



**DEPARTMENT OF CORRECTIONS**

RULE TITLE: News Media Access to Inmates Under Sentence of Death  
 RULE NO.: 33-104.203

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify the process for making requests for interviews, and the process for handling interview requests when an execution is stayed and then rescheduled.

SUMMARY: The proposed rule identifies the Office of Public Affairs as the office to be contacted to make arrangements for news media visits, and provides guidelines for scheduling interviews in the event that an execution is stayed and rescheduled.

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: 922.11, 944.09 FS.

LAW IMPLEMENTED: 922.11, 944.23 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Perri King Dale, Office of the General Counsel, Department of Corrections, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULE IS:

33-104.203 News Media Access to Inmates Under Sentence of Death.

(1) Regularly scheduled news media interviews with inmates under sentence of death will be permitted each week on Tuesday, Wednesday, and Thursday, between the hours of 1:00 p.m. and 3:00 p.m., and will be contingent upon the consent of the inmate. If a state holiday falls on Tuesday, Wednesday, or Thursday, the warden may set interviews on another day during the week at his discretion. The warden may authorize additional visits if staff are available and the need exists. News media representatives who have made prior arrangements with the Office of Public Affairs ~~warden~~ may be allowed admittance to regularly scheduled news media interviews to the extent that accommodations are available and security risks are not created.

(2) through (4) No change.

(5) In the event of a stay of execution after interviews have taken place, additional group media and one-on-one interviews will not be permitted if the execution is rescheduled within two weeks of the original execution date. An additional group media and one-on-one interview will be permitted if a new execution date is later than two weeks from the stayed date.

Specific Authority 922.11, 944.09 FS. Law Implemented 944.23, 922.11 FS. History—New 3-10-80, Formerly 33-15.03, 33-15.003, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Mike Hanna

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: James V. Crosby, Jr.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 8, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 23, 2004

**DEPARTMENT OF MANAGEMENT SERVICES**

**Division of State Group Insurance**

RULE CHAPTER TITLE: Supplemental Insurance  
 RULE CHAPTER NO.: 60P-10

RULE TITLE: Effective Date of Change  
 RULE NO.: 60P-10.004

PURPOSE AND EFFECT: To clarify the coverage procedures when premiums for the coverage under a supplemental insurance plan or COBRA are paid partially or entirely by direct payment.

SUMMARY: Neither receipt of the direct payment, endorsement, nor deposit of premium by the Department or its agent provides coverage, if, for any reason, the subscriber or any eligible dependents are later found to be ineligible to participate in either the supplemental insurance plan or in COBRA.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost was prepared.

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

SPECIFIC AUTHORITY: 110.123(5) FS.

LAW IMPLEMENTED: 110.123 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 (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 2:00 p.m., February 22, 2005

PLACE: Department of Management Services, 4050 Esplanade Way, Conference Room 101, Tallahassee, FL 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jeff Dykes, Chief, Bureau of Accounting and Financial Management, Division of State Group Insurance, 4040 Esplanade Way, Tallahassee, FL 32399-0950, (850)921-4400

THE FULL TEXT OF THE PROPOSED RULE IS:

60P-10.004 Effective Date of Coverage.

(1) The effective date of coverage requested by the employing agency for enrollment or changes in coverage in a supplemental insurance plan shall always be the first day of the month for which a full month's premium may be deducted using single deductions based upon the employee's signature date on the application. The requested effective date shall be no earlier than the first day of the month following the employee's signature date; however, in no case shall such effective date be prior to or on the employee's employment date. In the case of supplemental policies which require underwriting approval, the effective date of coverage shall be the first day of the month initially requested, following approval or in which a full month's premium can be deducted.

(2) The effective date of coverage for enrollment or changes will be determined by the Department if an error or omission occurs by the employee's agency personnel office.

(3) Receipt of direct payment, endorsement, or deposit of premium by the Department or its agent does not provide coverage if after receipt of the payment, its endorsement, or deposit, the Department or its agent determines that the employee, retiree, or COBRA participant or dependent is not eligible to participate in the Supplemental Insurance Plan. Upon determination of ineligibility, including failure to make timely payments, the premium received shall be fully reimbursed.

Specific Authority 110.123(5) FS. Law Implemented 110.123 FS. History--New 8-22-96, Repromulgated 1-31-02, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jeff Dykes, Chief, Bureau of Accounting and Financial Management, Division of State Group Insurance

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: John J. Matthews, Director, Division of State Group Insurance

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 11, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 10, 2004

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Professional Engineers**

RULE TITLES: Definitions Foreign Degrees  
RULE NOS.: 61G15-20.001 61G15-20.007

PURPOSE AND EFFECT: The purpose of the amendment to paragraph 61G15-20.001(2)(a), F.A.C., is to delete approval of certain engineering programs based on review of programs covered by the Washington Accord, which do not meet the standards of the Board's rules. The purpose of the amendment to paragraph 61G15-20.007(2)(d), F.A.C., is to delete a

requirement that is unnecessary for evaluation of foreign degree programs because all engineering programs utilize computer-based engineering.

SUMMARY: Amendment to paragraph 61G15-20.001(2)(a), F.A.C., is to delete approval of certain engineering programs based on review of programs covered by the Washington Accord, which do not meet the standards of the Board's rules. Amendment to paragraph 61G15-20.007(2)(d), F.A.C., is to delete a requirement that is unnecessary for evaluation of foreign degree programs because all engineering programs utilize computer-based engineering.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 471.008, 471.013(1)(a) FS.

LAW IMPLEMENTED: 471.013, 471.015 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Paul Martin, Executive Director, Board of Professional Engineers, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULES IS:

61G15-20.001 Definitions.

As used hereinafter in this chapter the following words or phrases shall be defined as follows:

(1) No change.

(2) "Board approved engineering programs" shall mean:

(a) Engineering programs accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology, Inc. (EAC/ABET), programs approved by ABET as substantially equivalent to EAC/ABET accredited programs in the United States, ~~including those programs accredited by foreign boards that are signatories to the Washington Accord,~~ approved by the Board of Professional Engineers as substantially equivalent to an EAC/ABET accredited engineering program pursuant to Rule 61G15-20.007, F.A.C., or

(b) through (c) No change.

Specific Authority 471.013(1)(a) FS. Law Implemented 471.013(1)(a) FS. History--New 1-8-80, Amended 4-15-80, 7-7-83, 9-13-83, Formerly 21H-20.01, Amended 4-20-86, 8-3-86, 5-20-92, 2-2-93, Formerly 21H-20.001, Amended 11-19-03, \_\_\_\_\_.

61G15-20.007 Foreign Degrees.

(1) No change.

(2) In order to document “substantial equivalency” to an ABET accredited engineering program, the applicant must demonstrate:

(a) through (c) No change.

(d) In addition, evidence of attainment of appropriate laboratory experience, ~~computer based skills with engineering applications~~, competency in English, and understanding of the ethical, social, economic and safety considerations of engineering practice must be presented. As for competency in English, transcripts of course work completed, course content syllabi, testimonials from employers, college level advanced placement tests, Test of English as a Foreign Language (TOEFL) scores of at least 550 in the paper-based version, or 213 in the computer-based version, will be accepted as satisfactory evidence.

(3) through (6) No change.

Specific Authority 471.008 FS. Law Implemented 471.013, 471.015 FS. History—New 7-20-95, Amended 6-5-96, 4-16-98, 1-17-99, 7-28-99, 1-6-02, 6-13-02, 6-30-02, 10-2-03, 6-16-04, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Professional Engineers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Professional Engineers

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 8, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 23, 2004

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Professional Engineers**

RULE TITLE: Foreign Degrees

RULE NO.: 61G15-20.007

PURPOSE AND EFFECT: The purpose of the amendment to subsection 61G15-20.007(5), F.A.C., is to delete an exception to the requirement for credit hours in humanities and social sciences based on achieving a post-graduate degree because post-graduate degrees do not include credit hours in humanities and social sciences.

SUMMARY: Amendment to subsection 61G15-20.007(5), F.A.C., is to delete an exception to the requirement for credit hours in humanities and social sciences based on achieving a post-graduate degree because post-graduate degrees do not include credit hours in humanities and social sciences.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 471.008 FS.

LAW IMPLEMENTED: 471.013, 471.015 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Paul Martin, Executive Director, Board of Professional Engineers, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULE IS:

61G15-20.007 Foreign Degrees.

(1) through (4) No change.

~~(5) Applicants who have completed a post baccalaureate engineering program from a school or college in the United States which has an ABET accredited engineering curriculum in that discipline at the baccalaureate level shall be deemed to have met the required hours in humanities and social sciences.~~

~~(5)(6) Any applicant whose only educational deficiency under subsection (2) involves humanities and social sciences shall be entitled to receive conditional approval to take the Fundamentals examination. Such an applicant shall not become eligible for the Principles and Practice examination until satisfactory completion and documentation of the necessary hours in humanities and social sciences as provided in subsection (2), or completion and documentation of a post baccalaureate degree in engineering as provided in subsection (6).~~

THIS RULE SHALL TAKE EFFECT ON May 1, 2005.

Specific Authority 471.008 FS. Law Implemented: 471.013, 471.015 FS. History—New 7-20-95, Amended 6-5-96, 4-16-98, 1-17-99, 7-28-99, 1-6-02, 6-13-02, 6-30-02, 10-2-03, 6-16-04, 5-1-05.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Professional Engineers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Professional Engineers

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 8, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 23, 2004

**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**

**Division of Medical Quality Assurance**

RULE TITLE: \_\_\_\_\_ RULE NO.: \_\_\_\_\_

Fees: Examination and Post-Examination Review 64B-1.016

PURPOSE AND EFFECT: To adjust the Department’s fees pursuant to Section 455.217(1)(b), F.S.

SUMMARY: The Department proposes to adjust the current examination fees to cover actual cost and delete redundant text.  
 SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated 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: 456.004 FS.

LAW IMPLEMENTED: 456.004(10), 456.017(2) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Karen Weaver, Testing Services Manager, 4052 Bald Cypress Way, Bin #C90, Tallahassee, Florida 32399

THE FULL TEXT OF THE PROPOSED RULE IS:

64B-1.016 Fees: Examination and Post-Examination Review.

