Section I
Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF STATE

Division of Library and Information Services

RULE TITLE: RULE NO.:
Library Grant Programs 1B-2.011

PURPOSE AND EFFECT: The purpose of this amendment is to modify application and administrative guidelines for the Public Library Construction grant program. Guidelines for this grant program are outlined in the application packet that contain information on eligibility requirements, application and review procedures, evaluation and funding criteria, grant administration procedures and application forms.

SUBJECT AREA TO BE ADDRESSED: Guidelines for the public library construction grant program administered by the Division of Library and Information Services.

SPECIFIC AUTHORITY: 257.14, 257.191 FS.

LAW IMPLEMENTED: 257.15, 257.16, 257.191 FS.

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

TIME AND DATE: 10:00 a.m., July 10, 2002

PLACE: Board Room, State Library of Florida, R. A. Gray Building, 500 South Bronough Street, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Barratt Wilkins, Director, Division of Library and Information Services, R. A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399-0250, (850)245-6600, Suncom 277-2651

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

DEPARTMENT OF STATE

Division of Elections

RULE TITLE: RULE NO.:
Uniform Primary and General Election Ballot 1S-2.032

PURPOSE AND EFFECT: To establish standards for uniform primary and general election ballots for each certified voting system in the state.

SUBJECT AREA TO BE ADDRESSED: Standards for uniform primary and general election ballots.

SPECIFIC AUTHORITY: 101.151(8) FS.

LAW IMPLEMENTED: 101.151(8) FS.

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

TIME AND DATE: 4:00 p.m. – 6:00 p.m., July 8, 2002

PLACE: Room 100, Collins Building, 107 West Gaines Street, Tallahassee, FL 32399-0250

THE PERSON TO BE CONTACED REGARDING THE PROPOSED RULE DEVELOPMENT: Sarah Jane Bradshaw, Division of Elections, (850)245-6200

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

DEPARTMENT OF INSURANCE

RULE TITLES:	RULE NOS.:
PART II LONG TERM CARE STANDARDS FOR POLICIES ISSUED PRIOR TO JANUARY 1, 2003	
Purpose	4-157.001
Applicability and Scope	4-157.002
Out-of-State Group Long Term Care Insurance	4-157.004
Conversion or Continuation Privilege	4-157.010
Reporting	4-157.023
PART II LONG TERM CARE STANDARDS FOR POLICIES ISSUED AFTER JANUARY 1, 2003	
Purpose	4-157.101
Applicability and Scope	4-157.102
Definitions	4-157.103
Policy Practices and Provisions	4-157.104
Refund of Premium	4-157.105
Required Disclosure Provisions	4-157.106
Required Disclosure of Rating Practices to Consumers	4-157.107
Initial Filing Requirements	4-157.108
Prohibition Against Post-Claims Underwriting	4-157.109
Requirements for Application Forms and Replacement Coverage	4-157.110
Reporting Requirements	4-157.111
Reserve Standards	4-157.112
Premium Rate Schedule Increases	4-157.113
Filing Requirements – Out-of-State Groups	4-157.114
Filing Requirements for Advertising	4-157.115
Suitability	4-157.116
Prohibition Against Preexisting Conditions and Probationary Periods in Replacement Policies or Certificates	4-157.117
Nonforfeiture Benefit Requirements	4-157.118
Additional Standards for Benefit Triggers for Qualified Long-Term Care Insurance Contracts	4-157.119
Standard Format Outline of Coverage	4-157.120
Requirement to Deliver Shopper's Guide	4-157.121
Penalties	4-157.122

PURPOSE AND EFFECT: To adopt National Association of Insurance Commissioners' standards applicable to long term care and certain limited benefit insurance policies.

SUBJECT AREA TO BE ADDRESSED: Adoption of National Association of Insurance Commissioners' standards regarding the content, rates, and sales of long term care and limited benefit insurance policies.

SPECIFIC AUTHORITY: 624.308, 627.9407 FS.

LAW IMPLEMENTED: 624.307(1), 624.3161, 626.9541, 267.9403, 627.9405, 627.9406, 627.9407, 627.94072, 626.9641 FS.

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

TIME AND DATE: 10:00 a.m., July 10, 2002

PLACE: Room 116, Larson Building, 200 East Gaines Street, 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 above.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Frank Dino, Bureau of Life and Health Forms and Rates, Division of Insurer Services, Department of Insurance, 200 East Gaines Street, Tallahassee, Florida 32399-0329, (850)413-5014

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

4-157.001 Purpose.

The purpose of these rules is :

(1) T~~t~~o implement Part XVIII ~~Chapter 88-57, Laws of Florida, creating new Part XIX~~ of Chapter 627, Florida Statutes, pertaining to requirements of long-term care insurance policies,

(2) T~~t~~o promote the public interest,

(3) T~~t~~o promote the availability of long-term care insurance policies,

(4) T~~t~~o protect applicants for long-term care insurance from unfair or deceptive sales or enrollment practices,

(5) T~~t~~o establish standards for long-term care insurance,

(6) T~~t~~o facilitate public understanding and comparison of long-term care insurance policies, and

(7) T~~t~~o facilitate flexibility and innovation in the development of long-term care insurance coverage.

Specific Authority 624.308(1), 627.9407(1) FS. Law Implemented 624.307(1), 627.9402, 627.9407(1) FS. History–New 5-17-89, Formerly 4-81.001, Amended _____.

4-157.002 Applicability and Scope.

(1) through (2) No change.

(3) The provisions of Part I shall apply to all long-term care policies and certificates issued in this state which are not included in the scope of Part II.

Specific Authority 624.308(1), 627.9407(1) FS. Law Implemented 624.307(1), 627.9403, 627.9406, 627.9407(1) FS. History–New 5-17-89, Formerly 4-81.002, Amended _____.

4-157.004 Out-of-State Group Long-Term Care Insurance.

(1) No change.

(2) In order for a state to be deemed to have statutory and regulatory long-term care insurance requirements substantially similar to those adopted in Florida, such state must require that long-term care policies meet at least all of the following requirements:

(a) through (b) No change.

(c) A 30-day "free look" period, or longer, within which individual certificateholders ~~policyholders~~ have the right to return the certificate ~~policy~~ after its delivery and to have the premium refunded for any reason;

(3) No change.

(4)(a) All changes to rates, together with an actuarial memorandum developing and justifying the rate change, shall be filed with the Department pursuant to the procedures specified in Section 627.410, Florida Statutes and Rule Chapter 4-149 as though the policy had been issued in Florida.

(b) For those policies which have been determined to be regulated by a state with substantially similar long term care insurance requirements, pursuant to Rule 4-157.004(1)(b), F.A.C., form and rate changes shall be filed for informational purposes at least 30 days prior to use. ~~To the extent that section 627.9406, Florida Statutes, and this rule require that an out-of-state group policy form or rate be filed with the department for approval, such form or rate may not be amended or changed prior to approval by the Department pursuant to the procedures specified in section 627.410, Florida Statutes.~~

Specific Authority 624.308(1), 627.9407(1) FS. Law Implemented 624.307(1), 627.9403, 627.9406 FS. History–New 5-17-89, Formerly 4-81.004, Amended _____.

4-157.010 Conversion or Continuation Privilege.

(1) through (5) No change.

(6)(a) Unless the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy from which conversion is made.

(b) Where the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age used in determining the coverage issued at inception of coverage under the group policy replaced.

(7) Continuation of coverage or issuance of a converted policy shall be mandatory, except where:

(a) Termination of group coverage resulted from a certificateholder's ~~an individual's~~ failure to make any required payment of premium or contribution when due. This does not

include such situations as the individual's authorizing and making payment that is not ultimately paid to the insurer due to bank, employer, or policyholder error, or

(b) No change.

(8) through (10) No change.

Specific Authority 624.308(1), 627.9407(1) FS. Law Implemented 624.307(1), 627.646, 627.6675, 627.9407(1) FS. History–New 5-17-89, Formerly 4-81.010, Amended _____.

4-157.023 Reporting.

(1) Every insurer shall maintain records for each agent of that agent's amount of replacement sales as a percentage of the agent's total annual sales in this state and the amount of lapses of long-term care insurance policies sold by the agent as a percentage of the agent's total annual sales in this state.

(2) Every insurer shall report annually by June 30 the 10 percent of its agents with the greatest percentages of lapses and replacements as measured by Rule 4-157.023(2), F.A.C., in the format prescribed by Appendix J, which is incorporated herein by reference.

(3) Reported replacement and lapse rates do not alone constitute a violation of insurance laws or necessarily imply wrongdoing. The reports are for the purpose of reviewing more closely agent activities regarding the sale of long-term care insurance in this state.

(4) Every insurer shall report annually by June 30 the number of lapsed policies as a percentage of its total annual sales and as a percentage of its total number of policies in force as of the end of the preceding calendar year in this state in the format prescribed in Appendix J.

(5) Every insurer shall report annually by June 30 the number of replacement policies sold as a percentage of its total annual sales and as a percentage of its total number of policies in force as of the preceding calendar year in this state in the format as prescribed in Appendix J.

(6) Every insurer shall report annually by June 30, for qualified long-term care insurance contracts, the number of claims denied for each class of business, expressed as a percentage of claims denied in this state, in the in Appendix E.

(7) For purposes of this section:

(a) "Policy" means only long-term care insurance;

(b) "Claim" means, subject to Rule 4-157.023(8)(c), F.A.C., a request for payment of benefits under an in force policy regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met;

(c) "Denied" means the insurer refuses to pay a claim for any reason other than claims not paid for failure to meet the elimination period or because of an applicable preexisting condition; and

(d) "Report" means on a statewide basis.

