are invited.

DATE AND TIME: February 11, 2020, 1:00 p.m. – 2:00 p.m., ET

PLACE: Neil Kirkman Building, Conference Room B-202, 2900 Apalachee Parkway, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Motorist Modernization Advisory Board is meeting to receive an update on Phase 1 of the Motorist Modernization Program. System functionality and requirements will also be presented to the group for consideration and input.

AGENDA

- Roll Call
- Welcome
- Review and Approval of Last Meeting Minutes
- Stakeholder Outreach Update
- MM Phase I Program Update
- Organizational Change Management Update

• Financial Review
• Project Updates
• Communications Update
• Q&A
• Adjourn

Please join the meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/630034677.
You can also dial in using your phone, United States: (646)749-3129, United States (toll-free): 1(877)309-2073, Access Code: 630-034-677, Audio PIN: Shown after joining the meeting
A copy of the agenda may be obtained by contacting: The agenda is included above.
Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Terrence Samuel, 2900 Apalachee Parkway, Room D315, Tallahassee, FL 32399, (850)617-2100. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

STATE BOARD OF ADMINISTRATION
Florida Prepaid College Board
The Florida Prepaid College Board announces a public meeting to which all persons are invited.
DATE AND TIME: Tuesday, February 18, 9:30 a.m. ET
PLACE: The Hermitage Centre, 1801 Hermitage Blvd., Tallahassee, Florida, 32308
GENERAL SUBJECT MATTER TO BE CONSIDERED: The Negotiation Team will recommend contract award for Invitation to Negotiate, ITN 19-04, Advertising / Digital Marketing, and Public Relations Services for the Florida Prepaid College Board, the Stanley G. Tate Florida Prepaid College Foundation, and ABLE United.
A copy of the agenda may be obtained by contacting: The Florida Prepaid College Board, ITN Administrator by email at ITNinfo.Prepaid@MyFloridaPrepaid.com.
Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
The DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES announces a public meeting to which all persons are invited.
DATE AND TIME: February 11, 2020, 2:30 p.m. – 4:00 p.m., ET
PLACE: Neil Kirkman Building, Conference Room B-202, 2900 Apalachee Parkway, Tallahassee, Florida 32399
GENERAL SUBJECT MATTER TO BE CONSIDERED: The Motorist Modernization Advisory Board is meeting to discuss and provide guidance & recommendations on Phase 2 of the Motorist Modernization Program.
AGENDA
• Roll Call
• Welcome
• Review and Approval of Last Meeting Minutes
• IV&V Update
• Stakeholder Outreach Update
• MM Phase II Program Update
• Financial Review
• Project Updates
• Communications Update
• Q&A
• Adjourn

Please join the meeting from your computer, tablet or smartphone: https://global.gotomeeting.com/join/630034677.
You can also dial in using your phone, United States: (646)749-3129, United States (toll-free): 1(877)309-2073, Access Code: 630-034-677, Audio PIN: Shown after joining the meeting
A copy of the agenda may be obtained by contacting: The agenda is included above.
Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Terrence Samuel, 2900 Apalachee Parkway, Room D315, Tallahassee, FL 32399, (850)617-2100. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

EXECUTIVE OFFICE OF THE GOVERNOR
Division of Emergency Management
RULE NOS.:RULE TITLES:
27P-22.001 Purpose
27P-22.002 Definitions
27P-22.003 Eligibility
27P-22.004 LMS Working Groups
27P-22.005 Local Mitigation Strategy
27P-22.006 County Allocations and Project Funding
27P-22.007 Application
The Division of Emergency Management announces a hearing to which all persons are invited.
DATE AND TIME: January 31, 2020, 9:00 a.m.

PLACE: 2555 Shumard Oak Blvd., Room 305 (Kelley Training Center), Tallahassee, Florida 32399-0950. The public may attend this workshop in person.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The hearing scheduled for January 31, 2020, is hereby cancelled. The Notice of Meeting/Workshop Hearing was published in Vol. 46/18 of the Florida Administrative Register. The Notice reference number: 22864372.