(1)(a) The following fees shall be assessed by the department to cover administrative costs, actual per-applicant costs, and costs incurred to develop, purchase, validate, administer, and defend the following department developed, administered, or managed examinations:

	Exam Fees	
Profession	Exam	Exam Fee
<del>Acupuncture</del>	<del>National Written</del>	<del>\$900.00</del>
Chiropractic <del>Medicine</del>	Physical Diagnosis	<del>\$705.00</del> \$610.00
	Technique	<del>\$120.00</del> \$250.00
	X-Ray	<del>\$145.00</del> \$180.00
	<del>CBT Laws &amp; Rules</del>	<del>\$70.00</del> \$35.00
	<del>CBT Acupuncture</del>	<del>\$135.00</del>
Dental	Clinical	<del>\$1,200.00</del> \$1,450.00
	<del>CBT Laws &amp; Rules</del>	<del>\$75.00</del> \$95.00
Dental Hygiene	Clinical	<del>\$405.00</del> \$425.00
	<del>CBT Laws &amp; Rules</del>	<del>\$25.00</del> \$60.00
Electrolysis	National <del>Written</del>	<del>\$150.00</del> \$300.00
Hearing Aid Specialist	National <del>Written</del>	<del>\$300.00</del>
Massage	<del>CBT Colonics</del>	<del>\$375.00</del> \$385.00
Nursing Home Administrator	<del>CBT Laws &amp; Rules</del>	<del>\$300.00</del> \$60.00
	<del>National</del>	<del>\$20.00</del>
Opticianry	Practical	<del>\$545.00</del> \$395.00
	Neutralization	\$190.00
Optometry	Clinical	<del>\$1,100.00</del> \$590.00
	Pharmacology	<del>\$245.00</del> \$370.00
	<del>CBT Laws &amp; Rules</del>	<del>\$80.00</del> \$30.00
Osteopathic Medicine	National <del>Written</del>	<del>\$2,750.00</del> \$2,500.00
Physical Therapy	<del>CBT Laws &amp; Rules</del>	<del>\$20.00</del> \$25.00
	<del>National</del>	<del>\$5.00</del>
Physical Therapist Assistant	<del>CBT Laws &amp; Rules</del>	<del>\$20.00</del> \$25.00
	<del>National</del>	<del>\$5.00</del>
Psychology	National <del>Exam</del>	<del>\$20.00</del> \$504.00
	<del>CBT Laws &amp; Rules</del>	<del>\$200.00</del> \$80.00

(b) For those examinations administered by the computer based testing vendor, the candidate will be assessed a fee by the vendor. The following fees shall be assessed by the department to cover administrative costs for the following examinations:

Profession	Exam	Contract Oversight Cost	Exam Fee
Certified Master Social Workers	National Exam		\$451.00
Clinical Social Workers/Marriage & Family Therapy/Mental Health Counselors			
Dietician	National Exam		\$59.00
Midwifery	National Exam		\$130.00
Nursing Administration	National Exam		\$266.00
Pharmacy	National Exam		\$5.00
Physical Therapy	National Exam		\$5.00
Podiatry	National Exam		\$5.00
Respiratory Therapy	National Exam		\$138.00
	National Exam		\$5.00

(2) The department shall assess the following non-refundable post examination review fees to cover the actual cost to the department to provide the examination review:

Profession	Exam	Review Fees	Review Fee
Chiropractic	Physical Diagnosis		\$100.00
	Technique		\$100.00
	X-Ray		\$75.00
	Laws & Rules		\$75.00
	Acupuncture		\$75.00
Dental	Clinical		\$125.00
	Laws & Rules		\$75.00
Dental Hygiene	Clinical		\$100.00
	Laws & Rules		\$75.00
Clinical Labs	Administration & Supervision		\$100.00
	Microbiology		\$100.00
	Immunohematology		\$100.00
	Serology/Immunology		\$100.00
	Clinical Chemistry		\$100.00
	Hematology		\$100.00
	Histology		\$100.00
	Blood Banking		\$100.00
	General Laboratory Technician		\$100.00

Florida Medical Licensure Exam	Basic Sciences	\$100.00
	Clinical Applications	\$100.00
Hearing Aid Specialist	National Written	\$150.00
Massage	Colonies	\$100.00
Nursing Home Admin.	Laws & Rules	\$75.00
Opticianry	Practical	\$75.00
	Neutrialization	\$100.00
	Laws & Rules	\$75.00
Optometry	Clinical	\$100.00
	Pharmacology	\$100.00
	Laws & Rules	\$75.00
	Certification	\$100.00
Physical Therapy	National	\$100.00
Physical Therapy Assistant	National	\$100.00
Psychology	Laws & Rules	\$75.00
Florida Physican Assistant Licensure Exam	Written Exam	\$150.00

For those examinations administered through the department's computer based testing vendor, the candidate will be assessed a fee by the vendor to conduct the post-examination review.

Specific Authority 456.004 FS. Law Implemented 456.004(10), 456.017(2) FS. History--New 3-14-02, Amended 7-20-03,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Karen Weaver, Testing Services Manager

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Amy M. Jones, Director, Division of Medical Quality Assurance, Department of Health, 4052 Bald Cypress Way, Bin #C00, Tallahassee, Florida 32399

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 22, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 7, 2005

**DEPARTMENT OF HEALTH**

**Board of Medicine**

RULE TITLE: Mediation  
RULE NO.: 64B8-8.015

PURPOSE AND EFFECT: The proposed rule amendments are intended to address those violations which are appropriate for mediation.

SUMMARY: The proposed rule amendments sets forth violations which are appropriate for mediation.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.078 FS.

LAW IMPLEMENTED: 456.078 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-8.015 Mediation.

(1) For purposes of Subsection 456.078, F.S., the Board designates as being appropriate for mediation, ~~first-time~~ violations of the following provisions: ~~of Subsection 458.331(1)(e), F.S., that prohibits promoting or advertising on any prescription form of a community pharmacy unless the form shall also state "This prescription may be filled at any pharmacy of your choice."~~ However, such violations are appropriate for mediation only if there is no allegation of physical harm to a patient related to such violation.

(a) Failing to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint;

(b) Negligently failing to file a report or record required by state or federal law;

(c) Failing to comply with the requirements for profiling and credentialing.

(2) The above-outlined provisions shall qualify for mediation only when the violation can be remedied by the licensee, there is no allegation of intentional misconduct, no patient injury, and the allegations do not involve any "adverse incidents" as defined by Section 456.078(2), F.S.

(3) The Department shall, at the end of each calendar quarter, submit a report to the Board outlining the number of successful mediations, the violations, resolutions and the number of subjects who chose to follow the procedures of Section 456.078, F.S.

Specific Authority 456.078 455-078 FS. Law Implemented 456.078 455-078 FS. History--New 10-18-94, Formerly 59R-8.015, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Rules Committee, Board of Medicine  
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 4, 2004  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 23, 2004

**DEPARTMENT OF HEALTH**

**Board of Pharmacy**

RULE TITLE: All Permits – Labels and Labeling of Medicinal Drugs  
RULE NO.: 64B16-28.108

PURPOSE AND EFFECT: This rule is being amended to bring it current with present statutory requirements and to update the rule to clearly layout requirements for pharmacy labeling of medicinal drugs.

SUMMARY: This amendment is a substantial rewording of the original rule. It sets forth definitions of terminology used and clarifies labeling and packaging requirements of medicinal drugs.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated 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: 465.005, 465.022 FS.

LAW IMPLEMENTED: 465.022(1) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW. (IF NOT REQUESTED IN WRITING, A HEARING WILL NOT BE HELD).

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

THE FULL TEXT OF THE PROPOSED RULE IS:

(Substantial rewording of Rule 64B16-28.108 follows. See Florida Administrative Code for present text.)

64B16-28.108 All Permits – Labels and Labeling of Medicinal Legend Drugs – All Permits.

Each container of medicinal drugs dispensed shall have a label or shall be accompanied by labeling.

(1) Definitions.

(a) "Controlled substance" means any substance named or described in Schedules II-V of Section 893.03, F.S.

(b) "Customized medication package" means a package that:

- 1. Is prepared by a pharmacist for a specific patient.
- 2. Is a series of containers.
- 3. Contains two (2) or more solid oral dosage forms.

(c) "Labeling" means a label or other written, printed, or graphic material upon an agent or product or any of its containers, wrappers, drug carts, or compartments thereof, as well as a medication administration record (MAR) if a medication administration record is an integral part of the unit dose system.

(d) "Radiopharmaceutical" means any substance defined as a drug in Section 201(g)(1) of the Federal Food, Drug and Cosmetic Act which exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any of those drugs intended to be made radioactive. This includes nonradioactive reagent kits and nuclide generators which are intended to be used in the preparation of any such substance, but does not include drugs which are carbon-containing compounds or potassium-containing compounds or potassium-containing salts which contain trace quantities of naturally occurring radionuclides.

(e) "Serial number" means a prescription number or other unique number by which a particular prescription or drug package can be identified.

(2) The label affixed to each container dispensed to a patient shall include:

- (a) Name and address of the pharmacy.
- (b) Date of dispensing.
- (c) Serial number.

(d) Name of the patient or, if the patient is an animal, the name of the owner and the species of animal.

(e) Name of the prescriber.

(f) Name of the drug dispensed (except where the prescribing practitioner specifically requests that the name is to be withheld).

(g) Directions for use.

(h) Expiration date.

(i) If the medicinal drug is a controlled substance, a warning that it is a crime to transfer the drug to another person.



(3) The label on the immediate container of a repackaged product or a multiple unit prepackaged drug product shall include:

- (a) Brand or generic name.
- (b) Strength.
- (c) Dosage form.
- (d) Name of the manufacturer.
- (e) Expiration date.

(f) Lot number:

- 1. Manufacturer's lot number, or
- 2. Number assigned by the dispenser or repackager which references the manufacturer's lot number.

(4) A medicinal drug dispensed in a unit dose system by a pharmacist shall be accompanied by labeling. The requirement will be satisfied if, to the extent not included on the label, the unit dose system indicates clearly the name of the resident or patient, the prescription number or other means utilized for readily retrieving the medication order, the directions for use, and the prescriber's name.

(5) A unit dose system shall provide a method for the separation and identification of drugs for the individual resident or patient.

(6) A customized patient medication package may be utilized if:

(a) The consent of the patient or the patient's agent has been secured, and,

(b) The label includes:

- 1. Name, address and telephone number of the pharmacy.
- 2. Serial number for the customized medication package and a separate serial number for each medicinal drug dispensed.
- 3. Date of preparation of the customized patient medication package.
- 4. Patient's name.
- 5. Name of each prescriber.
- 6. Directions for use and any cautionary statements required for each medicinal drug.
- 7. Storage instructions.
- 8. Name, strength, quantity and physical description of each drug product.
- 9. A beyond use date that is not more than 60 days from the date of preparation of the customized patient medication package but shall not be later than any appropriate beyond use date for any medicinal drug included in the customized patient medication package.

(c) The customized patient medication package can be separated into individual medicinal drug containers, then each container shall identify the medicinal drug product contained.

(7) The label affixed to the immediate outer container shield of a radiopharmaceutical shall include:

- (a) Name and address of the pharmacy.
- (b) Name of the prescriber.

(c) Date of the original dispensing.

(d) The standard radiation symbol.

(e) The words "Caution Radioactive Material."

(f) Name of the procedure.

(g) Prescription order number.

(h) Radionuclide and chemical form.

(i) Amount of radioactivity and the calibration date and time.

(j) Expiration date and time.

(k) If a liquid, the volume.

(l) If a solid, the number of items or weight.

(m) If a gas, the number of ampules or vials.

(n) Molybdenum 99 content to the United States Pharmacopeia (UPS) limits.

(o) Name of the patient or the words "Physician's Use Only."

(8) The label affixed to the immediate inner container of a radiopharmaceutical to be distributed shall include:

(a) The standard radiation symbol.

(b) The words "Caution Radioactive Material."

(c) Radionuclide and chemical form.

(d) Name of the procedure.

(e) Prescription order number of the radiopharmaceutical.

(f) Name of the pharmacy.

(9) The labeling on a carton or package containing a medicinal drug or product dispensed from an Extended Scope Renal Dialysis (ESRD) pharmacy shall include:

(a) "Use as Directed" statement.

(b) The name and address of the person to whom the products will be delivered.

(c) Name of the prescriber.

(d) Name and address of the ESRD pharmacy location from which the products were shipped.

(e) Prescription number.

(f) Any special instructions regarding delivery dates or locations.

(g) Beyond use date or, if the medicinal drug or product is dispensed in an unopened sealed package, the manufacturer's expiration date.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022(1) FS. History—Amended 5-19-72, Repromulgated 12-18-74, Amended 10-10-78, 9-18-84, 1-20-85, Formerly 21S-1.13, Amended 10-2-88, Formerly 21S-1.013, Amended 7-31-91, 10-1-92, 4-19-93, 7-12-93, Formerly 21S-28.108, 61F10-28.108, 59X-28.108, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Pharmacy

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Pharmacy

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 5, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 3, 2004

**DEPARTMENT OF HEALTH**

**Board of Pharmacy**

RULE TITLES:	RULE NOS.:
Regulation of Daily Operating Hours	64B16-28.1081
Prescription Department; Padlock; Sign: "Prescription Department Closed"	64B16-28.109
Storage of Equipment	64B16-28.111
Violations	64B16-28.112
Change of Ownership	64B16-28.1135
Unclaimed Prescriptions	64B16-28.1191
Permit Fees	64B16-28.121
Transmission of Prescription Orders	64B16-28.130

PURPOSE AND EFFECT: These rules are being amended to combine rules within like categories into one rule and to delete the obsolete individual versions; to delete obsolete language where necessary, and to add or clarify hours of daily operation, requirements to padlock and post sign for closing of pharmacy, and requirements for handling unclaimed prescriptions.

