Section I
Notices of Development of Proposed Rules and Negotiated Rulemaking

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF CORRECTIONS

RULE TITLE: RULE NO.:
Rules of Prohibited Conduct and Penalties for Infractions 33-601.314

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to provide a specific disciplinary charge for inmate possession or use of a cell phone or other wireless communication device.

SUBJECT AREA TO BE ADDRESSED: Inmate disciplinary infractions.

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 20.315, 944.09, 944.14, 944.279, 944.28 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Perri King Dale, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-601.314 Rules of Prohibited Conduct and Penalties for Infractions.

The following table shows established maximum penalties for the indicated offenses. As used in the table, "DC" means the maximum number of days of disciplinary confinement that may be imposed and "GT" means the maximum number of days of gain time that may be taken. Any portion of either penalty may be applied.

		Maximum Disciplinary Actions
SECTION 1 through SECTION 2 - No change.		
SECTION 3 – CONTRABAND – ANY ARTICLE NOT SOLD IN THE CANTEEN, OR ISSUED BY THE INSTITUTION, OR FOR WHICH YOU DO NOT HAVE A SPECIFIC PERMIT AUTHORIZED BY THE INSTITUTION WHERE PRESENTLY HOUSED		
3-1 through 3-12 No change.		
3-13	Possession or use of a cellular telephone or any other type of wireless communication device	60 DC + All GT
3-14~~3~~	Introduction of any contraband	60 DC + All GT
SECTION 4 through SECTION 11 – No change.		

Specific Authority 944.09 FS. Law Implemented 20.315, 944.09, 944.14, 944.279, 944.28 FS. History–New 3-12-84, Amended 1-10-85, Formerly 33-22.12, Amended 12-30-86, 9-7-89, 11-22-90, 6-2-94, 10-01-95, 3-24-97, 7-9-98, 8-13-98, Formerly 33-22.012, Amended 9-30-99, 6-7-00, 4-18-02, 10-10-04, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals

RULE TITLES: RULE NOS.:
Inpatient Data Reporting and Audit Procedures 59E-7.012
Inpatient Data Format – Data Elements, Codes, and Standards 59E-7.014
Public Records 59E-7.015
General Provisions 59E-7.016

PURPOSE AND EFFECT: The rule amendments add inpatient data elements, modify inpatient data elements and codes, modify inpatient data formats, and eliminate data elements. The rule amendments require reporting by Internet transmission starting January 1, 2006. The rule amendments require the reporting of inpatient data by long-term psychiatric hospitals and eliminate the reporting of aggregate data by long-term psychiatric hospitals. The rule amendments modify public record formats consistent with the requirements of the federal Health Insurance Portability and Accountability Act.

SUBJECT AREA TO BE ADDRESSED: The Agency is proposing amendments to Rules 59E-7.012, 59E-7.014, 59E-7.015 and 59E-7.016, F.A.C., that modify inpatient data reporting requirements and require the reporting of patient level data by long-term psychiatric hospitals.

SPECIFIC AUTHORITY: 408.15(8) FS.

LAW IMPLEMENTED: 408.061, 408.15(11) FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 10:00 a.m., November 16, 2004

PLACE: Agency for Health Care Administration, First Floor Conference Room, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Beth C. Dye, Bureau Chief, State Center for Health Statistics, Agency for Health Care Administration, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59E-7.012 Inpatient Data Reporting and Audit Procedures.

(1) Hospitals licensed under Chapter 395, F.S. except state-operated hospitals and comprehensive rehabilitation hospitals as defined in Rule 59A-3.201, F.A.C. ~~All acute care hospitals and all short term psychiatric hospitals,~~ (hereinafter referred to as "hospital/hospitals"), in operation for all or any of the reporting periods described in subsection ~~Rule~~ 59E-7.012(5), F.A.C., below, shall submit hospital inpatient discharge data to the Agency according to the provisions in ~~a format consistent with requirements of~~ Rules 59E-7.011 through 59E-7.016, F.A.C.~~, to the Agency following the provisions of this Rule.~~ The amendments appearing herein are effective with the report period starting January 1, 2006.

~~(2) For purposes of submission of hospital inpatient discharge data, hospital shall be any hospital licensed under Chapter 395, Florida Statutes except state operated hospitals, long term psychiatric hospitals with an average length of stay exceeding 60 days and comprehensive rehabilitation hospitals as defined in Rule 59A-3.201, F.A.C. Additionally, long term psychiatric hospitals are required to submit aggregated data following the format and context as presented in the Psychiatric Reporting Format AHCA PSY III dated 9/12/88 and herein incorporated by reference.~~

(2)~~(3)~~ Each hospital shall submit a separate report for each location per paragraph 59A-3.066(2)(i) ~~Rule 59A-3.203~~, F.A.C.

(3) All acute, intensive care, and psychiatric live discharges and deaths including newborn live discharges and deaths shall be reported. Submit one record per inpatient discharge, to include all newborn admissions, transfers and deaths.

(4) through (5) No change.

(6) Extensions to the initial submission due date will be granted by the Administrator, Office of ~~Hospital~~ Data Collection Section of the Agency staff, for a maximum of 30 days from the initial submission due date in response to a written request signed by the hospital's ~~data contact~~ chief executive officer or chief financial officer. The request must be received prior to the initial submission due date and the delay must be due to unforeseen and unforeseeable factors beyond the control of the reporting hospital. These factors must be specified in the written request for the extension along with documentation of efforts undertaken to meet the filing requirements. Extensions shall not be granted verbally.

(7) No change.

(8) Beginning with the inpatient data report for the 1st Quarter of the year 2006 ~~2000~~ (January 1, 2006 ~~2000~~ through March 31, 2006 ~~2000~~), reporting facilities shall submit inpatient discharge data by Internet according to ~~reports in one of~~ the specifications in (a) through (c) below unless reporting by CD-ROM is approved by the Agency in a case of extraordinary or hardship circumstances. ~~following formats except that on or after January 1, 2002, data tapes must not be used:~~

~~(a) Tapes, CD-ROM or Diskettes shall be sent to the agency's mailing address: Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida 32308. Attention: State Center for Health Statistics. Refer to the Data Elements and Formatting Requirements, Rule 59E-7.014, F.A.C. Electronic media specifications are:~~

~~1. 9 Track Tape:~~

~~IBM label or nonlabel tapes~~

~~Density 1600 or 6250 BPI~~

~~Collating sequence: EBCDIC or ASCII~~

~~d. Record Format: Header Record – 480 characters, Inpatient Discharge Record-480 characters, Trailer Record-480 characters.~~

~~2. Diskette and CD-ROM:~~

~~Format – MS-DOS text file (ASCII)~~

~~Type-3.5" (1.44mb) diskette or CD-ROM~~

~~e. A header record must accompany each data set and must be placed as the first record on the first diskette of the data set. Each record must be terminated with a carriage return (hex '0D') and line feed mark (hex '0A').~~

~~d. Record length: Header Record-480 characters, Inpatient Discharge Record-480 characters, Trailer Record-480 characters. Carriage return and line feeds are not included in the stated record length.~~

~~e. Only one file per diskette set or CD-ROM is allowable. Data requiring more than one diskette shall be externally labeled 1 or n, 2 or n, etc.~~

~~f. Data reported quarterly shall follow the format: dddddqyy.txt where dddd=data type; q=reporting quarter (1-4); yy=year. EXAMPLE: PD10394.TXT.~~

~~g. Data requiring more than one diskette must have the same internal file name.~~

~~h. Compressed, backup, or PKZIP files are not acceptable.~~

~~3. Tapes or diskettes shall be submitted with the following information on an externally affixed label, or for CD-ROM, use a standard CD-ROM external label with the following information:~~

~~"HOSPITAl inpatient discharge data"~~

~~hospital Name: (As on file at AHCA)~~

~~c. Hospital Number: (In the AHCA format)~~

~~d. Reporting Period for Discharges~~

~~e. Number excluding the Header and Trailer records~~

~~Tape Density: 1600 or 6250 BPI~~

~~File Format: (TAPES) EBCDIC or (DISKETTES) ASCII~~

~~h. Filename: Data reported on diskettes or CD-ROM shall be reported in the following format: dddqyy.txt where dddd=data type; q=quarter (1-4); yy=year FILENAME EXAMPLE: PD10394.TXT~~

~~i. IBM Labeled tapes require the label identifier (name)~~

(a)~~(b)~~ Internet Transmission: The Internet address for the receipt of inpatient data is www.fdhc.state.fl.us. ~~reports is: Internet transmission specifications are:~~

~~1. The file shall contain a complete set of inpatient discharge data for the reporting quarter.~~

(b)~~2.~~ Data ~~Reports~~ submitted to the Internet address shall be electronically transmitted with the inpatient data in XML ~~a text (ASCII)~~ file using the Inpatient Data XML Schema available at www.fdhc.state.fl.us. The Inpatient Data XML Schema is incorporated by reference. ~~Each record of the text file must be terminated with a carriage return (hex '0D') and line feed mark (hex '0A').~~

(c)~~3.~~ The data in the XML ~~text~~ file shall contain the ~~same~~ data elements, ~~elements and~~ codes, ~~the same record layout~~ and ~~meet the same data~~ standards required ~~for tapes or diskettes mailed to the agency as described~~ in Rules 59E-7.014 and 59E-7.016, F.A.C.

~~(c) All acute, intensive care, and short term psychiatric live discharges and deaths including newborn live discharges and deaths shall be reported.~~

~~(d) Submit one record per inpatient discharge, to include all newborn admissions, transfers, and deaths.~~

(9) through (10) No change.

(11) Changes or corrections to hospital data will be accepted from hospitals to improve their data quality for a period of eighteen (18) months following the initial submission of data. The Administrator, Office of Data Collection, may grant approval for resubmitting previously certified data in response to a written request signed by the hospital's chief executive officer or chief financial officer. The reason for the changes or corrections must be specified in the written request.

(12) No change.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.08(1), 408.08(2), 408.15(11) FS. History–New 12-15-96, Amended 1-4-00, Amended 7-11-02, _____.

59E-7.014 Inpatient Data Format – Data Elements, Codes and Standards ~~Elements and Formatting Requirements~~.

~~(1) Codes for Data Elements. A detailed explanation of each data element is provided in this rule, which provides specific guidance as to the formatting of each data element submitted in each record.~~

(1)~~(a)~~ HEADER RECORD. The first record in the data file shall be a header record containing the information described below. ~~This record must precede any/all documentation submitted for inpatient discharge data records. If the header record is not included in the data file the tape/diskette will not run.~~

(a)~~1.~~ Transaction Code. Enter Q for a calendar quarter report or S for a report period other than a calendar quarter where the special report is requested or authorized by the Agency to receive data corrections. A required field. ~~A required single character alpha identifier used by the hospital to establish the classification of data being submitted. The identifier must be "H". File is rejected if missing or wrong.~~

(b)~~2.~~ Report ~~Reporting~~ Year. Enter the year of the data in the format YYYY where YYYY represents the year in four (4) digits. A required field. ~~A required four digit field to be used for Submission Type (see 5. below) is I or R. File is rejected if missing or wrong.~~

(c)~~3.~~ Report ~~Reporting~~ Quarter. Enter the quarter of the data, 1, 2, 3 or 4, where 1 corresponds to the first quarter of the calendar year, 2 corresponds to the second quarter of the calendar year, 3 corresponds to the third quarter of the calendar year, and 4 corresponds to the fourth quarter of the calendar year. A required field. ~~A required single digit field to be used if Submission Type (see 5. below) is I or R. File is rejected if missing or wrong.~~

(d)~~4.~~ Data Type. Enter PD10 for Inpatient Data. A required field. ~~A required four character alphanumeric code (PD10) which identifies the type of data which follows the header record. Failure to submit, or submitting with zeros present, will result in a report which fails to run or has data assigned to the wrong category of data submission.~~

(e)~~5.~~ Submission Type. Enter I or R where I indicates an initial submission or resubmission of previously rejected data, R indicates a replacement submission of previously processed and accepted inpatient data where resubmission has been requested or authorized by the Agency. A required field. ~~A required single character alpha field which designates the type of inpatient discharge data included on the tape/diskette. Authorized codes for inpatient discharge data are:~~

~~I (Initial). This code is used for the first submission of an inpatient data set for the specified time period. This code should also be used when replacing previously rejected files. All data set Action Codes in subparagraph 59E-7.014(1)(b)2., F.A.C., must be set to "A".~~

~~R (Re-submission). This code is used to replace all accepted or partially accepted records for the specified time period. All data type Action Codes must be 'A'. All existing data for the time period will be deleted and replaced with the new data set.~~

~~M (Maintenance). All submissions which are not "I" or "R" will be considered to be maintenance type of actions. Data set Action Codes can be 'A' or 'D' or 'U'.~~

(f)~~6.~~ Processing Date. Enter the date that the data file was created in the format YYYY-MM-DD where MM represents numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. A required field. ~~An eight digit numeric field which specifies the date when the data on the tape was processed by the hospital. Must be in the MMDDCCYY format (e.g., 05101994). File is rejected if missing or wrong.~~

(g)~~7.~~ AHCA Hospital Number. Enter the identification number of the hospital as assigned by AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than twelve (12) digits. A required field. ~~Valid for up to ten alphanumeric characters. Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. Right justify, zero fill unused spaces. A required field; file is rejected if missing or wrong.~~

(h)~~8.~~ Florida License Number. Enter the Florida hospital license number provided by the AHCA Division of Health Quality Assurance. A required field. ~~Up to a ten character alphanumeric field for insertion of the hospital license number provided by the AHCA Division of Health Quality Assurance. Left justify, leave unused field spaces blank.~~ File will be ~~is~~ rejected if the license number is outdated, missing or wrong.

(i)~~9.~~ Provider Medicaid Number. Enter the hospital Medicaid Provider number assigned by the AHCA Medicaid Office. ~~Up to a ten character alphanumeric hospital number assigned by the AHCA Medicaid Office. Left justify, leave unused field spaces blank. File is rejected if improperly formatted, missing or wrong.~~

(j)~~10.~~ Provider Medicare Number (MPN). Enter the hospital Medicare Provider number assigned by the CMS Medicare Office. ~~Up to a ten character alphanumeric hospital number assigned by the HCFA Medicare office. Left justify, leave unused field spaces blank. File is rejected if improperly formatted, missing or wrong.~~

(k)~~11. Provider~~ Organization Name. Enter ~~Up to a forty character alphanumeric field containing~~ the name of the hospital that performed the inpatient service(s) represented by the ~~inpatient~~ data, and which is responsible for reporting the data. All questions regarding data accuracy and integrity will be referred to this entity. Up to a forty-character field. ~~Left justify, leave unused field spaces blank.~~ A required field.

(l)~~12. Provider~~ Contact Person Name. Enter ~~Up to a twenty-five character alpha field for~~ the name of the ~~designated hospital~~ contact person for the hospital ~~preparing and/or submitting inpatient discharge data~~. Submit name in the Last, First format. Up to a twenty-five-character field. ~~Left justify, leave unused field spaces blank.~~ A required field.

(m)~~13. Provider~~ Contact Phone Number. The area code, business telephone number, and if applicable, extension for the contact person. Enter the contact person's telephone number in the format (AAA)XXXXXXXEEEE where AAA is the area code, XXXXXXX represents the seven (7) digit phone number and EEEE represents the extension. Zero fill if no extension. ~~A ten-digit numeric field for entry of the business phone of the hospital contact representative (See 12. above). Include area code (3), phone number (7); e.g., 9041324675. Do not use hyphens. Right justify; fill all spaces.~~ A required field.

~~14. Provider Contact Phone Extension. An optional field up to four numeric digits for including a contact's extension number if applicable. Right justify; fill unused spaces with zeros.~~

(n) Contact Person E-Mail Address. Enter the e-mail address of the contact person.

(o) Contact Person Street or P. O. Box Address. Enter the mailing address of the contact person. Up to a forty-character field. A required field.

(p) Mailing Address City. Enter the city of the address of the contact person. Up to a twenty-five character field. A required field.

(q) Mailing Address State. Enter the state of the address of the contact person using the U.S. Postal Service state abbreviation in the format XX. Use the abbreviation FL for Florida. A required field.

(r) Mailing Address Zip Code. Enter the zip code of the address of the contact person in the format XXXXX-XXXX.

~~15. Submitter Organization Name. Up to a forty character alphanumeric field for entry of the name of the organization which prepares the hospital's discharge data submittal. Includes outside abstracting service or corporate office data preparers. Can be the hospital. Left justify, leave unused field spaces blank. A required field.~~

~~16. Submitter Contact Person. Up to a twenty five character alphanumeric field for the designated submitting organization's contact person responsible for submitting inpatient discharge data. Submit name in the Last, First format. Left justify, leave unused field spaces blank. A required field.~~

~~17. Submitter Contact Phone. A ten digit numeric field for entry of the business phone of the hospital contact representative. Include area code (3), phone number (7); e.g., 9041235764. Do not use hyphens. Right justify; fill all spaces. A required field.~~

~~18. Submitter Contact Phone Extension. An optional field up to four numeric digits for including a contact's extension number if applicable. Right justify; fill unused spaces with zeros.~~

~~19. Filler Space. A two hundred sixty three character space filled alphanumeric field. Only one (1) Header Record per hospital submission is required/acceptable.~~

(2)~~(b)~~ INDIVIDUAL DATA RECORDS ~~INPATIENT DATA ELEMENTS FORMAT AND EDIT CRITERIA~~. All data elements and data element codes listed below shall be reported consistent with the records of the reporting entity. Data elements and codes are listed with a description of the data to be reported and data standards. ~~This section contains the format for individual inpatient discharge data records required for each hospital discharge. All fields described are required and must be submitted unless otherwise designated as optional/discretionary fields.~~

~~1. Data Type. Four character alphanumeric field specifying the type of data submitted. Must match Field Element 4. in the Header Record. Use PD10. A required field; must be submitted for the hospital data tape/diskette to run.~~

~~2. Action Code. A single character alpha field designating the type of processing action to occur. A required field. Use one of the codes:~~

~~A – Add a new record.~~

~~D – Delete an existing record.~~

~~U – Update an existing record.~~

~~3. Reporting Quarter Code. A single digit numeric field which identifies the calendar quarter in which the discharges occurred using the following codes:~~

~~1 Represents January 1st through March 31st discharges.~~

~~2 Represents April 1st through June 30th discharges.~~

~~3 Represents July 1st through September 30th discharges.~~

~~4 Represents October 1st through December 31st discharges.~~

~~For submission types "I" and "R", the quarter must match Field Number 3 in the Header Record. A required field.~~

~~4. Reporting Year Code. A two digit numeric field which identifies the year in which the discharges occurred as noted in subparagraph 59E-7.014(1)(a)2., F.A.C., above.~~

~~For submission types "I" and "R", the year must match the Header Record Field Element 2. A required field.~~

(a)~~5.~~ AHCA Hospital Number. Enter the identification number of the hospital as assigned by AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than twelve (12) digits. A required field. ~~Valid for up to ten alphanumeric characters. Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. Right justified; zero fill unused spaces. A required field; must be submitted for the hospital submission to run.~~

(b)~~6.~~ Record Identification Number. An alpha-numeric code containing standard letters or numbers assigned by the facility as a unique identifier for each record submitted in the reporting period to facilitate storage and retrieval of individual case records. Up to seventeen (17) characters. Duplicate record identification numbers are not permitted. A required field. ~~A seventeen character alphanumeric code assigned by the hospital at the time of reporting as a unique identifier for each record submitted for each reporting period, to facilitate storage and retrieval of individual case records. Hospital must use standard letters and numbers; no __, #, @, $, *, ^, etc., are authorized. Left justified; space fill unused spaces.~~ The hospital must maintain a key list to locate actual records upon request by AHCA.

(c)~~7.~~ Patient ~~Inpatient~~ Social Security Number. Enter the social security number (SSN) of the patient receiving treatment. The SSN is a nine (9) digit number issued by the Social Security Administration. Reporting 000000000 is acceptable for newborns and infants up to two (2) years of age who do not have a SSN. Reporting 777777777 is acceptable for those patients where efforts to obtain the SSN have been unsuccessful and the patient is two (2) years of age or older and not known to be from a country other than the United States (U.S.). Reporting 555555555 is acceptable for non-U.S. Citizens who have not been issued a SSN. ~~The social security number (SSN) of the inpatient receiving treatment/services during this hospital stay. A nine digit numeric field to facilitate retrieval of individual case records, to be used to track inpatient readmissions, and for epidemiological or demographic research use. A SSN is required for each inpatient record if the patient is two (2) years of age or older except in cases of very old persons never issued a SSN, foreign visitors (including illegal aliens), and migrant workers (non citizens).~~ One SSN; one inpatient. DO NOT share SSNs in this field. A required entry. ~~(See also provisions in subparagraph 59E-7.014(3)(b)7., F.A.C.)~~

(d)~~8.~~ Patient Race or Ethnicity ~~Inpatient~~. Self-designated by the patient or patient's parent or guardian except code 8 indicating no response may be reported where efforts to obtain the information from the patient or from the patient's parent or guardian have been unsuccessful. A required entry. Must be a ~~A~~ one (1) digit code as follows:

~~A one digit code as follows:~~

1. 1 – American Indian or Alaska Native ~~1 American Indian/Eskimo/Aleut~~

2. 2 – Asian or Pacific Islander

3. 3 – Black or African American

4. 4 – White

5. 5 – White Hispanic ~~White~~

6. 6 – Black Hispanic ~~Black~~

7. 7 – Other – Use ~~(Use~~ if the patient's self-designated race or ethnicity ~~patient~~ is not described by the above categories.~~)~~

8. 8 – No Response – Use ~~(Use~~ if the patient refuses or fails to disclose.~~)~~

(e)~~9.~~ Patient ~~Inpatient~~ Birth Date. The date of birth of the patient. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. Age greater than one hundred twenty (120) years is not permitted unless verified by the reporting entity. A birth date after the discharge date is not permitted. A required entry. ~~An eight digit field in MMDDCCYY format. (e.g., May 10, 1932 = 05101932)~~

(f)~~10.~~ Patient Gender ~~Inpatient Sex~~. The gender of the patient. A required entry. Must be a one digit code as follows: ~~A one digit code as follows:~~

1. 1-Male

2. 2-Female

3. 3-Unknown – Use where efforts to obtain the information have been unsuccessful or where the patient's gender cannot be determined due to a medical condition. ~~(Use if unknown due to medical condition.)~~

(g)~~11.~~ Patient ~~Inpatient~~ Zip Code. The five (5) digit United States Postal Service ZIP Code of the patient's permanent residence. Use 00009 for foreign residences. Use 00007 for homeless patients. Use 00000 where efforts to obtain the information have been unsuccessful. A required entry. ~~A five digit U.S. Postal Service approved zip code of the inpatient's permanent address – (See also Element 11., subsection 59E-7.014(3)(b), F.A.C.~~

(h) Patient Country Code – Enter the country code of the patient's country of origin if SSN code 555555555 is entered or Zip Code 00009 is entered for patient. Country codes shall be the three (3) digit country code designated by the United Nations Statistics Division – Country and Region Codes web address – http://unstats.un.org/unsd/methods/m49/m49alpha.htm. A country code of 000 will be accepted where efforts to obtain the country of origin have been unsuccessful.

(i)~~12.~~ Type of Admission. The scheduling priority of the admission. A required entry. Must be a ~~A~~ one digit code as follows:

1. 1 – Emergency – The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions.

2. 2 – Urgent – The patient requires attention for the care and treatment of a physical or mental disorder.

3. 3 – Elective – The patient's condition permits adequate time to schedule the availability of a suitable accommodation.

4. 4 – Newborn – Use of this code requires the use of special source of admission codes. (See also subsections 59E-7.014(2)(j),(10)-(13), F.A.C.

5. 5 – Trauma Center ~~Other~~ – Trauma activation at a State of Florida designated trauma center.

(j)~~13.~~ Source of Admission. Must be a ~~A~~ two (2) digit code as follows, where codes 10 through 13 are to be used for newborn admissions, codes 1 through 8 are to be used for any admission that is not a newborn, code 9 is used where the source of admission is not known, and code 14 is used where the source of admission is other than code 1 through code 13. A required field. ~~as follows:~~

~~Codes for inpatient admissions:~~

1. 01 – Physician referral – The patient was admitted to this facility upon the recommendation of the patient's personal physician.