A copy of the agenda may be obtained by contacting: Stephanie Twomey, Senior Attorney, Division of Emergency Management, 2555 Shumard Oak Blvd., Tallahassee, FL 32399, (850)815-4160, stephanie.twomey@em.myflorida.com.

EXECUTIVE OFFICE OF THE GOVERNOR

Division of Emergency Management

RULE NOS.:RULE TITLES:

27P-22.001 Purpose

27P-22.002 Definitions

27P-22.003 Eligibility

27P-22.004 LMS Working Groups

27P-22.005 Local Mitigation Strategy

27P-22.006 County Allocations and Project Funding

27P-22.007 Application

The Division of Emergency Management announces a hearing to which all persons are invited.

DATE AND TIME: February 10, 2020, 3:30 p.m.

PLACE: 2555 Shumard Oak Blvd., Room 305 (Kelley Training Center), Tallahassee, Florida 32399-0950. The public may attend this workshop in person. You may also attend the workshop by calling 1(888)585-9008, conference room code: 454 953 845

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of this workshop hearing is to allow additional public comment on the proposed modifications to Chapter 27P-22, Hazard Mitigation Grant Program.

A copy of the agenda may be obtained by contacting: Stephanie Twomey, Senior Attorney, Division of Emergency Management, 2555 Shumard Oak Blvd., Tallahassee, FL 32399, (850)815-4160, stephanie.twomey@em.myflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Stephanie Twomey, (850)815-4160.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Electrical Contractors' Licensing Board

The Electrical Contractors' Licensing Board announces a public meeting to which all persons are invited.

DATES AND TIMES: Wednesday, March 18, 2020, 3:30 p.m.; Thursday, March 19, 2020, 8:30 a.m.; Friday, March 20, 2020, 8:30 a.m.

PLACE: Mission Inn Resort, 10400 County Road 48, Howey-in-the-Hills, FL 34737. (352)324-3101.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Wednesday, March 18, 2020, 3:30 p.m.: Issue Application Review; Wednesday, March 18, 2020, 4:30 p.m.: Probable Cause Panel (Portions may be closed to the public); Thursday, March 19, 2020, 8:30 a.m.: Discipline and General Business; Friday, March 20, 2020, 8:30 a.m.: General Business.

A copy of the agenda may be obtained by contacting: The Electrical Contractors' Licensing Board, 2601 Blair Stone Road, Tallahassee, Florida 32399, (850)487-1395.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: The Electrical Contractors' Licensing Board, 2601 Blair Stone Road, Tallahassee, Florida 32399, (850)487-1395. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: The Electrical Contractors' Licensing Board, 2601 Blair Stone Road, Tallahassee, Florida 32399, (850)487-1395.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Veterinary Medicine

The Board of Veterinary Medicine announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, March 13, 2020, 9:00 a.m.

PLACE: The Shores Resort and Spa, 2637 South Atlantic Avenue, Daytona Beach Shores 32118

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business.

A copy of the agenda may be obtained by contacting: Board of Veterinary Medicine, 2601 Blair Stone Rd., Tallahassee, FL 32399, (850)717-1981.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Board of Veterinary Medicine, 2601 Blair Stone Rd., Tallahassee, FL 32399, (850)717-1981. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Board of Veterinary Medicine, 2601 Blair Stone Rd., Tallahassee, FL 32399, (850)717-1981.

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a workshop to which all persons are invited.

DATE AND TIME: February 11, 2020, 10:00 a.m.

PLACE: Florida Housing Finance Corporation, 227 North Bronough Street, Tallahassee, Florida, 32301-1329. The meeting will also be accessible via phone. The call-in information is available on the Corporation webpage https://www.floridahousing.org/programs/developers-multifamily-programs/competitive/2020/2020-102

GENERAL SUBJECT MATTER TO BE CONSIDERED: The workshop will discuss a Request for Applications (RFA) 2020-102 SAIL Financing for Smaller Permanent Supportive Housing Developments for Persons with Special Needs.

A copy of the agenda may be obtained by contacting: Jean Salmonsen at (850)488-4197.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Jean Salmonsen at (850)488-4197. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a workshop to which all persons are invited.