SUMMARY: Rule 64B16-28.1081, F.A.C., is a new rule which sets forth requirements for hours of operation pursuant to Section 465.018, F.S.; Rule 64B16-28.109, F.A.C., is amended to remove Florida registered from the rule text and to add that taking a meal break pursuant to Rule 64B16-27.1001, F.A.C., does not place the pharmacist out of duty; Rule 64B16-28.1191, F.A.C., sets forth the procedures for unclaimed prescriptions; and Rules 64B16-28.111, .112, .121, and .130, F.A.C., have been incorporated within other rules and/or are being repealed.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated 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: 465.005, 465.022 FS.

LAW IMPLEMENTED: 465.022 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW. (IF NOT REQUESTED, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Danna Droz, Executive Director, Florida Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE FULL TEXT OF THE PROPOSED RULES IS:

64B16-28.1081 Regulation of Daily Operating Hours.

Any person who receives a community pharmacy permit pursuant to Section 465.018, F.S., and commences to operate such an establishment shall keep the prescription department of the establishment open for a minimum of forty (40) hours per

week and a minimum of five (5) days per week. The Board hereby approves exceptions to the requirements noted above and permits closing of the prescription department for the following holidays: New Year's Day, Memorial Day, Fourth of July (Independence Day), Labor Day, Veterans' Day, Thanksgiving, Christmas and any bona fide religious holiday provided that notice of such closing is given in a sign as set forth herein. A sign in block letters not less than one inch in height stating the hours the prescription department is open each day shall be displayed either at the main entrance of the establishment or at or near the place where prescriptions are dispensed in a prominent place that is in clear and unobstructed view.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022(1) FS. History-New \_\_\_\_\_.

64B16-28.109 Prescription Department; Padlock; Sign: "Prescription Department Closed."

(1) The prescription department of any community pharmacy permittee shall be considered closed whenever the establishment is open and a ~~Florida registered~~ pharmacist is not present and on duty. A sign with bold letters not less than two (2) inches in width and height, shall be displayed in a prominent place in the prescription department so that it may easily be read by patrons of that establishment. The sign shall contain the following language: "Prescription Department Closed."

(2) The term "not present and on duty" shall not be construed to prevent a pharmacist from exiting the prescription department for the purpose of consulting or responding to inquiries or providing assistance to patients or customers, attending to personal hygiene needs, taking a meal break pursuant to Rule 64B16-27.1001, F.A.C., or performing any other function for which the pharmacist is responsible, provided that such activities are conducted in a manner consistent with the pharmacist's responsibility to provide pharmacy services.

(3) At all times when the prescription department is closed, either because of the absence of a ~~Florida registered~~ pharmacist or for any other reason, it shall be separated from the remainder of the establishment by partition or other means of enclosure, thereby preventing access to the prescription department by persons not licensed in Florida to practice the profession of pharmacy.

(4) The partition or other means of enclosure shall be securely locked or padlocked and only a ~~Florida registered~~ pharmacist shall have the means to gain access to the prescription department.

(5) Whenever the prescription department of any community pharmacy establishment is closed, no person other than a ~~Florida registered~~ pharmacist shall enter, be permitted to enter or remain in the prescription department.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022 FS. History—Amended 8-20-63, 5-19-72, Repromulgated 12-18-74, Amended 5-6-80, Formerly 21S-1.14, 21S-1.014, Amended 7-31-91, Formerly 21S-28.109, 61F10-28.109, 59X-28.109, Amended 6-15-98, \_\_\_\_\_.

64B16-28.111 Storage of Equipment.

~~The required equipment of a prescription department shall be stored in a clean and sanitary manner, vessels being inverted on a clean towel, or suspended upon a rack.~~

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022 FS. History—Repromulgated 12-18-74, Formerly 21S-1.19, 21S-1.019, 21S-28.111, 61F10-28.111, 59X-28.111, Repealed \_\_\_\_\_.

64B16-28.112 Violations.

~~No person as defined by Section 1.01, F.S., shall own, operate, maintain, open, establish, conduct, or take charge of any pharmacy wherein the sale, possession, or transfer of possession, either with or without prescription, of any medicinal drug is done in violation of the laws of the State of Florida or any federal laws.~~

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022(1) FS. History—New 8-20-63, Amended 5-19-72, Repromulgated 12-18-74, Formerly 21S-1.23, 21S-1.023, Amended 7-31-91, Formerly 21S-28.112, 61F10-28.112, 59X-28.112, Repealed \_\_\_\_\_.

64B16-28.1135 Change of Ownership.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.003(11)(a), 465.018, 465.019, 465.0193, 465.0196, 465.022(7) FS. History—New 4-19-00, Amended 1-2-02, Transferred to 64B16-28.2021.

64B16-28.1191 Unclaimed Prescriptions.

Prescriptions that are unclaimed may be retained by a pharmacy and reused for a period up to one year from the date of filling; however, any product reaching the product's expiration date prior to one year or any product subject to a recall shall not be reused.

Specific Authority 465.0255 FS. Law Implemented 465.0255 FS. History—New \_\_\_\_\_.

64B16-28.121 Permit Fees.

~~(1) The initial permit fee for a pharmacy, as provided by Section 465.022(8)(a), F.S., shall be two hundred fifty dollars (\$250).~~

~~(2) The biennial permit renewal fee for a pharmacy, as provided by Section 465.022(8)(b), F.S., shall be two hundred fifty dollars (\$250).~~

~~(3) The change of location fee for a pharmacy, as provided by Section 465.022(8)(d), F.S., shall be one hundred dollars (\$100).~~

~~(4) The delinquent fee for a pharmacy permit, as provided by Section 465.022(8)(e), F.S., shall be one hundred dollars (\$100).~~

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022 FS. History—New 7-31-91, Formerly 21S-28.121, 61F10-28.121, 59X-28.121, Amended 10-30-00, Repealed \_\_\_\_\_.

64B16-28.130 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, F.S., 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 knowingly participate in any system that restricts the patient's choice of pharmacy. Pharmacists may not provide remuneration to the prescriber for any prescription referred to the dispensing 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 3-16-94, Formerly 61F10-28.130, 59X-28.130, Repealed \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Pharmacy  
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Pharmacy  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 5, 2004  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 22, 2004

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLES:	RULE NOS.:
Definitions	64B16-28.201
Closing of a Pharmacy; Transfer of Prescription Files	64B16-28.202
Change of Ownership	64B16-28. 2021
Transfer of Medicinal Drugs; Change of Ownership; Closing of a Pharmacy	64B16-28.203

PURPOSE AND EFFECT: These rules are being amended to combine rules within like categories into one rule and to delete the obsolete individual versions; to delete obsolete language where necessary, and to add or clarify requirements regarding closing a pharmacy, changing ownership and transferring prescription files and medicinal drugs.

SUMMARY: Rule 64B16-28.201, F.A.C., is being repealed; Rule 64B16-28.202, F.A.C., combines closing a pharmacy and transferring files and clarifies the requirements regarding both; Rule 64B16-2021, F.A.C., is a new rule that sets forth the requirements for change in ownership of a pharmacy. Rule 64B16-28.203, F.A.C., sets out requirements or transfer of medicinal drugs, change of ownership and closing of a pharmacy and is being amended to update the rule reference for the definition of ownership.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated 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: 465.005, 465.022 FS.

LAW IMPLEMENTED: 465.022 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW. (IF NOT REQUESTED, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Danna Droz, Executive Director, Florida Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE FULL TEXT OF THE PROPOSED RULES IS:

64B16-28.201 Definitions.

(1) ~~The term “prescription files” as used herein shall mean the drug dispensing records of a pharmacy which shall include all orders for drugs or medicinal supplies as defined by Section 465.003(7), F.S., inclusive of dispensing records for medicinal drugs listed within the provisions of Section 893.03, F.S., issued by a duly licensed practitioner which serve to transfer possession of medicinal drugs from the pharmacy to the ultimate consumer.~~

(2) ~~The term “closing of a pharmacy” as used herein shall mean the cessation or termination of professional and business activities within a pharmacy for which a permit has been issued under Chapter 465, F.S.~~

Specific Authority 465.005, 465.022(1)(g) FS. Law Implemented 465.022(1)(g) FS. History—New 12-26-79, Amended 4-28-83, 4-30-85, Formerly 21S-16.01, 21S-16.001, Amended 7-31-91, Formerly 21S-28.201, 61F10-28.201, 59X-28.201, Repealed.

64B16-28.202 Closing of a Pharmacy; Transfer of Prescription Files.

(1) ~~The term “prescription files” as used herein shall mean the drug dispensing records of a pharmacy which shall include all orders for drugs or medicinal supplies as defined by Section 465.003(7), F.S., inclusive of dispensing records for medicinal drugs listed within the provisions of Section 893.03, F.S., issued by a duly licensed practitioner which serve to transfer possession of medicinal drugs from the pharmacy to the ultimate consumer. After the closing of a pharmacy as defined by subsection 64B16-28.201(2), F.A.C., the custody of the prescription files of the pharmacy shall be transferred to the new permittee, unless the former permittee and the new permittee inform the Board of Pharmacy in writing that custody of the prescription files have been or are to be transferred to a pharmacy other than the new permittee.~~

(2) The term “closing of a pharmacy” as used herein shall mean the cessation or termination of professional and business activities within a pharmacy for which a permit has been issued under Chapter 465, F.S.

(3)~~(2)~~ Prior to closure of a pharmacy the permittee shall notify the Board of Pharmacy in writing as to the effective date of closure, and shall:

(a) Return the pharmacy permit to the Board of Pharmacy office or arrange with the local Bureau of Investigative Services of the Department ~~D.P.R.~~ to have the pharmacy permit returned to the Board of Pharmacy;

(b) Advise the Board of Pharmacy which permittee is to receive the prescription files;

(4)~~(3)~~ On the date of closure of a pharmacy the former permittee shall:

(a) ~~Physically~~ physically deliver the prescription files to a pharmacy operating within reasonable proximity of the pharmacy being closed and within the same locality. This delivery of prescription files may occur prior to the return of the pharmacy permit to the Board of Pharmacy office; and:

(b)~~(4)~~ No change.

(5) After the closing of a pharmacy as defined herein, the custody of the prescription files of the pharmacy shall be transferred to the new permittee, unless the former permittee and the new permittee inform the Board in writing that custody of the prescription files have been or are to be transferred to a pharmacy other than the new permittee.

(6)~~(5)~~ No change.

Specific Authority 465.022(1)(g) FS. Law Implemented 465.022(1)(g) FS. History—New 12-26-79, Formerly 21S-16.02, 21S-16.002, Amended 7-31-91, Formerly 21S-28.202, 61F10-28.202, 59X-28.202, Amended.

64B16-28.2021 Change of Ownership.

(1) A pharmacy permit is not transferable. Upon the sale of an existing pharmacy, a new application must be filed. In those cases where the permit is held by a corporation, the transfer of all the stock of said corporation to another person or entity does not constitute a change of ownership, provided that the initial corporation holding the permit continues to exist.

(2) A change in ownership (and issuance of a new permit number) requires that new records be started and old records closed. The process for closing a pharmacy, including the transfer of prescription files and medicinal drugs, as outlined in Rules ~~64B16-28.201~~, 64B16-28.202 and 64B16-28.203, F.A.C., must be followed for the old permit. If the old permit has controlled substances, the new permit must record an “opening inventory” for DEA purposes. Both the new permit and the old permit must keep appropriate records for two (2) years for the transfer of legend drugs and controlled substances.