2. 02 – Clinic referral – The patient was admitted to this facility upon recommendation of this facility's clinic physician.

3. 03 – HMO referral – The patient was admitted to this facility upon the recommendation of a health maintenance organization physician.

4. 04 – Transfer from a hospital – The patient was admitted to this facility as a transfer from an acute care facility where the patient was an inpatient.

5. 05 – Transfer from a skilled nursing facility – The patient was admitted to this facility from a skilled nursing facility where the patient was at a skilled level of care.

6. 06 – Transfer from another health care facility – The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility.

7. 07 – Emergency Room – The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.

8. 08 – Court/Law Enforcement – The patient was admitted upon the direction of a court of law, or upon the request of a law enforcement Agency representative.

9. 09 – Information Not Available ~~Other~~ – The means by which the patient was admitted to this hospital is not known.

Codes required for newborn admissions (Type of Admission=4):

10. 10 – Normal delivery – A baby delivered without complications.

11. 11 – Premature delivery – A baby delivered with time or weight factors qualifying it for premature status.

12. 12 – Sick Baby – A baby delivered with medical complications, other than those relating to premature status.

13. 13 – Extramural – A newborn born in a non-sterile environment.

14. 14 – Other – The source of admission is not described by 1. through 13 above.

(k)~~14.~~ Admission Date. The date the patient was admitted to the reporting facility. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the

month from 01 to 31, and YYYY represents the year in four (4) digits. Admission date must equal or precede the discharge date. A required entry. ~~A six digit field in MMDDYY format.~~

(l)~~15.~~ Discharge Date. The date the patient was discharged from the reporting facility. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. Discharge date must equal or follow the admission date, and discharge date must occur within the reporting period as shown on the header record. A required entry. ~~A six digit field in MMDDYY format.~~

(m)~~16.~~ Patient ~~Inpatient~~ Discharge Status. Patient disposition at discharge. A required entry. Must be a ~~A~~ two (2) digit code as follows:

1. 01 – Discharged to home or self-care (with or without planned outpatient medical care) ~~Home~~

2. 02 – Discharged to a short-term general hospital

3. 03 – Discharged to a skilled nursing facility

4. 04 – Discharged to an intermediate care facility

5. 05 – Discharged to another type of institution (psychiatric, cancer or children's hospital or distinct part unit)

6. 06 – Discharged to home under care of home health care organization

7. 07 – Left this hospital against medical advice (AMA) or discontinued care ~~(AMA)~~

8. 08 – Discharged home under care of home IV provider on IV medications

9. 20 – Expired

10. 50 – Discharged to hospice – home ~~(Required for discharges occurring on or after January 1, 2003.)~~

11. 51 – Discharged to hospice – medical facility ~~(Required for discharges occurring on or after January 1, 2003.)~~

12. 62 – Discharged to an inpatient rehabilitation facility including distinct part units of a hospital.

13. 63 – Discharged to a Medicare certified long term care hospital.

(n)~~17.~~ Principal Payer Code. Describes the primary source of expected reimbursement for services rendered. A required entry. Must be a ~~A~~ one (1) character alpha field using upper case as follows:

1. A – Medicare

2. B – Medicare HMO

3. C – Medicaid

4. D – Medicaid HMO

5. E – Commercial Insurance

6. F – Commercial HMO

7. G – Commercial PPO

8. H – Workers' Compensation

9. I – CHAMPUS

10. J – VA

11. K – Other State/Local Government

12. L – Self Pay/Under-insured – No ~~(no~~ third party coverage or less than 30% estimated insurance coverage. ~~coverage)~~

13. M – Other

14. N – Charity

15. O – KidCare – Includes (~~Report~~ Healthy Kids, MediKids and Children's Medical Services. ~~Required for discharges occurring on or after January 1, 2003.)~~

(o)~~18.~~ Principal Diagnosis Code. The code representing the diagnosis established, after study, to be chiefly responsible for occasioning the admission. Principal Diagnosis code must contain a valid ICD-9-CM or ICD-10-CM code for the reporting period. Inconsistency between the principal diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the principal diagnosis code and patient age must be verified by the reporting entity. A diagnosis code cannot be used more than once as a principal or other diagnosis for each hospitalization reported. The code must be entered with a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. A required entry. ~~The ICD-9-CM code for the principal diagnosis. Up to a five character alphanumeric field. Principal diagnosis is the condition established, after study, to be chiefly responsible for occasioning the inpatient hospitalization. Use acceptable V-codes as appropriate. Left justified, no decimal.~~

(p)~~19. through 27.~~ Co-morbidity ~~Other~~ Diagnosis Code (1), Co-morbidity Diagnosis Code (2), Co-morbidity Diagnosis Code (3), Co-morbidity Diagnosis Code (4), Co-morbidity Diagnosis Code (5), Co-morbidity Diagnosis Code (6), Co-morbidity Diagnosis Code (7), Co-morbidity Diagnosis Code (8), and Co-morbidity Diagnosis Code (9). ~~Codes.~~ A code representing a condition present at admission that is related to the services provided during the hospitalization. No more than nine (9) co-morbidity diagnosis codes may be reported. Less than nine (9) entries or no entry is permitted consistent with the records of the reporting entity. Must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period. Inconsistency between the co-morbidity diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the co-morbidity diagnosis code and patient age must be verified by the reporting entity. A co-morbidity diagnosis code cannot be used more than once as a principal or co-morbidity or complication diagnosis for each hospitalization reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. ~~Optional fields determined by the presence of additional diagnoses in hospital inpatient records. ICD-9-CM codes describing other factors contributing to the inpatient's stay in the hospital. A three to five character alphanumeric field; left-justified or space filled, no decimal. Cannot duplicate the Principal Diagnosis code. More than one of the~~

~~same code will not be accepted. Enter E-codes and V-codes in these spaces. E-codes permit classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. Where E-code is applicable, it is intended that it shall be used in addition to a code from one of the main Chapters of ICD-9-CM, indicating the nature of the condition. Make certain that blank spaces are not interspersed between consecutive fields with codes.~~

(q) Complication Diagnosis Code (1), Complication Diagnosis Code (2), Complication Diagnosis Code (3), Complication Diagnosis Code (4), Complication Diagnosis Code (5), Complication Diagnosis Code (6), Complication Diagnosis Code (7), Complication Diagnosis Code (8), and Complication Diagnosis Code (9). A code representing a condition not present at admission that is related to the services provided during the hospitalization. No more than nine (9) complication diagnosis codes may be reported. Less than nine (9) entries or no entry is permitted consistent with the records of the reporting entity. Must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period. Inconsistency between the complication diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the complication diagnosis code and patient age must be verified by the reporting entity. A complication diagnosis code cannot be used more than once as a principal or co-morbidity or complication diagnosis for each hospitalization reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(r)~~28.~~ Principal Procedure Code. The code representing the procedure most related to the principal diagnosis. No entry is permitted consistent with the records of the reporting entity. Must contain a valid ICD-9-CM or ICD-10-CM procedure code for the reporting period. If a principal procedure date is reported, a valid principal procedure code must be reported. Inconsistency between the principal procedure code and patient sex must be verified by the reporting entity. Inconsistency between the principal procedure code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. ~~An optional field dependent upon the presence of procedures during the episode of care. Must be a valid ICD-9-CM which describes the procedure most related to the principal diagnosis. A three or four character alphanumeric field; left-justified or space-filled, no decimal. Field must be coded if a date is present in element 29.~~

(s)~~29.~~ Principal Procedure Date. The date when the principal procedure was performed. If a principal procedure is reported, a principal procedure date must be reported. No entry is permitted if no principal procedure is reported consistent with the records of the reporting entity. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. The principal procedure date must be less than four (4) days prior to the admission date and not later than the discharge date. ~~A required six-digit field in MMDDYY format if a principal procedure code is present in element 28.~~

(t)~~30. through 38.~~ Other Procedure Code (1), Other Procedure Code (2), Other Procedure Code (3), Other Procedure Code (4), Other Procedure Code (5), Other Procedure Code (6), Other Procedure Code (7), Other Procedure Code (8), and Other Procedure Code (9) ~~Codes~~. A code representing a procedure provided during the hospitalization. If no principal procedure is reported, an other procedure code must not be reported. No more than nine (9) other procedure codes may be reported. Less than nine (9) or no entry is permitted consistent with the records of the reporting entity. Must be a valid ICD-9-CM or ICD-10-CM procedure code for the reporting period. Inconsistency between the procedure code and patient sex must be verified by the reporting entity. Inconsistency between the procedure code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. ~~Entry is optional dependent upon the presence of multiple operative procedures. ICD-9-CM codes describing other procedures which may have been performed on the inpatient. A Principal Procedure must be recorded, or Other Procedures will not be accepted. A three to four character alphanumeric field; left justified, no decimal. Make certain that blank spaces are not interspersed between consecutive fields with codes.~~

(u) Ambulatory Surgery Procedure Code (1), Ambulatory Surgery Procedure Code (2), Ambulatory Surgery Procedure Code (3), Ambulatory Surgery Procedure Code (4), Ambulatory Surgery Procedure Code (5), Ambulatory Surgery Procedure Code (6), Ambulatory Surgery Procedure Code (7), Ambulatory Surgery Procedure Code (8), and Ambulatory Surgery Procedure Code (9). A code representing a procedure performed during ambulatory surgery at this hospital no more than seventy-two (72) hours prior to admission. Less than nine (9) or no entry is permitted consistent with the records of the reporting entity. Entry must be a valid ICD-9-CM or ICD-10-CM procedure code for the reporting period. Inconsistency between the procedure code and patient sex must be verified by the reporting entity. Inconsistency between the procedure code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(v)~~39.~~ Attending Physician Identification ~~ID~~ Number. The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced

registered nurse practitioner who had primary responsibility for the patient's medical care and treatment or who certified as to the medical necessity of the services rendered. For military physicians not licensed in Florida, use US. A required entry. ~~An eleven character alphanumeric field. A required physician identification number, using the State of Florida AHCA issued license number; e.g., FLME1298465. The prefix abbreviation "FL" must be included for it to be a valid identifier. The attending physician is normally that physician having primary responsibility for the inpatient's admission, care and treatment plan, or who certifies to medical necessity.~~

~~40. Blank Field. A six character alpha-numeric field to be left blank.~~

(w)~~41.~~ Operating or Performing Physician Identification ~~ID~~ Number. The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who had primary responsibility for the principal procedure performed. The operating or performing physician may be the attending physician. For military physicians not licensed in Florida, use US. No entry is permitted if no principal procedure is reported consistent with the records of the reporting entity. ~~An eleven character alphanumeric field. An optional field depending on the presence of a principal procedure, using the physician identification code issued by the State of Florida; the AHCA issued license number; e.g., FLME1368143. The abbreviation prefix "FL" must be included for a valid identifier. The physician ID is required anytime that an operative procedure is performed on the inpatient. The operating physician is normally the surgeon scheduling surgery and/or the principal surgeon responsible. Can also be the attending physician.~~

~~42. Blank Field. A six character alphnumeric field to be left blank.~~

(x) Other Physician Identification Number – The Florida license number of a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who rendered care to the patient other than the attending physician, operating or performing physician. For military physician not licensed in Florida, use US. No entry is permitted consistent with the records of the reporting entity.

(y) Room and Board Charges. Routine service charges incurred for accommodations. Charges grouped by revenue code 11X through 16X as used in the UB-92 or UB-04. Charges to be reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Room and Board Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(z) Nursery Charges. Accommodation charges for nursing care to newborn and premature infants in nursery. Charges grouped by revenue code 17X as used in the UB-92 or UB-04 excluding Level III charges. Charges to be reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Nursery Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(aa) Level III Nursery Charges. Accommodation charges for nursing care to newborn and premature infants for Level III nursery charges. Charges grouped by revenue code 173 (Level III) as used in the UB-92 or UB-04. Charges to be reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Level III Nursery Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(bb) Intensive Care Charges. Routine service charges for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit. Exclude neonatal intensive care charges reported as a Level III Nursery Charge. Charges grouped by revenue code 20X as used in the UB-92 or UB-04. Reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no intensive cares charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(cc) Coronary Care Charges. Routine service charges for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the general medical unit. Charges grouped by revenue code 21X as used in the UB-92 or UB-04. Reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Coronary care charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(dd) Pharmacy Charges. Charges for medication. Charges grouped by revenue code 25X or 63X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no pharmacy charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ee) Medical and Surgical Supply Charges. Charges for supply items required for patient care. Charges grouped by revenue code 27X or 62X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no medical and surgical supply charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ff) Laboratory Charges. Charges for the performance of diagnostic and routine clinical laboratory tests and for diagnostic and routine tests in tissues and culture. Charges grouped by revenue code 30X or 31X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no laboratory charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(gg) Radiology or Other Imaging Charges. Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging, nuclear medicine, and chemotherapy administration of radioactive substances. Charges grouped by revenue code 32X through 35X and 40X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no radiology or other imaging charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(hh) Cardiology Charges. Facility charges for cardiac procedures rendered such as, but not limited to, heart catheterization or coronary angiography. Reported in dollars numerically without dollar signs or commas, excluding cents. Charges grouped by revenue code 48X as used in the UB-92 or UB-04. Report zero (0) if there are no cardiology charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ii) Respiratory Services or Pulmonary Function Charges. Charges for administration of oxygen, other inhalation services, and tests that evaluate the patient's respiratory capacities. Charges grouped by revenue code 41X or 46X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no respiratory service or pulmonary function charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(jj) Operating Room Charges. Charges for the use of the operating room. Charges grouped by revenue code 36X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no operating room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(kk) Anesthesia Charges. Charges for anesthesia services by the facility. Charges grouped by revenue code 37X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no anesthesia charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ll) Recovery Room Charges. Charges for the use of the recovery room. Charges grouped by revenue code 71X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no recovery room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(mm) Labor Room Charges. Charges for labor and delivery room services. Charges grouped by revenue code 72X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no labor room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(nn) Emergency Room Charges. Charges for medical examinations and emergency treatment. Charges grouped by revenue code 45X used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no emergency room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(oo) Trauma Response Charges. Charges for a trauma team activation. Charges grouped by revenue code 68X used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no trauma response charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(pp) Treatment or Observation Room Charges. Charges for use of a treatment room or for the room charge associated with observation services. Charges grouped by revenue code 68X used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no treatment or observation room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(qq) Behavioral Health Charges. Charges for behavioral health treatment and services. Charges grouped by revenue code 90X though 91X or 100X used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(rr) Oncology. Charges for treatment of tumors and related diseases. Charges grouped by revenue code 28X used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no oncology charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ss) Physical and Occupational Therapy Charges. Charges for physical, occupational or speech therapy grouped by revenue code 42X through 44X used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

~~43. through 65. Charges grouped by revenue code as used in the UB-92. A required field up to eight digits, right justified. If inpatient accounts contain billing charges in matching revenue code fields, data for each specific revenue code must be submitted. Zero fill only if no charges exist in the respective revenue code field. All decimals rounded to the nearest dollar. Negative amounts are not accepted. Codes utilized will be~~

~~aggregated under the categories listed in the UB-92 manual (e.g., Revenue code 112 is reported in the (11X) group; code 303 is reported in the (30X) group; and so forth).~~

(tt)~~66.~~ Other ~~"Other" Revenue~~ Charges. Other facility charges not included in (y) to (ss) above. ~~A required field up to eight digits containing an aggregate dollar amount charged to the inpatient account~~ Include charges that are not reflected in any of the preceding specific revenue accounts in the UB-92 or UB-04. ~~(Field Elements 43. 65.). Total is rounded to the nearest dollar. Right justify; no negative amounts.~~ DO NOT include charges from revenue codes 96X, 97X, 98X, or 99X in the UB-92 or UB-04 for ~~because these charges are~~ professional fees and personal convenience items ~~not carried in all hospital billing information~~. ~~Zero fill if "Other" charges do not exist.~~ Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no other charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(uu)~~67.~~ Total Gross Charges. The total of undiscounted charges for services rendered by the hospital. Include charges for services rendered by the hospital excluding professional fees. The sum of all charges reported above (y) through (tt) must equal total charges, plus or minus ten (10) dollars. Reported in dollars numerically without dollar signs or commas, excluding cents. Zero (0) or negative amounts are not permitted unless verified separately by the reporting entity. A required entry. ~~A required field up to ten digits, right justified. Displays the total inpatient charges (dollars) before any discounts, rounded to the nearest dollar. No negative numbers. Must equal the sum of all of the Charges By Revenue Code reported; Fields 43 through 66.~~

(vv)~~68.~~ Infant Linkage Identifier. The social security number of the patient's birth Mother where the patient is less than two (2) years of age. A nine (9) digit field to facilitate retrieval of individual case records, to be used to link infant and mother records, and for medical research. Reporting 777777777 for the Mother's SSN is acceptable for those patients where efforts to obtain the Mother's SSN have been unsuccessful and the Mother is not known to be from a country other than the United States. Reporting 555555555 is acceptable if the infant's Mother is not a U.S. Citizen and has not been issued a SSN. Infants in the custody of the State of Florida or adoptions, use 333333333 if the birth mother's SSN is not available. A required field for patients whose age is less than two (2) years of age at time of discharge. ~~A required field for patients less than two (2) years of age. A nine digit numeric field. Use the birth mother's (preferred) or father's (acceptable) SSN. CAUTION: If the patient is two (2) years of age or older, this field is zero filled. To be used only for research purposes to link infants with their respective mother. (Linkage identifiers for infants one year of age and older and less than two years are required beginning with discharges occurring on or after January 1, 2003.)~~

(ww) Admitting Diagnosis. The diagnosis provided by the admitting physician at the time of admission, which describes the patient's condition upon admission or purpose of admission. Must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period. Inconsistency between the admitting diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the admitting diagnosis code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. A required entry.

(xx) External Cause of Injury Code (1), External Cause of Injury Code (2), and External Cause of Injury Code (3). A code representing circumstances or conditions as the cause of the injury, poisoning, or other adverse effects recorded as a diagnosis. No more than three (3) external cause of injury codes may be reported. Less than three (3) or no entry is permitted consistent with the records of the reporting entity. Entry must be a valid ICD-9-CM or ICD-10-CM cause of injury code for the reporting period. An external cause of injury code cannot be used more than once for each hospitalization reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(yy) Infection Code (1), Infection Code (2), Infection Code (3), Infection Code (4), Infection Code (5), Infection Code (6), Infection Code (7), Infection Code (8), and Infection Code (9). A code representing an incident of nosocomial infection resulting from a surgical, or from an infusion, injection, transfusion, or vaccination site or occurring post operatively or due to an internal prosthetic device, implant or graft including inflammatory reaction. Entry must be a valid ICD-9-CM or ICD-10-CM code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. Report up to nine (9) infection codes. Less than nine (9) infection codes or no entry is permitted consistent with the records of the reporting entity.

(zz) Hour of Arrival. The hour on a twenty four (24) hour clock during which the patients registration in the admission department occurred. A required entry. Use 99 where the patient was not admitted through the emergency department or where efforts to obtain the information have been unsuccessful. Must be two (2) digits as follows:

1. 00 – 12:00 midnight to 12:59
2. 01 – 01:00 to 01:59
3. 02 – 02:00 to 02:59
4. 03 – 03:00 to 03:59
5. 04 – 04:00 to 04:59
6. 05 – 05:00 to 05:59
7. 06 – 06:00 to 06:59
8. 07 – 07:00 to 07:59

9. 08 – 08:00 to 08:59
10. 09 – 09:00 to 09:59
11. 10 – 10:00 to 10:59
12. 11 – 11:00 to 11:59
13. 12 – 12:00 noon to 12:59
14. 13 – 01:00 to 01:59
15. 14 – 02:00 to 02:59
16. 15 – 03:00 to 03:59
17. 16 – 04:00 to 04:59
18. 17 – 05:00 to 05:59
19. 18 – 06:00 to 06:59
20. 19 – 07:00 to 07:59
21. 20 – 08:00 to 08:59
22. 21 – 09:00 to 09:59
23. 22 – 10:00 to 10:59
24. 23 – 11:00 to 11:59
25. 99 – Unknown.

(aaa) Readmission Indicator Code. The readmission status of the patient. A required field. Must be a one (1)-digit code as follows:

1. 1. – Readmission 72 Hours – The patient was discharged from the reporting hospital and readmitted to the reporting hospital within seventy-two (72) hours or less than seventy-two (72) hours of initial discharge.

2. 2. – Readmission 30 Days – The patient was discharged from the reporting hospital and readmitted to the reporting hospital within thirty (30) days of initial discharge and more than seventy-two (72) hours of discharge.

3. 3. – No Readmission – The patient has not been admitted or discharged from the reporting hospital within thirty (30) days of this admission to the reporting hospital.

~~69. Filler. A sixty-two character space filled alpha field.~~

(3)~~(c)~~ TRAILER RECORD. The last record in the data file shall be a trailer record and must accompany each data set. Report only the total number of patient data records contained in the file, excluding header and trailer records. The number entered must equal the number of records processed. ~~This record must follow any/all documentation submitted for hospital inpatient discharge data records as described in paragraph 59E-7.014(1)(b), F.A.C. Elements 2. through 5. must match their counterpart elements in the Header Record, paragraph 59E-7.014(1)(a), F.A.C., else the file will reject. Failure to include will cause the data file to fail and be rejected.~~

~~1. Transaction Code. A required single character alpha identifier used by the hospital to establish the end of the file, and to set up a program check for accuracy of file input. The authorized identifier for the filed is "T". File is rejected if missing or wrong.~~

~~2. AHCA Hospital Number. Up to ten character alphanumeric field which specifies the hospital number now in effect and/or as assigned by the AHCA. Must be either the 100xxx or 11xxxx format or as specified by AHCA. A required field. File is rejected if missing, wrong, or does not match Header Record.~~

~~3. Florida License Number. Up to a ten character alphanumeric field for insertion of the hospital license number provided by the AHCA Division of Health Quality Assurance. Left justify, leave unused field spaces blank. Must match counterpart field in Header file. A required field. File is rejected if the license number is invalid, outdated, missing or wrong.~~

~~4. Provider Medicaid Number. Up to a ten character alphanumeric hospital number assigned by the AHCA Medicaid office. A required field. File is rejected if improperly formatted, missing or wrong.~~

~~5. Provider Medicare Number (MPN). Up to a ten character alphanumeric hospital number assigned by the HCFA Medicare office. A required field. Must match counterpart field in Header file. Left justify, leave unused field spaces blank. File is rejected if improperly formatted, missing or wrong.~~

~~6. Provider Street Address. Up to a forty character alphanumeric field containing the address of the Provider Hospital. Left justify, leave unused field spaces blank. A required field.~~

~~7. Provider City Address. Up to twenty-five character alphanumeric field for the city in which the hospital is located. A required field.~~

~~8. Provider State. A two character alpha field designating the state in which the hospital is located using the approved U.S. Postal Service state abbreviation; use the abbreviation "FL". A required field.~~

~~9. Provider Zip Code. A five digit numeric field for recording the hospital zip code. A required field.~~

~~10. Submitter Street Address. Up to a forty character alphanumeric field containing the address of the data submitter. A required field.~~

~~11. Submitted City Address. Up to twenty-five character alphanumeric field for the city in which the data submitter is located. A required field.~~

~~12. Submitter State. A two character alpha field designating the state in which the data submitter is located using the approved U.S. Postal Service state abbreviation; use the abbreviation, for example, "FL". A required field.~~

~~13. Submitter Zip Code. A five digit numerical field for recording the submitting organization's zip code. A required field.~~

~~14. Number of Records. A required nine digit numerical field recording the total number of records included in the file, excluding Header and Trailer records.~~

~~15. Filler Space. A two hundred eighty six character space filled alpha field.~~

~~(2) Layout for Reporting. The required inpatient discharge record data reporting layout is presented in 3 sections.~~

(a) HEADER RECORD. A required record inserted at the beginning of the tape/diskette. Must be present for the tape to run. Contains 480 characters with the following layout of fields:

NO.	DATA ELEMENT	TYPE	JUST	SIZE	FIELD POSITIONS
1.	TRANSACTION CODE (H)	A	L	1	1
2.	REPORTING YEAR	N	R	4	2-5
3.	REPORTING QUARTER	N	R	1	6
4.	DATA TYPE (PD10)	A/N	L	4	7-10
5.	SUBMISSION TYPE	A	L	1	11
6.	PROCESSING DATE	N	R	8	12-19
7.	AHCA HOSPITAL NUMBER	A/N	R	10	20-29
8.	FLORIDA LICENSE NUMBER	A/N	L	10	30-39
9.	PROVIDER MEDICAID NUMBER	A/N	L	10	40-49
10.	PROVIDER MEDICARE NUMBER	A/N	L	10	50-59
11.	PROVIDER ORGANIZATION	A/N	L	40	60-99
12.	PROVIDER CONTACT NAME	A	L	25	100-124
13.	CONTACT PERSON TELEPHONE #	N	R	10	125-134
14.	CONTACT TELEPHONE EXTENSION	N	R	4	135-138
15.	SUBMITTER ORGANIZATION NAME	A/N	L	40	139-178
16.	SUBMITTER CONTACT NAME	A/N	L	25	179-203
17.	SUBMITTER CONTACT TELEPHONE #	N	R	10	204-213
18.	CONTACT TELEPHONE EXTENSION	N	R	4	214-217
19.	FILLER SPACE	A/N	L	263	218-480

(b) HOSPITAL INPATIENT DISCHARGE DATA RECORDS. Contains the required record layout of Inpatient Discharge Data elements which make up each inpatient discharge record, having an individual record length of 480 characters.