DATE AND TIME: March 3, 2020, 10:00 a.m.

PLACE: Florida Housing Finance Corporation, 227 North Bronough Street, Tallahassee, Florida, 32301-1329. The meeting will also be accessible via phone. The call-in information is available on the Corporation webpage https://www.floridahousing.org/programs/developers-multifamily-programs/competitive/2020/2020-104

GENERAL SUBJECT MATTER TO BE CONSIDERED: The workshop will discuss a Request for Applications (RFA) 2020-104 SAIL Financing Farmworker and Commercial Fishing Worker Housing.

A copy of the agenda may be obtained by contacting: Jean Salmonsen at (850)488-4197.

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a workshop to which all persons are invited.

DATE AND TIME: March 4, 2020, 10:00 a.m.

PLACE: Florida Housing Finance Corporation, 227 North Bronough Street, Tallahassee, Florida, 32301-1329. The meeting will also be accessible via phone. The call-in information is available on the Corporation webpage https://www.floridahousing.org/programs/developers-multifamily-programs/competitive/2020/2020-105

GENERAL SUBJECT MATTER TO BE CONSIDERED: The workshop will discuss a Request for Applications (RFA) 2020-105 Financing to Build Smaller Permanent Supportive Housing Properties for Persons with Developmental Disabilities.

A copy of the agenda may be obtained by contacting: Jean Salmonsen at (850)488-4197.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Jean Salmonsen at (850)488-4197. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a workshop to which all persons are invited.

DATE AND TIME: March 5, 2020, 2:00 p.m. Eastern

PLACE: The workshop will be available in person at Florida Housing Finance Corporation 227 N Bronough, Tallahassee, FL 32301 in the Seltzer Meeting Room on the 5th Floor. The workshop will also be available by telephone.

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is the second workshop which is intended to provide information as well as to solicit ideas and feedback for the upcoming RFA cycle.

A copy of the agenda may be obtained by contacting: Multifamily Programs Allocation staff, (850)488-4197. The workshop agenda and call-in instructions will be available prior

to the workshop. An announcement will be issued via the Florida Housing ListServ when this information is available.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Jean Salmonsen, (850)488-4197. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF FINANCIAL SERVICES

OIR – Insurance Regulation

The Office of Insurance Regulation announces a hearing to which all persons are invited.

DATE AND TIME: February 7, 2020, 10:00 a.m.

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, FL 32399-4206

GENERAL SUBJECT MATTER TO BE CONSIDERED: Capitol Preferred Insurance Company has requested statewide average rate changes for its business in the Homeowners Multi-Peril Account. The below identifies the proposed rate change that has already been filed with the Office:

19-140342: +47.0% Homeowners Multi-Peril

The effective date for the Homeowners Multi-Peril Account is February 15, 2020, for new and February 15, 2020 for renewal business.

An agenda listing the rate filings subject to this hearing will be posted on the Office's website at http://www.floir.com.

Florida law allows the Office of Insurance Regulation to hold a public hearing for any purpose within the scope of the Insurance Code deemed to be necessary. Input from the insurer as well as interested parties will be received at this public hearing. If you are unable to attend this public hearing, please forward your comments to the Office of Insurance Regulation at ratehearings@floir.com; the subject line of your e-mail should read Capitol Preferred Insurance Company.

Any comments or concerns not addressed at the public hearing may be forwarded to ratehearings@floir.com; the subject line of your e-mail should read "Capitol Preferred Insurance Company." The record will be open for public comment until February 21, 2020, for all filings.

A copy of the agenda may be obtained by contacting: Gloria Merritt, (850)413-5356.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Gloria Merritt, (850)413-5356. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Courtney A. Colston-Hayes, (850)413-4174 or Gloria Merritt, (850)413-5356.

MID-FLORIDA AREA AGENCY ON AGING

The Mid-Florida Area Agency on Aging dba Elder Options announces a public meeting to which all persons are invited.

DATE AND TIME: March 4, 2020, 10:00 a.m.