(8) Every insurer or other entity selling or issuing long-term care insurance benefits shall maintain a record of all policy or certificate rescissions, both state and countrywide, except those that the insured voluntarily effectuated, and shall annually furnish this information to the Department by March 1 of each year in the format prescribed in Appendix A.

(9) Reports required under this Rule 4-157.023, F.A.C., shall be filed with the Bureau of Market Conduct, Division of Insurer Services.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 627.410(7) FS. History–New _____.

4-157.101 Purpose.

The purpose of the provisions of this rule chapter is to implement Part XVIII of Chapter 627, Florida Statutes, to promote the public interest, to promote the availability of long-term care insurance coverage, to protect applicants for long-term care insurance, as defined, from unfair or deceptive sales or enrollment practices, to facilitate public understanding and comparison of long-term care insurance coverages, and to facilitate flexibility and innovation in the development of long-term care insurance.

Specific Authority 624.308(1), 627.9407(1), 627.9407(2), 627.9407(6), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1) FS. History–New _____.

4-157.102 Applicability and Scope.

(1) Except as otherwise specifically provided, the provisions of this rule chapter shall apply to long-term care insurance policies delivered or issued for delivery in this state, and to policies delivered or issued for delivery outside this state to the extent provided in Section 627.9406, Florida Statutes, and Rule 4-157.114, F.A.C., by an insurer, a fraternal benefit society as defined in Section 632.601, Florida Statutes, a health care services plan as defined in Section 641.01, Florida Statutes, a prepaid health clinic as defined in Section 641.402, Florida Statutes, or a multiple-employer welfare arrangement as defined in Section 624.437, Florida Statutes.

(2) Pursuant to Section 627.9403, Florida Statutes, the provisions of this rule chapter shall also apply to limited benefit policies that limit coverage to care in a nursing home only or to one or more lower levels of care. For limited benefit policies, the term and reference to Long Term Care as used within this rule chapter, shall be considered to be, and replaced by, the term Limited Benefit.

(3) The provisions of this rule chapter apply to policies having indemnity benefits that are triggered by activities of daily living and sold as disability income insurance, if:

(a) The benefits of the disability income policy are dependent upon or vary in amount based on the receipt of long-term care services;

(b) The disability income policy is advertised, marketed or offered as insurance for long-term care services; or

(c) Benefits under the policy may commence after the policyholder has reached Social Security's normal retirement age unless benefits are designed to replace lost income or pay for specific expenses other than long-term care services.

(4) The provisions of this rule chapter shall apply to all long-term care policies or certificates issued on or after January 1, 2003. Notwithstanding the above, for certificates issued under a group long-term care insurance policy as defined in Section 627.9405(1)(a), Florida Statutes, which policy was in force at the time this amended rule chapter became effective, the provisions of this rule chapter shall apply to certificates issued on or after the policy anniversary following July 1, 2003.

(5)(a) The provisions of Rule Chapter 4-149, F.A.C., shall apply to long-term care insurance coverage filings. In the event of conflict between Rule Chapter 4-149, F.A.C., and this Part II, the provisions of this Part II shall prevail.

(b) In filing the required annual rate certification filings pursuant to Section 627.410(7)(b), Florida Statutes, and Rule 4-149.007, F.A.C., the annual rate certification filing shall include the certification required by paragraph 4-157.108(1)(c), F.A.C.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9403, 627.9406 FS. History–New _____.

4-157.103 Definitions.

As used in these rules and as used in long-term care policies, the following terms shall have meanings no more restrictive than the following:

(1) "Adult day care center" as defined in Section 400.551(1), Florida Statutes.

(2) "Assisted living facility" as defined in Section 400.402(6), Florida Statutes.

(3) "Elimination period" means the number of days at the beginning of a period where the insured qualifies for benefits but no benefits are payable. No policy or certificate shall contain an elimination period in excess of the maximum time period specified in Section 627.9407(3)(e), Florida Statutes.

(4)(a) "Exceptional increase" means only those increases filed by an insurer as exceptional for which the Department determines the need for the premium rate increase is justified:

1. Due to changes in laws or regulations applicable to long-term care coverage in this state; or

2. Due to increased and unexpected utilization that affects the majority of insurers of similar products.

(b) Except as provided in Rule 4-157.113, F.A.C., exceptional increases are subject to the same requirements as other premium rate schedule increases.

(c) Upon request of the Department, a review by an independent actuary or a professional actuarial body of the basis for a request that an increase be considered an exceptional increase at the expense of the company making the filing shall be made.

(d) The Department, in determining that the necessary basis for an exceptional increase exists, shall also determine any potential offsets to higher claims costs.

(5) "Hands-on assistance" or "services" means physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform the activity of daily living.

(6) "Home health services" as defined in Section 400.462(10), Florida Statutes.

(7) "Hospital" means a hospital as defined and licensed pursuant to the provisions of Chapter 395, Florida Statutes, or pursuant to substantially similar provisions of another state's licensing laws.

(8) "Incidental," as used in subsection 4-157.113(9), F.A.C., means that the value of the long-term care benefits provided is less than 10 percent of the total value of the benefits provided over the life of the policy. These values shall be measured as of the date of issue.

(9) "Institutionalization" means that confinement to a hospital, facility, or center licensed pursuant to any parts of Chapters 400 or 395, Florida Statutes, or pursuant to substantially similar provisions of another state's licensing laws.

(10) "Medicare" means "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended," or "Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.

(11) "Mental or nervous disorder" shall not be defined to include more than neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.

(12) "Nursing home facility" or "nursing home" as defined in Section 400.021(11), Florida Statutes.

(13) "Nurse registry" as defined in Section 400.462(15), Florida Statutes.

(14) "Personal care" means the provision of hands-on services to assist an individual with activities of daily living.

(15) "Personal information" means any individually identifiable information gathered in connection with an insurance transaction from which judgments can be made about an individual's character, habits, avocations, finances, occupation, general reputation, credit, health or any other personal characteristics. "Personal information" includes an individual's name and address and "medical record information" but does not include "privileged information".

(16) "Privileged information" means any individually identifiable information that:

(a) Relates to a claim for insurance benefits or a civil or criminal proceeding involving an individual; and

(b) Is collected in connection with or in reasonable anticipation of a claim for insurance benefits or civil or criminal proceeding involving an individual.

(17) "Qualified actuary" means a member in good standing of the American Academy of Actuaries.

(18) "Similar policy forms" means all of the long-term care insurance policies and certificates issued by an insurer in the same long-term care benefit classification as the policy form being considered.

(a) Certificates of groups that meet the definition in Section 627.9405(1)(a), Florida Statutes, are not considered similar to certificates or policies otherwise issued as long-term care insurance, but are similar to other comparable certificates with the same long-term care benefit classifications.

(b) For purposes of determining similar policy forms, long-term care benefit classifications are defined as follows: institutional long-term care benefits only, non-institutional long-term care benefits only, or comprehensive long-term care benefits.

(19) "Waiting period" or "probationary period" as used in a long-term care policy means that period of time which follows the date a person is initially insured under the policy before the coverage or coverages of the policy shall become effective as to that person.

Specific Authority 624.308(1), 626.9611, 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9407(1), 626.9541 FS. History–New _____.

4-157.104 Policy Practices and Provisions.

(1) Renewability. The terms "guaranteed renewable" and "noncancellable" shall not be used in any individual long-term care insurance policy without further explanatory language in accordance with the disclosure requirements of Rule 4-157.106, F.A.C.

(a) A policy issued to an individual shall not contain renewal provisions other than "guaranteed renewable" or "noncancellable."

(b) The term "guaranteed renewable" shall be used only when the insured has the right to continue the long-term care insurance in force by the timely payment of premiums and when the insurer has no unilateral right to make any change in any provision of the policy or rider while the insurance is in force, and cannot decline to renew, except that rates may be revised by the insurer on a class basis.

(c) The term "noncancellable" shall be used only when the insured has the right to continue the long-term care insurance in force by the timely payment of premiums during which period the insurer has no right to unilaterally make any change in any provision of the insurance or in the premium rate.

(d) The term "level premium" shall only be used when the insurer does not have the right to change the premium.

(e) In addition to the other requirements of this Rule 4-157.104(1), F.A.C., a qualified long-term care insurance contract shall be guaranteed renewable within the meaning of Section 7702B(b)(1)(C) of the Internal Revenue Code of 1986, as amended.

(2) Limitations and Exclusions. A policy may not be delivered or issued for delivery in this state as long-term care insurance if the policy limits or excludes coverage by type of illness, treatment, medical condition, or accident, except as follows:

(a) Preexisting conditions or diseases pursuant to Sections 627.9407(4)(a) and (b), Florida Statutes;

(b) Mental or nervous disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease;

(c) Alcoholism and drug addiction;

(d) Illness, treatment, or medical condition arising out of:

1. War or act of war (whether declared or undeclared);

2. Participation in a felony, riot, or insurrection;

3. Service in the armed forces or units auxiliary thereto;

4. Suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or

5. Aviation (this exclusion applies only to non-fare-paying passengers).

(e) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance;

(f) Expenses for services or items available or paid under another long-term care insurance or health insurance policy;

(g) In the case of a qualified long-term care insurance contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for the application of a deductible or coinsurance amount.

(h) This subsection is not intended to prohibit exclusions and limitations by type of provider or territorial limitations.