NO.	DATA ELEMENT	TYPE	JUST	SIZE	FIELD POSITIONS
1.	DATA TYPE (PD10)	A/N	L	4	1-4
2.	ACTION CODE	A	L	1	5
3.	REPORTING QUARTER	N	R	1	6
4.	REPORTING YEAR	N	R	2	7-8
5.	AHCA HOSPITAL NUMBER	A/N	R	10	9-18
6.	RECORD ID NUMBER	A/N	L	17	19-35
7.	INPATIENT SOCIAL SECURITY NUMBER	N	R	9	36-44
8.	INPATIENT RACE	N	R	1	45
9.	INPATIENT BIRTHDATE	N	R	8	46-53
10.	INPATIENT SEX	N	R	1	54
11.	INPATIENT ZIP CODE	N	R	5	55-59
12.	TYPE OF ADMISSION	N	R	1	60
13.	SOURCE OF ADMISSION	N	R	2	61-62
14.	ADMISSION DATE	N	R	6	63-68
15.	DISCHARGE DATE	N	R	6	69-74
16.	INPATIENT DISCHARGE STATUS	N	R	2	75-76
17.	PRINCIPAL PAYER CODE	A	L	1	77
18.	PRINCIPAL DIAGNOSIS CODE	A/N	L	5	78-82
19.	OTHER DIAGNOSIS CODE	A/N	L	5	83-87
20.	OTHER DIAGNOSIS CODE	A/N	L	5	88-92
21.	OTHER DIAGNOSIS CODE	A/N	L	5	93-97
22.	OTHER DIAGNOSIS CODE	A/N	L	5	98-102
23.	OTHER DIAGNOSIS CODE	A/N	L	5	103-107
24.	OTHER DIAGNOSIS CODE	A/N	L	5	108-112
25.	OTHER DIAGNOSIS CODE	A/N	L	5	113-117
26.	OTHER DIAGNOSIS CODE	A/N	L	5	118-122
27.	OTHER DIAGNOSIS CODE	A/N	L	5	123-127
28.	PRINCIPAL PROCEDURE CODE	A/N	L	4	128-131
29.	PRINCIPAL PROCEDURE DATE	N	R	6	132-137
30.	OTHER PROCEDURE	A/N	L	4	138-141
31.	OTHER PROCEDURE	A/N	L	4	142-145
32.	OTHER PROCEDURE	A/N	L	4	146-149
33.	OTHER PROCEDURE	A/N	L	4	150-153
34.	OTHER PROCEDURE	A/N	L	4	154-157
35.	OTHER PROCEDURE	A/N	L	4	158-161
36.	OTHER PROCEDURE	A/N	L	4	162-165
37.	OTHER PROCEDURE	A/N	L	4	166-169
38.	OTHER PROCEDURE	A/N	L	4	170-173
39.	ATTENDING PHYS ID #	A/N	L	11	174-184
40.	BLANK FIELD	A/N	L	6	185-190
41.	OPERATING PHYS ID #	A/N	L	11	191-201
42.	BLANK FIELD	A/N	L	6	202-207
43.	ROOM & BOARD CHARGE CODE (11X to 16X)	N	R	8	208-215
44.	NURSERY CHARGE CODE (17X)	N	R	8	216-223
45.	ICU CHARGE CODE (20X)	N	R	8	224-231
46.	CCU CHARGE CODE (21X)	N	R	8	232-239
47.	PHARMACY CHARGE CODE (25X)	N	R	8	240-247
48.	MED/SURG SUPPLIES CODE (27X)	N	R	8	248-255
49.	ONCOLOGY CHARGE CODE (28X)	N	R	8	256-263
50.	LABORATORY CHARGE CODE (30X)	N	R	8	264-271
51.	PATHOLOGY CHARGE CODE (31X)	N	R	8	272-279
52.	DIAGNOSTIC RAD. CHARGE CODE (32X)	N	R	8	280-287
53.	THERAPEUTIC RAD. CHARGE CODE (33X)	N	R	8	288-295
54.	NUC. MED. CHARGE CODE (34X)	N	R	8	296-303
55.	CT SCAN CHARGE CODE (35X)	N	R	8	304-311

56.	O.R. SVCS. CHARGE CODE (36X)	N	R	8	312-319
57.	ANESTHESIA CHARGE CODE (37X)	N	R	8	320-327
58.	RESP. THERAPY CHARGE CODE (41X)	N	R	8	328-335
59.	PHYS. THERAPY CHARGE CODE (42X)	N	R	8	336-343
60.	OCCUP. THERAPY CHARGE CODE (43X)	N	R	8	344-351
61.	E.R. SVC. CHARGE CODE (45X)	N	R	8	352-359
62.	CARDIOLOGY CHARGE CODE (48X)	N	R	8	360-367
63.	MRI CHARGE CODE (61X)	N	R	8	368-375
64.	RECOVERY ROOM CHARGE CODE CHARGES (71X)	N	R	8	376-383
65.	LABOR ROOM CHARGE CODE CHARGES (72X)	N	R	8	384-391
66.	"OTHER" REVENUE CODE CHARGES	N	R	8	392-399
67.	TOTAL GROSS CHARGES	N	R	10	400-409
68.	INFANT LINKAGE IDENTIFIER	N	R	9	410-418
69.	FILLER	A	62	419-480	

(c) TRAILER RECORD. Is a required record inserted at the end of the tape/diskette. If field numbers 2 through 5 do not match their counterpart fields in the HEADER RECORD, the file will reject. Contains 480 characters with the following layout of fields:

NO.	DATA ELEMENT	TYPE	JUST	SIZE	FIELD POSITIONS
1.	TRANSACTION CODE (T)	A	L	1	1
2.	AHCA HOSPITAL NUMBER	A/N	R	10	2-11
3.	FLORIDA LICENSE NUMBER	A/N	L	10	12-21
4.	PROVIDER MEDICAID NUMBER	A/N	L	10	22-31
5.	PROVIDER MEDICARE NUMBER	A/N	L	10	32-41
6.	PROVIDER STREET ADDRESS	A/N	L	40	42-81
7.	PROVIDER CITY ADDRESS	A/N	L	25	82-106
8.	PROVIDER STATE	A	L	2	107-108
9.	PROVIDER ZIP CODE	N	R	5	109-113
10.	SUBMITTER STREET ADDRESS	A/N	L	40	114-153
11.	SUBMITTER CITY ADDRESS	A/N	R	25	154-178
12.	SUBMITTER STATE	A	L	2	179-180
13.	SUBMITTER ZIP CODE	N	R	5	181-185
14.	NUMBER OF RECORDS	N	R	9	186-194
15.	FILLER SPACE	N	R	286	195-480

"Type" means (A)lpha or (N)umeric or (A/N) alphanumeric field. "Justification" is either (R)ight or (L)eft.

(3) Reporting Parameters. Hospitals submitting inpatient discharge data pursuant to Rule 59E-7.014, F.A.C., shall report data according to the following parameters:

(a) HEADER RECORD. Consists of a single record at the beginning of each data submission to validate identification of the hospital and submitter responsible for the inpatient discharge records in subsection 59E-7.014(2), F.A.C. This is a required record with all fields filled to enable the tape/diskette to process. Submit one Header Record per tape/diskette data submission.

1. Record identification is a required five character alpha field which must carry the startup designation "H". If missing or wrong, processing will terminate at this point.

2. Reporting Year is a four digit numeric field in the CCYY format which specifies the year in which the discharges being submitted occurred. This is a mandatory field for submission types "I" (Initial submission) and "R" (Resubmission)(see 5. below).

3. Reporting Quarter is a single digit numeric field which indicates the reporting quarter in which the discharges occurred within 2. above. This is a mandatory field for submission types "I" and "R" (see 5. below).

4. Data Type is a required four character alphanumeric field which identifies the type of data which follows the Header Record. See also subparagraph 59E-7.014(1)(a)4., F.A.C., Header Record for the authorized code.

5. Submission Type is a required single character alpha field which identifies the type of data being submitted: I – Initial submission. This code is used for the first submission of a data set for the specified time period; should also be used when replacing previously rejected files. R – Resubmission. Replaces all accepted or partially accepted records for the specified time period. All Data Set Action Code entries (For "I" or "R") must be "A" in accordance with definitions specified in Rule Section II, subsection 59E-7.014(2), F.A.C. All existing data for the time period will be deleted and replaced with the new data set. M – Maintenance. All submissions in this category are those which do not meet "I" or "R" requirements. All Data Set Action Code entries for "M" will include "A" or "D", or "U" as specified in Rule II, subsection 59E-7.014(2), F.A.C.

6. Process Date is an eight digit required numeric field in which the date that the data file was processed or created by the Provider/Submitter is inserted. Must be in the MMDDCCYY format.

7. AHCA Hospital Number is a required field up to ten alphanumeric characters which designate the hospital identifier. AHCA currently uses and assigns a standard six digit or eight-digit number. Multi-premises hospital systems are required to submit hospital inpatient data separately using a unique AHCA Hospital number to distinguish each individual

premises. For hospitals now reporting, this entails no change to the current hospital identifier except for added zeros at the beginning of the field.

8. Florida License Number is an alphanumeric field of up to ten characters which indicates the license number granted to the hospital by the AHCA Division of Health Quality Assurance to legally operate a hospital in the State of Florida.

9. Provider Medicaid Number is an alphanumeric entry of up to ten characters which designates the identification number or account number of the hospital for Medicaid reimbursement.

10. Provider Medicare Number is an alphanumeric entry of up to ten characters which designates the identification number or account number of the hospital granted by HCFA for Medicare reimbursement. The MPN.

11. Provider Organization Name is the name of the hospital submitting the inpatient discharge data. Enter up to forty alphanumeric characters.

12. Provider Contact Person is the person who actually prepares the inpatient discharge data and/or is the individual most knowledgeable about the data and its preparation, to whom all queries concerning hospital data are to be directed. Use up to twenty-five alphanumeric characters.

13. Provider Contact Phone is the telephone number at which the contact person in field 12 above can normally be contacted by the AHCA staff. Use a ten digit number which includes the area code. Do Not include hyphens, parenthesis, braces, or any other alpha character.

14. Provider Phone Extension is an optional field up to four numeric digits in which the contact person's telephone extension is entered, if one exists. Zero fill if no extension is provided.

15. Submitter Organization Name consists of the name of the hospital, corporate headquarters, or other data preparation service which is actually submitting the data to AHCA. Must be provided even if it is the hospital. Use up to forty alphanumeric characters.

16. Submitter Contact Person is the individual designated by the submitting organization or agency to be the point of contact person for the hospital's data being submitted.

17. Submitter Contact Phone is the telephone at which the contact person in field 16 above can normally be contacted by AHCA staff. Use a ten digit number which includes the area code. Do Not include hyphens, parenthesis, braces, or any other alpha character.

18. Submitter Phone Extension is an optional field up to four numeric digits in which the contact person's telephone extension is entered, if one exists. Zero fill if no extension is provided.

19. Filler is provided by making allowance for two hundred sixty three spaces.

(b) INPATIENT DATA ELEMENTS FORMAT AND EDIT CRITERIA. This section specifies the format requirements for inpatient discharge data requirements which are required to be submitted to the AHCA in accordance with the provisions of this rule. Unless otherwise specified in the instructions as being optional or discretionary fields, each field is a required input. An omission can cause fatal rejection or be an error flagged for correction/validation.

1. Data Type is a required four character alphanumeric designator for the type of data being submitted; i.e., Hospital Inpatient Discharge Data. The approved code to be used is PD10. Must match the data submitted in subparagraph 59E-7.014(1)(a)4., F.A.C., Header Record.

2. Action Code is a single character alpha designator for the specific processing action required by the record being submitted. Authorized codes which must be used are: A – Add a new record; D – Delete an existing record; U – Update (correct) an existing record. Failure to provide will result in an error flagged record.

3. Reporting Quarter is a single digit numeric field designating the calendar quarter in which the discharge occurred for each record. Designation is made as follows: 1 – January 1 through March 31; 2 – April 1 through June 30; 3 – July 1 through September 30; 4 – October 1 through December 31. The quarter code must match the code in the Header Record in this rule.

4. Reporting Year Code is a required two digit numeric identifier submitted by hospitals to identify the time of the year in which the discharges occurred.

5. The AHCA Hospital Number is a ten alphanumeric character field in which is placed the current six digit or eight-digit hospital number on file with AHCA or as furnished by the AHCA. A required field within each inpatient record. Will lead to a fatal error (i.e., data will cease processing) if not provided.

6. The Hospital Record Identifier must be provided – the field cannot be all spaces. Must be a unique identifier for each inpatient, no more than seventeen alphanumeric characters (Standard characters: Letters and/or Numbers). Failure to provide an identifier or duplication of an identifier will result in a fatal error and REJECTION of the entire file without further processing.

7. The Social Security Number (SSN) is a nine (9) digit required field for all patients having social security numbers. SSNs should be submitted for all inpatients two (2) years of age or older. Patients not having SSNs should be in one of the following groups: newborns and infants less than 2 years of age, very old inpatients never issued a SSN, foreign visitors (including aliens), and migrant workers (i.e., non citizens). An entry of 000000000 is acceptable for patients less than two (2) years of age who do not have an SSN. For patients not from the U.S., use 555555555, if a SSN is not assigned. For those patients where efforts to obtain the SSN have been unsuccessful or where one is unavailable, and the patient is two (2) years or older and a resident of the U.S., use 777777777. DO NOT share SSNs in this field; one SSN – one inpatient.

8. Inpatient Race is a single digit entry showing: 1 — American Indian/Eskimo/Aleut, 2 — Asian or Pacific Islander, 3 — Black, 4 — White, 5 — Hispanic-White, 6 — Hispanic-Black, 7 — Other (Use if patient is not described by above categories), 8 — No Response (Use if patient refuses to disclose). For use by AHCA as demographic and epidemiological information, and health planning. Not an optional field.

9. Inpatient Date of Birth is required; must be eight digits in the MMDDCCYY format. Month must be entered as 01 through 12 (as appropriate for the month in which born); Day must be entered as 01 through 31; Year must be in four digits (e.g., 1932).

10. Inpatient Sex is a required field. Entry must be a single digit; 1 — Male, 2 — Female, or 3 — unknown.

11. A valid Zip Code is required; must be five digits. Use 00009 for patients of foreign origin. Use 00007 for homeless patients. Use 00000 for unknown zip codes. Spaces are not acceptable.

12. Type of Admission entry is a required single digit numeric field. Must be 1-5 (See subparagraph 59E-7.014(1)(b)12., F.A.C.), Type of Admission 4, Newborn reporting, includes all infants born in the hospital. If an infant is born in a hospital, the hospital in which the birth occurred will report the event as a Type of Admission 4, regardless of the outcome of the birth; i.e., normal birth with infant discharged home, premature birth transferred within hours, stillborn, infant death following delivery, delivery with problems requiring transfer, etc.

13. A Source of Admission entry is required; a two digit field. Must be 01-14 (See subparagraph 59E-7.014(1)(b)13., F.A.C.), Additional codes have been included to provide the hospital with more specificity selections for infant admissions. If the Type of Admission is 4 (Newborn) (12. above), the Source of Admission "Codes Required For Newborn 10-14 MUST be used.

14. An Admission Date is required; a six digit field using the MMDDYY format. Month must be entered as 01 through 12; Day must be entered as 01 through 31; Year must be in two digits (e.g., 94). Admission date must be equal to or precede the Discharge Data (Field 15).

15. A Discharge Date is required; a six digit field using the MMDDYY format. Month must be entered as 01 through 12 (as appropriate for the discharge month); Day must be entered as 01 through 31; Year must be in two digits (e.g., 92). The Discharge Date must equal or follow the Admission Date (Field 14), Discharge Date must occur within a specified reporting quarter as shown on the external label or the tape/diskette: e.g., 01/01 – 03/31, 04/01 – 06/30, 07/01 – 09/30, 10/01 – 12/31.

16. Inpatient Discharge Status is a required field; must be two digits using the codes 01-08, 20, or 50-51 (subparagraph 59E-7.014(1)(b)16., F.A.C.).

17. Principal Payer Code is a required field; must be a single alpha character (UPPERCASE), A – O. Describes the primary source of expected reimbursement to the hospital for services.

19. through 27. Other Diagnosis fields are optional fields of valid three to five digit ICD-9-CM codes in a five digit field which describe additional health factors affecting the inpatient's treatment and length of stay in the hospital. Space fill if no other diagnosis is present in the inpatient's medical record. If not space filled, codes used must be valid ICD-9-CM codes as defined by the HCFA Code Editor. Codes cannot duplicate the Principal Diagnosis code or any Other Diagnosis Codes. Other Diagnosis codes cannot conflict with inpatient age/sex as defined by the HCFA code editor. E codes are included in Other Diagnosis fields as valid codes. Applicable V Codes are acceptable. Blank spaces between two consecutive Other Diagnosis fields will cause an error flag.18. A Principal Diagnosis Code is required for every inpatient, and must be a valid ICD-9-CM code as defined by the Health Care Finance Administration (HCFA) Medicare Code Editor. Diagnosis codes vary from three character codes to three characters plus one or two decimal digits, but are submitted WITHOUT the decimal. Applicable V Codes are acceptable. The principal diagnosis cannot be an E Code or a manifestation code. The Principal Diagnosis code cannot be repeated in any of the Other Diagnosis codes. The Principal Diagnosis cannot conflict with an inpatient's age/sex as defined by the HCFA code editor. The accepted definition of Principal Diagnosis is "Principal diagnosis is the condition established, after study, to be chiefly responsible for occasioning the admission of the inpatient to the hospital." A space filled field IS NOT acceptable.

28. Principal Procedure Code is an optional field; use four alphanumeric characters. Space fill if not used. If a procedure has been performed, then Principal Procedure Code is a mandatory entry. Must be a valid ICD-9-CM code as defined by the HCFA Code Editor. If used, both a Principal Procedure Date (field 30) and Operating Physician Identification (field #42) must be supplied. A Principal Procedure code cannot conflict with an inpatient's sex or age as defined by the HCFA Code Editor.

29. A Principal Procedure Date is required if the Principal Procedure field 28 contains an entry; must be a six digit numeric field using the MMDDYY format. Month must be entered as 01 through 12; Day must be entered as 01 through 31 (as appropriate for the month of occurrence); Year must be in two digits (e.g., 94). The Principal Procedure date may occur no sooner than three days prior to the admission date and not later than the discharge date. If not required, zero fill.

30. through 38. Other Procedure Codes are optional, four digit alphanumeric fields. Space fill if not used. Must be preceded by a Principal Procedure. If an Other Procedure has been performed on the inpatient, a valid ICD-9-CM procedure

~~code as defined by the HCFA Code Editor must be entered. Codes cannot conflict with the inpatient's sex or age as defined by the HCFA Code Editor. Space filled fields between two successive coded procedure fields will create an error.~~

~~39. The Attending Physician ID is a mandatory entry showing the identification number of the physician having primary responsibility for the inpatient's care program and treatment, or the physician who certified medical necessity for the inpatient's admission to the hospital. Use up to eleven alphanumeric characters. Insert the State of Florida physician license number as issued and recorded by the AHCA Division of Medical Quality Assurance, preceded by the suffix "FL". No other entries will be accepted, and the file will be error flagged.~~

~~40. Blank Field is a blank fill entry.~~

~~41. The Operating Physician ID is a required entry only if the Principal Procedure code field 28 is filled. Fill with the identification number of the physician having primary responsibility for the inpatient's surgery and/or who scheduled the surgery. May also be the attending physician (Field 40). An eleven character alphanumeric field using the State of Florida physician license number as issued and recorded by the AHCA Division of Medical Quality Assurance, preceded by the suffix FL. No other entries will be accepted.~~

~~42. Blank Field is a blank fill entry.~~

~~43. through 65. Charges by Revenue Code are required fields if charges are debited to the inpatient account for services rendered in these fields, as reported in the UB-92. Charges are rounded to the nearest dollar. All charges are to be reported under the major code of a group, (e.g., 115 in the 11X to 16X group, 282 in the 28X group, 427 in the 42X group, etc.). An eight digit field; right justified.~~

~~66. "Other" Charges by Revenue Code is required for all charges to the inpatient account which do not fall in one of the individual groups (Fields 44-65). A sum of all "other" charges by revenue account fields. An eight digit field; right justified. DO NOT include charges for revenue codes 96X, 97X, 98X, or 99X. Negative charges are not accepted. This field will be edited to ensure that all charges by revenue code are not being placed into it.~~

~~67. Total Gross Charges is a required field; a ten digit field rounded to the nearest dollar. Zero filled or space filled total gross charges are not accepted unless the Type of Admission is 4, (Field 12) and Discharge Status is 02, 05, or 20 (Field 18). MUST equal the sum of all of the charges by revenue code in fields 43 through 66. The AHCA will make an allowance for rounding only.~~

~~68. Infant Linkage Identifier is a required field of nine numeric digits for patients less than two (2) years of age. Enter the birth mother's Social Security Number or if the birth mother's Social Security Number is not available, enter the father's Social Security Number in the Infant Linkage Identifier field. For patients not from the U.S., use 555555555, if a SSN is not assigned. For patients in the custody of the State or adoptions, use 333333333 if the birth mother's or father's SSN is not available. Use 999999999 in the Infant Linkage Identifier field for unknown mother's and father's SSN. If the patient is two (2) years of age or older, the field is zero filled.~~

~~69. The Filler Space field is a required field which is completed by inserting the correct number of spaces noted in paragraph 59E-7.014(2)(b).~~

~~1. Transaction Code is a on(c) TRAILER RECORD. This record must be included at the end of the inpatient discharge records file for the data processing to complete the run. Failure to provide it will cause the hospital's file to cease processing and to be rejected. Is entered into the file only once. Elements 2 through 5 must match the data in their counterpart fields in the HEADER RECORD, else the file will discontinue processing at the field with the difference, and will reject. All fields are required.e character alpha field which requires the entry of the letter "T". This establishes the end of the inpatient discharge data file and diverts the program into a close-out validation run.~~

~~2. AHCA Hospital Number is up to a ten digit field in which the standard six digit or eight-digit number currently being used or those issued to hospitals coming on line by the AHCA is used.~~

~~3. Florida License Number is an alphanumeric field up to ten characters which indicate the license number granted to the hospital by the AHCA Division of Health Quality Assurance to legally operate a hospital in the State of Florida.~~

~~4. Provider Medicaid Number is up to a ten character alphanumeric entry which designates the identification number or account number of the hospital for Medicaid reimbursement.~~

~~5. Provider Medicare Provider Number is up to a ten character alphanumeric entry which designates the identification number or account number of the hospital for Medicare reimbursement.~~

~~6. Provider Street Address consists of the hospital address as carried in official document(s). Do Not use P. O. Box numbers for AHCA files since mail sent registered to the hospital through the U.S. Postal Service cannot be delivered to a P. O. Box location. Use up to forty alphanumeric characters.~~

~~7. Provider City Address is the city in which the hospital is located. Use up to twenty-five alphanumeric characters.~~

~~8. Provider State is the State of Florida using the approved U.S. Postal Service two character abbreviation.~~

~~9. Provider Zip Code includes only the five digit numeric data as issued by the U.S. Postal Service. Do not submit zip code extensions.~~

~~10. Submitter Street Address is the address where the data is prepared and shipped from. DO NO USE P. O. Boxes. Enter up to forty alphanumeric characters. A required entry even if the provider and submitter are the same.~~

~~11. Submitter City Address is the city in which the organization submitting the data is located. Use up to twenty five alphanumeric characters. A required entry even if the provider and submitter are the same.~~

~~12. Submitter State is a two character alpha field using the U.S. Postal Service authorized two letter abbreviation of the state where the submitter is located. A required entry even if the provider and submitter are the same.~~

~~13. Submitter Zip Code includes only the five digit numeric data as issued by the U.S. Postal Service. Do not send zip code extensions. A required entry even if the provider and submitter are the same.~~

~~14. Number of Records is the actual count of records (minus the Header Record and the Trailer Record) included on the tape/diskette submission. A matching count with the number of records physically processed is important if the hospital data is to complete processing. If the number in this field does not match the number of records counted by the AHCA program, the hospital file will be rejected. Use up to nine numeric digits.~~

~~15. Filler consists of all spaces as designated in Section III of the AHCA Data Set and Format.~~

~~(4) The effective date of all data reporting changes in Rule 59E-7.014, F.A.C., as amended, shall be for discharges occurring on or after January 1, 2002 unless a later date is indicated in Rule 59E-7.014, F.A.C.~~

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History–New 12-15-96, Amended 7-11-01, _____.