PLACE: Elder Options Conference Room A, 100 SW 75th Street, Suite 301, Gainesville, Florida 32607

GENERAL SUBJECT MATTER TO BE CONSIDERED: Scheduled meeting of Elder Options Board of Directors. The Board of Directors will take action on recommendations regarding the applications received by Elder Options for funding for the program year beginning July 1, 2020. Programs funded for this period include: Community Care for the Elderly (CCE), Alzheimer's Disease Initiative (ADI), Home Care for the Elderly (HCE), and Local Service Programs (LSP).

A copy of the agenda may be obtained by contacting: Kathy Dorminey, (352)692-5214, dormineyk@agingresources.org.

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Kathy Dorminey, (352)692-5214, dormineyk@agingresources.org.

NORTHWEST FLORIDA AREA AGENCY ON AGING

The Northwest Florida Area Agency on Aging, In. announces a public meeting to which all persons are invited.

DATES AND TIMES: February 13, 2020, 6:00 p.m.; May 14, 2020, 6:00 p.m.; August 13, 2020, 6:00 p.m.; November 12, 2020, 6:00 p.m.

PLACE: 5090 Commerce Park Circle, Pensacola, FL 32505

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Board of Directors meetings.

A copy of the agenda may be obtained by contacting: Amber McCool or Voncile Goldsmith at 1(866)531-8011.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Amber McCool or Voncile Goldsmith at 1(866)531-8011. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Amber McCool or Voncile Goldsmith at 1(866)531-8011.

INFINITE SOURCE COMMUNICATIONS GROUP, LLC

The Florida Department of Transportation announces a hearing to which all persons are invited.

DATE AND TIME: Thursday, February 13, 2020, 6:00 p.m. – 8:00 p.m.

PLACE: Sunny Isles Beach Government Center, First Floor Meeting Room, 18070 Collins Avenue, Sunny Isles Beach, FL 33160

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT) District Six will hold a Public Hearing for a roadway improvement project along State Road (SR) SR A1A/Collins Avenue from north of Haulover Inlet to south of Bayview Drive/158 Drive, in Miami-Dade County. The project identification number are 430949-2-52-01. The hearing will be an open house from 6:00 p.m. – 8:00 p.m. with a presentation starting at 6:30 p.m. Graphic displays will be shown and FDOT representatives will be available to discuss the project and answer questions.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

A copy of the agenda may be obtained by contacting: Community Outreach Specialist Rodolfo Roman at (305)470-5477, email: Rodolfo.Roman@dot.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Irene I. Varela Riaz at (305)470-5342 or in writing to FDOT, 1000 NW 111 Avenue, Miami, FL 33172 or by email at: Irene.Varela@dot.state.fl.us at least seven days prior to the Public Hearing. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Community Outreach Specialist Rodolfo Roman at (305)470-5477, email: Rodolfo.Roman@dot.state.fl.us.

Section VII
Notice of Petitions and Dispositions Regarding Declaratory Statements

NONE

Section VIII
Notice of Petitions and Dispositions Regarding the Validity of Rules

Notice of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

Section IX
Notice of Petitions and Dispositions Regarding Non-rule Policy Challenges

NONE

Section X
Announcements and Objection Reports of the Joint Administrative Procedures Committee

NONE

Section XI
Notices Regarding Bids, Proposals and Purchasing

DEPARTMENT OF EDUCATION

University of Florida

Notice to Construction Managers - Annual Construction Management Services

The University of Florida Board Of Trustees announces that continuing CM-At-Risk services will be required for the project listed below:

UF-MP20, Annual Campus Continuing Services for Minor Projects

Typical projects assigned under this contract may include new construction, renovation, remodeling, reroofing and other building maintenance, equipment installation, pre-engineered metal buildings, greenhouses, pole barns, asbestos abatement, and fire code corrections. Areas requiring renovation or remodeling may include research laboratories, classrooms,

library and media centers, historic buildings, offices and related functions, outpatient clinics, reception and waiting areas, lobbies and corridors, atriums, courtyards and plazas, modular, residential and dormitories, athletic facilities, and associated roadways, sitework including underground utilities, sidewalks, and landscaping. Projects could be located on the University of Florida main campus or at UF and IFAS facilities throughout the State of Florida. The maximum per-project construction cost is $2,000,000.