(3) Conditions of Eligibility. The provision of 627.9405(2), Florida Statutes, does not require the sponsoring policyholder of a group policy to contribute premiums; however, if the sponsoring policyholder does contribute any premium, all members of the group, or all of any class or classes thereof, shall be declared eligible and acceptable to the insurer at the time of issuance of the policy.

(4) Minimum Coverage.

(a) All long-term care policies shall provide coverage for at least 24 consecutive months for each covered person for care in a nursing home.

(b) All long-term care policies shall provide coverage for at least one type of lower level of care, in addition to coverage for care in a nursing home.

(c)1.a. No long-term care policy shall provide significantly more coverage for care in a nursing home than coverage for lower levels of care. In furtherance of this requirement, benefits for all lower levels of care shall provide a level of benefits equivalent to at least 50 percent of the benefits provided for nursing home coverage; i.e., if the nursing home benefit amount is $100 per day then the required lower level of care benefit amount shall be at least $50 per day, or if more than one lower level of care is provided then each lower level of care shall provide a benefit amount of at least $50 per day.

b. For the purposes of applying this 50 percent equivalency requirement to a policy benefit period, the lower level of care shall be, in the aggregate, at least 50 percent of the benefit period provided for nursing home coverage.

c. If a long-term care policy provides nursing home coverage for an unlimited duration, the nursing home benefit shall be considered to be payable for 10 years and the lower level of care shall be payable for at least 5 years in the aggregate.

2. A long-term care policy may use an overall lifetime benefit maximum, in lieu of the specific coverage identified by paragraph (c), above, which may be exhausted by any combination of benefits provided the overall lifetime benefit maximum is at least 150 percent of the minimum coverage required by Rule 4-157.104(4)(a), F.A.C., times the amount of daily nursing home benefit purchased.

(d) For the purposes of this rule, "lower level(s) of care" means the following:

1. Nursing service;

2. Assisted living facility;

3. Home health services;

4. Adult day care center;

5. Adult foster home;

6. Community care for the elderly;

7. Personal care and social services;

8. Such other lower levels of care as approved by the Department.

(5) Group Coverage Certificate. A certificate issued pursuant to a group long-term care insurance policy, which policy is delivered or issued for delivery in this state, shall include:

(a) A description of the principal benefits and coverage provided in the policy;

(b) A statement of the principal exclusions, reductions, and limitations contained in the policy;

(c) Unless the policy is provided to the certificateholder, a statement that the description of principal benefits is a summary of the policy and that the group master policy should be consulted to determine governing contractual provisions;

(d) Person insured;

(e) Person to whom benefits are payable;

(f) Group contract number;

(g) Certificate number;

(h) Effective date; and

(i) Time certificate is effective.

(6) Death Benefits. An individual long term care policy shall not include a policy benefit that is incurred upon the death of an insured in excess of $1,000 pursuant to Section 627.603, Florida Statutes. Such benefits may be provided as an option that the insured may purchase or not purchase for a separate premium from the base policy coverage.

(7) Extension of Benefits.

(a) Termination of long-term care insurance shall be without prejudice to any benefits payable for institutionalization if the institutionalization began while the long-term care insurance was in force and continues without interruption after termination.

(b) The extension of benefits beyond the period the long-term care insurance was in force may be limited to the duration of the benefit period, if any, or to payment of the maximum benefits, and may be subject to any policy waiting period and all other applicable provisions of the policy.

(8) Continuation or Conversion.

(a) Group long-term care insurance issued in this state shall provide covered individuals with a basis for continuation or conversion of coverage.

(b) For the purposes of this rule, "a basis for continuation of coverage" means a policy provision that maintains coverage under the existing group policy when the coverage would otherwise terminate and which is subject only to the continued timely payment of premium when due.

(c) For the purposes of this rule, "a basis for conversion of coverage" means a policy provision that an individual whose coverage under the group policy would otherwise terminate or has been terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class, and who has been continuously insured under the group policy (and any group policy which it replaced), for at least 6 months immediately prior to termination, shall be entitled to the issuance of a converted policy by the insurer under whose group policy the individual is covered, without evidence of insurability.

(d)1. For the purposes of this rule, "converted policy" means an individual policy of long-term care insurance providing benefits identical to, or benefits determined by the Department to be substantially equivalent to or in excess of, those provided under the group policy from which conversion is made.

2. The policy and rate schedule for the converted policy shall be a policy that is available, at the time of conversion, for general sales by the insurer.

3. Where the group policy from which conversion is made restricts provision of benefits and services to, or contains incentives to use certain providers or facilities, the Department, in making a determination as to the substantial equivalency of benefits, shall take into consideration the differences between managed care and non-managed care plans, including provider system arrangements, service availability, benefit levels and administrative complexity.

(e) Written application for the converted policy shall be made and the first premium due, if any, shall be paid as directed by the insurer not later than 31 days after termination of coverage under the group policy. The converted policy shall be issued effective on the day following the termination of coverage under the group policy, and shall be renewable annually.

(f)1. Unless the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy from which conversion is made.

2. Where the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age used in determining the coverage issued at inception of coverage under the group policy replaced.

(g) Continuation of coverage or issuance of a converted policy shall be mandatory, except where:

1. Termination of group coverage resulted from a certificateholder's failure to make any required payment of premium or contribution when due. This does not include such situations as the individual's authorizing and making payment which is not ultimately paid to the insurer due to bank, employer, or policyholder error; or

2. The terminating coverage is replaced not later than 31 days after termination by group coverage effective on the day following the termination of coverage:

a. Providing benefits identical to or benefits determined by the Department to be substantially equivalent to or in excess of those provided by the terminating coverage; and

b. The premium for which is calculated in a manner consistent with the requirements of paragraph 4-157.104(8)(f), F.A.C.

(h)1. Notwithstanding any other provision of this Rule 4-157.104(8), F.A.C., a converted policy issued to an individual who at the time of conversion is covered by another long-term care insurance policy that provides benefits on the basis of incurred expenses, may contain a provision that results in a reduction of benefits payable if the benefits provided under the additional coverage, together with the full benefits provided by the converted policy, would result in payment of more than 100 percent of incurred expenses.

2. The provision shall only be included in the converted policy if the converted policy also provides for a premium decrease or refund that reflects the reduction in benefits payable.

(i) The converted policy may provide that the benefits payable under the converted policy, together with the benefits payable under the group policy from which conversion is made, shall not exceed those that would have been payable had the individual's coverage under the group policy remained in force and effect.

(j) Notwithstanding any other provision of this subsection 4-157.104(8), F.A.C., an insured individual whose eligibility for group long-term care coverage is based upon the individual's relationship to another person shall be entitled to continuation of coverage under the group policy upon termination of the qualifying relationship.

(k) For the purposes of this section a "managed-care plan" is a health care or assisted living arrangement designed to coordinate patient care or control costs through utilization review, case management, or use of specific provider networks.

(9) Discontinuance and Replacement. If a group long-term care policy is replaced by another group long-term care policy issued to the same policyholder, the succeeding insurer shall offer coverage to all persons covered under the previous group policy on its date of termination. Coverage provided or offered to individuals by the insurer and premiums charged to persons under the new group policy:

(a) Shall not result in an exclusion for preexisting conditions that would have been covered under the group policy being replaced; and

(b) Shall not vary or otherwise depend on the individual's health or disability status, claim experience, or use of long-term care services.

(10) Premium Restrictions.

(a) Except for premium rate increases pursuant to Rule 4-157.113, F.A.C., or due to benefit changes elected by the insured, the premium rate schedule shall be determined to be level based on the issue age of the insured.

(b)1. The purchase of additional coverage shall not be considered a premium rate increase, but for purposes of the calculation required under Rule 4-157.118, F.A.C., the portion of the premium attributable to the additional coverage shall be added to and considered part of the initial annual premium.

2. A reduction in benefits shall not be considered a premium change, but for purpose of the calculation required under Rule 4-157.118, F.A.C., the initial annual premium shall be based on the reduced benefits.

(11) Electronic Enrollment for Group Policies.

(a) In the case of a group defined in Section 627.9405(1)(a), Florida Statutes, any requirement that a signature of an insured be obtained by an agent or insurer shall be deemed satisfied if:

1. The consent is obtained by telephonic or electronic enrollment by the group policyholder or insurer. A verification of enrollment information shall be provided to the enrollee;

2. The telephonic or electronic enrollment provides necessary and reasonable safeguards to assure the accuracy, retention, and prompt retrieval of records; and

3. The insurer is responsible that the telephonic or electronic enrollment process provides necessary and reasonable safeguards to assure that the confidentiality of personal and privileged information is maintained.

(b) The insurer shall make available, upon request of the Department, records that will demonstrate the insurer's ability to confirm enrollment and coverage amounts.

Specific Authority 624.308(1), 627.9407(1), 627.9407(6), 627.9408 FS. Law Implemented 624.307(1), 627.410(6), 627.9402, 627.9407, 627.9405(2), 627.646, 627.603 FS. History–New _____.

4-157.105 Refund of Premium.

In the event of cancellation, the insurer shall return the unearned portion of any premium paid.

Specific Authority 624.308(1), 627.9407(1), 627.9407(6), 627.9408 FS. Law Implemented 624.307(1), 627.6043, 627.6645, 627.9407, FS. History–New _____.

4-157.106 Required Disclosure Provisions.

(1) Renewability. Individual long-term care insurance policies shall contain a renewability provision.

(a) The provision:

1. Shall be appropriately captioned;

2. Shall appear on the first page of the policy;

3. Shall clearly state that the coverage is guaranteed renewable or noncancellable; and

4. Shall not apply to policies that do not contain a renewability provision, and under which the right to non-renew is reserved solely to the policyholder.