59E-7.015 Public Records.

(1) No change.

(2) Patient-specific records collected by the Agency pursuant to Rules 59E-7.011-7.016, F.A.C., are exempt from disclosure pursuant to Section 408.061(8), F.S., and shall not be released unless modified to protect patient confidentiality as described in paragraph (2)(a) below and released in the manner described in paragraphs (2)(c) and (2)(d).

(a) The patient-specific record shall be modified to protect patient confidentiality as follows:

1. Patient's Record ID Number as Assigned by the Facility. ~~Will be deleted or a~~ Substitute Sequential Number ~~used~~.

2. Patient Social Security Number. ~~Substitution with a Record Linkage Number.~~ Deleted

3. Patient Birth Date. Substitute Age in years.

~~4. Patient ZIP Code. If less than 500 population for the ZIP Code per the most recent U.S. Census, a masked code representing a combination set of ZIP Codes will be substituted; if out of state, the state ID, territory designation, or country ID will be substituted.~~

4.~~5.~~ Admission Date. Deleted.

5.~~6.~~ Discharge Date. Length of Stay (LOS) is substituted.

6.~~7.~~ Principal Procedure Date. Days from Admission to Procedure will be substituted.

7.~~8.~~ Infant ~~First Year~~ Linkage ID. Deleted.

(b) A record linkage number shall be assigned which does not identify an individual patient and cannot reasonably be used to identify an individual patient through use of data available through the Agency for Health Care Administration, but which can be used for ~~non-~~confidential data output for bona fide research purposes.

(c) No change.

(d) The modified data described in paragraph (2)(a) shall be released in accordance with the Limited Data Set requirements of the federal Health Insurance Portability and Accountability Act ~~public information~~ and shall be available to the public on or after quarterly data has been certified as accurate by seventy-five percent (75%) ~~95%~~ of reporting hospitals. ~~Local Health Council (LHC) and Community Health Purchasing Alliance (CHPA) data will be released when 100% of the hospitals within that LHC or CHPA have certified data.~~

(3) Aggregate reports derived from patient-specific hospital records collected pursuant to Rules 59E-7.011-7.016, F.A.C., are public records and shall be released as described in this Rule, provided that the aggregate reports do not include the patient's record ID number as assigned by the facility, patient social security number, record linkage number, patient birth date, admission date, discharge date, principal procedure date, ~~patient ZIP Code~~, or infant ~~newborn~~ linkage identifier; and provided the aggregate reports contain the combination of five or more records for any data disclosed.

(4) No change.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 119.07(1)(a),(2)(a), 408.061(8) FS. History–New 12-15-96, Amended _____.

59E-7.016 General Provisions.

(1) through (2) No change.

~~(3) Hospital data processing/MIS personnel must assure that the tape or disk data conforms to specifications in format from subsections 59E-7.014(1), (2) and (3), F.A.C., without any breaks or blocking or other failure in the data processing cycle.~~

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History–New 12-15-96, Amended 7-11-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:

Freestanding Dialysis Center Services 59G-4.105

PURPOSE AND EFFECT: The purpose of the proposed rule is to incorporate by reference the Florida Medicaid Freestanding Dialysis Center Coverage and Limitations Handbook, January 2005. The revised handbook includes updated policy, the Health Insurance Portability and Accountability Act (HIPAA) requirements, and the January 2005 fees.

SUBJECT AREA TO BE ADDRESSED: Freestanding Dialysis Center Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908 FS.

IF REQUESTED IN WRITING WITHIN 14 DAYS AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW.

TIME AND DATE: 9:00 a.m., Monday, November 8, 2004

PLACE: Agency for Health Care Administration, 2728 Fort Knox Boulevard, Building 3, Medicaid Services Conference Room, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Rinaldi, Medical Health Care Program Analyst, Bureau of Medicaid Services, 2728 Fort Knox Boulevard, Building 3, Tallahassee, Florida 32308, (850)922-7308

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.105 Freestanding Dialysis Center Services.

(1) No change.

(2) All freestanding dialysis center services providers enrolled in the Medicaid program must comply with the Florida Medicaid Freestanding Dialysis Center Coverage and Limitations Handbook, January 2005 ~~November 1998~~, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, UB-92, which is incorporated in Rule 59G-4.160, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908 FS. History–New 8-24-99, Amended _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Architecture Examination 61G1-14

PURPOSE AND EFFECT: The Board proposes development of proposed amendments to the aforementioned rule chapter to determine whether changes are necessary.

SUBJECT AREA TO BE ADDRESSED: Architecture Examination.

SPECIFIC AUTHORITY: 455.217 FS.

LAW IMPLEMENTED: 455.217, 481.209 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE IS: Juanita Chastain, Executive Director, Board of Architecture and Interior Design, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Employee Leasing Companies

RULE TITLE: RULE NO.:
Advertising 61G7-11.001

PURPOSE AND EFFECT: This rule is being amended to clarify that a licensee must include its license number on all advertising.

SUBJECT AREA TO BE ADDRESSED: Advertising.

SPECIFIC AUTHORITY: 468.522, 468.530(4) FS.

LAW IMPLEMENTED: 468.530(4) 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Anthony Spivey, Executive Director, Board of Employee Leasing Companies, 1940 North Monroe Street, Tallahassee, Florida 32399-0767

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61G7-11.001 Advertising.

(1)through (2)(c) No change.

(3) An employee leasing company must ~~need only~~ include ~~the significant digits in~~ its license number on any advertisements.

Specific Authority 468.522, 468.530(4) FS. Law Implemented 468.530(4) FS. History–New 10-6-94, Amended 3-28-95, 7-1-04, _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida State Boxing Commission

RULE CHAPTER TITLE: RULE CHAPTER NO.:
General Rules for Boxing, Kickboxing, and Mixed Martial Arts 61K1-1

RULE TITLE: RULE NO.:
Approval, Disapproval, Suspension of Approval, and Revocation of Approval for Amateur Sanctioning Organizations in Boxing and Kickboxing 61K1-1.0031

PURPOSE AND EFFECT: Pursuant to Section 548.006(3), Florida Statutes, the Florida State Boxing Commission has exclusive jurisdiction over the approval, disapproval, suspension or approval, and revocation of approval of all amateur sanctioning organizations for amateur boxing and kickboxing matches held in Florida. In order to conform to amendments made to Chapter 548, Florida Statutes, in Legislative Session 2004, the development of additional boxing rules under Chapter 548, Florida Statutes, is necessary.

SUBJECT AREA TO BE ADDRESSED: The proposed rules to establish criteria for approval, disapproval, suspension of approval, and revocation of approval of amateur sanctioning organizations in Florida.

SPECIFIC AUTHORITY: 548.003(2) FS.

LAW IMPLEMENTED: Chapter 548 FS.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kelly Harris, The Florida State Boxing Commission, 725 S. Bronough Street, Suite 240, Tallahassee, Florida 32399, (850)488-8500

If you are hearing or speech impaired, please contact the Commission office using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD).

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61K1-1.0031 Approval, Disapproval, Suspension of Approval, and Revocation of Approval for Amateur Sanctioning Organizations in Boxing and Kickboxing.

(1) Criteria for Approval.

(a) An amateur sanctioning organization seeking approval from the Florida State Boxing Commission to sanction and supervise matches involving amateur boxers or kickboxers shall meet certain criteria as conditions of approval as follows:

1. For amateur boxing, a statement of agreement to adopt and enforce the health and safety standards of USA Boxing as provided in the Official USA Boxing Rulebook as of June 1, 2004.

2. For amateur kickboxing, a statement of agreement to adopt and enforce the health and safety standards of the International Sport Kickboxing Association (ISKA) as provided in the ISKA Rules as of June 1, 2004.

3. A statement of agreement to adopt and enforce a requirement to have all amateurs participating in a match sanctioned and supervised by the amateur sanctioning organization undergo a pre-match physical examination by a physician approved by the amateur sanctioning organization.

4. A statement of agreement that the organization will not hold, promote, or sponsor a match prohibited under Chapter 548, Florida Statutes, including, but not limited to, an amateur mixed martial arts match in Florida.

5. A statement of agreement to adopt and enforce a requirement to, at a minimum, notify a local ambulance service with a minimum of two qualified attendants, either paramedics or emergency medical technicians, with the date and time of the amateur event for the purpose of either requesting the ambulance service acknowledge an "on-call" status relative to the amateur event or requesting the ambulance service be assigned to the premises of the matches whereupon the following requirements shall be enforced:

a. Ambulance attendants shall be stationed at a location determined by the amateur sanctioning organization's chief official or supervisor-in-charge at the event;

b. A portable resuscitator with all additional equipment necessary for its operation shall be in a state of readiness and located along with the ambulance attendants;

c. A clean stretcher and clean blanket shall be located along with the ambulance attendants; and

d. A portable supply of oxygen shall be located at an easily accessible location at ringside.

6. No match shall begin or continue unless the appropriate medical equipment and personnel are on the premises, in a state of readiness, and in a pre-designated and readily accessible location known to the referee(s), physician(s), and chief official or supervisor of the amateur sanctioning organization. Whenever an ambulance service is "on-call" as it pertains to an amateur event, an oxygen supply with its necessary equipment for proper administration shall be stationed at ringside at a location known to the referee(s), physician(s), and chief official or supervisor of the amateur sanctioning organization.

7. A physician approved by an amateur sanctioning organization shall be licensed to practice medicine in Florida pursuant to Section 458 or 459, Florida Statutes. The physician shall be capable of initiating life-saving procedures and required to demonstrate experience in sports medicine, trauma, neurology, or as a ringside physician.

8. A minimum of one physician approved by the amateur sanctioning organization shall be seated ringside whenever boxing or kickboxing activity is occurring. In situations where more than one ring is assembled and utilized simultaneously with the other, a minimum of one physician shall be seated ringside at each ring where boxing or kickboxing competitions are being held.

a. In the event of injury or illness of any person registered with the amateur sanctioning organization, a registered physician shall have complete charge of such person, shall provide medical assistance, and shall be accorded the full cooperation of all amateur sanctioning organization officials present.

b. Physicians shall not leave the premises until after the final match has been conducted, all amateurs participating have been cleared by the physician(s), and the chief official or supervisor-in-charge of the amateur sanctioning organization has cleared the physician to leave.

9. For amateur boxing, any referee assigned to perform official duties during a match shall be trained and certified to perform such duties by USA Boxing.

10. For amateur kickboxing, any referee assigned to perform official duties during a match shall be trained and certified to perform such duties by the International Sport Kickboxing Association (ISKA) or any other training and certification process for referees approved by the commission or its executive director.

(b) Applications for approval of an amateur sanctioning organization shall specify either boxing or kickboxing. Accordingly, any approval shall be limited to the sport for which the amateur sanctioning organization has applied to obtain approval. An organization seeking approval for both amateur boxing and kickboxing may submit a single application, however, the commission may approve or disapprove the organization either as a whole or as it pertains to a specific sport.

(c) An amateur sanctioning organization shall adequately demonstrate to the satisfaction of the commission that the principals of the organization have sufficient background, training, and experience in sanctioning and supervising matches for which the organization is approved.

(2) Disapproval.

An amateur sanctioning organization that does meet the criteria or requirements for approval provided above, shall be disapproved by the commission or its executive director.

(a) Other criteria or requirements not listed above nor found in the current rules of USA Boxing and or the International Sport Kickboxing Assoication (ISKA) may be determined as necessary for approval. In such instances, any approved amateur sanctioning organization shall be notified by the executive director of the commission of the new criteria or requirements and given 30 days to implement the changes.

(b) Failure to implement any new requirements as described in the preceding paragraph may be grounds for suspension or revocation of approval.

(3) Suspension of Approval.

(a) Any member of the commission or its executive director may suspend the approval of an amateur sanctioning organization for any of the reasons listed below:

1. Failure to supervise amateur matches;

2. Failure to enforce the approved health and safety standards; or

3. Any other health and safety requirement deemed necessary by the commission.

(b) A suspension of approval shall conform to the procedure for summary suspension under Section 120.60(6), Florida Statutes.

(c) In lieu of a suspension of approval of the amateur sanctioning organization, any member of the commission or a representative of the commission may immediately suspend one or more matches in an event whenever it appears that the match or matches violate the approved health and safety standards or any other health and safety requirement deemed necessary by the commission or a representative of the commission.

(4) Revocation of Approval.

(a) Any amateur sanctioning organization determined by the commission to inadequately sanction and supervise amateur matches based on the approved health and safety standards may be subject to revocation of its approval by the commission.

(b) In instances where a revocation of approval is ordered by the commission, an amateur sanctioning organization and its associated principals shall not seek new approval for a period of one year.

Specific Authority 548.003(2) FS. Law Implemented 548.003, 548.006, 548.0065, 548.008 FS., CS for SB 538. History–New _____.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

RULE TITLE: RULE NO.:
Citations 64B4-5.007

PURPOSE AND EFFECT: The Board proposes to review the existing rule to determine whether changes are necessary.

SUBJECT AREA TO BE ADDRESSED: Citations.

SPECIFIC AUTHORITY: 456.077, 491.004(5) FS.

LAW IMPLEMENTED: 455.621, 456.077 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Susan Foster, Executive Director, Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

RULE TITLE: RULE NO.:
Requirements to Hold Oneself Out as Qualified to Practice Juvenile Sex Offender Therapy 64B4-7.007

PURPOSE AND EFFECT: The Board proposes to amend the existing rule to make language changes for clarification purposes.

SUBJECT AREA TO BE ADDRESSED: Qualifications to Hold Out as Certified to Practice Juvenile Sex Offender Therapy.

SPECIFIC AUTHORITY: 491.004(5), 491.0144 FS.

LAW IMPLEMENTED: 491.0144 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Susan Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B4-7.007 Requirements ~~Qualifications~~ to Hold Oneself Out as Qualified ~~Certified~~ to Practice Juvenile Sex Offender Therapy.

Effective October 1, 2000, in order for a licensed clinical social worker, marriage and family therapist or mental health counselor to hold oneself out as one qualified ~~certified~~ to practice juvenile sex offender therapy the licensee must have:

(1) through (2) No change.

Specific Authority 491.004(5), 491.0144 FS. Law Implemented 491.0144 FS. History–New 2-9-99, Amended 4-24-00, 8-24-00, _____.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Organization, Operating Procedures, and Disciplinary Guidelines 64B12-8

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Standard of practice for licensed opticians.

SPECIFIC AUTHORITY: 120.695, 456.004(8), 456.011, 456.017(1)(d), 456.024, 456.072(2)(d), 456.073(4), 456.077, 456.078, 456.079, 484.005 FS.

LAW IMPLEMENTED: 456.004(8), 456.011, 456.017(1)(d), 456.024, 456.072, 456.073, 456.077, 456.078, 456.079, 484.014 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Examination for Licensure, Re-Examination, Examination Review 64B12-9

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Examination for licensure, re-examination, examination review.

SPECIFIC AUTHORITY: 456.013, 456.017, 456.072, 484.005, 484.007, 484.014 FS.

LAW IMPLEMENTED: 456.013, 456.017, 456.072, 484.007, 484.014 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Standard of Practice for
Licensed Opticians 64B12-10

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Standard of practice for licensed opticians.

SPECIFIC AUTHORITY: 120.695, 456.004(8), 456.011, 456.017(1)(d), 456.024, 456.072(2)(d), 456.073(4), 456.077, 456.078, 456.079, 484.005 FS.

LAW IMPLEMENTED: 456.004(8), 456.011, 456.017(1)(d), 456.024, 456.072, 456.073, 456.077, 456.078, 456.079, 484.014 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Fee Schedule 64B12-11

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Fee schedule.

SPECIFIC AUTHORITY: 456.025, 456.036, 45.065, 484.002, 484.005, 484.007, 484.008, 484.009 FS.

LAW IMPLEMENTED: 455.271, 456.013, 456.025, 456.036, 456.065, 484.002, 484.005, 484.007, 484.008, 484.009 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Inactive Licenses; Renewal,
Reactivation and Expiration 64B12-12

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Inactive licenses; renewal, reactivation and expiration.

SPECIFIC AUTHORITY: 456.013, 456.036, 484.005, 484.008, 484.009 FS.

LAW IMPLEMENTED: 456.013, 456.036, 484.008, 484.009 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Standards of Practice for Board
Certified Opticians 64B12-14

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Standards of practice for board certified opticians.

SPECIFIC AUTHORITY: 484.002, 484.005 FS.

LAW IMPLEMENTED: 484.002, 484.005, 484.008 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Continuing Education 64B12-15

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Continuing education.

SPECIFIC AUTHORITY: 456.013, 484.005, 484.008 FS.

LAW IMPLEMENTED: 456.013, 484.008 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Apprenticeship 64B12-16

PURPOSE AND EFFECT: The Board proposes to review the entirety of this chapter to ensure that all rules conform with the existing statutory requirements and to determine if amendments and/or new rule language is necessary pertaining to all matters concerning the opticianry profession or other mandatory requisites pursuant to Section 120.74, F.S.

SUBJECT AREA TO BE ADDRESSED: Apprenticeship.

SPECIFIC AUTHORITY: 484.005, 484.007 FS.

LAW IMPLEMENTED: 484.002, 484.007 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLES:	RULE NOS.:
Display of Current License and Wall Certificate; Pharmacist and Intern Identification	64B16-27.100
Oral Prescriptions and Copies	64B16-27.103
Conduct Governing Pharmacists and Pharmacy Permittees	64B16-27.104
General Terms and Conditions to be Followed by a Pharmacist When Ordering and Dispensing Approved Medicinal Drug Products	64B16-27.210
Medicinal Drugs That May be Ordered by Pharmacists	64B16-27.220
Fluoride Containing Products That May be Ordered by Pharmacists	64B16-27.230
Standards of Practice – Continuous Quality Improvement Program	64B16-27.300
Pharmacy Technician 1:1 Ratio	64B16-27.410
Pharmacy Technician 2:1 or 3:1 Ratio	64B16-27.420
Duty of Pharmacist to Inform Regarding Drug Substitution	64B16-27.530
Possession and Disposition of Sample Medicinal Drugs	64B16-27.615
Definition of Compounding	64B16-27.700
Standards of Practice – Drug Therapy Management	64B16-27.830
Standards of Practice for the Dispensing of Controlled Substances for Treatment of Pain	64B16-27.831

PURPOSE AND EFFECT: The Board proposes the rule amendments to update the rules in conjunction with the consolidation of all requirements for pharmacy practice into Chapter 64B16-27, F.A.C.

SUBJECT AREA TO BE ADDRESSED: The proposed new rules set forth the requirements of pharmacy practice relating to licensure, proper identification, responsibilities of pharmacy

managers, supervision of pharmacy interns and technicians, requirement to inform of drug substitution, proper disposition of sample medicinal drugs, the dispensing of equivalent drugs, and requirements relating to the dispensing of controlled substances for treatment of pain.

SPECIFIC AUTHORITY: 465.005, 465.014, 465.0155, 465.018, 465.022, 465.028, 465.186(2), 499.028 FS.

LAW IMPLEMENTED: 465.003(12),(13), 465.014, 465.0155, 465.016(1)(i),(o), 465.017(2), 465.018, 465.019, 465.022(1)(b), 465.024, 465.025(3)(a), 465.0265, 465.072(1)(i), 465.186, 499.028, 893.07(1)(b) 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENTS IS:

64B16-27.100 Display of Current License and Wall Certificate; Pharmacist and Intern Identification ~~and Renewal Certificates~~.

(1) The wall certificate and current license of each pharmacist engaged in the practice of the profession of pharmacy as defined by Section 465.003(13)~~(12)~~, F.S., in any pharmacy shall be displayed, ~~together with the current renewal certificate,~~ when applicable, in a conspicuous place in or near the prescription department, and in such manner that said license can be easily read by patrons of said establishment. Pharmacists employed in secondary practice sites shall present a valid wallet license as evidence of licensure upon request.

(2) No pharmacist shall display, cause to be displayed, or allow to be displayed, their ~~his~~ license in any pharmacy where said pharmacist is not engaged in the practice of the profession as defined in Section 465.003(13)~~(12)~~, F.S.

(3) A pharmacist and intern must be clearly identified by a means such as an identification badge or monogrammed smock showing their name and if they are a pharmacist or an intern.

Specific Authority 465.005, 465.0155, 465.022 FS. Law Implemented 465.022 FS. History–Amended 5-19-72, Repromulgated 12-18-74, Formerly 21S-1.06, 21S-1.006, Amended 7-30-91, Formerly 21S-27.100, 61F10-27.100, Amended 1-30-96, Formerly 59X-27.100, Amended _____.

64B16-27.103 Oral Prescriptions and Copies.

(1) Only a ~~Florida registered~~ pharmacist or registered pharmacy intern acting under the direct personal supervision of a ~~Florida registered~~ pharmacist may, in the State of Florida, accept an oral prescription of any nature. Upon so accepting such oral prescription it must immediately be reduced to a hard copy.~~, and~~

(2) O~~o~~nly a ~~Florida registered~~ pharmacist or registered pharmacy intern acting under the direct personal supervision of a ~~Florida registered~~ pharmacist may, in the State of Florida, prepare a copy of a prescription or read a prescription to any person for purposes of providing reference concerning treatment of the person or animal for whom the prescription was written, and when said copy is given a notation shall be made upon the prescription that a copy has been given, the date given, and to whom given.

Specific Authority 465.005, 465.0155, 465.022 FS. Law Implemented 465.003(13), 465.022, 893.07(1)(b) FS. History–Amended 5-19-72, Repromulgated 12-18-74, Formerly 21S-1.18, 21S-1.018, 21S-27.103, 61F10-27.103, Amended 9-19-94, Formerly 59X-27.103, Amended 10-15-01, _____.

64B16-27.104 Conduct Governing ~~Registered~~ Pharmacists and Pharmacy Permittees.

(1) through (4) No No change.