These are open-ended contract for a period of one year with an option to renew for two additional one-year periods at owner discretions. Ten (10) contracts will be awarded. Two (2) of the ten (10) contracts will be awarded to "Small Businesses", defined by the State of Florida as "an independently owned and operated business concern that employs 200 or fewer permanent full-time employees and that, together with its affiliates, has a net worth of not more than $5 million or any firm based in this state which has a Small Business Administration 8(a) certification. As applicable to sole proprietorships, the $5 million net worth requirement shall include both personal and business investments." Two (2) of the ten (10) contracts will be awarded to "Small Emerging Businesses", defined as meeting the Small Business criteria referenced above and having performed less than $500,000 in construction at the University of Florida cumulatively over the past three fiscal years. Criteria will be verified following the selection and prior to the award processes.

Typically, the contract for an assigned project's construction management services will begin at the 60% Construction Document stage but may include preconstruction activities, including, but not limited to budget studies and estimates, value engineering, analysis of the design documents for constructability, coordination, detailing, materials, and systems, development and maintenance of the construction schedule, production of detailed jobsite management plans, development of strategies for the procurement of trade contracts, and development of a Guaranteed Maximum Price (GMP) proposal based on 60 or 100% Construction Documents. If the GMP proposal is accepted and executed, the construction manager becomes the single point of responsibility for performance of the construction of the project and shall publicly bid trade packages as required by Florida law. Failure to negotiate an acceptable management fee, general conditions, staffing for an assigned project, or failure to arrive at an acceptable GMP as provided in the agreement, may result in non-execution of the project Purchase Order and Authorization for Construction.

Applicants will be evaluated on the basis of their past performance, experience, personnel, references, bonding capacity, Building Information Modeling capabilities (required for CM and preferred for the Small and Small Emerging CM applicants), commitment to sustainability, workload, and responses to questions posed both in the shortlist and interview phases. At the time of application, the applicant must be licensed to practice as a General Contractor in the State of Florida. Similarly, at the time of application, if the applicant is a corporation, must be chartered by the Florida Department of State to operate in Florida.

The Selection Committee may reject any and all proposals and stop the selection process at any time.

Applicants desiring to provide construction management services for the project shall submit a proposal only after thoroughly reviewing the Project Fact Sheet, Construction Manager Qualifications Supplement and CMQS Instructions, and other background information. The proposal shall be limited to thirty (30) 8-1/2" X 11" equivalent size electronic pages, all with either of portrait or landscape alignment and consecutively-numbered pages (including the CMQS, but not including the cover sheet, table of contents, or blank divider pages) and shall include:

1. A Letter of Application that concisely illustrates the applicant's understanding of the scope of services, other goals and considerations outlined in the Project Fact Sheet, and specifically indicates in the first paragraph of this letter for which of the three CM categories (regular, small, small emerging) the applicant is applying.
2. Company information and signed certification.
3. A completed, project-specific "CM Qualifications Supplement" (CMQS) proposal. Applications on any other form will not be considered.
4. Resumes, LEED accreditation (if available), and other pertinent credentials for all staff proposed for the life of this agreement.
5. Proof of current corporate registration to operate in the State of Florida by the Department of State Division of Corporations if applicable. Such proof shall take the form of a Certificate of Corporate Status from the Florida Department of State.
6. Proof of the firm's ability to provide liability insurance coverage in the amounts of $1 million General Liability per occurrence, $1 million Automobile Liability, Worker's Compensation per requirements of Chapter 440 of the Florida Statutes, and $5 million Umbrella.

7. A letter of intent from a surety company indicating the applicant's bondability for this project. The surety shall acknowledge that the firm may be bonded for multiple projects, with a potential maximum construction cost of $2,000,000 each. Provide proof that the Surety Company providing this letter is licensed to do business in the State of Florida and has a Best Rating of "A," and a required financial backing capacity of "Class XV."