(b) A long-term care insurance policy or certificate, other than one where the insurer does not have the right to change the premium, shall include a statement that premium rates may change, as defined in paragraph 4-157.104(1)(b), F.A.C.

(2) Riders and Endorsements.

(a) Except for riders or endorsements by which the insurer effectuates a request made in writing by the insured under an individual long-term care insurance policy, all riders or endorsements added to an individual long-term care insurance policy after date of issue or at reinstatement or renewal that reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the individual insured.

(b) After the date of policy issue, any rider or endorsement that increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing and signed by the insured.

(c) Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy, rider, or endorsement.

(3) Payment of Benefits. A long-term care insurance policy that provides for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import shall include a definition of these terms and an explanation of the terms in the policy and its accompanying outline of coverage in compliance with Section 627.6044, Florida Statutes.

(4) Limitations. If a long-term care insurance policy or certificate contains any limitations with respect to preexisting conditions, the limitations shall appear as a separate paragraph of the policy or certificate and shall be labeled as "Preexisting Condition Limitations."

(5) Other Limitations or Conditions on Eligibility for Benefits. A long-term care insurance policy or certificate containing any limitations or conditions for eligibility other than those prohibited in Section 627.9407(5), Florida Statutes, shall set forth a description of the limitations or conditions, including any required number of days of confinement in a separate paragraph of the policy or certificate and shall label such paragraph "Limitations or Conditions on Eligibility for Benefits."

(6) Disclosure of Tax Consequences.

(a) With regard to life insurance policies that provide an accelerated benefit for long-term care, a disclosure statement is required at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax advisor.

(b) The disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents.

(c) This disclosure requirement shall not apply to qualified long-term care insurance contracts.

(7) Benefit Triggers.

(a) Activities of daily living and cognitive impairment shall be used to measure an insured's need for long term care, shall be described in the policy or certificate in a separate paragraph, and shall be labeled "Eligibility for the Payment of Benefits."

(b) Any additional benefit triggers shall also be explained in this section.

(c) If these triggers differ for different benefits, explanation of the trigger shall accompany each benefit description.

(d) If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified.

(8) A qualified long-term care insurance contract shall include a disclosure statement in the policy and in the outline of coverage as required by Section 627.9407(12), Florida Statutes, that the policy is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

(9) A nonqualified long-term care insurance contract shall include a disclosure statement in the policy and in the outline of coverage as required by Section 627.9407(12), Florida Statutes, that the policy is not intended to be a qualified long-term care insurance contract.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407, 627.6044, 627.94074 FS. History–New _____.

4-157.107 Required Disclosure of Rating Practices to Consumers.

(1) Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this rule to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such case, an insurer shall provide all of the information listed in this rule to the applicant no later than at the time of delivery of the policy or certificate.

(a) A statement that the policy may be subject to rate increases in the future;

(b) An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;

(c) The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;

(d) A general explanation for applying premium rate or rate schedule adjustments that shall include:

1. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and

2. The right to a revised premium rate or rate schedule as provided in paragraph 4-157.107(1)(b), F.A.C., if the premium rate or rate schedule is changed;

(e)1. Information regarding each premium rate increase on this policy form or similar policy forms over the past 10 years for this state or any other state that, at a minimum, identifies:

a. The policy forms for which premium rates have been increased;

b. The calendar years when the form was available for purchase; and

c. The amount or percentage of each increase. The percentage may be expressed as a percentage of the premium rate prior to the increase, and may also be expressed as minimum and maximum percentages if the rate increase is variable by rating characteristics.

2. The insurer may, in a fair manner, provide additional explanatory information related to the rate increases.

3. An insurer shall have the right to exclude from the disclosure premium rate increases that apply only to blocks of business acquired from other nonaffiliated insurers or the long-term care policies acquired from other nonaffiliated insurers when those increases occurred prior to the acquisition.

4.a. If an acquiring insurer files for a rate increase on a long-term care policy form acquired from nonaffiliated insurers or a block of policy forms acquired from nonaffiliated insurers on or before the later of the effective date of this Part II or the end of a 24 month period following the acquisition of the block or policies, the acquiring insurer may exclude that rate increase from the disclosure.

b. The nonaffiliated selling insurer shall include the disclosure of that rate increase in accordance with subparagraph 4-157.107(1)(e)1., F.A.C.

5. If the acquiring insurer in subparagraph 4-157.107(1)(e)4., F.A.C., files for a subsequent rate increase, even within the 24 month period, on the same policy form acquired from nonaffiliated insurers or block of policy forms acquired from nonaffiliated insurers referenced in subparagraph 4-157.107(1)(e)4., F.A.C., the acquiring insurer shall make all disclosures required by paragraph 4-157.107(1)(e), F.A.C., including disclosure of the earlier rate increase referenced in subparagraph 4-157.107(1)(e)4., F.A.C.

(2) An applicant shall sign an acknowledgement at the time of application, unless the method of application does not allow for signature at that time, that the insurer made the disclosure required under paragraphs 4-157.107(1)(a) and (e), F.A.C. If due to the method of application the applicant cannot sign an acknowledgement at the time of application, the applicant shall sign no later than at the time of delivery of the policy or certificate.

(3) An insurer shall use the content and format of Appendices B and F to comply with the requirements of subsection 4-157.107(1), F.A.C.

(4)(a) An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 45 days prior to the implementation of the premium rate schedule increase by the insurer.

(b) The notice shall include the information required by subsection 4-157.107(1), F.A.C., when the rate increase is implemented.

Specific Authority 624.308(1), 627.9407(1), 627.9408, 626.9611 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 626.9541 FS. History–New _____.

4-157.108 Initial Filing Requirements.

(1) An insurer shall provide the information listed in this subsection for approval pursuant to Section 627.410, Florida Statutes prior to making a long-term care insurance form available for sale.

(a) A filing made pursuant to Rule Chapter 4-149, F.A.C., with the actuarial material identified below in lieu of the actuarial memorandum required by subparagraph 4-149.003(2)(b)4., F.A.C.

(b) A copy of the disclosure documents required in Rule 4-157.107, F.A.C.; and

(c) An actuarial certification consisting of at least the following:

1. A statement that the initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated;

2. A statement that the policy design and coverage provided have been reviewed and taken into consideration;

3. A statement that the underwriting and claims adjudication processes have been reviewed and taken into consideration;

4. A complete description of the basis for contract reserves that are anticipated to be held under the form, to include:

a. Sufficient detail or sample calculations provided so as to have a complete depiction of the reserve amounts to be held;

b. A statement that the assumptions used for reserves contains reasonable margins for adverse experience;

c. A statement that the net valuation premium for renewal years does not increase; and

d. A statement that the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses; or if such a statement cannot be made, a complete description of the situations where this does not occur;

(I) An aggregate distribution of anticipated issues may be used as long as the underlying gross premiums maintain a reasonably consistent relationship;

(II) If the gross premiums for certain age groups appear to be inconsistent with this requirement, upon request of the Department, a demonstration under subsection 4-157.108(2), F.A.C. based on a standard age distribution shall be made; and

5.a. A statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits; or

b. A comparison of the premium schedules and benefits for similar policy forms that are currently available from the insurer with an explanation of the relative value of the benefit differences; and

6.a. The date and explanation of the reason for the discontinuance of all forms discontinued within the past 5 years;

b. Whether any currently available form will be discontinued upon approval of the proposed form; and

c. A summary of the significant differences between the forms.

(2) Upon request of the Department, an actuarial demonstration that benefits are reasonable in relation to premiums. The actuarial demonstration shall include either premium and claim experience on similar policy forms, adjusted for any premium or benefit differences, relevant and credible data from other studies, or both.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407, 627.410(6) FS. History–New _____.

4-157.109 Prohibition Against Post-Claims Underwriting.

(1) All applications for long-term care insurance policies or certificates except those that are guaranteed issue shall contain clear and unambiguous questions designed to ascertain the health condition of the applicant.

(2)(a) If an application for long-term care insurance contains a question that asks whether the applicant has had medication prescribed by a physician, it must also ask the applicant to list the medication that has been prescribed.

(b) If the medications listed in the application were known by the insurer, or should have been known at the time of application, to be directly related to a medical condition for which coverage would otherwise be denied, then the policy or certificate shall not be rescinded for that condition.

(3) Except for policies or certificates that are guaranteed issue:

(a) The following language shall be set out conspicuously and in close conjunction with the applicant's signature block on an application for a long-term care insurance policy or certificate:

"Caution: If your answers on this application are a material misstatement, [company] has the right to deny benefits or rescind your policy."

(b) The following language, or language substantially similar to the following, shall be set out conspicuously on the long-term care insurance policy or certificate at the time of delivery:

Caution: The issuance of this long-term care insurance [policy] [certificate] is based upon your responses to the questions on your application. A copy of your [application] [enrollment form] [is enclosed] [was retained by you when you applied]. If your answers are a material misstatement, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address: [insert address]

(c) Prior to issuance of a long-term care policy or certificate to an applicant age 80 or older, the insurer shall obtain one of the following:

1. A report of a physical examination;

2. An assessment of functional capacity;

3. An attending physician's statement; or

4. Copies of medical records.

(4) A copy of the completed application or enrollment form (whichever is applicable) shall be delivered to the insured no later than at the time of delivery of the policy or certificate unless it was retained by the applicant at the time of application.