(5) Pursuant to Section 465.018, F.S., that requires that a permit for a community pharmacy may not be issued unless a licensed pharmacist is designated as the prescription department manager responsible for maintaining all drug records, providing for the security of the prescription department and following such other rules as relate to the practice of the profession of p~~P~~harmacy. ~~It is the Board's position that in most cases a pharmacist cannot effectively carry out these statutory duties if he is responsible for more than one prescription department. Accordingly, the~~ The Board shall not register a prescription department manager as the manager of more than one pharmacy. The Board may grant an exception to this requirement upon application by the permittee and the prescription department manager showing circumstances such as proximity of permits and limited pharmacist workload that would allow the manager to carry out all duties and responsibilities required of a prescription department manager ~~requires that no pharmacist may be registered as the prescription department manager of more than one pharmacy; provided, however, that the Board on application by the permittee and prescription department manager showing circumstances such as proximity of permits and limited pharmacist's workload wherein a single pharmacist could effectively act as manager of more than one prescription department and carry out all his duties and responsibilities with regard to more than one prescription department, may grant an exception to this requirement~~.

Specific Authority 465.005, 465.0155, 465.018, 465.022 FS. Law Implemented 465.018, 465.022, 465.024 FS. History–New 10-20-81, Formerly 21S-1.20, 21S-1.020, Amended 7-30-91, Formerly 21S-27.104, 61F10-27.104, 59X-27.104, Amended _____.

64B16-27.210 General Terms and Conditions to be Followed by a Pharmacist When Ordering and Dispensing Approved Medicinal Drug Products.

Pharmacists may order the medicinal drug products set forth in each rule subject to the following terms and limitations:

(1) through (6) No change.

(7) The pharmacist shall maintain patient profiles, separate from the prescription order, for all patients for whom the pharmacist orders and dispenses medicinal drug products and shall initial and date each profile entry. Such profiles shall be maintained at the pharmacy wherein the ordering and dispensing originated for a period of two (2) ~~seven (7)~~ years.

(8) through (10) No change.

(11) Pharmacy interns and technicians ~~supportive personnel~~ may not be involved in the ordering of the medicinal drugs permitted in this Rule.

Specific Authority 465.186(2) FS. Law Implemented 465.186 FS. History–New 5-1-86, Formerly 21S-18.002, 21S-27.210, 61F10-27.210, 59X-27.210, Amended _____.

64B16-27.220 Medicinal Drugs That ~~Which~~ May be Ordered by Pharmacists.

A Pharmacist may order and dispense from the following formulary, subject to the stated conditions:

(1) through (3) No change.

(4) Anti-nausea preparations; Meclizine ~~Medicine~~ up to 25 mg., except for a patient currently using a central nervous system (CNS) depressant. The prescription shall be labeled to advise the patient of drowsiness and to caution against concomitant use with alcohol or other depressants. Scopolamine not exceeding 1.5 mg. per dermal patch. Patient to be warned "if eye pain develops, seek appropriate medical attention."

(5) through (20) No change.

Specific Authority 465.186(2) FS. Law Implemented 465.186 FS. History–New 5-1-86, Amended 10-7-90, Formerly 21S-18.003, Amended 7-30-91, Formerly 21S-27.220, 61F10-27.220, Amended 3-12-97, Formerly 59X-27.220, Amended 6-15-98, 11-30-99, _____.

64B16-27.230 Fluoride Containing Products That May be Ordered by Pharmacists.

No change.

Specific Authority 465.186(2) FS. Law Implemented 465.186 FS. History–New 5-1-86, Formerly 21S-18.004, 21S-27.230, 61F10-27.230, 59X-27.230, Amended 6-15-98.

64B16-27.300 Standards of Practice – Continuous Quality Improvement Program.

(1) through (2) No change.

(3)(a) Each pharmacy shall establish a Continuous Quality Improvement Program which program shall be described in the pharmacy's policy and procedure manual and, at a minimum shall contain:

1. Provisions for a Continuous Quality Improvement Committee that may be comprised of staff members of the pharmacy, including pharmacists, pharmacy interns, pharmacy technicians, clerical staff, and other personnel deemed necessary by the prescription department manager or ~~of~~ the consultant pharmacist of record;

2. through 4. No change.

(b) through (c) No change.

(4) No change.

(5) Records maintained as a component of a pharmacy Continuous Quality Improvement Program are confidential under the provisions of Section 766.101, F.S. In order to determine compliance the Department may review the policy and procedures and a Summarization of Quality-Related Events. The summarization document shall analyze remedial measures undertaken following a Quality-Related Event. ~~At a minimum, the review shall consider the effects on quality of pharmacy systems due to staffing levels, workflow, and technological support.~~ No patient name or employee name shall be included in this summarization. The summarization shall be maintained for two years. Records are considered peer-review documents and are not subject to discovery in civil litigation or administrative actions.

Specific Authority 465.0155 FS. Law Implemented 465.0155 FS. History–New 7-15-99, Amended 1-2-02, 6-16-03, _____.

64B16-27.410 Pharmacy Technician 1:1 Ratio.

Pharmacy technicians may assist a ~~Florida licensed~~ pharmacist in performing professional services within a community pharmacy or institutional pharmacy environment provided that no ~~licensed~~ pharmacist shall supervise more than one pharmacy technician unless otherwise permitted by the Florida Board of Pharmacy. A pharmacist's supervision of a pharmacy technician in a 1:1 ratio working environment requires that a pharmacy technician be under the direct and immediate personal supervision of a ~~Florida licensed~~ pharmacist. All pharmacy technicians shall identify themselves as pharmacy technicians by wearing a type of identification badge that is clearly visible which specifically identifies the employee by name and by status as a "pharmacy technician", and in the context of telephone or other forms of communication, pharmacy technicians shall state their names and verbally identify themselves (or otherwise communicate their identities) as pharmacy technicians. Pursuant to the direction of the ~~licensed~~ pharmacist, pharmacy technicians may engage in the following functions to assist the ~~licensed~~ pharmacist:

(1) No change.

(2) The ~~Assist the pharmacist in the~~ preparation of the prescription. Such pharmacy technician functions include the typing of prescription labels on a typewriter or through entry into a computer system and the entry of prescription information or physicians' orders into a computer system. The pharmacist, however, must complete the dispensing act and initial the prescription;

(3) The ~~Assist in the~~ preparation of products in a pharmacy where such products are not directly dispensed and administered to the patient and when done pursuant to appropriate procedures under the direct and immediate supervision of a pharmacist who shall conduct in-process and final checks;

(4) through (5) No change.

(6) Initiate ~~Under the direction and supervision of a licensed pharmacist, initiate~~ communication to a prescribing practitioner or their medical staff (or agents) to obtain clarification on missing or illegible dates, prescriber name, brand/generic preference, quantity or DEA and/or license numbers. Nothing in this rule shall be construed to allow a technician to obtain information that ~~which~~ will result in a change concerning a dosage or directions to the patient.

Specific Authority 465.005 FS. Law Implemented 465.014, 893.07(1)(b) FS. History–New 2-14-77, Amended 3-31-81, Formerly 21S-4.02, Amended 8-31-87, Formerly 21S-4.002, Amended 9-9-92, Formerly 21S-27.410, 61F10-27.410, Amended 1-30-96, Formerly 59X-27.410, Amended 2-23-98, 10-15-01, _____.

64B16-27.420 Pharmacy Technician 2:1 or 3:1 Ratio.

Pharmacy technicians may perform duties in addition to those identified in Rule 64B16-27.410, F.A.C., above, in a ratio of two or three pharmacy technicians to one pharmacist. The prescription department manager or consultant pharmacist is required to submit a request and receive approval from the Board of Pharmacy prior to practicing with either a 2:1 or a 3:1 ratio of supervision per location.

The following tasks may be performed with either a 2:1 or a 3:1 ratio:

(1) through (4) No change.

Specific Authority 465.005, 465.014 FS. Law Implemented 465.014 FS. History–New 8-31-87, Formerly 21S-4.0025, Amended 7-30-91, Formerly 21S-27.420, 61F10-27.420, 59X-27.420, Amended 2-23-98, _____.

64B16-27.530 Duty of Pharmacist to Inform Regarding Drug Substitution.

Prior to the delivery of the prescription, ~~It is the finding of the Board of Pharmacy that~~ a pharmacist must ~~has the affirmative duty to~~ inform the person presenting a prescription of any substitution of a generic drug product for a brand name drug product, of any retail price difference between the two, and of the person's right to refuse the substitution. This ~~It is further found that this~~ information must be communicated ~~to the person~~ at a meaningful time such as to allow the person ~~him~~ to make an informed choice as to whether ~~he wishes~~ to exercise the ~~his~~ option to refuse substitution without undue inconvenience to the presenter of the prescription ~~him~~ or to the consumer of the drug. This information shall be communicated to the person presenting the prescription in a manner determined to be appropriate by the pharmacist using ~~his~~ professional discretion and judgment. ~~The person presenting the prescription must be informed of his right to refuse substitution prior to delivery of the prescription product.~~

Specific Authority 465.005 FS. Law Implemented 465.025(3)(a) FS. History–New 11-10-80, Formerly 21S-5.04, 21S-5.004, 21S-27.530, 61F10-27.530, 59X-27.530, Amended _____.

64B16-27.615 Possession and Disposition of Sample Medicinal Drugs.

(1) Pharmacies may not be in possession of sample medicinal drugs except:

(a)~~(1)~~ Pharmacies may possess the sample medicinal drugs that are listed within Rule 64B16-27.220, F.A.C., Medicinal Drugs That ~~Which~~ May be Ordered by Pharmacists~~, and~~

(b)~~(2)~~ Institutional pharmacies may possess sample medicinal drugs upon the written request of the prescribing practitioner. Such possession must be in accordance with the provisions of Section 499.028(3)(e)2., F.S.~~, and~~

(c)~~(3)~~ Those community pharmacies that are pharmacies of health care entities, as defined by Sections 499.003(3) and (14), F.S., may possess sample medicinal drugs upon the written request of the prescribing practitioner. Such possession must be in accordance with the provisions of Section 499.028(3)(e)2., F.S.

(2) Sample packages of medicinal drugs that are found to be unsuitable for dispensing by reason of physical condition or failure to meet requirements of state or federal law shall be returned to the company of origin in accordance with the requirements of Chapter 499, F.S.

Specific Authority 465.005, 465.022, 499.028 FS. Law Implemented 465.018, 465.019, 465.022, 465.186, 499.028 FS. History–New 11-4-93, Formerly 61F10-27.615, 59X-27.615, Amended _____.

64B16-27.700 Definition of Compounding.

"Compounding" is the professional act by a pharmacist or other practitioner authorized by law, employing the science or art of any branch of the profession of pharmacy, incorporating ingredients to create a finished product for dispensing to a patient or for administration by a practitioner or the practitioner's ~~his~~ agent; and shall specifically include the professional act of preparing a unique finished product containing any ingredient or device defined by Sections 465.003(7) and (8), F.S. The term also includes the preparation of nuclear pharmaceuticals and diagnostic kits incident to use of such nuclear pharmaceuticals. The term "commercially available products," as used in this section, means any medicinal product as defined by Sections 465.003(7) and (8), F.S., that are legally distributed in the State of Florida by a drug manufacturer or wholesaler.

(1) No change.

(2) The preparation of drugs or devices for sale or transfer to pharmacies, practitioners, or entities for purposes of dispensing or distribution is not compounding and is not within the practice of the profession of pharmacy. Except that the supply of patient specific compounded prescriptions to another pharmacy under the provisions of Section 465.0265, F.S., and Rule 64B16-28.450, F.A.C., is authorized.

Specific Authority 465.005 FS. Law Implemented 465.003(12), 465.0155, 465.0265 FS. History–New 10-1-92, Formerly 21S-27.700, 61F10-27.700, 59X-27.700, Amended 11-2-03, _____.

64B16-27.830 Standards of Practice – Drug Therapy Management.

(1) through (3) No change.

(4) A pharmacist may dispense a drug pursuant to a prescription where the practitioner indicates on the prescription "formulary compliance approval" either in the practitioner's own handwriting or preprinted with a box where the practitioner indicates approval by checking the box when:

(a) The pharmacist receives a formulary change as a consequence of the patient's third party plan or Medicaid.

(b) The product that the third party formulary designates as its preferred product is a therapeutic equivalent for the prescribed product. A therapeutic equivalent is a product that is in the same therapeutic class as the prescribed drug.

(c) The pharmacist, within 24 hours of the formulary compliance substitution, shall provide to the practitioner either in writing or by facsimile a statement indicating that the pharmacist engaged in formulary compliance and the therapeutic equivalent that the pharmacist dispensed.

(d) The pharmacist has complied with the requirements of Rule 64B16-27.530, F.A.C., with regard to notification to the patient.

The pharmacist may make adjustments in the quantity and directions to provide for an equivalent dose of the preferred formulary therapeutic alternative.

(5)~~(4)~~ No change.

Specific Authority 465.005, 465.0155 FS. Law Implemented 465.003(13), 465.0155, 465.022(1)(b) FS. History–New 4-4-00, Amended _____.

64B16-27.831 Standards of Practice for the Dispensing of Controlled Substances for Treatment of Pain.

~~(1) The Board of Pharmacy recognizes that principles of quality pharmacy practice dictate that the people of the State of Florida have access to appropriate and effective pain relief. The appropriate application of up to date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. The Board encourages pharmacies to view effective pain management as a part of quality pharmacy practice for all patients with pain, acute or chronic, and it is especially important for patients who experience pain as a result of terminal illness. All pharmacists should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing and dispensing controlled substances.~~

~~(2) Inadequate pain control may result from pharmacists' lack of knowledge about pain management or an inadequate understanding of addiction. Fears of investigation or sanction by federal, state, and local regulatory agencies may also result in inappropriate or inadequate treatment of chronic pain patients. Pharmacists should not fear disciplinary action from the Board or other state regulatory or enforcement agencies for dispensing controlled substances for a legitimate medical purpose. Accordingly, these guidelines have been developed to clarify the Board's position on pain control, specifically as related to the use of controlled substances, to alleviate pharmacist uncertainty and to encourage better pain management.~~

~~(3) The Board of Pharmacy is obligated under the laws of the State of Florida to protect the public health and safety. The Board recognizes that inappropriate dispensing of controlled substances may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Pharmacists should be diligent in preventing the diversion of drugs for illegitimate purposes.~~

(1)~~(4)~~ An order purporting to be a prescription that is not issued for a legitimate medical purpose ~~not in the usual course of professional treatment nor in legitimate and authorized research~~ is not a prescription and the pharmacist knowingly filling such a purported prescription shall be subject to penalties for violations of the law.

(2) The following criteria shall ~~should~~ cause a pharmacist to question whether a prescription was issued for a legitimate medical purpose:

(1) through (5) renumbered (a) through (e) No change.

(3) If any of the ~~these~~ criteria in subsection (2) is met, the pharmacist shall:

(a) Require ~~should insist~~ that the person to whom the medication is dispensed provide picture identification and the pharmacist should photocopy such picture identification for the pharmacist's records. If a photocopier is not available, the pharmacist should document on the back of the prescription complete descriptive information from the picture identification. If the person to whom medication is dispensed has no picture identification, the pharmacist should confirm the person's identity and document on the back of the prescription complete information on which the confirmation is based.

(b) Verify ~~The pharmacist should also verify~~ the prescription with the prescriber. A pharmacist who believes a prescription for a controlled substance medication to be valid, but who has not been able to verify it with the prescriber, may determine not ~~that he or she is unable~~ to supply the full quantity and may dispense a partial supply, not to exceed a 72 hour supply. After verification by the prescriber, the pharmacist may dispense the balance of the prescription within a 72 hour time period following the initial partial filling, unless otherwise prohibited by law.

(4)~~(5)~~ No change.

(5)~~(6)~~ Any pharmacist who has reason to believe~~s~~ that a prescriber of controlled substances is involved in the diversion of controlled substances shall report such prescriber to the Department of Health.

(6)~~(7)~~ No change.

Specific Authority 465.005, 465.0155 FS. Law Implemented 456.072(1)(i), 465.0155, 465.016(1)(i), (o), 465.017(2) FS. History–New 8-29-02, Amended 2-24-03, _____.

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLES:	RULE NOS.:
Practice of Pharmacy	64B16-27.1001
Transmission of Prescription Orders	64B16-27.1003
Prescription Refills	64B16-27.211

PURPOSE AND EFFECT: The Board proposes new rules in order to consolidate all requirements relating to the practice of pharmacy into Chapter 64B16-27, F.A.C.

SUBJECT AREA TO BE ADDRESSED: The proposed new rules set forth the requirements of pharmacy practice reserved solely to the pharmacist, the requirements relating to modes of transmission for prescriptions, and the requirements for prescription refills.

SPECIFIC AUTHORITY: 465.005, 465.0155, 465.016(1), 465.022, 893.04 FS.

LAW IMPLEMENTED: 465.003(11)(b),(13), 465.014, 465.022, 465.026, 893.07 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B16-27.1001 Practice of Pharmacy.

Those functions within the definition of the practice of the profession of pharmacy, as defined by Section 465.003(13), Florida Statutes, are specifically reserved to a pharmacist or a duly registered pharmacy intern in this state acting under the direct and immediate personal supervision of a pharmacist. The following subjects come solely within the purview of the pharmacist.

(1) A pharmacist or pharmacy intern must:

(a) Supervise and be responsible for the controlled substance inventory.

(b) Receive verbal prescriptions from a practitioner.

(c) Interpret and Identify prescription contents.

(d) Engage in consultation with a practitioner regarding interpretation of the prescription and data in a patient profile.

(e) Engage in professional communication with practitioners, nurses or other health professionals.

(f) Advise or consult with a patient, both as to the prescription and the patient profile record.

(g) Certify the finished prescription.

(2) When parenteral and bulk solutions of all sizes are prepared, regardless of the route of administration, the pharmacist must:

(a) Interpret and identify all incoming orders.

(b) Mix all extemporaneous compounding or be physically present and give direction to the pharmacy technician for reconstitution, for addition of additives, or for bulk compounding of the parenteral solution.

(c) Physically examine, certify to the accuracy of the final preparation, thereby assuming responsibility for the final preparation.

(d) Systemize all records and documentation of processing in such a manner that professional responsibility can be easily traced to a pharmacist.

(3) Only a pharmacist may make the final check of the completed prescription thereby assuming the complete responsibility for its preparation and accuracy.

(4) The pharmacist, as an integral aspect of dispensing, shall be directly and immediately available to the patient or the patient's agent for consultation and shall not dispense to a third party. No prescription shall be deemed to be properly dispensed unless the pharmacist is personally available.

(5) The pharmacist performing in this state any of the acts defined as "the practice of the profession of pharmacy" in Section 465.003(13), Florida Statutes, shall be actively licensed as a pharmacist in this state, regardless of whether the practice occurs in a permitted location (facility) or other location.

(6) A pharmacist may take a meal break, not to exceed 30 minutes in length, during which the pharmacy department of a permittee shall not be considered closed, under the following conditions:

(a) The pharmacist shall be considered present and on duty during any such meal break if a sign has been prominently posted in the pharmacy indicating the specific hours of the day during which meal breaks may be taken by the pharmacist and assuring patients that a pharmacist is available on the premises for consultation upon request during a meal break.

(b) The pharmacist shall be considered directly and immediately available to patients during such meal breaks if patients to whom medications are delivered during meal breaks are verbally informed that they may request that a pharmacist contact them at the pharmacist's earliest convenience after the meal break, and if a pharmacist is available on the premises during the meal break for consultation regarding emergency matters. Only prescriptions with final certification by the pharmacist may be delivered.

(c) The activities of pharmacy technicians during such a meal break shall be considered to be under the direct and immediate personal supervision of a pharmacist if the pharmacist is available on the premises during the meal break

to respond to questions by the technicians, and if at the end of the meal break the pharmacist certifies all prescriptions prepared by the pharmacy technicians during the meal break.

(7) The delegation of any duties, tasks or functions to interns and pharmacy technicians must be performed subject to a continuing review and ultimate supervision of the pharmacist who instigated the specific task, so that a continuity of supervised activity is present between one pharmacist and one pharmacy technician. In every pharmacy, the pharmacist shall retain the professional and personal responsibility for any delegated act performed by interns and pharmacy technicians in the licensee's employ or under the licensee's supervision.

Specific Authority 465.005, 465.0155 FS. Law Implemented 465.003(11)(b), (13), 465.014, 465.026 FS. History–New _____.

64B16-27.1003 Transmission of Prescription Orders.

Prescriptions may be transmitted from prescriber to dispenser in written form or by any means of communication. Prescriptions may be transmitted by facsimile systems as provided in Section 465.035, Florida Statutes, and federal law. Any direct transmission of prescriptions, including verbal, facsimile, telephonic or electronic data transmission, shall only be with the approval of the patient or patient's agent. The pharmacist receiving any such transmitted prescription shall not participate in any system that the pharmacist knows or should have reason to know restricts the patient's choice of pharmacy. The pharmacist shall take such measures necessary to ensure the validity of all prescriptions received.

Specific Authority 465.005, 465.0155, 465.022 FS. Law Implemented 465.022, 465.026, 893.07 FS. History–New _____.

64B16-27.211 Prescription Refills

No prescription may be filled or refilled in excess of one (1) year from the date of the original prescription was written. No prescription for a controlled substance listed in Schedule II may be refilled. No prescription for a controlled substance listed in Schedules III, IV, or V may be filled or refilled more than five (5) times within a period of six (6) months after the date on which the prescription was written.

Specific Authority 465.005, 465.016(1), 465.022(1)(a), 893.04 FS. Law Implemented 465.022 FS. History–New _____.

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE CHAPTER TITLE: RULE CHAPTER NO.:
General Requirements – Permits 64B16-28

PURPOSE AND EFFECT: The Board proposes to review this rule chapter to determine whether any amendments are necessary or if any new rules should be promulgated.

SUBJECT AREA TO BE ADDRESSED: General Requirements – Permits.

SPECIFIC AUTHORITY: 465.005, 465.022 FS.

LAW IMPLEMENTED: 465.022(1), 465.186 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Division of Environmental Health

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Emergency Medical Services	64E-2
RULE TITLES:	RULE NOS.:
Definitions	64E-2.001
Prehospital Requirements for Trauma Care	64E-2.015
Trauma Transport Protocols Approval and Denial Process	64E-2.016
Trauma Registry	64E-2.018
Trauma Agency Formation Requirements	64E-2.019
Trauma Agency Implementation and Operation Requirements	64E-2.021
Apportionment of Trauma Centers within a Trauma Service Area (TSA)	64E-2.022
Trauma Center Requirements	64E-2.023
Process for the Approval of Trauma Centers	64E-2.024
Extension of Application Period	64E-2.025
Certificate of Approval	64E-2.026
Process for Renewal of Trauma Centers	64E-2.027
Site Visits and Approval	64E-2.028
Application by Hospital Denied Approval	64E-2.029
Do Not Resuscitate Order (DNRO) Form and Patient Identification Device	64E-2.031

PURPOSE AND EFFECT: This rule is going to be amended to reflect the provisions of Senate Bill 1762 which eliminates obsolete language and brings Chapter 395, Part II, F.S., up to current national standards. The rule also implements the procedures and processes for notification, duration and explanation of the termination of trauma services. The rule will also be amended to reflect the accurate date on the current Do Not Resuscitate Order Form.

SUBJECT AREA TO BE ADDRESSED: Termination of trauma services; Department of Health Trauma Transport Protocols Manual; Department of Health Pamphlet 150-9, December 2004, Trauma Center Standards; Level I Trauma Center Application Manual, December 2004; Level II Trauma Center Application Manual, December 2004; Pediatric Trauma

Center Application Manual, December 2004; Florida Trauma Registry Manual, December 2004; Do Not Resuscitate Order Form.

SPECIFIC AUTHORITY 381.0011, 395.4025, 395.405, 401.35, 401.45(3) FS.

LAW IMPLEMENTED: 381.0205, 395.401, 395.4015, 395.4002, 395.4025, 395.404, 395.4045, 395.405, 395.103, 401.30, 401.35, 401.45, 765.401 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIMES, DATES AND PLACES SHOWN BELOW:

TIME AND DATE: 2:00 p.m. (EST), November 8, 2004

PLACE: Department of Health, Bureau of Emergency Medical Services, 4025 Esplanade Way, Room 301 A & B, Tallahassee, Florida

TIME AND DATE: 10:00 a.m. (EST), November 10, 2004

PLACE: Tampa Airport Marriott, Tampa International Airport, Tampa, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Bernadette Behmke, Operations Management Consultant II, Emergency Medical Operations, Office of Trauma, 4052 Bald Cypress Way, Bin #C18, Tallahassee, Florida 32399-1738, (850)245-4444, Ext. 2756, Fax (850)488-2512, e-mail: Bernadette_Behmke@doh.state.fl.us

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVEOPMENT IS:

64E-2.001 Definitions.