8. Provide a copy of the contracted firm's current General Contracting license from the Florida Department of Business and Professional Regulation.

As required by Section 287.133, Florida Statutes, an applicant may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected construction manager must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of $15,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

The project-specific CMQS form, instructions, Project Fact Sheet, UF Design and Construction Standards, standard University of Florida Minor Projects Owner-CM agreement, latest General Terms and Conditions, and other project and process information can be found on the Facilities Planning & Construction website (www.facilities.ufl.edu). Incomplete, unsigned proposals or proposals containing expired or invalid licenses will be disqualified immediately. Submittal materials will not be returned. Finalists may be provided with supplemental interview requirements and criteria as needed.

Electronic submission of the required proposal must be received by the University of Florida Planning, Design, & Construction Division at ufmp20@mail.ufl.edu no later than the deadline of 3:00 PM local time on Friday, February 28, 2020 per the Fact Sheet Process Information instructions. If an applicant is applying for multiple categories (i.e. Regular, Small, or Small Emerging Businesses), only one submittal is required, but the Application cover letter (first paragraph) must indicate which categories are applicable. Hard-copy, Facsimile (FAX), or e-mailed submittals are not acceptable and will not be considered.

The schedule of the selection process is as follows:

Pre-proposal conference (mandatory): Friday, February 14, 2020, 2:00 p.m. – 4:00 p.m. at the University of Florida, East Campus Sunshine Skyway Room.

Questions tendered in writing (e-mail sufficient) by 5:00 p.m. on Monday, February 17, 2020, will be answered by addendum by 5:00 p.m. on or before Thursday, February 20, 2020. Questions received after February 17th will not be responded.

Shortlist meeting: Week of March 16, 2020, UF PD&C, 316 conference room.

Final Interviews Meetings: April 13, 202, UF PD&C, 316 conference room.

Further information may be obtained from the UF PD&C website, www.facilities.ufl.edu, or by contacting Selection Committee Chairman Frank Javaheri, Director, UF Planning, Design, & Construction, via e-mail: fjavahe@ufl.edu.

ENTERPRISE FLORIDA, INC.

FLORIDA DEFENSE SUPPORT TASK FORCE VIDEO MARKETING CAMPAIGN

Enterprise Florida, Inc. (EFI) is issuing a request for proposal for the Florida Defense Support Task Force (FDSTF) from qualified contractors to produce 35 (thirty-five) final approved videos of different lengths, based on at least 15 (fifteen) separate video shoots and or compilations of existing video in 15 (fifteen) different counties (featuring the 20 major military installations in each county). The videos – edited to lengths of :30, :90, and up to but not exceeding:180 – should communicate Florida's military and defense benefits by telling the story of the military value and military-friendly environment.

Individuals, not-for-profit, and for-profit agencies may submit proposals in response to this RFP. The exact amount of this contract will be based on RFPs and qualifications submitted. Copies of this RFP may be downloaded from the Enterprise Florida, Inc. (EFI) website (https://www.enterpriseflorida.com/fdstf/funding-contracts/), or copies may be requested from Marcy Muldrow Sanders, Grants Manager via email msanders@enterpriseflorida.com, or calling (850)878-4566.

The deadline for submitting proposals for this RFP to the Florida Defense Support Task Force (FDSTF) is February 14, 2020 by 5:00 p.m. ET.

THE ABOVE ANNOUNCEMENT WILL APPEAR IN THE FLORIDA ADMINISTRATIVE REGISTER AND ON THE EFI WEB SITE (https://www.enterpriseflorida.com/) ON JANUARY 31, 2020. PLEASE FORWARD ALL REQUESTS FOR COPIES OF THIS RFP TO MARCY MULDROW SANDERS.

QUESTIONS ARE TO BE SUBMITTED IN WRITTEN FORMAT ONLY (EMAILS ACCEPTED). RESPONSES WILL BE POSTED TO THE WEBSITE BY 5:00 PM FEBRUARY 10, 2020. THIS IS A LEGAL PROCESS AND WE CANNOT ANSWER QUESTIONS VERBALLY.