Specific Authority 624.308(1), 626.9611, 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 626.5941, 627.9407(1) FS. History–New _____.

4-157.110 Requirements for Application Forms and Replacement Coverage.

(1) Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another long-term care insurance policy or certificate in force or whether a long-term care policy or certificate is intended to replace any other accident and sickness or long-term care policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent, except where the coverage is sold without an agent, containing the questions may be used. With regard to a replacement policy issued to a group defined by Section 627.9405(1)(a), Florida Statutes, the following questions may be modified only to the extent necessary to elicit information about health or long-term care insurance policies other than the group policy being replaced, provided that the certificateholder has been notified of the replacement.

(a) Do you have another long-term care insurance policy or certificate in force (including health care service contract, health maintenance organization contract)?

(b) Did you have another long-term care insurance policy or certificate in force during the last 12 months?

1. If so, with which company?

2. If that policy lapsed, when did it lapse?

(c) Are you covered by Medicaid?

(d) Do you intend to replace any of your medical or health insurance coverage with this policy [certificate]?

(2) Agents shall list any other health insurance policies they have sold to the applicant.

(a) List policies sold that are still in force.

(b) List policies sold in the past 5 years that are no longer in force.

(3) Solicitations Other than Direct Response.

(a) Upon determining that a sale will involve replacement, an insurer, other than an insurer using direct response solicitation methods or its agent; shall furnish the applicant prior to issuance or delivery of the individual long-term care insurance policy a notice regarding replacement of accident and sickness or long-term care coverage.

(b) One copy of the notice shall be retained by the applicant and an additional copy signed by the applicant shall be retained by the insurer.

(c) The notice shall be provided in the form contained in Appendix G.

(4) Direct Response Solicitations.

(a) Insurers using direct response solicitation methods shall deliver a notice regarding replacement of accident and sickness or long-term care coverage to the applicant upon issuance of the policy.

(b) The notice shall be provided in the form contained in Appendix H.

(5) Where replacement is intended, the replacing insurer shall notify in writing the existing insurer of the proposed replacement.

(a)The existing policy shall be identified by the insurer, name of the insured, and policy number or address including zip code.

(b) Notice shall be made within 5 working days from the date the application is received by the insurer or the date the policy is issued, whichever is sooner.

Specific Authority 624.308(1), 627.9407(1), 627.9408, 626.9611 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 626.9541 FS. History–New _____.

4-157.111 Reporting Requirements.

(1) Every insurer shall maintain records for each agent of that agent's amount of replacement sales as a percentage of the agent's total annual sales in this state and the amount of lapses of long-term care insurance policies sold by the agent as a percentage of the agent's total annual sales in this state.

(2) Every insurer shall report annually by June 30 the 10 percent of its agents with the greatest percentages of lapses and replacements as measured by subsection 4-157.111(1), F.A.C., in the format as prescribed in Appendix J.

(3) Reported replacement and lapse rates do not alone constitute a violation of insurance laws or necessarily imply wrongdoing. The reports are for the purpose of reviewing more closely agent activities regarding the sale of long-term care insurance in this state.

(4) Every insurer shall report annually by June 30 the number of lapsed policies as a percentage of its total annual sales and as a percentage of its total number of policies in force as of the end of the preceding calendar year in this state in the format as prescribed in Appendix J.

(5) Every insurer shall report annually by June 30 the number of replacement policies sold as a percentage of its total annual sales and as a percentage of its total number of policies in force as of the preceding calendar year in this state in the format as prescribed in Appendix J.

(6) Every insurer shall report annually by June 30, for qualified long-term care insurance contracts, the number of claims denied for each class of business, expressed as a percentage of claims denied in this state in the format as prescribed in Appendix E.

(7) For purposes of this section:

(a) "Policy" means only long-term care insurance;

(b) "Claim" means, subject to paragraph 4-157.111(7)(c), F.A.C., a request for payment of benefits under an in force policy regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met;

(c) "Denied" means the insurer refuses to pay a claim for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition; and

(d) "Report" means on a statewide basis.

(8) Every insurer shall report annually by June 30 the information required by subsection 4-157.116(8), F.A.C.

(9) Based on the provisions of Rule 4-157.109, F.A.C., every insurer or other entity selling or issuing long-term care insurance benefits shall maintain a record of all policy or certificate rescissions, both state and countrywide, except those that the insured voluntarily effectuated and shall annually furnish this information, by March 1 of each year, in the format as prescribed in Appendix A.

(10) Reports required under this Rule 4-157.111, F.A.C., shall be filed with the Bureau of Market Conduct, Division of Insurer Services.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 627.410(7) FS. History–New _____.

4-157.112 Reserve Standards.

(1)(a) When long-term care benefits are provided through the acceleration of benefits under group or individual life policies or riders to such policies which meet the conditions of subsection 4-157.113(9), F.A.C., policy reserves for the benefits shall be determined in accordance with Section 625.121, Florida Statutes. Claim reserves shall also be established in the case when the policy or rider is in claim status.

(b)1. Reserves for policies and riders shall be based on the multiple decrement model utilizing all relevant decrements except for voluntary termination rates.

2. Single decrement approximations are acceptable if the calculation produces essentially similar reserves, if the reserve is clearly more conservative, or if the reserve is immaterial.

3. The calculations may take into account the reduction in life insurance benefits due to the payment of long-term care benefits.

4. In no event shall the reserves for the long-term care benefit and the life insurance benefit be less than the reserves for the life insurance benefit assuming no long-term care benefit.

(c) In the development and calculation of reserves for policies and riders, due regard shall be given to the applicable policy provisions, marketing methods, administrative procedures, and all other considerations which have an impact on projected claim costs, including the following:

1. Definition of insured events;

2. Covered long-term care facilities;

3. Existence of home convalescence care coverage;

4. Definition of facilities;

5. Existence or absence of barriers to eligibility;

6. Premium waiver provision;

7. Renewability;

8. Ability to raise premiums;

9. Marketing method;

10. Underwriting procedures;

11. Claims adjustment procedures;

12. Waiting period;

13. Maximum benefit;

14. Availability of eligible facilities;

15. Margins in claim costs;

16. Optional nature of benefit;

17. Delay in eligibility for benefit;

18. Inflation protection provisions; and

19. Guaranteed insurability option.

(d) Any applicable valuation morbidity table shall be certified by a member of the American Academy of Actuaries as appropriate as a statutory valuation table.

(2) When long-term care benefits are provided other than as in subsection 4-157.112(1), F.A.C., reserves shall be determined in accordance with Part III of Chapter 4-154, F.A.C.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 625.121 FS. History–New _____.

4-157.113 Premium Rate Schedule Increases.

(1) An insurer shall file with the Department for approval any premium rate schedule increase, including an exceptional increase, pursuant to Section 627.410, Florida Statutes. The filing shall include:

(a) A filing made pursuant to Rule Chapter 4-149, F.A.C., with the actuarial information identified below in lieu of the actuarial memorandum required by Rule 4-149.003(2)(b)4., F.A.C.

(b) Information required by Rule 4-157.107, F.A.C.;

(c) Certification by a qualified actuary that:

1. No further premium rate schedule increases are anticipated If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized;

2. The premium rate filing is in compliance with the provisions of Rule 4-157.113, F.A.C.;

(d) An actuarial memorandum justifying the rate schedule change request that includes:

1. Lifetime projections of earned premiums and incurred claims based on both the current rate schedule and the filed premium rate schedule increase; and the method and assumptions used in determining the projected values,

including a summary and the reason for any assumptions that deviate from those used for pricing other forms currently available for sale;

a. Calendar year values for the complete history of the combined experience of the form with all other similar policy forms, and projections of the remaining future lifetime of the forms.

b. The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;

c. The projections shall demonstrate compliance with subsection 4-157.113(2), F.A.C.; and

d. For exceptional increases,

(I) The projected experience shall be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and

(II) In the event the Department determines as provided in paragraph 4-157.103(4)(d), F.A.C., that offsets may exist, the insurer shall use appropriate net projected experience;

2. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;

3. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the insurer have been relied on by the actuary;

4. A statement that policy design, underwriting and claims adjudication practices have been taken into consideration; and

5. In the event that it is necessary to maintain consistent premium rates for new certificates and certificates issued under a group long-term care insurance policy as defined in Section 627.9405(1)(a), Florida Statutes, receiving a rate increase, the insurer will need to file composite rates reflecting projections of new certificates;

(e) A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits; and,

(f) Sufficient information for review and approval of the premium rate schedule increase by the Department.

(2) All premium rate schedule increases shall be determined in accordance with the following requirements:

(a) Exceptional increases shall provide that 70 percent of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;

(b) Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. The accumulated value of the initial earned premium times 58 percent;

2. 85 percent of the accumulated value of prior premium rate schedule increases on an earned basis;

3. The present value of future projected initial earned premiums times 58 percent; and

4. 85 percent of the present value of future projected premiums not in subparagraph 4-157.113(2)(b)3., F.A.C., on an earned basis;

(c) In the event that a policy form has both exceptional and other increases, the values in subparagraphs 4-157.113(2)(b)2. and 4., F.A.C., will also include 70 percent for exceptional rate increase amounts; and

(d) All present and accumulated values used to determine rate increases shall use a discount rate no less than the maximum valuation interest rate for contract reserves as specified in the subparagraph 4-154.204(2)1., F.A.C. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.

(3)(a) For each rate increase that is implemented, the insurer shall include within each annual rate certification filing made pursuant to Rule 4-149.007, F.A.C, updated projections, as defined in paragraph 4-157.113(1)(d), F.A.C., annually for the next 3 years and include a comparison of actual results to projected values.