In addition to the definitions provided in Sections 395.401, 401.107, and 401.23, F.S., the following definitions apply to these rules:

(1) Abbreviated Injury Score (AIS-90) – means a consensus derived, anatomically based system that classifies individual injuries by body region on a 6-point ordinal severity scale ranging from 1 to 6. The methodology for determining AIS-90 Code is found in the "Abbreviated Injury Scale 1990 - Update 98," ~~Revision,"~~ which is incorporated by reference and is available from the Association for the Advancement of Automotive Medicine, P. O. Box 4176, Barrington, IL 60011-4176, or www.aaam.org. ~~2340 Des Plaines River Road, Des Plaines, Il 60018 at a cost of $40.00.~~

(2) through (9) No change.

(10) Injury Severity Score (ISS) – means the sum of the squares of the highest AIS-90 code in each of the three most severely injured body regions. The method of computing ISS is found in the "Abbreviated Injury Scale 1990 – Update 98." ~~Revisions."~~

(11) through (16) No change.

(17) Provisional trauma center ~~State-Approved Pediatric Trauma Referral Center (SAPTRC)~~ means a hospital licensed under Chapter 395, F.S., which submits an application indicating that the hospital meets the trauma center requirements provided in DHP 150-9 and is approved by the department to provide ~~pediatric~~ trauma care services until approval or denial as a trauma center ~~SAPTRC~~.

~~(18) Provisional State-Approved Trauma Center (SATC) – means a hospital licensed under Chapter 395, F.S., which submits an application indicating that the hospital meets the requirements provided in DHP 150-9 and is approved by the department to provide trauma care services until approval or denial as a SATC.~~

(18)~~(19)~~ Training Program – means an educational institution having one designated program director, one designated medical director, and single budget entity; for the purposes of providing EMT or paramedic education programs, as approved by the department.

(19)~~(20)~~ Trauma – means a blunt, penetrating or burn injury caused by external force or violence.

(20)~~(21)~~ Trauma Alert – means a notification initiated by EMS informing a hospital that they are en route with a patient meeting the trauma alert criteria.

(21)~~(22)~~ Trauma Alert Patient – means a person whose primary physical injury is a blunt, penetrating or burn injury, and who meets one or more of the adult trauma scorecard criteria in Rule 64E-2.017, F.A.C., or the pediatric trauma scorecard criteria in Rule 64E-2.0175, F.A.C.

(22)~~(23)~~ Trauma Patient – means any person who has incurred a physical injury or wound caused by trauma and who has accessed an emergency medical services system.

(23)~~(24)~~ Trauma Registry – means a statewide database which integrates medical and system information related to trauma patient diagnosis and the provision of trauma care by prehospital, hospital, ~~SATC, SAPTRC, providers~~ and medical examiners.

(24)~~(25)~~ Trauma Transport Protocols (TTPS) – means a document which describes the policies, processes and procedures governing the dispatch of vehicles, and the triage and transport of trauma patients.

Specific Authority 381.0011(13), 395.401, 395.4025(13), 395.405, 401.121, 401.35 FS. Law Implemented 381.0011, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, 395.4045, 395.405, 401.121, 401.211, 401.23, 401.25, 401.35, 401.435 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, 11-2-86, 4-12-88, 8-3-88, 8-7-89, 6-6-90, Formerly 10D-66.485, Amended 12-10-92, 11-30-93, 10-2-94, 1-26-97, Formerly 10D-66.0485, Amended 8-4-98, 7-14-99, 2-20-00, 11-3-02, _____.

64E-2.015 Prehospital Requirements for Trauma Care.

(1) No change.

(2) Each EMS provider shall transport, or cause to be transported, every trauma alert patient to a trauma center ~~SATC or SAPTRC~~ nearest to the location of the incident, unless the distance is not relevant to the length of time for transport due to the use of an air ambulance. Pediatric trauma alert patients shall be transported to the nearest trauma center ~~SAPTRC or SATC~~ with pediatric ~~SAPTRC~~ services even if a trauma center ~~SATC~~ without pediatric ~~SAPTRC~~ services is nearer to the location of the incident, except as provided in

department-approved TTPs. If a trauma center ~~SATC or SAPTRC~~ further from the location of the incident has a special resource(s) that the nearest trauma center ~~SATC or SAPTRC~~ does not have, such as burn center or hyper baric chamber, which is needed for the immediate condition of the trauma alert patient, the EMS provider may transport to the trauma center ~~SATC or SAPTRC~~ having that special resource(s) even if the trauma center ~~SATC or SAPTRC~~ is not nearest to the incident. These exceptions to transporting to the nearest trauma center ~~SATC or SAPTRC~~, or other exceptions the EMS provider wishes to request, shall be addressed in the EMS provider's TTPs which shall be submitted to the department for approval, in accordance with Section 395.4045, F.S. and Rule 64E-2.016, F.A.C.

(3) A trauma alert patient may be transported to a hospital other than a trauma center ~~SATC or SAPTRC~~ only if the hospital is closer to the scene of the incident, and the patient's immediate condition is such that the patient's life will be endangered if care is delayed by proceeding directly to the trauma center ~~SATC or SAPTRC~~. If an EMS provider intends to transport trauma alert patients to hospitals other than trauma centers ~~SATCs or SAPTRCs~~ under any other circumstances, those circumstances must be described in and authorized by the EMS provider's department-approved TTPs, as required in this section.

(a) An EMS provider must transport a trauma alert patient to a trauma center ~~SATC or SAPTRC~~, except as may be provided in the EMS provider's department-approved TTPs. For situations for which the EMS provider intends to transport a trauma alert patient to a hospital other than trauma center ~~SATC or SAPTRC~~, as indicated in the provider's or trauma agency's department-approved TTPs, the EMS provider or trauma agency shall ensure beforehand that the hospital meets the following criteria:

1. through 3. No change.

4. Has equipment and staff on call and available to initiate definitive care required by a trauma alert patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patients arrival to transfer the trauma alert patient to a trauma center ~~SATC or SAPTRC~~; and

5. Has a written transfer agreement with at least one trauma center ~~SATC or SAPTRC~~. The transfer agreement shall provide specific procedures to ensure the timely transfer of the trauma alert patient to the trauma center ~~SATC or SAPTRC~~.

(b) No change.

(c) Prior to submitting an application for an ALS, BLS or air ambulance license, or to renew such a license, each EMS provider shall request in writing, from the chief executive officer of each hospital (excluding trauma centers) ~~SATCs and SAPTRCs)~~ to which the EMS provider intends to transport trauma alert patient's, written documentation that verifies that the hospital meets the requirements provided in paragraph (3)(a) of this section. When submitting TTPs for department approval, EMS providers shall include copies of each letter sent to the chief executive officer of such hospital as well as the response, if any, from the chief executive officer indicating whether the hospital complies with paragraph (3)(a) of this section.

(d) through (f) No change.

(g) If a hospital to which an EMS provider transports trauma alert patients, as provided in the EMS provider's or trauma agency department-approved TTPs, becomes a trauma center ~~SATC or SAPTRC~~, including those granted provisional status by the department, the EMS provider shall begin immediately transporting trauma alert patients to that trauma center ~~SATC or SAPTRC~~. The EMS provider or trauma agency shall revise and submit TTPs to the department for approval within 30 days of the hospital becoming a trauma center ~~SATC or SAPTRC~~. Within 30 days of an EMS provider or a trauma agency receiving notification that a trauma center ~~SATC or SAPTRC~~ intends to discontinue as a trauma center ~~SATC or SAPTRC~~, the EMS provider or trauma agency shall submit revised TTPs to the department for approval, in accordance with Rule 64E-2.016, F.A.C.

(4) No change.

(5) The EMS provider responsible for the patient shall ensure that a prehospital trauma alert is issued upon determining that a trauma patient meets the requirements of Rules 64E-2.017, and 64E-2.0175, F.A.C. The words "trauma alert" shall be used when notifying the trauma center ~~SATC, or SAPTRC,~~ or hospital that EMS is en route with a trauma alert patient. The medical director of the EMS provider issuing the trauma alert, or the physician at the receiving trauma center ~~SATC, SAPTRC,~~ or hospital, are the only people authorized to change the trauma alert status. The EMS provider issuing the trauma alert shall also provide the trauma center ~~SATC, or SAPTRC,~~ or hospital with information required under subsection 64E-2.013(5), F.A.C., and the information listed below at the time the patient is transferred to the personnel of the receiving trauma center ~~SATC, or SAPTRC,~~ or hospital:

(a) through (h) No change.

The information listed above shall be documented on the patient care record of the transporting unit that delivered the patient in accordance with the requirements of Rule 64E-2.013, F.A.C.

(6) Each EMS provider or trauma agency shall submit to the department TTPs for approval as required by the Trauma Transport Protocols Manual, December 2004, ~~July 2002,~~ which is incorporated by reference and available from the department.

Specific Authority 395.4045, 395.405, 401.35 FS. Law Implemented 395.401-.403, 395.404-.405, 395.4045, 401.30, 401.35 FS. History–New 8-3-88, Amended 12-10-92, 11-30-93, Formerly 10D-66.100, Amended 8-4-98, 7-14-99, 2-20-00, 11-3-02, 11-24-02, _____.

64E-2.016 Trauma Transport Protocols Approval and Denial Process.

TTPs shall be approved by the EMS provider's or trauma agency's medical director prior to submission to the department for approval and in accordance with the Trauma Transport Protocols Manual, December 2004 ~~July 2002~~, which is incorporated in Rule 64E-2.015, F.A.C.

Specific Authority 395.405, 401.35 FS. Law Implemented 395.4045, 395.4045, 401.30, 401.35 FS. History–New 8-3-88, Amended 12-10-92, Formerly 10D-66.101, Amended 11-24-02, _____.

64E-2.018 Trauma Registry.

Instructions for completing and submitting data are defined in the Florida Trauma Registry Manual, December 2004, ~~February 2002,~~ which is incorporated by reference and available from the department.

Specific Authority 395.405, 401.35 FS. Law Implemented 395.3025(4)(f), 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405, 401.30, 401.35 FS. History–New 8-3-88, Amended 12-10-92, 11-30-93, Formerly 10D-66.013, Amended 7-14-99, 11-19-01, 6-3-02, _____.

64E-2.019 Trauma Agency Formation Requirements.

(1) through (2)(c)4. No change.

(d) Trauma System Structure.

1. Describe the operational functions of the system; the components of the system; the integration of the components and operational functions; and the coordination and integration of the activities and responsibilities of trauma centers ~~SATCs, SAPTRCs~~, hospitals, and prehospital EMS providers; and

2. Include a list of all participating and non-participating trauma care resources within the defined geographical area of the proposed trauma agency and documentation showing that these entities have been given the opportunity to participate in the system. Trauma care resources shall include, but are not limited to, hospitals, trauma centers ~~SATCs, SAPTRCs~~, prehospital providers, training centers, and planning entities; and

3. Include the proposed trauma agency's recommendation and justification for the number and location of trauma centers, ~~SATCs, SAPTRCs,~~ required to serve its defined geographical area.

(e) through (p) No change.

Specific Authority 395.401, 395.405, 401.35 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.405, 401.35 FS. History–New 8-3-88, Amended 12-10-92, Formerly 10D-66.104, Amended 11-24-02, _____.

64E-2.021 Trauma Agency Implementation and Operation Requirements.

(1) through (2) No change.

(a) Conduct reviews of trauma center ~~SATC and SAPTRC~~ applications from any hospital within the defined geographic area of the trauma agency. Submission of a trauma center's ~~an SATC and SAPTRC~~ application to the trauma agency by a hospital seeking approval shall be in accordance with the time frames described in paragraph 64E-2.024(1)(c), F.A.C. Results of the trauma agency's review shall be submitted to the department no later than April 7 of each year, in order to be considered by the department.

(b) No change.

1. Results of monitoring each EMS provider, trauma center ~~SATC, SAPTRC~~ and hospital within the defined geographic area of the trauma agency for compliance with trauma scorecard methodology requirements as provided in Rules 64E-2.017 and 64E-2.0175, F.A.C.

2. Results of monitoring each EMS provider, trauma center ~~SATC, SAPTRC~~ and hospital within the defined geographic area of the trauma agency for compliance with TTP requirements as provided in Rule 64E-2.015, F.A.C.

3. through 4. No change.

5. Documentation that all ~~state-approved~~ trauma centers in the geographic area of the trauma agency participate in quality improvement process.

6. No change.

(3) No change.

Specific Authority 395.405, 401.35 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.405, 401.35 FS. History–New 12-10-92, Formerly 10D-66.1065, Amended 8-4-98, 11-19-01, 11-24-02, _____.

64E-2.022 Apportionment of Trauma Centers ~~State Approved (SATC) or State Approved Pediatric Trauma Referral Centers (SAPTRC)~~ within a Trauma Service Area (TSA).

(1) No change.

(2) The number of trauma centers ~~SATCs or SAPTRCs~~ in each TSA shall be in accordance with the minimum number set forth in the table below. ~~which is replicated from table 3.3 in "A Report and Proposal for Funding State-Sponsored Trauma Centers," February 1990, except as provided in this section.~~ Each trauma service area shall have at least one Level I or Level II trauma center ~~SATC~~ position.

(3) The number of trauma center ~~SATC or SAPTRC~~ positions for each TSA is as follows:

TSA Counties Trauma Centers ~~SATC or SAPTRC~~

1. through 19. No change.

(4) The single trauma center not designated by the table above shall be assigned at the descretion of the department. ~~Any TSA which did not have a hospital approved by the department as a Provisional SATC or Provisional SAPTRC by May 1, 1991, will have its assigned number of positions reduced by one on that date. TSAs that have only one available position are not affected. The additional position(s) will be reserved and assigned at the discretion of the department. Due to an error in addition, the single trauma center not designated by the table contained in "A Report and Proposal for Funding State Sponsored Trauma Centers", February 90, shall be assigned at the discretion of the department.~~

Specific Authority 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.405 FS. History–New 12-10-92, Formerly 10D-66.1075, Amended _____.

64E-2.023 Trauma Center ~~SATC and SAPTRC~~ Requirements.

(1) The standards for Level I and Level II trauma centers ~~SATCs, and SAPTRCs,~~ are published in DH Pamphlet (DHP) 150-9, December 2004, ~~February 2002, State Approved Trauma Center and State Approved Pediatric Trauma Referral Center Approval Standards,~~ which is incorporated by reference and available from the department. Trauma centers must be in full compliance with these standards by July 1, 2000.

(2) To be a Level I trauma center, ~~SATC,~~ a hospital shall be a state licensed general hospital and shall:

(a) Meet and maintain after receiving provisional status and during the 7 year ~~state-~~approval period the standards for a Level I trauma center ~~SATC, and the standards for a SAPTRC~~ as provided in DHP 150-9, December 2004. ~~February 2002,~~

(b) No change.

(c) Meet and maintain after receiving provisional status and during the 7 year ~~state-~~approval period the requirements provided in Rule 64E-2.018, F.A.C., regarding the collecting and reporting of trauma registry data; and

(d) Maintain and update at least annually an in-hospital copy of the application that was approved by the department as described in Rule 64E-2.024, F.A.C., so that the application reflects current and accurate information. Documentation used by the trauma center ~~SATC or SAPTRC~~ to update the application, but maintained elsewhere between annual application updates shall be immediately available for department review at any time. The application shall be maintained and updated after receiving provisional status and during the 7 year ~~state-~~approval period, and organized in the same manner as was required at the time of application.

(3) To be a Level II trauma center, ~~SATC,~~ a hospital shall:

(a) Meet and maintain after receiving provisional status and during the 7 year ~~state-~~approval period the standards for a Level II trauma center, ~~SATC,~~ as provided in DHP 150-9, December 2004 ~~February 2002~~.

(b) No change.

(c) Meet and maintain after receiving provisional status and during the 7 year ~~state~~ approval period the requirements provided in Rule 64E-2.018, F.A.C., regarding the collecting and reporting of trauma registry data; and

(d) Maintain and update at least annually an in-hospital copy of the application that was approved by the department as described in Rule 64E-2.024, F.A.C., so that the application reflects current and accurate information. The application shall be maintained and updated after receiving provisional status and during the 7 year ~~state~~ approval period, and organized in the same manner as was required at the time of application.

(4) To be a pediatric trauma center, ~~SAPTRC,~~ a hospital shall:

(a) Meet and maintain after receiving provisional status and during the 7 year ~~state-~~approval period the standards for a pediatric trauma center, ~~SAPTRC,~~ as provided in DHP 150-9, December 2004 ~~February 2002~~.

(b) No change.

(c) Meet and maintain after receiving provisional status and during the 7 year ~~state~~ approval period the requirements provided in Rule 64E-2.018, F.A.C., regarding the collecting and reporting of trauma registry data; and

(d) Maintain and update at least annually an in-hospital copy of the application that was approved by the department as described in Rule 64E-2.024, F.A.C., so that the application reflects current and accurate information. Documentation used by the trauma center ~~SATC and SAPTRC~~ to update the application, but maintained elsewhere between annual application updates shall be immediately available for department review at any time. The application shall be maintained and updated after receiving provisional status and during the 7 year ~~state-~~approval period, and organized in the same manner as was required at the time of application.

(5) The standards published in DHP 150-9, December 2004, ~~February 2002,~~ are subject to revision at any time through rule promulgation. Any hospital that has been granted Provisional trauma center ~~SATC or Provisional SAPTRC~~ status or has been granted a 7 year Certificate of ~~State~~ Approval as a trauma center ~~SATC or SAPTRC~~ shall comply with all revisions to the standards published in DHP 150-9, beginning on the date the amended rule becomes effective.

Specific Authority 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 12-10-95, Formerly 10D-66.108, Amended 8-4-98, 2-20-00, 6-3-02, _____.

64E-2.024 Process for the Approval of Trauma Centers ~~SATCs and SAPTRCs~~.

(1) Beginning September 1, 1990, and annually thereafter, the department shall approve trauma centers ~~SATCs and SAPTRCs~~ in accordance with the schedule shown in Table VII; (Unless stated otherwise all dates given by calendar month and day refer to that date each year.)

(a) The department shall accept a letter of intent, DH Form 1840, December 2004, ~~January 2000,~~ "~~State-Approved~~ Trauma Center Letter of Intent", which is incorporated by reference and available from the department, postmarked no earlier than September 1 and no later than midnight, October 1, from any acute care general or pediatric hospital. The letter of intent is non-binding, but preserves the hospital's right to submit an application by the required due date if an available position, as provided in Rule 64E-2.022, F.A.C., exists in the hospital's TSA. If the hospital does not submit an application by April 1 of the following year, the hospital's letter of intent is void;

(b) By October 15, the department shall send to those hospitals submitting a letter of intent an application package which will include, as a minimum, instructions for submitting

information to the department for selection as a trauma center, ~~SATC or SAPTRC~~, DHP 150-9, December 2004, Trauma Center Standards, ~~February 2002, State-Approved Trauma Center and State-Approved Pediatric Trauma Referral Center Approval Standards,~~ which is incorporated by reference in Rule 64E-2.023, F.A.C., and the requested application(s);

(c) No later than April 1 of the calendar year following the submission of a letter of intent, a hospital seeking approval as a trauma center ~~SATC or SAPTRC~~ shall submit to the department an original and 3 copies of the respective application as indicated below. Each hospital in a TSA with a department-approved local or regional trauma agency shall, at the time a trauma center ~~SATC or SAPTRC~~ application is submitted to the department, submit a duplicate of the application to the trauma agency for review. Recommendations from the trauma agency shall be submitted to the department no later than April 7, as provided in Rule 64E-2.021, F.A.C.

1. To apply for approval as a Level I ~~State-Approved~~ Trauma Center, applicants must submit all forms contained in the Level I ~~State-Approved~~ Trauma Center Application Manual, December 2004. ~~January 2000,~~ The manual and the forms contained therein are incorporated by reference and available from the department. The manual contains the following forms: DH Form 2032, December 2004, ~~January 2000,~~ General Information for Level I ~~State-Approved~~ Trauma Center Application; DH Form 2032-A, December 2004, ~~January 2000,~~ Level I Trauma Center Approval Standards Summary Chart; DH Form 2032-B, December 2004, ~~January 2000,~~ Application for Level I ~~State-Approved~~ Trauma Center Approval Letter of Certification; DH Form 2032-C, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center Surgical Specialties Certifications; DH Form 2032-D, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center Non-Surgical Specialties Certifications; DH Form 2032-E, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center General Surgeons Commitment Statement; DH Form 2032-F, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center General Surgeons Available for Trauma Surgical Call; DH Form 2032-G, December 2004, ~~January 2000,~~ Neurosurgeons Available for Trauma Surgical Call; DH Form 2032-H, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center Neurological, Pediatric Trauma and Neurological, and Neuroradiology Statements; DH Form 2032-I, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center Surgical Specialists On Call and Promptly Available; DH Form 2032-J, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center Emergency Department Physicians; DH Form 2032-K, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center Anesthesiologists Available for Trauma Call; DH Form 2032-L, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center C.R.N.A.s Available for Trauma Call; and DH Form 2032-M, December 2004, ~~January 2000,~~ Level I ~~State-Approved~~ Trauma Center Non-Surgical Specialists On Call and Promptly Available.

2. To apply for approval as a Level II ~~State-Approved~~ Trauma Center, applicants must submit all forms contained in the Level II ~~State-Approved~~ Trauma Center Application Manual, December 2004. ~~January 2000,~~ The manual and the forms contained therein are incorporated by reference and available from the department. The manual contains the following forms: DH Form 2043, December 2004, ~~January 2000,~~ General Information for Level II ~~State-Approved~~ Trauma Center Application; DH Form 2043-A, December 2004, ~~January 2000,~~ Level II Trauma Center Approval Standards Summary Chart; DH Form 2043-B, December 2004, ~~January 2000,~~ Application for Level II ~~State-Approved~~ Trauma Center Approval Letter of Certification; DH Form 2043-C, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Surgical Specialties Certifications; DH Form 2043-D, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Non-Surgical Specialties Certifications; DH Form 2043-E, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center General Surgeons Commitment Statement; DH Form 2043-F, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center General Surgeons Available for Trauma Surgical Call; DH Form 2043-G, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Neurosurgeons Available for Trauma Surgical Call; DH Form 2043-H, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Neurological, Pediatric Trauma and Neurological, and Neuroradiology Statements; DH Form 2043-I, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Surgical Specialists On Call and Promptly Available; DH Form 2043-J, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Emergency Department Physicians; DH Form 2043-K, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Anesthesiologists Available for Trauma Call; DH Form 2043-L, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center C.R.N.A.s Available for Trauma Call; and DH Form 2043-M, December 2004, ~~January 2000,~~ Level II ~~State-Approved~~ Trauma Center Non-Surgical Specialists On Call and Promptly Available.

3. To apply for approval as a ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center, applicants must submit all forms contained in the ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Application Manual, December 2004. ~~January 2000,~~ The manual and the forms contained therein are incorporated by reference and available from the department. The manual contains the following forms: DH Form 1721, December 2004, ~~January 2000,~~ General Information for ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Application; DH Form 1721-A, December 2004, ~~January 2000,~~ Pediatric Trauma ~~Referral~~ Center Approval Standards Summary Chart; DH

Form 1721-B, December 2004, ~~January 2000,~~ Application for ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Letter of Certification; DH Form 1721-C, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Surgical Specialties Certifications; DH Form 1721-D, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Non-Surgical Specialties Certifications; DH Form 1721-E, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric ~~Trauma Referral~~ Center General Surgeons Commitment Statement; DH Form 1721-F, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center General Surgeons Available for Trauma Surgical Call; DH Form 1721-G, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Neurosurgeons Available for Trauma Surgical Call; DH Form 1721-H, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Neurological, Pediatric Trauma and Neurological, and Neuroradiology Statements; DH Form 1721-I, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Surgical Specialists On Call and Promptly Available; DH Form 1721-J, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Emergency Department Physicians; DH Form 1721-K, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Anesthesiologists Available for Trauma Call; DH Form 1721-L, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center C.R.N.A.s Available for Trauma Call; and DH Form 1721-M, December 2004, ~~January 2000,~~ ~~State-Approved~~ Pediatric Trauma ~~Referral~~ Center Non-Surgical Specialists On Call and Promptly Available.