(3) A change in the company or person who leases the building where the permit is housed ~~or does not constitute a change in ownership.~~ A change in the management company which contracts with the owner of the permit for the operation of the permit does not constitute a change of ownership.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.003(11)(a), 465.018, 465.019, 465.0193, 465.0196, 465.022(7) FS. History—New 4-19-00, Transferred from 64B16-28.1135, Amended \_\_\_\_\_.

**64B16-28.203 Transfer of Medicinal Drugs; Change of Ownership; Closing of a Pharmacy.**

Ownership of medicinal drugs, including those medicinal drugs within the provisions of Section 893.03, F.S., may be transferred to a new owner upon the change of ownership of a pharmacy, as defined in Rule 64B16-28.2021, F.A.C. or upon the closing of a pharmacy as defined in Rule 64B16-28.202, F.A.C. The transferee entity acquiring ownership shall be authorized to prescribe, dispense or distribute such drugs. The transferor pharmacy shall provide the Florida Board of Pharmacy with the following information:

(1) through (6) No change.

Specific Authority 465.005, 465.022(1)(g) FS. Law Implemented 465.022(1)(g) FS. History—New 12-26-79, Formerly 21S-16.03, 21S-16.003, 21S-28.203, 61F10-28.203, 59X-28.203, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Pharmacy

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Pharmacy

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 5, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 22, 2004

**DEPARTMENT OF HEALTH**

**Board of Pharmacy**

RULE TITLES:	RULE NOS.:
Regulation of Daily Operating Hours	64B16-28.404
Remote Medication Order Processing for Community Pharmacies	64B16-28.405

PURPOSE AND EFFECT: These rules are being amended to delete the obsolete rules, to delete obsolete language where necessary, and to add new rules and/or new language to clarify SUMMARY: Rule 64B16-28.404, F.A.C., is being repealed from this section and has been incorporated within another rule chapter, and Rule 64B16-28.405, F.A.C., is a new rule which sets forth definitions and requirements for order processing for community pharmacies.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated 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: 465.005, 465.0155, 465.022 FS.

LAW IMPLEMENTED: 465.019, 465.022, 465.026 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW. (IF NOT REQUESTED, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Danna Droz, Executive Director, Florida Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE FULL TEXT OF THE PROPOSED RULES IS:

**64B16-28.404 Regulation of Daily Operating Hours.**

~~Any person who receives a community pharmacy permit pursuant to Section 465.018, F.S., and commences to operate such an establishment shall, for the benefit of the public health and welfare, keep the prescription department of the establishment open for a minimum of forty (40) hours per week and a minimum of five (5) days per week. The Board hereby approves exceptions to the requirements noted above and permits closing of the prescription department for the following holidays: New Year's Day, Memorial Day, Fourth of July (Independence Day), Labor Day, Veterans' Day, Thanksgiving, Christmas and any bona fide religious holiday provided that notice of such closing is given as set forth below. A sign in block letters not less than one inch in height shall be displayed either at the main entrance of the establishment or at or near the place where prescriptions are dispensed in a prominent place that is in clear and unobstructed view. Such sign shall state the hours the prescription department is open each day.~~

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022(1) FS. History—New 8-20-65, Amended 5-19-72, Repromulgated 12-18-74, Amended 5-6-80, 3-31-81, Formerly 21S-1.24, Amended 7-14-88, Formerly 21S-1.024, Amended 7-31-91, 3-15-92, Formerly 21S-28.404, 61F10-28.404, Amended 9-21-94, Formerly 59X-28.404, 59X-28.404, Repealed \_\_\_\_\_.

**64B16-28.405 Remote Medication Order Processing for Community Pharmacies.**

**(1) Definitions.**

**(a) "Medication" means a medicinal drug or proprietary preparation.**

**(b) "Remote prescription processing" means any aspect of the practice of pharmacy except the physical transfer of prescription from the patient, sales transaction or delivery, final dispensing to the patient, and includes:**

- 1. Receiving, interpreting, or clarifying a prescription.**
- 2. Entering prescription data into the pharmacy's record.**
- 3. Verifying or validating a prescription.**
- 4. Performing prospective drug use review.**
- 5. Obtaining refill or substitution authorization.**
- 6. Interpreting or acting on clinical data.**
- 7. Performing a therapeutic intervention.**
- 8. Providing drug information.**

(c) "Prospective drug use review" means an evaluation of prescriptions and patient medication records for:

1. Over-utilization or under-utilization of medication.
2. Therapeutic duplication of medication.
3. Drug-disease contraindications.
4. Drug interactions.
5. Incorrect drug dosage or duration of drug treatment.
6. Clinical abuse or misuse of medication.

(2) General Requirements.

(a) A pharmacist who participates in remote prescription processing shall have an active license in the state of Florida.

(b) A community pharmacy may utilize remote prescription processing if:

1. The pharmacist performing remote prescription processing has access to sufficient patient information necessary for prospective drug use review.
2. The dispensing pharmacist performs the final check before a prescription is dispensed to a patient.

(c) If a pharmacist performing remote prescription processing is not an employee of the community pharmacy, the community pharmacy shall have a written agreement or contract with the pharmacist or entity that employs the pharmacist. The written agreement or contract shall:

1. Outline the services to be provided.
2. Delineate the responsibilities of each party including compliance with federal and state laws and regulations governing the practice of pharmacy as well as federal and state medical privacy requirements, and
3. Provide that the parties have access to or share a common electronic file such that the pharmacist performing remote prescription processing has sufficient patient information necessary for prospective drug use review.

(d) A community pharmacy that utilizes remote prescription processing shall refer to remote prescription processing in its policy and procedures manual.

(3) Policy and Procedures.

The community pharmacy's policy and procedures manual shall:

- (a) Be accessible to each party involved in remote prescription processing.
- (b) Be available for inspection by the Board.
- (c) Outline the responsibilities of each party involved in remote prescription processing.
- (d) Include a current list of the name, address, telephone number and license number of each pharmacist involved in remote prescription processing.

(e) Include policies and procedures for:

1. Protecting the confidentiality and integrity of patient information.
2. Ensuring that a pharmacist performing prospective drug use review have access to appropriate drug information resources.

3. Maintaining records to identify the name, initials, or identification code of each person who performs any processing function for a prescription.

4. Complying with federal and state laws and regulations.

5. Ensuring the participation of any pharmacist involved in remote prescription processing in the community pharmacy's continuous quality improvement program.

6. Reviewing the written policies and procedures and documenting the review each year.

(4) Records.

(a) A community pharmacy involved in remote prescription processing shall maintain a record that identifies the name, initials, or identification code of each person who performed a processing function for every prescription. The record shall be available by prescription or by patient name.

(b) The record may be maintained in a common electronic file if the record is maintained in such a manner that date processing system can produce a printout which identifies every person who performed a processing function for a prescription.

(c) The record shall be readily retrievable for at least the past two (2) years.

(d) The record shall be available for inspection by the Board.

Specific Authority 465.005, 465.0155, 465.022 FS. Law Implemented 465.019, 465.022, 465.026 FS. History--New \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Pharmacy  
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Pharmacy  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 5, 2004  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 22, 2004

**DEPARTMENT OF HEALTH**  
**Division of Environmental Health**

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: The rule is being 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.

SUMMARY: The rule 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.

STATEMENT OF ESTIMATED REGULATORY COSTS: 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 23 days of this notice.

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 HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 2:00 p.m., Wednesday, February 23, 2005

PLACE: Department of Health, Division of Emergency Medical Operations, 4025 Esplanade Way, Room 315P, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES 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, e-mail: Bernadette\_Behmke@doh.state.fl.us, Fax (850)488-2512 (If you need a copy of the forms, please contact Bernadette Behmke.)

THE FULL TEXT OF THE PROPOSED RULES 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](http://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, 395.404-395.405, 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 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 discretion 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 January 2000~~, 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 paragraph (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 January 2000, 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 January 2000.

(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 January

2000. 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 January 2000, 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 with pediatrics SAPTRC, SATC 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,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Susan McDevitt, Executive Community Health Nursing Director

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Bill Tynan, M.D., Division Director  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 10, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 22, 2004  
P.O. DO29262

NAVIGATION DISTRICTS

Florida Inland Navigation District

RULE TITLES:	RULE NOS.:
Definitions	66B-1.003
Policy	66B-1.004
Funds Allocation	66B-1.005
Application Process	66B-1.006

PURPOSE AND EFFECT: The purpose of the proposed rule making is to include the following provisions in the program rule: Clarify specific definitions to the definitions section of the rule; Add specific waterways essential to the Inland Waterway Navigation system to the definition of eligible waterways; Expand the rule regarding project eligibility; clarify the sponsor's budget responsibility; clarify the overall ranking process, and add a page to the application for disaster mitigation consideration.

The effect of the rule making is to implement changes in the administration of the District's Cooperative Assistance Program that will assist the District and program applicants in the review and evaluation of applications submitted pursuant to the rule.

SUBJECT AREA TO BE ADDRESSED: Cooperative Assistance Program rule sections: Definitions, Policy, Funds Allocation and Application Process.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 374.976(2) FS.

LAW IMPLEMENTED: 374.976(1)-(3) 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 (IF NOT REQUESTED THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 11:00 p.m., February 8, 2005

PLACE: The District Office, 1314 Marcinski Road, Jupiter, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Mark Crosley, Assistant Executive Director, Florida Inland Navigation District, 1314 Marcinski Road, Jupiter, Florida 33477, (561)627-3386

THE FULL TEXT OF THE PROPOSED RULES IS:

66B-1.003 Definitions.

(1) through (22) No change.

(23) "WATERWAYS" "WATERWAYS" means the Atlantic Intracoastal Waterway, the Okeechobee Waterway ~~in Martin County~~, the Barge Canal in Brevard County west of the Port Canaveral Locks, ~~the Rim Canal in Palm Beach County~~, those portions of the Dania Cut-Off Canal and the Hillsboro Canal east of the water control structures in Broward County, all navigable natural rivers, bays, creeks or lagoons intersected by said waterways and all navigable natural creeks, rivers, bays or lagoons entering or extending from said waterways.

(24) No change.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1) FS. History--New 12-17-90, Amended 9-2-92, 2-6-97, Formerly 16T-2.003, Amended 5-17-98, 3-21-01, 3-3-04,\_\_\_\_\_.

66B-1.004 Policy.

The following constitutes the policy of the District regarding the administration of the program.

(1) Financial Assistance Eligibility: Eligible state agencies may be provided financial assistance, support or cooperation in planning, acquisition, development, construction, reconstruction, extension, improvement, operation or the

maintenance of public navigation, public recreation, inlet management, environmental education and boating safety projects directly related to the waterways.

Eligible projects shall include public boat ramps and launching facilities, land acquisition for additional trailer parking at an existing boat ramp, and public boat docking and mooring facilities in man-made, navigable waterways contiguous to "waterways" as defined in Rule 66B-1.003, F.A.C.

(2) through (10) No change.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1),(2) FS. History--New 12-17-90, Amended 2-6-97, Formerly 16T-1.004, Amended 5-17-98, 3-31-99, 3-5-00, 3-21-01, 3-3-04,\_\_\_\_\_.

66B-1.005 Funds Allocation.

(1) No change.

(2) Project Funding Ratio: All financial assistance and support to eligible state and regional agencies shall require, at minimum, equal matching funds from the project sponsor's own budget, with the exception of public navigation projects that meet the provisions of subsection 66B-1.005(6), F.A.C. Applicant's in-house costs are limited pursuant to paragraph 66B-1.007(1)(c), F.A.C. All financial assistance to seaports shall require equal matching funds. The District shall contribute no more than fifty (50) percent of the state share of the cost of an inlet project. The District shall not contribute funding to both the state and local shares of an inlet management project.