(b) The Department shall extend the period to greater than 3 years if actual results are not consistent with projected values from prior projections.

(c) For group insurance policies that meet the conditions in subsection 4-157.113(10), F.A.C., the projections required by this rule shall be provided to the policyholder in lieu of filing with the Department.

(4)(a) If any premium rate in the revised premium rate schedule is greater than 200 percent of the comparable rate in the initial premium schedule, lifetime projections, as defined in paragraph 4-157.113(1)(d), F.A.C., shall be included in each annual rate certification filing made pursuant to Rule 4-149.007, F.A.C., every 5 years following the end of the required period in subsection 4-157.113(3), F.A.C.

(b) For group insurance policies that meet the conditions in subsection 4-157.113(10), F.A.C., the projections required by this subsection shall be provided to the policyholder in lieu of filing with the Department.

(5)(a) If the Department has determined that the actual experience following a rate increase does not adequately match the projected experience and that the current projections under moderately adverse conditions demonstrate that incurred claims will not exceed proportions of premiums specified in subsection 4-157.113(2), F.A.C., the Department shall require the insurer to implement any of the following:

1. Premium rate schedule adjustments; or

2. Other measures to reduce the difference between the projected and actual experience.

(b) In determining whether the actual experience adequately matches the projected experience, consideration shall be given to subparagraph 4-157.113(1)(d)5., F.A.C., if applicable.

(6) If the majority of the policies or certificates to which the increase is applicable are eligible for the contingent benefit upon lapse, the insurer shall file:

(a) A plan, subject to Department approval, for improved administration or claims processing designed to eliminate the potential for further deterioration of the policy form requiring further premium rate schedule increases, or both, or to demonstrate that appropriate administration and claims processing have been implemented or are in effect; otherwise the Department may impose the condition in subsection 4-157.113(7), F.A.C.; and

(b) The original anticipated lifetime loss ratio, and the premium rate schedule increase that would have been calculated according to subsection 4-157.113(2), F.A.C., had the greater of the original anticipated lifetime loss ratio or 58 percent been used in the calculations described in subparagraphs 4-157.113(2)(b)1. and 3., F.A.C.

(7)(a) For a rate increase filing that meets the following criteria, the Department shall review, for all policies included in the filing, the projected lapse rates and past lapse rates during the 12 months following each increase to determine if significant adverse lapsation has occurred or is anticipated:

1. The rate increase is not the first rate increase requested for the specific policy form or forms;

2. The rate increase is not an exceptional increase; and

3. The majority of the policies or certificates to which the increase is applicable are eligible for the contingent benefit upon lapse.

(b)1. In the event significant adverse lapsation has occurred, is anticipated in the filing, or is evidenced in the actual results as presented in the updated projections provided by the insurer following the requested rate increase, the Department shall determine that a rate spiral exists.

2. Following the determination that a rate spiral exists, the Department shall require the insurer to offer, without underwriting and at the underwriting class that is most comparable to the original underwriting class of each insured, to all in force insureds subject to the rate increase the option to replace existing coverage with one or more reasonably comparable products being offered by the insurer or its affiliates. The offer shall:

a. Be subject to the approval of the Department;

b. Be based on actuarially sound principles, but not be based on attained age; and

c. Provide that maximum benefits under any new policy accepted by an insured shall be reduced by comparable benefits already paid under the existing policy.

2. The insurer shall maintain the experience of all the replacement insureds separate from the experience of insureds originally issued the policy forms. In the event of a request for a rate increase on the policy form, the rate increase shall be limited to the lesser of:

a. The maximum rate increase determined based on the combined experience; and

b. The maximum rate increase determined based only on the experience of the insureds originally issued the form plus 10 percent.

(8) If the Department determines that the insurer has exhibited a persistent practice of filing inadequate initial premium rates for long-term care insurance, the Department shall, in addition to the provisions of subsection 4-157.113(7), F.A.C., prohibit the insurer from either:

(a) Filing and marketing comparable coverage for a period of up to 5 years; or

(b) Offering all other similar coverages and limiting marketing of new applications to the products subject to recent premium rate schedule increases.

(9) Subsections 4-157.113(1) through (8), F.A.C., shall not apply to policies for which the long-term care benefits provided by the policy are incidental, as defined in subsection 4-157.103(8), F.A.C., if the policy complies with all of the following provisions:

(a) The interest credited internally to determine cash value accumulations, including long-term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;

(b) The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Section 627.476, Florida Statutes or Chapter 4-164, F.A.C., as applicable; and

(c) An actuarial memorandum is filed with the Department that includes:

1. A description of the basis on which the long-term care rates were determined;

2. A description of the basis for the reserves;

3. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;

4. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;

5. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;

6. The estimated average annual premium per policy and the average issue age;

7. A statement as to whether underwriting is performed at the time of application.

a. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting.

b. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and

8. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.

(10) Subsections 4-157.113(5) and (7), F.A.C., shall not apply to group insurance policies as defined in Section 627.9405(1)(a), Florida Statutes, where:

(a) The policies insure 250 or more persons and the policyholder has 5,000 or more eligible employees of a single employer; or

(b) The policyholder, and not the certificateholders, pay a material portion of the premium, which shall not be less than 20 percent of the total premium for the group in the calendar year prior to the year a rate increase is filed.

(11) A insurer may choose to continue to make a current policy form available for sale after the effective date in subsection 4-157.102(4), F.A.C. All policyholders of any form sold after the effective date of subsection 4-157.102(4), F.A.C., shall be provided equal treatment and protection of the provisions of Rules 4-157.113 and .118, F.A.C.

Specific Authority 624.308(1), 627.9407(1), 626.9611, 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407, 626.9541, 627.410(6) FS. History–New _____.

4-157.114 Filing Requirement – Out of State Groups.

(1) No group long-term care insurance coverage may be offered to a resident of this state under a group policy issued in another state to a group described in Section 627.9405(1)(c) or (d), Florida Statutes, unless this state or such other state having statutory and regulatory long-term care insurance requirements substantially similar to those adopted in this state has made a determination that the requirements have been met. Evidence to this effect shall be filed by the insurer with the Department pursuant to the procedures specified in Section 627.410, Florida Statutes. The evidence shall consist of:

(a) Filing of policy and certificate forms, including rates and rate development information, as though the policy/certificate were issued in this state, which demonstrate that the requirements of Sections 627.9401-627.9408, Florida Statutes, and these rules have been met; or

(b)1. Filing of a truthful certification by an officer of the insurer that another state having statutory and regulatory long-term care insurance requirements substantially similar to those adopted in Florida has made a determination that such requirements have been met; and

2. Filing of the policy and certificate forms to be issued and delivered, including rates and rate development information, which demonstrate that the requirements of another state having statutory and regulatory long-term care insurance requirements substantially similar to those adopted in Florida have been met.

(2) In order for a state to be deemed to have statutory and regulatory long-term care insurance requirements substantially similar to those adopted in Florida, that state shall require that long-term care policies meet at least all of the following requirements:

(a) A minimum period of coverage of at least 24 consecutive months for coverage in a nursing home for each covered person and an additional coverage of 50 percent for lower levels of care as provided in subsection 4-157.104(4), F.A.C.

(b) The standards of Rules 4-157.108 and .113, F.A.C.;

(c) A 30-day "free look" period, or longer, within which individual certificateholders have the right to return the certificate after its delivery and to have the premium refunded for any reason;

(d) A prohibition or limitation on pre-existing condition exclusions at least as favorable to a policyholder as that specified in Section 627.9407(4), Florida Statutes;

(e) A prohibition against a policy or certificate excluding or using waivers or riders of any kind to exclude, limit, or reduce coverage or benefits for specifically named or described pre-existing diseases or physical conditions beyond any pre-existing condition waiting period;

(f) A prohibition or limitation on prior institutionalization provisions at least as favorable to a policyholder as that specified in Section 627.9407(5), Florida Statutes, including the mandatory offer provisions of paragraph (5)(c) of that section;

(g) A prohibition or limitation on policy cancellations or nonrenewals at least as favorable to a policyholder as that specified in Section 627.9407(3)(a), Florida Statutes;

(h) A requirement that policies prominently disclose that the policy may not cover all of the costs associated with long-term care which may be incurred by the buyer during the period of coverage and that the buyer is advised to periodically review the policy in relation to the changes in the cost of long-term care;

(i) A minimum 30 day grace period for nonpayment of premium with notice and protection requirements as provided by Section 627.94072, Florida Statutes;

(j) Pursuant to Section 627.94072, Florida Statutes, a mandatory offer to the potential insured policyholder or certificateholder, as applicable, of a nonforfeiture provision meeting the standards of Rule 4-157.118, F.A.C.;

(k) Pursuant to Section 627.94072, Florida Statutes, a mandatory offer to the potential insured policyholder or certificateholder, as applicable, of an inflation protection provision:

(l) Contain a contingent benefit upon lapse provision at least as favorable to the insured as that in Rule 4-157.118, F.A.C.;

(m) Disclosure of rating practices to consumers as outlined in Rule 4-157.107, F.A.C.;

(n) A conversion or continuation privilege at least as favorable as subsection 4-157.104(8), F.A.C.; and

(o) A prohibition or limitation on an elimination period in excess of 180 days;

(3) Unless a group policy issued in another state has been filed for approval in Florida, no such policy or certificate issued thereunder shall contain a statement that the policy has been approved as a long-term care policy meeting the requirements of Florida law or words of similar meaning.