Section XII
Miscellaneous

DEPARTMENT OF STATE

Index of Administrative Rules Filed with the Secretary of State Pursuant to subparagraph 120.55(1)(b)6. – 7., F.S., the below list of rules were filed in the Office of the Secretary of State

between 3:00 p.m., Friday, January 24, 2020 and 3:00 p.m., Thursday, January 30, 2020.

Rule No.	File Date	Effective Date
1N-7.001	1/27/2020	2/16/2020
1S-2.030	1/24/2020	2/13/2020
5C-5.001	1/29/2020	2/18/2020
5C-5.002	1/29/2020	2/18/2020
5C-5.0021	1/29/2020	2/18/2020
5C-5.003	1/29/2020	2/18/2020
5C-5.004	1/29/2020	2/18/2020
25-6.030	1/29/2020	2/18/2020
25-6.031	1/29/2020	2/18/2020
40D-2.091	1/29/2020	2/18/2020
60CC-1.001	1/28/2020	2/17/2020
60CC-2.001	1/28/2020	2/17/2020
60CC-2.002	1/28/2020	2/17/2020
60CC-5.002	1/28/2020	2/17/2020
64ER20-14	1/30/2020	1/30/2020
64ER20-15	1/30/2020	1/30/2020
64B18-14.009	1/28/2020	2/17/2020
67-49.002	1/24/2020	2/13/2020
68A-16.003	1/28/2020	2/17/2020
68A-26.002	1/28/2020	2/17/2020
68A-27.003	1/28/2020	2/17/2020
69O-124.001	1/30/2020	2/19/2020
69O-124.002	1/30/2020	2/19/2020
69O-124.010	1/30/2020	2/19/2020
69O-124.011	1/30/2020	2/19/2020
69O-124.013	1/30/2020	2/19/2020
69O-124.014	1/30/2020	2/19/2020
69O-124.015	1/30/2020	2/19/2020
69O-124.016	1/30/2020	2/19/2020
69O-124.021	1/30/2020	2/19/2020
69O-124.022	1/30/2020	2/19/2020
69O-154.104	1/30/2020	2/19/2020
69O-186.013	1/30/2020	2/19/2020
69O-215.050	1/30/2020	2/19/2020
69O-215.060	1/30/2020	2/19/2020
69O-215.070	1/30/2020	2/19/2020
69O-222.010	1/30/2020	2/19/2020
69O-222.020	1/30/2020	2/19/2020
69O-222.030	1/30/2020	2/19/2020
69O-222.040	1/30/2020	2/19/2020
69O-222.050	1/30/2020	2/19/2020
69O-222.060	1/30/2020	2/19/2020
69O-230.033	1/30/2020	2/19/2020
69O-231.010	1/30/2020	2/19/2020
69O-231.020	1/30/2020	2/19/2020
69O-231.030	1/30/2020	2/19/2020
69O-231.040	1/30/2020	2/19/2020
69O-231.070	1/30/2020	2/19/2020
69O-231.080	1/30/2020	2/19/2020
69O-231.090	1/30/2020	2/19/2020
69O-231.100	1/30/2020	2/19/2020
69O-231.110	1/30/2020	2/19/2020
69O-231.120	1/30/2020	2/19/2020
69O-231.130	1/30/2020	2/19/2020
69O-231.140	1/30/2020	2/19/2020
69O-231.150	1/30/2020	2/19/2020
69O-231.160	1/30/2020	2/19/2020
69O-235.003	1/30/2020	2/19/2020
69O-239.001	1/30/2020	2/19/2020

LIST OF RULES AWAITING LEGISLATIVE APPROVAL SECTIONS 120.541(3), 373.139(7) AND/OR 373.1391(6), FLORIDA STATUTES

Rule No.	File Date	Effective Date
60FF1-5.009	7/21/2016	**/**/****
60P-1.003	11/5/2019	**/**/****
60P-2.002	11/5/2019	**/**/****
60P-2.003	11/5/2019	**/**/****
64B8-10.003	12/9/2015	**/**/****

Section XIII
Index to Rules Filed During Preceding Week

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.