(3) through (6) No change.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1),(3) FS. History--New 12-17-90, Amended 6-24-93, 9-5-96, 2-6-97, Formerly 16T-2.005, Amended 5-17-98, 8-26-99, 3-21-01, 7-30-02, 3-3-04,\_\_\_\_\_.

66B-1.006 Application Process.

(1) through (7) No change.

(8) Application Evaluation: Following the presentations, the Board will review the applications and evaluate them using the Project Evaluation and Rating Form No. 00-25 (effective date \_\_-\_\_-05) hereby incorporated by reference and available from the District office. The total points awarded to each application by the Commissioners will be averaged to determine an applications' final rating score. The final rating score for each application must equal or exceed 35 points for the application to be considered for funding assistance. Reconsideration of any application with a final rating score of less than 35 points will only occur if the majority of the Commissioners evaluating the project rated the project equal to or exceeding 35 points and two-thirds of the Commissioners vote for reconsideration of the application.

(9) Funding Determination: The Board will hold a funding allocation meeting at which time the Board will determine the allocation of funds, if any, to each project and the projects will be ranked by overall average score to facilitate final funding decisions by the Board. Allocations will be based in part upon the cumulative score of the applications as calculated from the Project Evaluation and Rating Form.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1) FS. History--New 12-17-90, Amended 2-6-97, Formerly 16T-1.006, Amended 3-5-00, 3-21-01, 7-30-02,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Mark Crosley, Assistant Executive Director, Florida Inland Navigation District, 1314 Marcinski Road, Jupiter, Florida 33477, (561)627-3386

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: David K. Roach, Executive Director, Florida Inland Navigation District, 1314 Marcinski Road, Jupiter, Florida 33477, (561)627-3386

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 5, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 2004

NAVIGATION DISTRICTS

Florida Inland Navigation District

RULE TITLES:	RULE NOS.:
Definitions	66B-2.003
Policy	66B-2.004
Funds Allocation	66B-2.005
Application Process	66B-2.006

PURPOSE AND EFFECT: The purpose of the proposed rule making is to include the following provisions in the program rule: Clarify specific definitions to the definitions section of the rule; Add specific waterways essential to the Inland Waterway Navigation system to the definition of eligible waterways; expand the rule regarding project eligibility; clarify the sponsor's budget responsibility; clarify the overall ranking process, and add a page to the application for disaster mitigation consideration.

The effect of the rule making is to implement changes in the administration of the District's Waterways Assistance Program that will assist the District and program applicants in the review and evaluation of applications submitted pursuant to the rule.

SUBJECT AREA TO BE ADDRESSED: Waterways Assistance Program rule sections: Definitions, Policy, Funds Allocation and Application Process.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 374.976(2) FS.

LAW IMPLEMENTED: 374.976(1)-(3) 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 (IF NOT REQUESTED THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 11:00 p.m., February 8, 2005

PLACE: The District Office, 1314 Marcinski Road, Jupiter, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Mark Crosley, Assistant Executive Director, Florida Inland Navigation District, 1314 Marcinski Road, Jupiter, Florida 33477, (561)627-3386

THE FULL TEXT OF THE PROPOSED RULES IS:

66B-2.003 Definitions.

(1) through (25) No change.

(26) "WATERWAYS" "WATERWAYS" means the Atlantic Intracoastal Waterway, the Okeechobee Waterway ~~in Martin County~~, the Barge Canal in Brevard County west of the Port Canaveral Locks, ~~those portions of the Rim Canal in Palm Beach County~~, the Dania Cut-Off Canal and the Hillsboro Canal ~~east of the water control structures in Broward County~~, all navigable natural rivers, bays, creeks or lagoons intersected by said waterways and all navigable natural creeks, rivers, bays or lagoons entering or extending from said waterways.

(27) No change.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1) FS. History—New 12-17-90, Amended 9-2-92, 2-6-97, Formerly 16T-2.003, Amended 5-17-98, 3-21-01, 3-3-04, \_\_\_\_\_.

66B-2.004 Policy.

The following constitutes the policy of the District regarding the administration of the program:

(1) Financial Assistance Eligibility: Financial assistance, support and cooperation may be provided to eligible governmental agencies for approved projects as follows:

(a) Member counties may be provided financial assistance, support or cooperation in planning, acquisition, development, construction, reconstruction, extension, improvement, operation or the maintenance of public navigation, public recreation, inlet management, environmental education, law enforcement and boating safety projects directly related to the waterways. Member counties may also be provided financial assistance, support, and cooperation in planning and carrying out beach renourishment and inlet management projects.

(b) Eligible local governments may also be provided financial assistance, support and cooperation in planning and carrying out public navigation, public recreation, inlet management, environmental education, law enforcement and boating safety projects directly related to the waterways. Eligible local governments may also be provided financial assistance, support and cooperation in planning and carrying out beach renourishment and inlet management projects.

(c) Navigation related districts may be provided with financial assistance to pay part of the costs of the planning and acquisition of dredge material management sites if the Board finds that the site is required for the long-range maintenance of the Atlantic Intracoastal Waterway channel. All such sites must meet the development and operational criteria established by

the District through a long-range dredge material management plan for that county. Navigation related districts may also be provided with assistance for environmental mitigation projects associated with waterway improvement related activities and inlet management projects if the Board finds that the project benefits public navigation in the Atlantic Intracoastal Waterway. All navigation related districts shall contribute at least equal matching funds to any District financial assistance provided. Seaports may also be furnished assistance and support in planning and carrying out environmental mitigation projects. All seaport projects shall benefit publicly maintained channels and harbors. Each seaport shall contribute matching funds for funded projects.

(d) Eligible projects shall include public boat ramps and launching facilities, land acquisition for additional trailer parking at an existing boat ramp, and public boat docking and mooring facilities in man-made, navigable waterways contiguous to "waterways" as defined in Rule 66B-2.003, F.A.C.

(2) through (9) No change.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1),(2) FS. History—New 12-17-90, Amended 2-3-94, 2-6-97, Formerly 16T-2.004, Amended 5-18-98, 3-31-99, 5-25-00, 3-21-01, 7-30-02, 3-3-04, \_\_\_\_\_.

66B-2.005 Funds Allocation.

The Board will allocate funding for this program based upon the District's overall goals, management policies, fiscal responsibilities and operational needs for the upcoming year. If funds are determined to be available for the program, the District will notify potential eligible governmental agencies of the availability of program funding. Applications will be reviewed by the Board utilizing District Forms No. 91-25 and 91-25 (a thru e) Waterways Assistance Program Application Evaluation and Rating Form (effective date \_\_-\_\_-05); and 93-25 and 93-25 (a and b) Waterways Assistance Program Navigation Districts Application Evaluation and Rating Form, (effective date \_\_-\_\_-05), hereby incorporated by reference and available from the District office.

(3) through (7) No change.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1),(3) FS. History—New 12-17-90, Amended 6-24-93, 9-5-96, 2-6-97, Formerly 16T-2.005, Amended 5-17-98, 8-26-99, 3-21-01, 7-30-02, \_\_\_\_\_.

66B-2.006 Application Process.

(1) through (7) No change.

(8) Application Evaluation and Rating Score: Following the presentations, the Board will review the applications and evaluate them using the Project Evaluation and Rating Forms No. 91-25 (effective date \_\_-\_\_-05), and No. 91-25 (a thru e) for Waterways Assistance Program applications, and 93-25 and 93-25 (a & b) for Navigation Related District applications, hereby incorporated by reference and available from the District office. The total points awarded to each application by the Commissioners will be averaged to determine an applications' final rating score. The final rating score for each

application must equal or exceed 35 points for the application to be considered for funding assistance. Reconsideration of any application with a final rating score of less than 35 points will only occur if the majority of the Commissioners evaluating the project rated the project equal to or exceeding 35 points and two-thirds of the Commissioners vote for reconsideration of the application.

(9) No change.

Specific Authority 374.976(2) FS. Law Implemented 374.976(1) FS. History—New 12-17-90, Amended 9-2-92, 6-24-93, 4-12-95, Formerly 16T-2.006, Amended 5-25-00, 3-21-01, 7-30-02.

NAME OF PERSON ORIGINATING PROPOSED RULE: Mark Crosley, Assistant Executive Director, Florida Inland Navigation District, 1314 Marcinski Road, Jupiter, Florida 33477, (561)627-3386

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: David K. Roach, Executive Director, Florida Inland Navigation District, 1314 Marcinski Road, Jupiter, Florida 33477, (561)627-3386

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 5, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 2004

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Workers’ Compensation**

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Electronic Data Interchange (EDI)	69L-56
RULE TITLES:	RULE NOS.:
Forms and Instructions	69L-56.001
Definitions	69L-56.002
Proof of Coverage (POC) Electronic Filing Requirements	69L-56.100
Technical Requirements for POC EDI Transactions	69L-56.110
Cancellation or Non-renewal of Workers’ Compensation Insurance	69L-56.200
Electronic Filing Time Periods for Policy Information	69L-56.210
Technical Requirements for Voluntary Claims EDI Transmissions	69L-56.310
Electronic Formats for Reporting the Employee’s 8th Day of Disability and the Claim Administrator’s Knowledge of 8th Day of Disability	69L-56.330
Insurer Responsibilities Where Third Party Services are Utilized	69L-56.500

PURPOSE AND EFFECT: Rule 69L-56.001, F.A.C., is being amended to identify forms required for Electronic Data Interchange (EDI) transmissions of Proof of Coverage and Claims information with the Division. Rule 69L-56.002, F.A.C., is being amended to add new definitions pertinent to filing Claims and Proof of Coverage (POC) information electronically with the Division. Rule 69L-56.100, F.A.C., is

being amended to identify the specific electronic form equivalents for POC filings and to promulgate a new edition of the Florida Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, and a new edition of the IAIABC EDI Implementation Guide for Proof of Coverage. Rule 69L-56.200, F.A.C., is being created to move the insurer’s requirements for cancellation of workers’ compensation insurance from Rule 69L-6.008 to this rule, and to add new cancellation requirements for when the insured requests the cancellation of a policy. Rule 69L-56.210, F.A.C., is being created to move the requirements for insurers to electronically provide policy information from Rule 69L-6.014, F.A.C., to this rule, and to add the filing requirements for when the insured requests the cancellation of a policy. Rule 69L-56.310, F.A.C., is being created to identify the technical filing requirements for Claims transmissions, which are currently being submitted electronically on a voluntary basis by an insurer. Rule 69L-56.330, F.A.C., is being created to identify the requirements for reporting additional First Report of Injury information via the Electronic Supplement to the First Report of Injury format. Rule 69L-56.500, F.A.C., is being added to establish that an insurer remains responsible for the penalties and fines that may result from any untimely electronic filings by its claim administrator or third party vendor.

SUMMARY: Chapter 69L-56, F.A.C., is being amended to facilitate Electronic Data Interchange (EDI) transmissions of Proof of Coverage and Claims information with the Division. The following changes were made to the draft published with the Notice of Rule Development:

- On the Title Page, Rule 69L-56.300, F.A.C., was re-numbered as 56.310 to allow for the inclusion of a rule section that will be promulgated at a later date in conjunction with the Claims EDI “mandate rule”. Rule 69L-56.310, F.A.C., was re-numbered to Rule 69L-56.330, F.A.C., for the same reason.
- The definition for “Transaction” was changed to include “one or more records” (vs. a single record) in order to mesh with the data dictionary definition in the IAIABC EDI Implementation Guide for Claims.
- In paragraphs 69L-56.100(2)(a), (b), and (c), the term, “24 hours” was changed to “one business day”.
- In paragraph 69L-56.110(2)(b), the term, the phrase, “one or more transactions” was changed to “one or more records”.
- In paragraph 69L-56.210(7), an exception of “Triplicate Code 00-60-64” was added with respect to what an electronic cancellation or non-renewal may contain.
- Forms incorporated by reference were re-dated and modified to better accommodate the Division’s need for certain profile information from the EDI Trading Partner.
- Requirement was added in paragraph 69L-56.100(3)(b), F.A.C., for the insurer or third party vendor to also report changes to the *EDI Transmission Profile – Sender’s Specifications* to the Division.