(4)(a) All changes to rates, together with an actuarial memorandum developing and justifying the rate change, shall be filed with the Department pursuant to the procedures specified in Section 627.410, Florida Statutes, and this rule chapter as though the policy had been issued in Florida.

(b) For those policies which have been determined to be regulated by a state with substantially similar long term care insurance requirements pursuant to paragraph 4-157.114(1)(b), F.A.C, form and rate changes shall be filed for informational purposes at least 30 days prior to use.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9406 FS. History–New _____.

4-157.115 Filing Requirements for Advertising.

Every insurer, health care service plan or other entity providing long-term care insurance or benefits in this state shall provide a copy of any long-term care insurance advertisement and marketing material intended for use in this state whether through written, radio, television, electronic or other medium for review or approval by the Department as provided by Rule Chapter 4-150, F.A.C.

Specific Authority 624.308(1), 627.9407(2), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407(2) FS. History–New _____.

4-157.116 Suitability.

(1) This Rule shall not apply to life insurance policies that accelerate benefits for long-term care.

(2) Every insurer, health care service plan, or other entity marketing long-term care insurance (the "insurer") shall:

(a) Develop and use suitability standards to determine whether the purchase or replacement of long-term care insurance is appropriate for the needs of the applicant;

(b) Train its agents in the use of its suitability standards; and

(c) Maintain a copy of its suitability standards and make them available for inspection upon request by the Department.

(3)(a) To determine whether the applicant meets the standards developed by the insurer, the agent and insurer shall develop procedures that take the following into consideration:

1. The ability to pay for the proposed coverage and other pertinent financial information related to the purchase of the coverage;

2. The applicant's goals or needs with respect to long-term care and the advantages and disadvantages of insurance to meet these goals or needs; and

3. The values, benefits, and costs of the applicant's existing insurance, if any, when compared to the values, benefits, and costs of the recommended purchase or replacement.

(b) The insurer, and where an agent is involved, the agent shall make reasonable efforts to obtain the information set out in paragraph 4-157.116(3)(a), F.A.C. The efforts shall include presentation to the applicant, at or prior to application, a long-term care personal worksheet developed by the insurer.

(c) A completed personal worksheet shall be returned to the insurer prior to the insurer's consideration of the applicant for coverage, except the personal worksheet need not be returned for sales of employer group long-term care insurance to employees and their spouses.

(d) The sale or dissemination outside the insurer or agency by the insurer or agent of information obtained through the personal worksheet is prohibited.

(4) The insurer shall use the suitability standards it has developed pursuant to this section in determining whether issuing long-term care insurance coverage to an applicant is appropriate.

(5) Agents shall use the suitability standards developed by the insurer in marketing long-term care insurance.

(6) At the same time the personal worksheet is provided to the applicant, the disclosure form entitled "Things You Should Know Before You Buy Long-Term Care Insurance" shall be provided. The form shall be in the format as prescribed in Appendix C, in not less than 12 point type.

(7)(a) If the insurer determines that the applicant does not meet its financial suitability standards, or if the applicant has declined to provide the information, the insurer may reject the application.

(b) In the alternative, the insurer shall send the applicant a letter similar to Appendix D.

(c) If the applicant has declined to provide financial information, the insurer may use some other method to verify the applicant's intent.

(d) Either the applicant's returned letter or a record of the alternative method of verification shall be made a part of the applicant's file.

(8) The insurer shall report annually to the Department:

(a) The total number of applications received from residents of this state;

(b) The number of those who declined to provide information on the personal worksheet;

(c) The number of applicants who did not meet the suitability standards; and

(d) The number of those who chose to confirm after receiving a suitability letter.

Specific Authority 624.308(1), 627.9407(1), 627.9408, 626.9611 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 626.9541 FS. History–New _____.

4-157.117 Prohibition Against Preexisting Conditions and Probationary Periods in Replacement Policies or Certificates.

If a long-term care insurance policy or certificate replaces another long-term care policy or certificate, the replacing insurer shall waive any time periods applicable to preexisting conditions and probationary periods in the new long-term care policy for similar benefits to the extent that similar exclusions have been satisfied under the original policy.

Specific Authority 624.308(1), 627.9407(1), 626.9611, 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 626.9541 FS. History–New _____.

4-157.118 Nonforfeiture Benefit Requirement.

(1) This rule does not apply to life insurance policies or riders meeting the conditions of subsection 4-157.113(9), F.A.C., containing accelerated long-term care benefits.

(2)(a) All insurers offering long term care insurance in this state shall offer a nonforfeiture protection provision at the time of issue as required by Section 627.94072, Florida Statutes.

(b) If the insurer offers an option other than the shortened benefit period option, the nonforfeiture protection option offered shall be determined such that the benefits provided are determined at time of issue to be actuarially equivalent to those provided by the shortened benefit period option.

(3)(a) If the offer for nonforfeiture benefits required to be made under Section 627.94072, Florida Statutes, is rejected, for individual and group policies without nonforfeiture benefits the insurer shall include in the policy the contingent benefit upon lapse described in this rule.

(b) In the event a group policyholder elects to make the nonforfeiture benefit an option to the certificateholder, a certificate shall provide either the nonforfeiture benefit or the contingent benefit upon lapse.

(c) The contingent benefit on lapse shall be triggered every time an insurer increases the premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of the insured's initial annual premium set forth below based on the insured's issue age, and the policy or certificate lapses within 120 days of the due date of the premium so increased. Unless otherwise required, policyholders shall be notified at least 45 days prior to the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

(d) On or before the effective date of a substantial premium increase as defined in paragraph 4-157.118(3)(c), F.A.C., the insurer shall:

1. Offer to reduce policy benefits provided by the current coverage without the requirement of additional underwriting so that required premium payments are not increased;

2.a. Offer to convert the coverage to a paid-up status with a shortened benefit period in accordance with the terms of the shortened benefit period nonforfeiture benefit contained in Section 627.94072, Florida Statutes.

b. This option may be elected at any time during the 120 day period referenced in paragraph 4-157.118(3)(c), F.A.C., and shall be available from the end of the grace period and is not restricted to being available only on or after the third policy anniversary; and

3. Notify the policyholder or certificateholder that a default or lapse at any time during the 120 day period referenced in paragraph 4-157.118(3)(c), F.A.C., shall be deemed to be the election of the offer to convert in subparagraph 4-157.118(3)(d)2., F.A.C.,

(4) To determine whether contingent nonforfeiture upon lapse provisions are triggered under paragraph 4-157.118(3)(c), F.A.C., a replacing insurer that purchased or otherwise assumed a block or blocks of long-term care insurance policies from another insurer shall calculate the percentage increase based on the initial annual premium paid by the insured when the policy was first purchased from the original insurer.

(5)(a) When the premium payment period is less than the term of eligibility for benefits under the policy, the insurer shall upon lapse provide a contingent benefit that in the event of any rate increase by the insurer:

1. The insurer shall provide for paid-up policy benefits in the event of policyholder termination within 120 days of the due date of the premium so increased.

2. The minimum required paid-up benefits, including the amount paid and the maximum amount of benefits payable, shall be at least equal to the ratio of the number of years (and partial years) paid less one divided by the number of years in the premium paying period less one times the policy benefits at the time of policyholder termination.

3. If the amount determined by in 2. above is at least 40 percent and the insured has not purchased the shortened benefit option nonforfeiture benefit pursuant to Section 627.94072, Florida Statutes, the insured shall have the option of this benefit or the contingent benefit upon lapse required by subsection 4-157.118(3), F.A.C.

(b) Notice shall be provided to insureds at the time of a rate increase notifying them of their benefits under this provision of the contract if they terminate coverage.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407, 627.94072, 627.410(6) FS. History–New _____.

4-157.119 Additional Standards for Benefit Triggers for Qualified Long-Term Care Insurance Contracts.

(1) A qualified long term care insurance contract shall pay only for qualified long term care services received by a chronically ill individual provided pursuant to a plan of care prescribed by a licensed health care practitioner.

(2)(a)1. A qualified long-term care insurance contract shall condition the payment of benefits on a determination of the insured's being chronically ill as defined in Section 627.9404(4), Florida Statutes.

2. Certifications regarding activities of daily living and cognitive impairment shall be performed by a licensed health care practitioner as defined by Section 627.9404(6), Florida Statutes.

(b) When a licensed health care practitioner has certified that an insured is unable to perform activities of daily living for an expected period of at least 90 days due to a loss of functional capacity and the insured is in claim status, the certification shall not be rescinded and additional certifications shall not be performed until after the expiration of the 90 day period.

(3) Qualified long-term care insurance contracts shall include a clear description of the process for appealing and resolving disputes with respect to benefit determinations.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407(1), 627.94074 FS. History–New _____.

4-157.120 Standard Format Outline of Coverage.

This rule implements, interprets, and makes specific, the provisions of Section 627.9407(10), Florida Statutes, in prescribing a standard format and the content of an outline of coverage.

(1) The outline of coverage shall be a freestanding document, using no smaller than 10-point type.

(2) The outline of coverage shall contain no material of an advertising nature.

(3) Text that is capitalized or underscored in the standard format outline of coverage may be emphasized by other means that provide prominence equivalent to the capitalization or underscoring.

(4) Use of the text and sequence of text of the standard format outline of coverage is mandatory, unless otherwise specifically indicated.

(5) Format for outline of coverage shall be as contained in Appendix I.

Specific Authority 624.308(1), 627.9407(1), 627.9408 FS. Law Implemented 624.307(1), 627.9402, 627.9407 FS. History–New _____.