(d) After considering the results of the local or regional trauma agency's recommendations, the department shall, by April 15, conduct a provisional review to determine completeness of the application and the hospital's compliance with the standards of critical elements for provisional status. The standards of critical elements for provisional review for Level I and Level II trauma center ~~SATC~~ applications are specified in DHP 150-9, December 2004, ~~February 2002,~~ as follows:

Level I

STANDARD through Level II STANDARD No change.

Pediatric ~~SAPTRC~~

STANDARD I through XVIII No change.

(e) through (f) No change.

(g) The department shall send written notification to each applicant on or before May 1:

1. The department shall notify each hospital whose application it has found acceptable upon completion of the provisional review that the hospital shall operate as a Provisional trauma center ~~SATC or Provisional SAPTRC~~ beginning May 1;

2. No change.

(h) The department shall, between May 1 and June 30, complete an in-depth review of all sections of the Provisional trauma center's ~~SATC's or Provisional SAPTRC's~~ application. The department shall notify the hospital of any omissions, deficiencies, or problems and request additional information to be submitted by the hospital.

(i) To have additional information considered during the department's in-depth review of the application, the Provisional trauma center ~~SATC or Provisional SAPTRC~~ shall submit the requested additional information to the department no later than September 1.

(j) By September 30, the department shall determine whether the omissions, deficiencies, or problems have been corrected. The department shall notify each Provisional trauma center ~~SATC or Provisional SAPTRC~~ on or before October 1 of any omissions, deficiencies, or problems that were not resolved by submission of the requested additional information.

(k) Provisional trauma centers ~~SATCs and Provisional SAPTRCs~~ are subject to a site visit from October 1 to May 30. Any Provisional trauma center ~~SATC or Provisional SAPTRC~~ that was notified by the department on or before October 1 at the conclusion of the in-depth review that omissions, deficiencies, or problems were not resolved shall be given 30 calendar days from the department's notification following the completion of the site visit to provide additional information, as discussed in Rule 64E-2.028, F.A.C.

(l) The department shall deny the application of any Provisional trauma center ~~SATC or Provisional SAPTRC~~ that has not corrected the omissions, deficiencies, or problems noted from the in-depth review within 30 calendar days from the department's notification following the completion of the site visit, as provided in Rule 64E-2.028, F.A.C., regardless of the findings of the out-of-state review team regarding the quality of trauma patient care and trauma patient management provided by the Provisional trauma center ~~SATC or Provisional SAPTRC~~.

(m) By July 1, the department shall approve or deny trauma centers ~~SATCs and SAPTRCs~~ based upon the recommendations of the out-of-state review team, the result of the in-depth review and, if necessary, upon application of the additional criteria in subsection 64E-2.028(10), F.A.C.:

1. The department shall issue the certificate ~~of state approval~~ to the hospital upon approval as a trauma center. ~~SATC or SAPTRC;~~

2. The department shall issue a letter of denial to each hospital not approved as a trauma center, ~~SATC or SAPTRC,~~ specifying the basis for denial and informing the hospital of the next available approval cycle, and the hospital's right to an administrative hearing pursuant to Sections 120.57 and 395.4025, F.S.

(2) Each hospital denied provisional status or not approved as a trauma center ~~SATC or SAPTRC,~~ may, within 30 days of receipt of the denial notice, request a hearing in which to contest the findings of the department.

(3) The department may deny, suspend, or revoke the approval of any Provisional trauma center ~~SATC, Provisional SAPTRC, SATC, or SAPTRC~~ which misrepresents a material fact in its application for trauma center approval, including the site survey process.

(4) In the event a trauma center terminates its trauma services, it shall notify the department via a letter signed by its CEO or designee. The letter shall be addressed to the Division Director, Division of Emergency Medical Operations, and shall reference and comply with Section 395.4025(8), F.S. The termination will be effective 6 months from receipt of the letter by the department. Upon termination, the hospital shall cease operating or holding itself out as a trauma center.

Specific Authority 395.405 FS. Law Implemented 395.1031, 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 12-10-95, Formerly 10D-66.109, Amended 8-4-98, 2-20-00, 6-3-02, _____.

64E-2.025 Extension of Application Period.

(1) Any hospital may request that the department grant up to 18 months additional time to complete its application to become a trauma center ~~SATC or SAPTRC~~ if the hospital determines prior to submitting an application that the hospital cannot meet all of the standards of critical elements as provided in paragraph 64E-2.024(1)(d), F.A.C. The standards of critical elements provided in paragraph 64E-2.024(1)(d), F.A.C., are the only standards for which an extension shall be considered. The request for extension must also comply with the requirements provided in this section.

(2) To be considered for an extension, a hospital must submit an application in accordance with the requirements in Rule 64E-2.024, F.A.C., together with a request for extension. The request for extension must contain the following:

(a) No change.

(b) A reference to each standard, or specific part of a standard, in DHP 150-9, December 2004, Trauma Center Standards, ~~February 2002, State-Approved Trauma Center and State-Approved Pediatric Trauma Referral Center Approval Standards~~ which is incorporated by reference in Rule 64E-2.023, F.A.C., that the hospital is unable to meet;

(c) through (6) No change.

(7) The department shall make a final determination on whether to approve or deny a hospital's extension request only after the provisional review of all other trauma center ~~SATC or SAPTRC~~ applications in the hospital's TSA are completed, and it has been determined that the number of trauma centers and Provisional trauma centers, ~~SATCs, SAPTRCs, Provisional SATCs and Provisional SAPTRCs~~ in the hospital's TSA is less than the allocated number of positions available for that TSA.

(8) No change.

(9) The hospital may modify any date for completion of a major activity in the department-approved action plan discussed in (d) of this section without prior department approval. When any date for completion of a major activity is modified by the hospital, the hospital must provide an updated action plan to the department. The hospital must complete all major activities within the extension period granted by the department. The department will not begin the provisional review of the hospital's application for approval as a trauma center ~~SATC or SAPTRC~~ at the end of the extension period, or earlier at the request of the hospital, unless the hospital can substantiate completion of all major activities in the action plan. The department may conduct a site visit to determine the hospital's compliance with the approved action plan.

(10) The department shall begin a provisional review of the hospital's trauma center ~~SATC or SAPTRC~~ application on the date the hospital specified in the extension request, as approved by the department. The hospital may request that the department begin the provisional review earlier than the date specified in the extension request if the hospital completes all action steps before the expiration of the approved extension period. The department's provisional review of the hospital's application shall be conducted in accordance with the timeframes for processing the application provided in Rule 64E-2.024, F.A.C., but will not coincide with the dates provided in that section.

(11) The hospital shall ensure that the trauma center's ~~SATC or SAPTRC~~ application provided at the time the hospital submitted the extension request is current on the date the department begins the provisional review.

(12) A hospital receiving an extension greater than 12 months shall have its extension terminated if the number of trauma centers or provisional trauma centers ~~SATCs, SAPTRCs, Provisional SATCs or Provisional SAPTRCs~~ in the hospital's TSA equals the number of available positions allocated to the TSA, resulting in the denial of its application and the department will inform the applicant of its right to a Section 120.57, F.S., hearing regarding this denial.

(13) The department shall complete an in-depth review of the application of each hospital that received an extension and became a Provisional trauma center ~~SATC or Provisional SAPTRC~~ within 90 days of the hospital receiving provisional status according to the following schedule:

(a) The department shall review the application and inform the Provisional trauma center ~~SATC or Provisional~~ ~~SAPTRC~~ of any omissions, deficiencies, or problems within 30 days of the date the department begins the in-depth review;

(b) The Provisional trauma center ~~SATC or Provisional SAPTRC~~ may provide additional information in response to the department's notice of omissions, deficiencies, or problems within 30 days of receipt of the department's notification. If the Provisional trauma center ~~SATC or Provisional SAPTRC~~ does not provide additional information within 30 days, the

department shall inform the Provisional trauma center ~~SATC or Provisional SAPTRC~~ of any omissions, deficiencies, or problems that were not corrected at the conclusion of the in-depth review.

(c) If the Provisional trauma center ~~SATC or Provisional SAPTRC~~ submits additional information, the department shall review the additional information and inform the Provisional trauma center ~~SATC or Provisional SAPTRC~~ of any remaining omissions, deficiencies, or problems that were not corrected at the conclusion of the in-depth review.

(14) A hospital approved by the department as a Provisional trauma center ~~SATC or Provisional SAPTRC~~ following an approved extension period, shall receive a site visit during the next scheduled site visit phase. The hospital shall operate as a Provisional trauma center ~~SATC or Provisional SAPTRC~~ no less than 6 consecutive months prior to the site visit.

Specific Authority 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 12-10-92, 12-10-95, Formerly 10D-66.1095, Amended 8-4-98, 2-20-00, 6-3-02, _____.

Table VII
Reference Section 64E-2.024, F.A.C.
PROCESS FOR APPROVAL OF TRAUMA CENTERS ~~SATC'S AND SAPTRC'S~~

Task	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Hospitals Submit Letters of Intent																							
DH Sends Applications to Hospitals																							
Hospitals Complete Applications																							
Hospitals Submit Applications																							
Preliminary Review of Applications by DH																							
Hospitals Respond to Deficiencies																							
Hospitals Informed of Provisional Status																							
In-Depth Review of Applications by DH																							
Revised Applications Submitted by Provisional Trauma Centers ~~SATC'S and SAPTRC'S~~																							
DH Final Review of Applications																							
Provisional Trauma Centers ~~SATC'S and SAPTRC'S~~ Notified of In-Depth Review Findings																							
DH Conducts Site Visit Quality of Care Assessments																							
DH Approves Trauma Centers ~~SATC'S and SAPTRC'S~~																							
DH Notifies Hospitals of Approval as Trauma Centers ~~SATC'S and SAPTRC's~~																							

64E-2.026 Certificate of ~~State~~ – Approval.

Each hospital approved as a trauma center ~~SATC or SAPTRC~~ shall be issued a DH Form 2032-Z, December 2004 ~~January 2000~~, Level I Trauma Center Certificate of Approval, DH Form 2043-Z, December 2004 ~~January 2000~~, Level II Trauma Center Certificate of Approval, or DH Form 1721-Z, December 2004 ~~January 2000~~, Pediatric Trauma ~~Referral~~ Center Certificate of Approval, which are incorporated by reference and available from the department. The certificates shall include:

(1) The date effective and the date of termination;

(2) The hospital's name; and

(3) The approved trauma center level.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, Formerly 10D-66.110, Amended 2-20-00, 4-15-01, _____.

64E-2.027 Process for Renewal of Trauma Centers ~~SATCs and SAPTRCs~~.

(1) At least 14 months prior to the expiration of the trauma center's ~~SATC or SAPTRC~~ certification, the department shall send, to each trauma center ~~SATC or SAPTRC~~ that is eligible to renew, a blank DH Form 2032R, December 2004, ~~January 2000, State Approved~~ Trauma Center Application to Renew, which is incorporated by reference and available from the department, in accordance with the provisions of this section. Within 15 calendar days after receipt, the trauma center ~~SATC or SAPTRC~~ choosing to renew its certification shall submit to the department the completed DH Form 2032R, December 2004 ~~January 2000~~.

(2) All renewing trauma centers ~~SATCs or SAPTRCs~~ shall receive an on-site survey after the department's receipt of the completed DH Form 2032R, December 2004 ~~January 2000~~. The department shall notify each trauma center ~~SATCs or SAPTRCs~~ of the results of the site survey within 30 ~~15~~ working days from completion of the site survey. If the trauma center ~~SATCs or SAPTRCs~~ desires to provide additional information regarding the results of the site survey to the department to be considered, the information must be provided in writing and be received by the department within 30 calendar days of the hospital's receipt of the department's notice. If the trauma center ~~SATCs or SAPTRCs~~ elects not to respond to the department's notice within 30 calendar days, the department shall make the final determination of approval or denial based solely on information collected during the applicant's site survey.

(3) No change.

(4) A trauma center ~~SATCs or SAPTRCs~~ which does not desire to be re-approved shall follow the notification provisions of Section 395.4025(8), F.S.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 1-23-96, Formerly 10D-66.111, Amended 3-15-98, 2-20-00, _____.

64E-2.028 Site Visits and Approval.

(1) Each Provisional trauma center ~~SATC and Provisional SAPTRC~~ shall receive an on-site evaluation to determine whether the hospital is in substantial compliance with standards published in DHP 150-9, December 2004, ~~February 2002, State Approved~~ Trauma Center ~~and State Approved Pediatric Trauma Referral Center Approval~~ Standards, which is incorporated by reference in Rule 64E-2.023, F.A.C., and to determine the quality of trauma care provided by the hospital.

(2) No change.

(3) All Provisional trauma centers ~~SATC and Provisional SAPTRC~~ shall receive a site visit between October 1 of each year and June 1 of the following year.

(4) The reviewers shall assess each applicant hospital's compliance with the standards published in DHP 150-9, December 2004, ~~February 2002,~~ by means of direct observation, review of call schedules, and review of patient charts. Reviewers also shall assess the quality of trauma patient care and trauma patient management by reviewing facility trauma mortality data, by reviewing patient charts and by reviewing trauma case summaries and minutes of trauma quality management committee meetings pursuant to Standard XVIII of DHP 150-9, December 2004 ~~February 2002~~.

(5) No change.

(a) The reviewers shall judge the quality of trauma patient care and the quality of trauma patient management in each Provisional trauma center ~~SATC and Provisional SAPTRC~~ by analyzing each facility's trauma patient care and trauma patient outcomes, by reviewing trauma patient charts and by evaluating the effectiveness of the trauma quality management program through reviews of trauma case summaries and minutes of trauma quality management committee meetings.

(b) Evaluations of trauma patient care and trauma patient management will also be conducted using trauma patient data collected from the hospital trauma registry and the Florida Trauma Registry from the time the hospital received provisional trauma center status through the date of the on-site review. Trauma patient data may also be collected from the emergency department patient log, audit filter log, or quality management committee minutes. The patient population for review shall be selected on the basis of Injury Severity Scores (ISS). The ISS shall be determined using Abbreviated Injury Scaling (AIS-90). If the Provisional trauma center ~~SATC and Provisional SAPTRC~~ has an in-hospital trauma registry which computes the ISS using the International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM), the computer program shall contain AIS-90 as a component of the program.

(c) Patient charts to be reviewed shall be selected by the department from cases meeting the criteria listed in Standard XVIII B.2, published in DHP 150-9, December 2004. ~~February~~

~~2002,~~ A minimum of 75 cases shall be selected for review in each facility. If the cases total less than 75, then all cases are subject to review.

(d) through (e) No change.

(6) The reviewers shall rate a Provisional trauma center ~~SATC and Provisional SAPTRC~~ which they have reviewed as either acceptable, acceptable with corrections, or unacceptable. The rating shall be based on each facility's substantial compliance with the standards published in DHP 150-9, December 2004, ~~February 2002,~~ and upon the performance of each Provisional trauma center ~~SATC and Provisional SAPTRC~~ in providing acceptable trauma patient care and trauma patient management which resulted in acceptable patient outcomes.

(7) The department shall evaluate the results of the site visit review and the in-depth application review of each Provisional trauma center ~~SATC and Provisional SAPTRC~~ between June 1 and July 1. All applicant hospitals shall be notified simultaneously of their approval or denial to become a trauma center ~~SATC and Provisional SAPTRC~~ on or before July 1. The department's selection will be based on the results of the site visit and the in-depth application review. In those situations in which there are more trauma centers or ~~SATCs or SAPTRCs,~~ Provisional trauma centers ~~SATCs or Provisional SAPTRCs~~ than available positions in the TSA, the criteria in paragraph (11)~~(10)~~ of this section shall be applied for final selection.

(8) The department shall notify each Provisional trauma center ~~SATC and Provisional SAPTRC~~ of the results of the site visit within 30 ~~15~~ working days from completion of the site visit. The department shall include in the notice any problems that the Provisional trauma center ~~SATC and Provisional SAPTRC~~ was informed of at the conclusion of the department's in-depth application review. If the Provisional trauma center ~~SATC and Provisional SAPTRC~~ desires to provide additional information regarding the results of the site visit or in-depth application review to the department to be considered during the final evaluation between June 1 and July 1, the information must be provided in writing and be received by the department within 30 calendar days of the hospital's receipt of the department's notice. If the Provisional trauma center ~~SATC and Provisional SAPTRC~~ elects not to respond to the department's notice within 30 calendar days, the department shall make the final determination of approval or denial based solely on information collected during the applicant's site visit and in-depth application review.

(9) Site visits may be conducted at any reasonable time at the discretion of the department at any Provisional trauma center ~~SATC and Provisional SAPTRC~~ or trauma center ~~SATC or SAPTRC~~ by the department staff or reviewers to:

(a) No change.

(b) Ensure each trauma center ~~SATC or SAPTRC~~ maintains substantial compliance with trauma center standards, quality of trauma patient care, and quality of trauma patient management.

(10) No change.

(11) If the number of Provisional trauma centers ~~SATC and Provisional SAPTRC~~ found eligible for selection by the department in a given TSA exceeds the number permitted, as provided in subsection 64E-2.022(3), F.A.C., the following criteria shall be applied independently and consecutively to all Provisional trauma centers ~~SATC and Provisional SAPTRC~~ in the TSA until application of the criteria results in the number of trauma centers ~~SATC and Provisional SAPTRC~~ authorized in subsection 64E-2.022(3), F.A.C., for that TSA. When that occurs, the remaining criteria shall not be considered. The criteria to be applied are as follows:

(a) A hospital recommended to be a trauma center ~~SATC or SAPTRC~~ in the department-approved local or regional trauma agency plan pursuant to subparagraph 64E-2.019(2)(d)3., F.A.C., shall be given approval preference over any hospital which was not recommended.

(b) No change.

1. A Provisional Level I trauma center ~~SATC~~ will be given preference over a Provisional Level II trauma center ~~SATC~~ with pediatrics, ~~SAPTRC,~~ a Provisional Level II trauma center ~~SATC~~, and a Provisional pediatric trauma center; ~~SAPTRC;~~

2. A Provisional Level II trauma center ~~SATC~~ with pediatrics ~~SAPTRC~~ will be given preference over a Provisional Level II trauma center ~~SATC~~ and a Provisional pediatric trauma center; ~~SAPTRC;~~ and

3. A Provisional Level II trauma center ~~SATC~~ will be given preference over a Provisional pediatric trauma center ~~SAPTRC~~ in TSA having only one allocated trauma center position, and in a TSA with more than one allocated trauma center position if there already exists an approved Level I trauma center, ~~SATC,~~ Level II trauma center ~~SATC~~ with pediatrics, ~~SAPTRC,~~ or a pediatric trauma center, ~~SAPTRC;~~ or if in the instant selection process a Level I trauma center, ~~SATC~~ Level II trauma center ~~SATC~~ with pediatrics, ~~SAPTRC,~~ or pediatric trauma center ~~SAPTRC~~ is to be selected.

(c) through (e) No change.

(12) The department shall inform in writing each Provisional trauma center ~~SATC or Provisional SAPTRC~~ denied approval as a trauma center ~~SATC or SAPTRC~~ of its opportunity to request a hearing in which to contest the denial in accordance with Section 120.57, F.S.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 10-2-94, 12-10-95, Formerly 10D-66.112, Amended 8-4-98, 2-20-00, 6-3-02, _____.

64E-2.029 Application by Hospital Denied Approval.

Any hospital that was not approved as a trauma center ~~SATC or SAPTRC~~ based on the application of criteria in Rule 64E-2.028, F.A.C., may submit a completed Letter of Intent DH Form 1840, December 2004, ~~January 2000,~~ postmarked no earlier than September 1 and no later than midnight October 1 of the following year.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 12-10-95, Formerly 10D-66.113, Amended 2-20-00, _____.

64E-2.031 Do Not Resuscitate Order (DNRO) Form and Patient Identification Device.

(1) An emergency medical technician or paramedic shall withhold or withdraw cardiopulmonary resuscitation:

(a) Upon the presentation of an original or a completed copy of DH Form 1896, Florida Do Not Resuscitate Order Form, December 2002, ~~May 2002,~~ which is incorporated by reference and available from the department at no cost, or, any previous edition of DH Form 1896; or

(b) through (6) No change.

Specific Authority 381.0011, 401.45(3) FS. Law Implemented 381.0205, 401.45, 765.401 FS History–New 11-30-93, Amended 3-19-95, 1-26-97, Formerly 10D-66.325, Amended 2-20-00, 11-3-02, _____.

NOTE: AT THE CONCLUSION OF ALL OF THE WORKSHOPS, A FINAL DRAFT OF THE PROPOSED RULE WILL BE POSTED ON THE BUREAU WEB PAGE PRIOR TO THE RULE GOING TO PUBLIC HEARING.

P.O. DO29262

DEPARTMENT OF HEALTH

Division of Health Awareness and Tobacco

RULE TITLE: RULE NO.:
Administrative Enforcement 64F-12.024

PURPOSE AND EFFECT: To update the rule related to payment of administrative fines imposed under the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes and the Regulation for Drugs, Devices and Cosmetics, Rule Chapter 64F-12, F.A.C. This rule amendment will authorize payment of administrative fines by personal or corporate check, in addition to the forms stated in the current rule of a cashier's check, certified check, money order, or other guaranteed funds. The department has accepted personal or corporate checks in satisfaction of administrative fines and this amendment will conform rule language to department practice.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment will authorize payment of administrative fines imposed under the Florida Drug and Cosmetic Act and the rules adopted thereunder by personal or corporate check.

SPECIFIC AUTHORITY: 499.05 FS.

LAW IMPLEMENTED: 499.066 FS.

A RULE DEVELOPMENT WORKSHOP WILL NOT BE HELD. THE AGENCY HEAD HAS DETERMINED THAT A RULE DEVELOPMENT WORKSHOP IS UNNECESSARY DUE TO THE PERMISSIVE NATURE OF THE PROPOSED RULE AMENDMENT.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Sandra Stovall, Compliance Manager, Bureau of Statewide Pharmaceutical Services, 2818-A Mahan Drive, Tallahassee, Florida 32308, (850)487-1257, Ext, 210, sandra_stovall@doh.state.fl.us

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64F-12.024 Administrative Enforcement.

(1) through (4) No change.

(5) Administrative fines due the department may be paid by personal check, corporate check, cashier's check, certified check, money order, or other guaranteed funds, payable to the Florida Drugs, Devices and Cosmetics Trust Fund, at 2818-A Mahan Drive, Tallahassee, Florida 32308.

(6) No change.

Specific Authority 499.05 FS. Law Implemented 499.066 FS. History–New 7-1-96, Formerly 10D-45.0595, Amended 1-26-99, 4-17-01, 1-1-04, _____.

FISH AND WILDLIFE CONSERVATION COMMISSION

Marine Fisheries

RULE CHAPTER TITLE: Gear Specifications and Prohibited Gear

RULE TITLE: RULE NO.:
Prohibition of Trap Pullers on Recreational and Certain Commercial Vessels 68B-4.019

PURPOSE AND EFFECT: The purpose of this rule development effort is to modify the restriction on possession of trap pullers on vessels to allow their use on vessels harvesting from aquaculture leases or pursuant to a federal live rock permit, provided that no wild-caught regulated species are possessed aboard such vessel. The effect of this effort is to allow legitimate use of trap pullers aboard vessels engaged in aquaculture that do not also have wild caught species on board.

SUBJECT AREA TO BE ADDRESSED: Trap pullers.

SPECIFIC AUTHORITY: Art. IV, Sec. 9, Florida Constitution.

LAW IMPLEMENTED: Art. IV, Sec. 9, Florida Constitution.

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 WEEKLY.

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 calendar days before the workshop/meeting

by contacting: ADA Coordinator, (850)488-6411. If you are hearing or speech impaired, please contact the agency by calling (850)488-9542.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: James V. Antista, General Counsel, Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, Florida 32399-1600, (850)487-1764

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

68B-4.019 Prohibition of Trap Pullers on Recreational and Certain Commercial Vessels.