- Added an effective date of April 4, 2005 for sending the Receiver Postal Code for the State of Florida on each header record as only “323994226” (reflects new postal code suffix).
- Paragraph 69L-56.110(6), F.A.C., was removed, as the information appeared redundant with that already stated in paragraph (4) of the same section.
- The effective date of requirements stated in paragraphs 69L-56.310(1) and (2), was changed from March 1, 2005 to April 4, 2005.
- Rule 69L-56.330, F.A.C., was retitled from “Electronic Supplement to the First Report of Injury” to “Electronic Formats to Report the Employee’s 8th Day of Disability and the Claim Administrator’s Knowledge of the 8th Day of Disability”, since another means of reporting the information required in this section will be provided by the Division, i.e., the database on the Division’s web site, entitled, “8th Day of Disability for EDI Submitters” database. A corollary rule cite was changed to correctly reference when these data elements are required to be reported to the Division (changed cite from Chapter 69L-3 to Rule 69L-24.023, F.A.C.).

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: 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: 440.185(7), 440.42(3), 440.591, 440.593, 627.4133(4) FS.

LAW IMPLEMENTED: 440.185(7), 440.42(3), 440.591, 440.593, 627.4133(4) FS.

IF REQUESTED IN WRITING WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 10:00 a.m., February 15, 2005

PLACE: Room 104J, Hartman Building, 2012 Capital Circle, Southeast, 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 RULES IS: Linda Yon, EDI Coordinator, Office of Data Quality and Collection, Division of Workers’ Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, (850)413-1702, e-mail: Linda.yon@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:

69L-56.001 Forms and Instructions.

(1) The following forms are incorporated herein by reference and adopted for use in filing Proof of Coverage (POC) and Claims Electronic Data Interchange (EDI) transmissions to submissions with the Division. All of the forms may be obtained from the Division of Workers’ Compensation at its website, <http://www.fldfs.com/wc/edi.html> ~~ww2.myflorida.com/les/wc/~~, or by sending a request to the Division of Workers’ Compensation, Office of Data Quality & Collection Bureau of Information Management, 200 East Gaines Street, Tallahassee, Florida 32399-4226.

(a) DFS-F5-DWC-EDI-1, “EDI Trading Partner Profile” (11/01/2004) DWC Form POCEDI 1: “POC EDI Production Profile” (3/02).

(b) DFS-F5-DWC-EDI-2, “EDI Trading Partner Insurer/Claim Administrator ID List” (11/01/2004) DWC Form POCEDI 2: “POC EDI Trading Partner Agreement” (3/02).

~~(2) The following form is incorporated herein by reference and adopted for use in filing both POC and CLAIMS EDI submissions with the Division:~~

(c) DFS-F5-DWC-EDI-3, ~~DWC Form EDI 3: “EDI Transmission Profile-Sender’s Specifications” (11/01/2004 3/02).~~

(d) DFS-F5-DWC-EDI-4, Secure Socket Layer (SSL)/File Transfer Protocol (FTP) Instructions (11/01/2004).

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New 3-5-02, Formerly 38F-56.001, 4L-56.001, Amended \_\_\_\_\_.

69L-56.002 Definitions.

When used in this chapter, the following terms have the following meanings:

(1) “Acknowledge” or “acknowledgement” means a response provided by the Division to communicate the acceptance or rejection of an electronic transaction sent to the Division. An acknowledgement returned by the Division will reflect the assignment of an acknowledgment code of “Transaction Accepted (TA)” if the transaction was accepted by the Division or “Transaction Rejected (TR)” if the transaction was rejected by the Division. If a transaction was assigned an acknowledgment code of “Transaction Accepted (TA)”, the date the transaction was received by the Division will be used in determining whether an electronic form equivalent was timely filed with the Division.

~~(2)(H)~~ “Batch” means a set of records containing one header record, one or more detailed transactions, and one trailer record.

(3) “Claim Administrator” means a “Claims-Handling Entity” as defined in Chapter 69L-3, F.A.C., that is electronically sending its data directly to the Division.

(4) "Days" means calendar days, unless otherwise noted.

(5) "Department" means the Department of Financial Services.

(6)(2) "Division" means the Division of Workers' Compensation.

(3) "~~Domestic Insurer~~" is ~~one formed under the laws of this state pursuant to Section 624.06(1), F.S. An individual self insurer authorized by Section 440.38, F.S., and headquartered in this state will be considered a Domestic Self Insurer for the purposes of this rule chapter.~~

(7)(4) "Electronic Data Interchange" (EDI) means a computer to computer exchange of business transactions in a standardized electronic format.

(8)(5) "Electronic Form Equivalent" means ~~the transmission of information sent in Division-approved electronic formats as specified in this rule, instead of otherwise required paper documents. Division-approved electronic formats include nationally standardized International Association of Industrial Accident Boards and Commissions (IAIABC). Electronic form equivalents do not include information sent transmission by facsimile, file data attached to electronic mail, or computer-generated paper forms.~~

(6) "Foreign Insurer" is one formed under the laws of any state, district, territory, or commonwealth of the United States other than this state, pursuant to Section 624.06(2), F.S. An individual self insurer authorized by Section 440.38, F.S., and headquartered outside this state will be considered a Foreign Self Insurer for purposes of this rule chapter.

(9) "File" or "Filed" means a transaction has been received by the Division and assigned an acknowledgement code of "Transaction Accepted (TA)".

(10) "FROI" means the "IAIABC Release 1 First Report of Injury (148)" format adopted by the IAIABC. The "FROI" is located on Pages "4-13" and "4-14" in the IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1, February 15, 2002, which is incorporated herein by reference. A copy of the guide may be found at [www.iaabc.org/EDI/implementation\\_guide\\_index.htm](http://www.iaabc.org/EDI/implementation_guide_index.htm).

(11)(7) "Header Record" means the first record of a ~~that precedes each batch~~. The header record shall uniquely identify identifies a sender, as well as the date and time a batch is prepared, and the transaction set within the batch.

(12)(8) "IAIABC" means the International Association of Industrial Accident Boards and Commissions ([www.iaabc.org](http://www.iaabc.org)), ~~which and~~ is a professional trade association comprised of state workers' compensation regulators and insurance representatives.

(13) "Insurer Code #" is defined in Chapter 69L-3, F.A.C.

(14) "Jurisdiction Designee Received Date" means the date on which a third party vendor received Proof of Coverage data from an insurer that is not submitting their electronic Proof of Coverage data directly with the Division. This date

shall be used in place of the date the Division received electronic Proof of Coverage data for purposes of calculating the effective date of the cancellation or non-renewal and timely filings of electronic Proof of Coverage data.

(15)(9) "Maintenance Type Code" (MTC) is an IAIABC code that defines the specific purpose of individual claims transactions within the batch being sent transmitted, i.e., a code that represents the type of filing being sent electronically (For example: IP = initial payment, 04 = total denial).

(16)(10) "Sender" means one of the following entities sending electronic filings to the Division: the claim administrator, insurer, or third party vendor that is submitting electronic filings to the Division.

(a) Claim administrator.

(b) Insurer, or

(c) Third party vendor (Proof of Coverage only).

(17) "SROI" means the "IAIABC Release 1 Subsequent Report of Injury (A49)" format adopted by the IAIABC. The "SROI" is located on Pages "4-15" and "4-16" in the IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1, February 15, 2002.

(18)(11) "Third Party Vendor" means an entity acting as a submission agent or vendor on behalf of an insurer, service company or third party administrator, that has been authorized to electronically send required data to the Division an agent that an insurer has contracted with to submit required electronic filings on its behalf, and has been authorized to submit EDI transactions to the Division. Third party vendors shall include service companies, third party administrators, and managing general agents that have been authorized to submit EDI transactions to the Division.

(19) "Trading Partner" means an entity exchanging data electronically with the Division.

(20)(12) "Trailer Record" means the last record that designates the end of a batch of transactions. It shall provides a count of transactions contained within the batch, not including the header and trailer transactions.

(21)(13) "Transaction" is one or more records within a batch which intended to communicates information about a particular electronic form equivalent an event.

(22) "Transaction Accepted (TA)" means an acknowledgement code assigned by the Division to represent that a transaction was sent to the Division and passed required edits.

(23) "Transaction Rejected (TR)" means an acknowledgement code assigned by the Division to represent that a transaction was sent to the Division and did not pass required edits.

(24)(14) "Transmission" consists of one or more batches sent to or received by the Division or a trading partner during a communication session.

~~(25)(15)~~ “Triplicate Code” is a series of three two-digit numeric codes that define the specific purpose of individual records in a Proof of Coverage transmission, i.e., new policy, renewal, endorsement, or cancellation or non-renewal. It is a combination of the Transaction Set Purpose Code, Transaction Set Type Code and Transaction Set Reason Code as defined in Section 7 of the IAIABC Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002 November 1, 2001, which is ~~herein~~ incorporated herein by reference ~~in this rule~~. A copy of the guide manual may be found at www.iaabc.org/EDI/implementation\_guide\_index.htm.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New 3-5-02, Formerly 38F-56.002, 4L-56.002, Amended \_\_\_\_\_.

69L-56.100 Mandate of Proof of Coverage (POC) Electronic Filing Requirements EDI.

(1) Effective March 1, 2002, every insurer authorized to insure employers in the State of Florida, except for individual self-insurers approved under Section 440.38, F.S., shall file policy information electronically to the Division rather than by filing on paper forms previously required by Rule 69L-6.014, F.A.C.

(a) Every insurer shall send to the department transmit by electronic data interchange electronic policy information for Certificates of Insurance, Endorsements, Reinstatements, Cancellations and Non-Renewals pursuant to the filing time periods in Rule 69L-56.210, F.A.C., of this rule all required data elements. Such policy information shall be sent in accordance with the “EDI Trading Partner Requirements” set forth in Sections 2 through 6 of specified in the Florida Division of Workers’ Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, January 2005 November 2001, which is ~~herein~~ incorporated herein by reference ~~in this rule~~. A copy of the manual may be obtained from the Division of Workers’ Compensation at its website, http://www.fldfs.com/wc/edi.html www2.myflorida.com/les/we, or by sending a request to the Division of Workers’ Compensation, Office of Data Quality & Collection Bureau of Information Management, 200 East Gaines Street, Tallahassee, Florida 32399-4226. The Division will not accept an electronic transaction that fails to comply with the “EDI Trading Partner Requirements” in Sections 2 through 6 in this manual. The insurer shall send electronic transmissions submissions either directly to the Division or through an authorized third party vendor.

(2) Electronic form equivalents of Proof of Coverage data Forms shall be sent in the Proof of Coverage formats national standard, adopted by the IAIABC and located on Pages “5-7” and “5-8” of The insurer or third party vendor shall utilize the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement

Records, Release 2, May 1, 2002 November 1, 2001 to implement Florida workers’ compensation proof of coverage data electronically.

(3) If an insurer is unable to report all or part of the data elements required pursuant to this section, by the time frame indicated in Rule Chapter 69L-6, F.A.C., the insurer shall submit a request for a variance in accordance with Section 120.542, F.S., by sending an e-mail to the Division at pocedi@wepost.fldes.state.fl.us. The variance shall state the specific reasons the terms of the mandate cannot be achieved, and shall also identify the length of the extension needed to comply with the electronic reporting requirements specified in the rule.

(a) At least 1 business day before the insurer or third party vendor sends its first transmission to the Division, the ~~(4)~~ All insurers or third party vendors shall send submit to the Division in an email addressed to poc.edi@fldfs.com, their profile information using the following forms adopted in Rule 69L-56.001, F.A.C.: as an attachment in an e-mail to pocedi@wepost.fldes.state.fl.us DWC Form POCEDI, “POC EDI Production Profile,” no later than one month prior to the effective date of the POC mandate. The POC EDI Production Profile shall include:

1. “EDI Trading Partner Profile.” DFS-F5-DWC-EDI-1 (01/01/2005).

2. “EDI Trading Partner Insurer/Claim Administrator ID List”, DFS-F5-DWC-EDI-2 (01/01/2005), and

3. “EDI Transmission Profile – Sender’s Specifications.” DFS-F5-DWC-EDI-3 (01/01/2005).

(b) The insurer or third party vendor shall report changes to its profile information at least 1 business day before sending transactions containing new profile-related information. The insurer or third party vendor shall report the new profile information by emailing a revised “EDI Trading Partner Profile”, DFS-F5-DWC-EDI-1 (01/01/2005), and if applicable, the “EDI Trading Partner Insurer/Claim Administrator ID List”, DFS-F5-DWC-EDI-2 (01/01/2005), and if applicable, the “EDI Transmission Profile – Sender’s Specifications”, DFS-F5-DWC-EDI-3 (01/01/2005) to the Division at poc.edi@fldfs.com.

(c) If the insurer suspends the use of a third party vendor and begins sending its electronic Proof of Coverage data directly to the Division, the insurer shall, at least 1 business day prior to the effective date of this change, email a revised “EDI Transmission Profile – Sender’s Specifications.” DFS-F5-DWC-EDI-3 (01/01/2005), to the Division at poc.edi@fldfs.com.

(d) If the insurer changes third party vendors, the insurer shall, at least 1 business day prior to the effective date of the change, send an email to the Division at poc.edi@fldfs.com to report the name of the new vendor and effective date on which POC transactions will be sent by the new vendor.

~~(a) Name and Federal Employer Identification Number (FEIN) of any third party vendor submitting proof of coverage data on behalf of an insurer.~~

~~(b) Name of the insurer and all subsidiary companies in the insurer's corporate structure.~~

~~(c) The Federal Employer Identification Numbers (FEIN's) for all entities.~~

~~(d) Estimated volume of proof of coverage transactions for the current calendar year and whether volume is expected to substantially increase or decrease during the following calendar year.~~

~~(e) Insurer or third party vendor if applicable, EDI business and technical contact persons with telephone numbers and e-mail addresses. Once filed, the insurer or third party vendor shall report any changes to its POC EDI Production Profile to the Division.~~

~~(5) The electronic cancellation shall include the minimum information required to identify the transmission as a cancellation for a specific policy, referenced in the Florida Proof of Coverage (POC) Element Requirement Table contained within the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, November 2001 which is hereby incorporated by reference in this rule.~~

Specific Authority 440.591, 440.593(5), 440.185(7) FS. Law Implemented 440.593 FS. History—New 3-5-02, Formerly 38F-56.100, 4L-56.100, Amended

69L-56.110 Technical Requirements for POC EDI Transactions.

~~(1) In order to send Every insurer or third party vendor shall be authorized by the Division to submit Proof of Coverage data forms electronically to the Division, the insurer or third party vendor shall complete upon completion of the testing requirements set forth in Section 1 of the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, January 2005 this rule chapter. Each transmission for Test, Pilot or Production purposes shall be in the correct IAIABC format (PC1-Insured Record format and PC2-Employer Record) format located on Pages "5-7" and "5-8" of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002.~~

~~(2) Each transmission shall contain the following as set forth on Pages "5-6" and "5-8" in described in the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002 November 1, 2001:~~

~~(a) Header Record.~~

~~(b) One or more records transactions – PC1, PC2 (See "Transaction Overview, Carrier-Insurer Submits" column located on Pages "6-7" through "6-12" of the guide).~~

~~(c) Trailer Record.~~

~~(3)(2) Header records shall include the following information:~~

~~(a) Correct Receiver FEIN for the State of Florida: 59-6001874.~~

~~(b) "Receiver Postal Code" for the State of Florida: 323994226 effective April 4, 2005. (Receiver Postal Code may be sent as 323990685 through April 3, 2005) as indicated in the EDI Transmission Profile Receiver Specifications, located in the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, November 2001.~~

~~(c) Sender Identifier. The Sender Identifier (Sender ID) shall consist of Correct sender FEIN for the insurer's or third party vendor's FEIN and Postal Code as reported on Form DFS-F5-DWC-EDI-3 (01/01/2005), EDI Transmission Profile – Sender's Specifications.~~

~~(d) "Sender Postal Code" as indicated in DWC Form EDI 3 "EDI Transmission Profile Sender Specifications."~~

~~(4)(3) POC EDI transmissions may be sent on a daily basis, and shall be sent via secured File Transfer Protocol (FTP). Effective April 4, 2005, electronic transmissions of Proof of Coverage data required pursuant to this rule, shall be sent to the Division using Secure Socket Layer/File Transfer Protocol (SSL/FTP) with a client software program to accomplish SSL/FTP uploads and downloads in accordance with instructions on Form DFS-F5-DWC-EDI-4 (01/01/2005).~~

~~(5)(4)(a) Transmissions sent Monday through Saturday: In order for a transmission sent Monday through Saturday to be processed as received by the Division and acknowledged the same day the transmission was sent, the The insurer or third party vendor shall send the transmissions by 9:00 p.m., Eastern Standard Time, Monday through Saturday. Transmissions received after 9:00 p.m., Eastern Standard Time, Monday through Saturday shall be processed as received by the Division and acknowledged the next business day after the transmission was sent.~~

~~(b) Transmissions sent Sunday: In order for a transmission sent on Sunday to be processed as received by the Division on Sunday, the insurer or third party vendor shall send the transmission by 4:00 p.m., Eastern Standard Time, Sunday. Transmissions received by 4:00 p.m. Eastern Standard Time, Sunday, will be acknowledged on Monday. Transmissions received after 4:00 p.m. Eastern Standard Time, Sunday, shall be processed as received by the Division on Monday and acknowledged on Monday.~~

~~(5) To submit data electronically to the Division's FTP Internet web site, the insurer or third party vendor shall have the following capabilities:~~

~~(a) Computer access to the Internet;~~

~~(b) Compression Software to read and write encrypted ZIP files, and~~

~~(c) FTP Transfer Software to accomplish FTP uploads and downloads.~~



(6) Transmissions shall be sent using the flat file PC1 and PC2 formats located on Pages “5-7” and “5-8” of ~~in~~ the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002 ~~November 1, 2001~~.

~~(7) Formats of data elements shall match format specifications established by the IAIABC.~~

~~(7)(8)~~ During test and pilot transmissions, the “Test-Production Indicator” in the Header record shall be set to “T.” Beginning with authorized production transmissions, the “Test-Production Indicator” shall be set to “P.”

~~(8)(9)~~ All insurers or third party vendors shall have the capability to receive and process the Division’s IAIABC POC EDI Acknowledgement Transaction, described on Page “5-8” in the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002 ~~which is a~~ “variable length” record.

~~(9)(10)~~ The ~~meaning of the data elements reported to the Division under this section shall match the~~ definitions established in Section 7 of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002, November 1, 2001 shall be utilized when reporting data elements to the Division. ~~If not, the insurer or third party vendor shall conform to the IAIABC standard data definition(s).~~

~~(10)(11)~~ The insurer or third party vendor shall send the PC1 and PC2 transactions required in Rule 69L-56.210, F.A.C., of this rule, in accordance with the information appearing in the “Carrier-Insurer Submits” column in the “Proof of Coverage Transaction Overview” document, located on Pages “6-7” through “6-12” of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002. When required, both a PC1 and PC2 shall be sent to report POC EDI filings. If the PC2 record filing is required and is rejected by the Division, both the PC1 and PC2 records shall be re-sent ~~re-submitted~~ together in the same transmission. The Division will not “hold” a PC1 record in anticipation of the return of a corrected corresponding PC2 record.

~~(11)(12)~~ The insurer or third party vendor’s business and technical contacts shall have e-mail system capabilities ~~that to~~ support Word, Excel, or PDF attachments from the Division ~~receipt of zipped files with attachments of at least 2 Megabytes.~~

~~(12)(13)~~ The insurer or third party vendor shall utilize anti-virus software to screen out and clean any viruses on all electronic transmissions; prior to sending transmissions ~~submission~~ to the Division. The insurer or third party vendor shall maintain the anti-virus software with the most recent anti-virus update files from the software provider. If the insurer

or third party vendor sends a transmission that contains a virus which prevents the Division from processing the transmission, the transmission will not be considered as having been received by the Division.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New 3-5-02, Formerly 38F-56.110, 4L-56.110, Amended \_\_\_\_\_.

69L-56.200 Cancellation or Non-Renewal of Workers’ Compensation Insurance.

(1) Except for cancellation for nonpayment of premium, or cancellation or non-renewal at the request of the insured, an insurer shall not cancel or non-renew any workers’ compensation insurance policy, contract of insurance, or renewal until at least 30 days have elapsed after the insurer has electronically filed a cancellation or non-renewal with the Division, either directly or through a third party vendor. When an insurer files an electronic cancellation or non-renewal directly with the Division for any reason other than non-payment of premium or when cancellation or non-renewal is requested by the insured, the 30-day notice period shall be calculated from the first day following the date on which the electronic cancellation or non-renewal was filed with the Division. If the insurer files an electronic cancellation or non-renewal through a third party vendor for any reason other than non-payment of premium, or when cancellation or non-renewal is requested by the insured, the 30-day notice period shall be calculated from the first day following the “Jurisdiction Designee Received Date”.

(2)(a) For any workers’ compensation insurance policy, contract of insurance, or renewal with a policy effective date prior to October 1, 2003, an insurer shall not cancel or non-renew the policy for non-payment of premium until and unless 30 days have elapsed after the insurer has electronically filed a cancellation or non-renewal with the Division, either directly or through a third party vendor. When an insurer files an electronic cancellation or non-renewal directly with the Division, the 30-day notice period shall be calculated from the first day following the date on which the electronic cancellation or non-renewal was filed with the Division. If the insurer files an electronic cancellation or non-renewal through a third party vendor, the 30-day notice period shall be calculated from the first day following the “Jurisdiction Designee Received Date”.

(b) For any workers’ compensation insurance policy, contract of insurance, or renewal with a policy effective date on or after October 1, 2003, an insurer shall not cancel or non-renew the policy for non-payment of premium until and unless the insurer has mailed notification of the cancellation or non-renewal to the employer at least 10 days prior to the effective date of the cancellation or non-renewal. Notification to the Division is not required to cancel or non-renew a workers’ compensation insurance policy, contract of insurance, or renewal for non-payment of premium. However, the insurer shall advise the Division of the cancellation or non-renewal

due to non-payment of premium in accordance with the electronic filing time periods for policy information set out in subsections 69L-56.210(5) and (6) of this rule.

(3) If an insured requests cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance or renewal, the cancellation or non-renewal shall be effective on the date the insurer sends the cancellation or non-renewal to the insured. Notification to the Division is not required to cancel or non-renew a workers' compensation insurance policy, contract of insurance, or renewal when cancellation or non-renewal is requested by the insured. However, the insurer shall advise the Division of the cancellation or non-renewal requested by the insured in accordance with the electronic filing time periods for policy information set out in subsection 69L-56.210(7) of this rule.

(4) If a policy has been re-written by the same insurer for the same employer with the same effective date and has been electronically filed with the Division, the earlier policy may be cancelled by the insurer the same day the earlier policy became effective. The insurer shall electronically file a cancellation or non-renewal directly with the Division or through a third party vendor, and serve a copy of the notice of cancellation or non-renewal upon the employer in person or by mail, stating therein the reason for such cancellation or non-renewal.