No person shall operate any vessel with a trap puller aboard unless such vessel is operated commercially pursuant to a saltwater products license with either a lobster trap endorsement, stone crab trap endorsement, blue crab trap endorsement, sea bass trap endorsement, or a federal fish trap endorsement. This prohibition shall not apply to a person operating a vessel with a trap puller aboard who has been granted an accommodation by the Commission under the Americans With Disabilities Act to possess and use such gear or to a person engaging in aquaculture and possessing an aquaculture certificate issued pursuant to Section 597.004, Florida Statutes, or a federal aquacultured live rock permit issued pursuant to 50 C.F.R. 622.4(a)(3)(iii). However, a person taking advantage of this exception for aquaculture activities shall not be in possession of any lobsters, crabs, finfishes, or any other wild-caught species regulated by the Commission.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Art. X, Sec. 16, Fla. Const. History–New 7-15-04, Amended _____.

FISH AND WILDLIFE CONSERVATION COMMISSION

Marine Fisheries

RULE CHAPTER TITLE: Dolphin

RULE TITLES:	RULE NOS.:
Definitions	68B-41.002
Size Limit, Prohibition of Sale	68B-41.003
Recreational Bag and Possession Limits; Commercial Trip Limits	68B-41.004
Commercial Permit Requirements	68B-41.006

PURPOSE AND EFFECT: The purpose of this rule development effort is to expand the scope of this rule chapter and conform it to recent changes to federal regulations that govern harvest of dolphin and wahoo in the Atlantic Ocean. Where appropriate, these changes will be applied throughout Florida. The federal rules apply only in the Atlantic Ocean, not in the Gulf of Mexico, and are designed to conserve these species and maintain historical shares for both recreational and commercial fisheries. Additionally, the rules will designate dolphin and wahoo as restricted species to prevent recreational fishers from selling their catch. The effect of these rules will be to slightly constrain harvest by both sectors through the use of daily limits on both fisheries. Certain of the federal licensing requirements will be made part of the state rules to clearly designate who is fishing recreationally, as a charter fisher, and as a commercial fisher.

SUBJECT AREA TO BE ADDRESSED: Dolphin and Wahoo.

SPECIFIC AUTHORITY: Art. IV, Sec. 9, Florida Constitution.

LAW IMPLEMENTED: Art. IV, Sec. 9, Florida Constitution.

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 WEEKLY.

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 calendar days before the workshop/meeting by contacting: ADA Coordinator, (850)488-6411. If you are hearing or speech impaired, please contact the agency by calling (850)488-9542.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: James V. Antista, General Counsel, Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, Florida 32399-1600, (850)487-1764

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

DOLPHIN AND WAHOO

68B-41.002 Definitions.

As used in this rule chapter:

(1) "Atlantic Ocean" means all state waters along the east coast of Florida lying between the Florida-Georgia border and 83E West Longitude (near the Dry Tortugas Islands).

(2)~~(1)~~ "Dolphin" means any fish of the species *Coryphaena hippurus* or *Coryphaena equiselis*, or any part thereof.

(3)~~(2)~~ "Fork length" means the length of a fish as measured from the tip of the snout to the rear center edge of the tail.

(4)~~(3)~~ "Harvest" means the catching or taking of a fish by any means whatsoever, followed by a reduction of such fish to possession. Fish that are caught but immediately returned to the water free, alive, and unharmed are not harvested. In addition, temporary possession of a fish for the purpose of measuring it to determine compliance with the minimum size requirements of this chapter shall not constitute harvesting such fish, provided that it is measured immediately after taking, and immediately returned to the water free, alive, and unharmed if undersize.

(5)~~(4)~~ "Harvest for commercial purposes" means the taking or harvesting of any dolphin for purposes of sale or with intent to sell. The harvest of any dolphin in excess of the bag limit specified in Rule 68B-41.004, F.A.C. shall constitute harvest for commercial purposes.

(6)~~(5)~~ "Land," when used in conjunction with the harvest of a fish, means the physical act of bringing the harvested fish ashore.

(7)~~(6)~~ "Spearing" means the catching or taking of a fish by bow hunting, gigging, spearfishing, or by any device used to capture a fish by piercing the body. Spearing does not include the catching or taking of a fish by a hook with hook and line gear, or by snagging (snatch hooking).

(8) "Wahoo" means any fish of the species *Acanthocybium solandri*, or any part thereof.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New 1-1-91, Amended 7-15-96, 1-1-98, Formerly 46-41.002, Amended _____.

68B-41.003 Size Limit, Prohibition of Sale.

(1) In the Atlantic Ocean, no person shall harvest ~~buy, sell, or exchange~~ any dolphin with a fork length less than 20 inches.

(2) No person harvesting for commercial purposes shall harvest, possess while in or on the waters of the state, ~~or~~ land, sell, or exchange any dolphin with a fork length less than 20 inches.

(3) No person ~~harvesting for commercial purposes~~ shall land any dolphin or wahoo in other than a whole condition. The possession by such a person, while in or on state waters, of dolphin or wahoo that have been deheaded, sliced, divided, filleted, ground, skinned, scaled, or deboned is prohibited. Mere evisceration or "gutting" of dolphin or wahoo, or mere removal of gills, before landing is not prohibited.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New 1-1-91, Formerly 46-41.003, Amended _____.

68B-41.004 Recreational Bag and Possession Limits; Commercial Trip Limits.

(1) Except for a person harvesting for commercial purposes and in possession of the licenses required by Rule 68B-41.006, F.A.C. ~~possessing a valid saltwater products license~~, no person shall harvest or land more than 10 dolphin per day, nor possess more than 10 dolphin at any time while in or on the waters of the state. Additionally, no more than 60 dolphin may be possessed aboard any vessel from which dolphin are harvested pursuant to this bag limit, except that 10 dolphin per paying passenger may be possessed aboard a for-hire vessel licensed pursuant to Section 372.57(7), Florida Statutes.

(2) Except for a person harvesting for commercial purposes and in possession of the licenses required by Rule 68B-41.006, F.A.C., no person shall harvest or land more than 2 wahoo per day, nor possess more than 2 wahoo at any time while in or on the waters of the state.

(3) A person harvesting for commercial purposes is limited to harvest or possession of 500 pounds of wahoo per day. No more than 500 pounds of wahoo shall be possessed aboard any vessel from which wahoo is harvested for commercial purposes.

(4) Any dolphin or wahoo harvested pursuant to the limits established in subsections (1) or (2) may not be sold, except that the captain of a for-hire vessel possessing the licenses required by Rule 68B-41.006, F.A.C., may sell dolphin harvested aboard the for-hire vessel pursuant to subsection (1).

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New 1-1-91, Formerly 46-41.004, Amended _____.

68B-41.006 Commercial Permit Requirements.

(1) Dolphin and wahoo are designated as restricted species. Each person harvesting dolphin or wahoo for commercial purposes must possess a valid Saltwater Products License with a restricted species endorsement issued pursuant to Section 370.06(2)(b), Florida Statutes.

(2) Each person harvesting dolphin or wahoo for commercial purposes in the Atlantic Ocean shall also possess a valid federal commercial permit issued pursuant to 50 C.F.R. 622.4(a)(2)(xii).

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New _____.

FISH AND WILDLIFE CONSERVATION COMMISSION

Marine Fisheries

RULE CHAPTER TITLE: Marine Life

RULE TITLES:	RULE NOS.:
Definitions	68B-42.002
Commercial Requirements; Endorsements; Requalifying; Appeals; Leasing; Transferability	68B-42.0065

PURPOSE AND EFFECT: The purpose of this rule development effort is to control the level of effort in the marine life fishery by implementing a tiered license system for commercial fishers. This will replace the marine life endorsement moratorium that has been in place since 1998. The effect will be to treat directed harvesters and bycatch fishermen equitably by distributing endorsements based on qualifying landings value and gear type. It will reduce potential growth in this fishery after the moratorium expires on July 1, 2005.

SUBJECT AREA TO BE ADDRESSED: Marine life fishery.

SPECIFIC AUTHORITY: Art. IV, Sec. 9, Florida Constitution.

LAW IMPLEMENTED: Art. IV, Sec. 9, Florida Constitution.

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 WEEKLY.

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 calendar days before the workshop/meeting by contacting: ADA Coordinator, (850)488-6411. If you are hearing or speech impaired, please contact the agency by calling (850)488-9542.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: James V. Antista, General Counsel, Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, Florida 32399-1600, (850)487-1764

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

68B-42.002 Definitions.

As used in this rule chapter:

(1) No change.

(2) "Diving" means swimming at or below the surface of the water.

(2) through (5) renumbered (3) through (6) No change.

(7) "Immediate family" refers to a license holder's mother, father, sister, brother, spouse, son, daughter, step-father, step-mother, step-son, step-daughter, half-sister, half-brother, son-in-law, or daughter-in-law.

(6) through (14) renumbered (8) through (16) No change.

PROPOSED EFFECTIVE DATE: February 1, 2005.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New 1-1-91, Amended 7-1-92, 1-1-95, 7-15-96, Formerly 46-42.002, Amended 2-1-05.

68B-42.0065 Commercial Requirements; Endorsements; Requalifying; Appeals; Leasing; Transferability.

(1) Beginning in the 2005/2006 license year, in addition to a valid saltwater products license with a valid restricted species endorsement, a marine life tiered endorsement is required to harvest marine life species in quantities greater than the recreational bag limit or to sell marine life species as defined by Rule 68B-42.001, F.A.C.

(2) The Commission shall notify all holders of a 2004/2005 saltwater products license with a marine life endorsement of their initial award or denial of a commercial marine life tiered endorsement. Persons will indicate either their acceptance of the initial award on a Marine Life Tiered Endorsement Application (Form DMF-SL4100 (12-04), incorporated herein by reference) or intent to appeal as specified in subsection (14).

(3) Application for issuance of a commercial marine life tiered endorsement (Form DMF-SL4100 (12-04), incorporated herein by reference), must be received by the Commission no later than September 30, 2005. An applicant may be a person, firm, or corporation.

(a) A tiered endorsement applicant must have held a valid marine life endorsement during the 2004/2005 license year. No new marine life tiered endorsement will be issued to an applicant who did not hold a valid saltwater products license with a valid restricted species endorsement and a marine life endorsement pursuant to Section 370.06(2)(j), F.S., at the time of application or on June 30, 2005.

(b) Qualification for a marine life tiered endorsement shall be determined by landings of marine life species as defined by Rule 68B-42.001, F.A.C., and reported on a valid saltwater products license with a valid restricted species endorsement and a marine life endorsement (ML) and as specified in paragraph (c) of this subsection.

(c) Qualified endorsement applicants must have documented commercial marine life landings, pursuant to Commission trip ticket records generated under the provisions of Rule Chapter 68E-5, F.A.C., during the license year, July 1, 1999 through June 30, 2000; the license year, July 1, 2000 through June 30, 2001; the license year, July 1, 2001 through June 30, 2002; or during the license year, July 1, 2002 through June 30, 2003. Qualifying landings must have been received by the FWC by January 1, 2004.

(d) Landings reported on all the applicant's individual and vessel saltwater products licenses with the current marine life endorsement will be used to determine an applicant's eligibility to receive one of the marine life tiered endorsements specified in subsections (4) through (6).

(4) Marine Life Bycatch Endorsement (MLB) – The marine life bycatch endorsement is required to harvest commercial quantities of marine life using bycatch gears as defined in subsection 68B-42.004(3), F.A.C., which does not include harvest by diving.

(a) An applicant for the marine life bycatch endorsement must have an annual landings value of marine life as defined in paragraph (3)(b) of greater than zero dollars but less than $5000 during any one of the qualifying years specified in paragraph (3)(c).

(b) A marine life bycatch endorsement will be issued on no more than one of an applicant's vessel saltwater products licenses in any one license year. A marine life bycatch endorsement will not be issued on an individual license.

(c) A marine life bycatch endorsement is transferable pursuant to subsections (16) and (17).

(5) Marine Life Transferable Dive Endorsement (MLD) – The marine life transferable dive endorsement is required to harvest commercial quantities of marine life using all allowable gears as defined in subsection 68B-42.004(3), which includes harvest by diving.

(a) No marine life transferable dive endorsement will be issued to an applicant who does not qualify by one of the following methods:

1. An applicant must have qualified as specified in subsection (3) and have documented commercial marine life landings as defined in paragraph (3)(b) of greater than or equal to $5,000 in any one of the qualifying years specified in paragraph (3)(c), and have documented dive landings during the qualifying years; or

2. An applicant must hold a live rock state lease or federal permit and have documented live rock landings value of greater than or equal to $5,000 dollars during any one of the qualifying years specified in paragraph (3)(c) and held a marine life endorsement prior to 1998.

(b) A marine life transferable dive endorsement will be issued on no more than two of an applicant's saltwater products licenses in any one license year, except that an individual who has qualified as specified in subparagraph (a)1. and who has additional landings values of commercial marine life landings pursuant to subsection (3) on a subsequent saltwater products license held by the applicant of greater than $10,000 may place the marine life transferable dive (MLD) on the additional vessel SPL(s) so qualified.

(c) A marine life transferable dive endorsement is transferable pursuant to subsections (16) and (17).

(6) Marine Life Non-transferable Dive Endorsement (MLN) - The marine life non-transferable dive endorsement is required to harvest commercial quantities of marine life using dive gears as defined in subsection 68B-42.002(3), F.A.C.

(a) No marine life non-transferable dive endorsements will be issued to an applicant who does not qualify by one of the following methods:

1. As specified in paragraph (4)(a); or

2. An applicant must hold a state live rock lease and/or a federal live rock permit and provide documentation of development of the site or sites and must have held a marine life endorsement prior to September 30, 2003.

(b) A marine life non-transferable dive endorsement will be issued on no more than one of an applicant's saltwater products licenses in any one license year.

(c) A marine life non-transferable dive endorsement (MLN) is not transferable, except in the event of death or permanent disability pursuant to subsection (17).

(7) After initial issuance, no endorsement may be converted from one type to another, except as provided in subsection (12).

(8) No Vested Rights. This marine life effort management program does not create any vested rights for endorsement holders whatsoever and may be altered or terminated by the Commission as necessary to protect the marine life resource, the participants of the fishery, or the public interest.

(9) No person, firm, or corporation shall be issued more than one marine life tiered endorsement type or more than one unique marine life tiered endorsement number.

(10) Effective September 30, 2005, no additional tiered endorsements will be issued and no endorsement will be renewed or replaced except those that were issued pursuant to subsections (4), (5), or (6). Beginning in the 2006/2007 license year, persons holding an endorsement that was active during the 2005/2006 license year or an immediate family member of that person must request renewal of the endorsement before September 30 of each year. Failure to renew by September 30 of any year will result in forfeiture of the endorsement.

(11) Requalifying. Beginning with license year 2010/2011, a person renewing a marine life transferable dive (MLD) endorsement must document landings of $5,000 of marine life species as defined by Rule 68B-42.001, F.A.C., in one of the previous three license years. This endorsement will be valid for three years from the date of documentation used to qualify, but must still be renewed annually as required by subsection (10).

(12) A marine life transferable dive (MLD) endorsement can be converted to a marine life non-transferable dive (MLN) endorsement after the initial issuance. This MLN is not subject to the requalification requirements of subsection (11). This MLN can never be converted back to a MLD.

(13) A permanent marine life transferable dive (MLD) endorsement shall be available to those persons age 62 and older who held a valid MLD in the previous license year, hold a valid saltwater products license and valid restricted species endorsement at the time of application, and renew the permit pursuant to subsection (10).

(14) Appeals. The Director of the Division of Marine Fisheries Management, or one or more designees of the director, shall consider disputes and other problems arising from the initial denial of a commercial marine life tiered endorsement. The Director shall submit a recommendation to the Executive Director of the Commission for resolution of the appeal, which recommendation shall either allot an endorsement to the appellant or uphold the denial of an endorsement.

(a) An appeal of the initial denial or award of a commercial marine life tiered endorsement is initiated by submission and receipt of a completed appeals application (Form DMF-SL4110 (3-05), incorporated herein by reference) to the Director of the Division of Marine Fisheries Management before April 1, 2005.

(b) The burden of proof shall be on an appellant to demonstrate, through copies of trip tickets or other proof of landings, legitimate sales to a licensed wholesale dealer that were not reported by the wholesale dealer during the qualifying years or included in the agency landings database as of January 1, 2004.

(c) Special circumstances that can be considered during appeals shall include:

1. Persons who became disabled or can document hardship during the qualifying period, but can provide proof of landings of marine life through trip tickets prior to the qualifying period.

2. Persons who were serving in the military during the qualifying years, but can provide proof of landings of marine life through trip tickets prior to the qualifying period.

3. Persons involved in a partnership substantiated by documentation within the qualifying period.

(d) The Executive Director of the Commission may accept or disapprove the recommendations of the Director of the Division of Marine Fisheries Management, with notice given in writing to each party in the dispute explaining the reasons for the final decision. The action of the Executive Director of the Commission constitutes final agency action, and is appealable pursuant to the requirements of Chapter 120, Florida Statutes.

(15) Leasing Prohibited. The leasing of marine life endorsements is prohibited.

(16) Transferability. After the initial issuance, the marine life bycatch (MLB) and marine life transferable dive endorsements (MLD) are transferable upon approval of the Commission under the following conditions:

(a) A transferable marine life endorsement may be sold to an otherwise qualified buyer at fair market value upon approval by the Commission.

(b) The buyer must hold a saltwater products license with a valid restricted species endorsement and the seller must hold a transferable marine life tiered endorsement.

(c) The sale or transfer of a marine life transferable dive endorsement (MLD) will result in the forfeiture of the marine life transferable dive endorsement (MLD) on all other licenses held by the seller.

(d) An endorsement holder may elect to permanently forfeit a marine life bycatch endorsement (MLB), a marine life transferable dive endorsement (MLD), or a marine life non-transferable dive endorsement (MLN) to the Commission.

(e) A person who holds a valid marine life bycatch endorsement (MLB) cannot enter into a purchase agreement for a marine life transferable dive endorsement (MLD) until they sell or permanently forfeit the marine life bycatch endorsement (MLB) at the time of transfer.

(f) A marine life bycatch endorsement (MLB) may be transferred, to any person who holds a saltwater products license with a restricted species endorsement.

(g) A marine life transferable dive endorsement (MLD) may be transferred to any person who holds a saltwater products license with a restricted species endorsement.

(h) If the marine life transferable dive endorsement (MLD) has been applied to more than two saltwater products licenses as specified in paragraph (5)(b), only the initial MLD, which serves as an endorsement for no more than two saltwater products licenses, can be transferred. The sale of this portion of the endorsement, will result in the forfeiture of the endorsement on all other licenses held by the seller.

(i) The marine life non-transferable dive (MLN) endorsement is not transferable except as specified in subsection (17).

(j) A person who wishes to transfer a tiered endorsement shall submit a notarized statement of intent, that has been signed by both parties to the transaction, hand delivered, or sent by certified mail, return receipt requested, to the Commission between September 1 and November 30 each year. Requests received by the Commission before September 1 or post marked after November 30 of the current license year will not be processed. A transfer request must be received by the Commission within three days of the date of the notarized signature of the intended recipient. The statement of intent (Form DMF-SL4120 (3-05), incorporated herein by reference) shall include the following information:

1. The name, address, and SPL number of seller;

2. The name, address, and SPL number of buyer; and

3. The selling price.

(k) A marine life tiered endorsement shall not be issued, transferred, or renewed until all license fees, surcharges, and any other outstanding fees, fines, or penalties owed to the Commission by either party to the transaction have been paid in full within the transfer period.

(l) Upon receipt of a marine life transferable dive endorsement (MLD), the transferee has 12 months from the date of purchase to produce trip tickets and document income from the sale of marine life as defined in Rule 68B-42.001, F.A.C., in order to renew the endorsement. Once renewed, this endorsement will be valid for three years from the date of documentation used to qualify, but must still be renewed annually as required by subsection (10).

(17) In the event of the death or permanent disability of a person holding a marine life tiered endorsement, the endorsement may be transferred by the license holder or the executor of the estate to a member of his or her immediate family within 12 months of the date of death or disability only after the recipient pays any outstanding fees, fines, or penalties to the Commission in full.

(18) It is the intent of the Commission that in the event of a decline in the health and abundance of the marine life resources, an endorsement buy back program could be initiated upon approval of funding for such buy back program by the Legislature.

PROPOSED EFFECTIVE DATE: February 1, 2005.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New 2-1-05.

DEPARTMENT OF FINANCIAL SERVICES

Division of Treasury

RULE TITLE:	RULE NO.:
The Plan; Prescribed Forms	69C-6.003

PURPOSE AND EFFECT: The proposed rule addresses two issues. The first is an attempt to clarify and limit unforeseeable emergency withdrawals from the Florida Employees Deferred Compensation Plan. The second is to clarify the meaning of "Normal retirement age" for determining eligibility of a deferred compensation participant to use the catch up provision to increase contribution to beyond usual limits during the last three calendar years before reaching "normal retirement age," as is permitted under 26 USC 457(c)(3).

The proposed rule adopts a revised Deferred Compensation Plan which contains new language at § 6.01(5)(c) 2.b. pages 25-27 which will limit the eligibility for unforeseeable emergency withdrawals to: (1) medically necessary expenses, (2) funeral expenses of an immediate family member, (3) loss of income due to injury or illnesses, (4) casualty losses, (5) loss of child support payments, (6) entry of a child into the household due to death, illness, or incarceration of parent or (7) an extraordinary event so improbable that it could not have been prevented or overcome by a reasonable prudent person through savings insurance, credit or other financial preparation.

The definition of "Normal Retirement Age" is being clarified to provide that in the event that the participant does not make a selection, the normal retirement age shall be the participant's age at the later of the participant's birth date in the calendar year following the year in which separation from service takes place, or the date the participant would have become eligible to receive unreduced benefits from the Florida Retirement System (FRS).

SUBJECT AREA TO BE ADDRESSED: Amendments to the Deferred Compensation Plan.

SPECIFIC AUTHORITY: 112.215(11) FS.

LAW IMPLEMENTED: 18.125(4)(c), 112.215 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 1:30 p.m., November 8, 2004

PLACE: Room 415, Hermitage Centre, Suite 400, 1801 Hermitage Blvd., Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Kandi Winters, Chief of Deferred Compensation, Division of Treasury, Bureau of Deferred Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-0346, (850)413-3162

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69C-6.003 The Plan; Prescribed Forms.

(1) Form DFS-J3-1176 ~~DI4-1176~~ (rev. 9/04 ~~1/02~~), State of Florida Employees Deferred Compensation Plan, is hereby established and incorporated into this rule by reference as the plan contemplated in Section 112.215, F.S.

(2) through (4) No change.

Specific Authority 112.215(11) FS. Law Implemented 18.125(4)(c), 112.215 FS. History–New 1-1-87, Amended 10-7-87, 2-14-88, 2-19-89, 6-21-89, 8-7-95, 9-21-98, 6-3-02, 8-26-04, _____.

Section II
Proposed Rules

DEPARTMENT OF STATE

Division of Elections

RULE TITLE: RULE NO.:

Reporting Requirements for Campaign Treasurer's Reports 1S-2.017

PURPOSE AND EFFECT: The purpose of this rule is to provide procedures for the electronic filing of campaign treasurer's reports for all persons and political parties who file with the Division of Elections. The Florida Legislature last session passed Chapter 2004-252, Laws of Florida, which mandates the electronic filing of campaign treasurer's reports, effective January 1, 2005.

SUMMARY: This rule implements Sections 106.0705 and 106.0706, Florida Statutes, regarding the electronic filing of campaign treasurer's reports effective January 1, 2005.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 106.0705, 106.35(1),(5) FS.

LAW IMPLEMENTED: 106.04, 106.07, 106.29, 106.30-.36, 106.0705, 106.076 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m., November 12, 2004

PLACE: Room 307, R. A. Gray Building, 500 S. Bronough Street, Tallahassee, FL 32399-0250

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Phyllis Hampton, Division of Elections, Department of State, Room 316, R. A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250, (850)245-6240