Specific Authority 440.185(7), 440.42(3), 440.591, 440.593(5), 627.4133(4) FS. Law Implemented 440.185(7), 440.42(3), 440.593, 627.4133(4) FS. History—New \_\_\_\_\_.

#### 69L-56.210 Electronic Filing Time Periods for Policy Information.

Pursuant to subsection 440.593(1) F.S., the Division may establish different deadlines for filing required reports electronically than are otherwise required when reporting information by other means. Accordingly, notwithstanding the deadlines for filing policy information by other means as set forth in subsection 440.185(7) F.S., an insurer, other than an individual self-insurer approved under Section 440.38, F.S., must electronically file the following information in accordance with the provisions of this rule, and shall have received an acknowledgement code of "Transaction Accepted" (TA)" by the Division within the following deadlines:

(1) No later than thirty days after the effective date of any workers' compensation insurance policy, contract of insurance, or renewal, every insurer shall send the electronic Certificate of Insurance.

(2) No later than thirty days after the effective date of each endorsement to any workers' compensation insurance policy, contract of insurance, or renewal, every insurer shall send the electronic Notice of Endorsement.

(3) No later than thirty days after the effective date of each reinstatement of a cancelled workers' compensation insurance policy, contract of insurance, or renewal, every insurer shall send the electronic Notice of Reinstatement.

(4) No later than thirty days prior to the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal, other than a cancellation for non-payment of premium or when cancellation or non-renewal is requested by the insured, every insurer shall send the electronic cancellation or non-renewal.

(5) No later than thirty days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date prior to October 1, 2003, that is being cancelled for non-payment of premium, every insurer shall send the electronic cancellation represented by Triplicate Code "00-41-59".

(6) No later than ten days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date on or after October 1, 2003, that is being cancelled for non-payment of premium, every insurer shall send the electronic cancellation represented by Triplicate Code "00-41-59".

(7) No later than ten days after the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal for which an insured has requested cancellation or non-renewal, the insurer shall send the electronic cancellation or non-renewal to the Division. The electronic cancellation or non-renewal shall be represented by Triplicate Codes containing Transaction Set Type Codes "42" & "60", with the exception of Triplicate Code "00-60-64", pursuant to the "Transaction Overview" document, located on Pages "6-7" through "6-12" IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2, May 1, 2002.

(8) An insurer shall not cancel or non-renew a workers' compensation insurance policy, contract of insurance, or renewal for underwriting reasons represented by Triplicate Code "00-60-64" until and unless 30 days have elapsed after the insurer has electronically sent a cancellation or non-renewal to the Division directly or through a third party vendor.

Specific Authority 440.185(7),(9), 440.42(3), 440.591, 440.593(5), 627.4133(4) FS. Law Implemented 440.185(7), (9), 440.42(3), 440.593, 627.4133(4) FS. History—New \_\_\_\_\_.

#### 69L-56.310 Technical Requirements for Voluntary Claims EDI Transmissions.

(1) Effective April 4, 2005, as a voluntary alternative to paper filing pursuant to Chapter 69L-3, F.A.C., insurers may elect to send electronic transmissions of the First Report of Injury or Illness (Form DFS-F2-DWC-1), Claim Cost Report (Form DFS-F2-DWC-13), and the Division-approved electronic formats for reporting the employee's 8th day of disability and claim administrator's knowledge of the 8th day of disability required in Chapter 69L-3, F.A.C., to the Division using only the following transmission methods:

(a) Advantis Value Added Network (VAN), or

(b) Secure Socket Layer/File Transfer Protocol (SSL/FTP) using a client software program to accomplish SSL/FTP uploads and downloads in accordance with instructions on Form DFS-F5-DWC-EDI-4 (01/01/2005).

(2) Effective April 4, 2005, voluntary electronic transmissions of the First Report of Injury or Illness (DFS-F2-DWC-1), and the Claim Cost Report (DFS-F2-DWC-13), shall be sent to the Division using the First Report of Injury (FROI) / 148 flat file transaction set, and the Subsequent Report (SROI) / A49 flat file transaction set, described on Pages “4-13” through “4-16” of the IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1, February 15, 2002. The claim administrator shall not send transmissions containing files in the ANSI 148 format to the Division on or after April 4, 2005.

(3)(a) Each voluntary FROI transmission shall contain at least one batch in the FROI format located Pages “4-13” and “4-14” in the IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1, February 15, 2002. Each voluntary SROI transmission shall contain at least one batch in the SROI format located on Pages “4-15” and “4-16” in the guide.

(b) Each batch shall contain only one of the following transaction types:

1. First Report of Injury (FROI/148 transaction), or
2. Subsequent Report of Injury (SROI/A49 transaction).

(c) A batch shall contain the following as set forth on Pages “4-11” through “4-19” in the IAIABC EDI Implementation Guide for the First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1, February 15, 2002:

1. Header Record;
2. One or more transactions – 148’s or A49’s; and
3. Trailer Record.

(d) Header records shall include the following information:

1. Receiver FEIN for the State of Florida: 596001874.
2. Receiver Postal Code for the State of Florida: 323994226 effective April 4, 2005 (Receiver Postal Code 323996085 may be sent through April 3, 2005.)
3. Sender Identifier. The Sender Identifier (Sender ID) shall consist of the claim administrator’s FEIN and Postal Code as reported on Form DFS-F5-DWC-EDI-3 (01/01/2005), EDI Transmission Profile – Sender’s Specifications.

(4) To voluntarily report the electronic equivalent of Form DFS-F2-DWC-1 for which total compensability of the claim has not been denied, the claim administrator shall send to the Division both the FROI and SROI within the processing times set out in subsection (5) of this section. If either the FROI or SROI contain an error that results in the rejection of one of the transactions, both the FROI and SROI shall be rejected and the claim administrator shall re-send both the corrected FROI and

SROI to the Division within the processing times set out in this rule section, in order for the two transactions to be processed together. The Division will only pair for processing purposes, FROI’s and SROI’s that are received by the Division on the same day, as set out in this rule section.

(5)(a) Transmissions sent Monday through Saturday: In order for a transmission sent Monday through Saturday to be processed as received by the Division the same day the transmission was sent, the claim administrator shall send voluntary Claims EDI transmissions by 9:00 p.m., Eastern Standard Time, Monday through Saturday. Transmissions received by 9:00 p.m., Eastern Standard Time, will be acknowledged the next business day after Division receipt and processing. Transmissions received after 9:00 p.m., Eastern Standard Time, Monday through Saturday, shall be processed as received by the Division the day after the transmission was sent, and will be acknowledged the next business day after Division receipt and processing.

(b) Transmissions sent Sunday: In order for a transmission sent on Sunday to be processed as received by the Division on Sunday, the claim administrator shall send voluntary Claims EDI transmissions by 4:00 p.m., Eastern Standard Time, Sunday. Transmissions received by 4:00 p.m., Eastern Standard Time, Sunday will be acknowledged on Tuesday. Transmissions received after 4:00 p.m., Eastern Standard Time, Sunday shall be processed as received by the Division on Monday and will be acknowledged on Tuesday.

(6) During the test and pilot phases, the “Test-Production Indicator” in the Header record shall be set to “T”. After the claim administrator has been approved by the Division to send transmissions in production status, the “Test-Production Indicator” shall be set to “P”.

(7) The claim administrator shall have the capability to receive and process the Division’s Claims EDI AK1 Acknowledgement transaction described on Page “4-11” in the IAIABC Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1, February 15, 2002. The Claim Administrator shall update its database with the Division’s Agency Claim Number (ACN) provided on the EDI AK1 Acknowledgement transaction for each successfully filed transaction.

(8) Formats and meaning of data elements voluntarily reported via EDI to the Division under this section shall match format specifications and data element definitions established in Sections 4 and 6 of the IAIABC Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1, February 15, 2002.

(9) The claim administrator’s business and technical contacts shall have email system capabilities that support Word, Excel, or PDF attachments from the Division of at least 2 Megabytes.

(10) The claim administrator or other third party vendor shall utilize anti-virus software to screen out and clean any viruses on all electronic transmissions prior to sending transmissions to the Division. The claim administrator or other third party vendor shall maintain anti-virus software with the most recent anti-virus update files from the software provider. If the claim administrator or third party vendor sends a transmission that contains a virus which prevents the Division from processing the transmission, the transmission will not be considered as having been received by the Division.

Specific Authority 440.591, 440.593 FS. Law Implemented 440.593 FS. History—New \_\_\_\_\_.

69L-56.330 Electronic Formats for Reporting the Employee’s 8th Day of Disability and the Claim Administrator’s Knowledge of 8th Day of Disability.

If the electronic form equivalent of the DFS-F2-DWC-1, First Report of Injury or Illness, is voluntarily sent via EDI with Claim Type “L” (“Became Lost Time”, a.k.a., Medical Only to Lost Time), the claim administrator shall report the employee’s 8th day of disability and the claim administrator’s knowledge of the 8th day of disability at the same time the electronic form equivalent of Form DFS-F2-DWC-1 is required to be sent to the Division as specified in Rule 69L-24-0231, F.A.C. using any of the electronic formats approved by the Division and adopted by reference in this section. The claim administrator shall utilize the electronic format, “Electronic Supplement to the First Report of Injury (DWC-1) Transaction (January 2005)”, from the Division’s web site at [www.fldfs.com/wc/edi.html](http://www.fldfs.com/wc/edi.html), or the “8th Day of Disability For EDI Submitters” database located at [www.fldfs.com/wc/](http://www.fldfs.com/wc/) to report the employee’s 8th day of disability and the claim administrator’s knowledge of the 8th day of disability required in Chapter 69L-3, F.A.C. The requirement to report the employee’s 8th day of disability and the claim administrator’s knowledge of the 8th day of disability via an alternative electronic format shall commence no later than 90 days after the effective date of Chapter 69L-3, F.A.C. requiring the reporting of these two data elements to the Division.

Specific Authority 440.591, 440.593 FS. Law Implemented 440.593 FS. History—New \_\_\_\_\_.

69L-56.500 Insurer Responsibilities Where Third Party Services are Utilized.

If an insurer contracts with a claim administrator or third party vendor to electronically send transactions to the Division on the insurer’s behalf, or uses a claim administrator or third party vendor’s software product for electronically sending transactions to the Division, the insurer shall remain responsible for the timely filing of electronic form equivalents and any penalties and fines that may result from untimely electronic filings.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.20(8)(b), 440.593 FS. History—New \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Don Davis, Department of Financial Services, Office of Data Quality and Collection, Division of Workers’ Compensation  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tanner Holloman, Director, Department of Financial Services, Division of Workers’ Compensation  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 23, 2004  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 3, 2004

### Section III Notices of Changes, Corrections and Withdrawals

**DEPARTMENT OF STATE**

**Division of Cultural Affairs**

RULE NO.: IT-1.001  
 RULE TITLE: Division of Cultural Affairs  
 NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 30, No. 52 (December 23, 2004), Florida Administrative Weekly has been withdrawn.

**DEPARTMENT OF TRANSPORTATION**

RULE CHAPTER NO.: 14-10  
 RULE CHAPTER TITLE: Outdoor Advertising Sign Regulation and Highway Beautification

RULE NO.: 14-10.004  
 RULE TITLE: Permits  
 NOTICE OF CHANGE

SUMMARY OF CHANGES: The following changes are in response to a review by the Joint Administrative Procedures Committee:

1. In the instructions for Form 575-070-04 Application for Outdoor Advertising Permit, delete the references which prohibit payment by cash. In the PERMIT FEES section, change the section under the table of fees to read: “Payment may be made by personal or business check, ~~or~~ money order, or cash. Make check or money order payable to the Department of Transportation. ~~Cash or~~ Credit cards will not be accepted as payment. It is suggested that you submit separate checks for each permit applied for.”

2. Change the revision date for all references to the form to 01/05.

Notice was published in Florida Administrative Weekly, Vol. 30, No. 50, December 10, 2004.