4-157.121 Requirement to Deliver Shopper's Guide.

(1) A long-term care insurance shopper's guide in the format developed by the National Association of Insurance Commissioners shall be provided to all prospective applicants of a long-term care insurance policy or certificate.

(a) In the case of agent solicitations, an agent shall deliver the shopper's guide prior to the presentation of an application or enrollment form.

(b) In the case of direct response solicitations, the shopper's guide shall be presented in conjunction with any application or enrollment form.

(2) Life insurance policies or riders meeting the conditions of subsection 4-157.113(9), F.A.C., containing accelerated long-term care benefits are not required to furnish the above referenced guide, but shall furnish the policy summary required under Section 626.99, Florida Statutes.

Specific Authority 624.308(1), 627.9407(1), 626.9611, 627.9408 FS. Law Implemented 624.307(1), 627.9402, 626.9541, 627.9407(1) FS. History–New _____.

4-157.122 Penalties.

In addition to any other penalties provided by the laws of this state, any insurer and any agent found to have violated any requirement of this state relating to the regulation of long-term care insurance or the marketing of such insurance shall be subject to a fine of up to 3 times the amount of any commissions paid for each policy involved in the violation or up to $10,000, whichever is greater.

Specific Authority 624.308(1), 627.9407(1), 627.9408, 626.9611 FS. Law Implemented 624.307(1), 627.9402, 626.9521 FS. History–New _____.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Divisiion of Standards

RULE TITLE: RULE NO.:
Requests for Inspections, Reinspections 5F-8.005

PURPOSE AND EFFECT: Applicable law, Section 616.242(7), Florida Statutes, requires amusement rides must receive an inspection certificate each time the ride is set up or moved to a new location in the state, with certain exceptions. The Legislature added to the exceptions a kiddie ride used at a public event, provided there are no more than three amusement rides at the event, none of the kiddie rides at the event exceed a capacity of 12 persons, and the ride has an inspection certificate that was issued with in the preceding 6 months. The purpose of the rule is to give the Department's inspectors guideline to use when determining if a rides capacity meets or exceeds the exception when it is not clearly specified by the manufacturer.

SUBJECT AREA TO BE ADDRESSED: Rule 5F-8.005 Florida Administrative Code, the department rule establishing which rides will be inspected and the procedures for requesting same.

SPECIFIC AUTHORITY: 616.241, 616.242 FS.

LAW IMPLEMENTED: 616.241, 616.242 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: 1:00 p.m., July 16, 2002

PLACE: Division of Standards Conference Room, 131 Administration Building, 3125 Conner Boulevard, Tallahassee, Florida 32399-1650

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Michael W. Rinehart, Operations Management Consultant II, Bureau of Fair Rides Inspection, 3125 Conner Boulevard, Suite N, Tallahassee, FL 32399-1650, Phone (850)488-9790, Fax (850)488-9023

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

5F-8.005 Request for Inspections, Reinspections.

(1) through (8) No change.

(9) Where a manufacturer has not determined nor specified the capacity of a kiddie ride the Department will determine the capacity as follows:

(a) A Department Inspector will count the number of carrier units or tubs per ride. The number of carrier units or tubs per ride is based on the manufacturer's intended configuration of the ride in order to make it fully operational. Lacking the manufacturer's guidance on proper configuration of carrier units or tubs, the department's inspector will evaluate the ride and make a recommendation to the Bureau for final determination. Arbitrary reduction of carrier units by operators are not permitted.

(b) Having determined the number of carrier units or tubs per ride, the Department inspector will count the number of passenger positions per carrier unit, or individual tub, i.e. the number of seat belts, pre-formed seating spots or other identifiable seating arrangements. With no identifiable passenger positions, the inspectors will determine the number of positions based on the number of 12 year old passengers that can be positioned safety in the carrier unit, i.e. each passenger must have a separate position and meet the required height and/or weight requirements for that ride. Sitting on laps to qualify as one position will not be permitted.

Specific Authority 616.241, 616.242 FS. Law Implemented 616.241, 616.242 FS. History–New 9-15-92, Amended 2-23-94, 5-27-96, 9-23-97, 2-15-99, 3-21-00, _____.

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE: RULE NO.:
Florida Educational Leadership Examination 6A-4.00821

PURPOSE AND EFFECT: The purpose of this rule development is to review the competencies and skills required for certification in educational leadership in Florida. The effect of this action will be that revised competencies and skills will be used on the Florida Educational Leadership Examination and the revised competencies and skills may be accessed by professional certification candidates, professors, and other interested individuals.

SUBJECT AREA TO BE ADDRESSED: Revised competencies and skills required for Florida educational leadership certification is the subject area.

SPECIFIC AUTHORITY: 231.15(1), 231.0861(3) FS.

LAW IMPLEMENTED: 231.15, 231.0861 FS.

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

TIME AND DATE: 11:00 a.m. – 12:00 Noon, July 19, 2002

PLACE: 325 West Gaines Street, Room 403, Tallahassee, Florida

Requests for the rule development workshop should be addressed to Wayne V. Pierson, Agency Clerk, Department of Education, 325 West Gaines Street, Room 1214, Tallahassee, Florida 32399-0400

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Thomas H. Fisher, Bureau of Curriculum, Instruction, and Assessment, Division of Public Schools and Community Education, 325 West Gaines Street, Tallahassee, Florida 32399-0400, (850)488-8198

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

DEPARTMENT OF CORRECTIONS

RULE TITLE: RULE NO.:
Admissible Reading Material 33-501.401

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify criteria for rejection of reading material; clarify procedures for handling reading material received from unapproved sources; and to describe the process for handling reading material containing product samples.

SUBJECT AREA TO BE ADDRESSED: Admissible reading material for inmates.

SPECIFIC AUTHORITY: 944.09, 944.11 FS.

LAW IMPLEMENTED: 944.11 FS.

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

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

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-501.401 Admissible Reading Material.

(1) No change.

(2) Inmates shall be permitted to receive and possess publications per terms and conditions established in this rule unless the publication is found to be detrimental to the security, order or disciplinary or rehabilitative interests of any institution of the department, or any privately operated institution under contract with the department, or when it is determined that the publication might facilitate criminal activity. Publications shall be rejected when one of the following criteria is met:

(a) through (j) No change.

(k) Contains criminal history, offender registration, or other personal information about another inmate or offender, which, in the hands of an inmate, presents a threat to the security , order or rehabilitative objectives of the correctional system or to the safety of any person;

(l) Contains or appears to contain unknown or unidentifiable substances; or

(m)~~(k)~~ No change.

(3) through (12) No change.

(13) Books, periodicals or other publications forwarded to inmates must be sent through the United States Postal Service. Materials received from other sources shall be refused ~~returned to the sender with a notice explaining the reason for the rejection~~.

(14) through (16) No change.

(17) Whenever an otherwise admissible magazine is received that includes product samples or advertising with product samples attached, the products shall be removed and the publication itself shall be issued to the inmate recipient. Any inmate who wishes to object to the removal of product samples from his or her publications shall submit a written request on Form DC6-236, Inmate Request, to the warden asking that product samples not be removed. Thereafter, any publication sent to the requestor that contains product samples shall be held by the institution for 30 days or 30 days after exhaustion of grievance appeals. It shall be the inmate's responsibility to arrange for the mailing of the entire publication out of the institution at the inmate's expense. Any publication not mailed out within the 30 days will be destroyed.

Specific Authority 944.09, 944.11 FS. Law Implemented 944.11 FS. History–New 10-8-76, Formerly 33-3.12, Amended 3-3-81, 9-24-81, 6-9-87, 3-11-91, 12-17-91, 3-30-94, 11-2-94, 5-10-98, 10-20-98, Formerly 33-3.012, Amended 3-21-00, 8-10-00, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Advanced Registered Nurse
Practitioner Services 59G-4.010

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Advanced Registered Nurse Practitioner Coverage and Limitations Handbook**,** January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Advanced Registered Nurse Practitioner Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Advanced Registered Nurse Practitioner Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Belinda McClellan, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.010 Advanced Registered Nurse Practitioner Services.

(1) No change.

(2) All advanced registered nurse practitioner services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Advanced Registered Nurse Practitioner Coverage and Limitations Handbook**,** January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History–New 12-21-80, Formerly 10C-7.52, Amended 8-18-92, Formerly 10C-7.052, Amended 8-22-96, 3-11-98, 10-13-98, 6-8-99, 4-23-00, 8-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Birth Center Services 59G-4.030

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook**,** January 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Birth Center Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 383.335, 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Belinda McClellan, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.030 Birth Center Services.

(1) No change.

(2) All birth center services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook**,** January 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 383.335, 409.906, 409.908, 409.9081 FS. History–New 4-18-85, Formerly 10C-7.532, Amended 8-18-92, Formerly 10C-7.0532, Amended 4-22-96**,** 3-11-98, 10-13-98, 5-24-99, 4-23-00, 8-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Chiropractic Services 59G-4.040

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Chiropractic Services Coverage and Limitations Handbook**,** January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Chiropractic Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Chiropractic Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Karen Jackson, Medicaid Health Systems Development, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.040 Chiropractic Services.

(1) No change.

(2) All chiropractic services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Chiropractic Services Coverage and Limitations Handbook**,** January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History–New 6-1-89, Amended 7-1-91, 12-31-91, 3-17-92, 4-21-92, 11-9-92, 7-5-93, 1-19-94, Formerly 10C-7.066, Amended 10-10-94, 5-25-95, 1-9-96, 10-21-97, 5-24-99, 4-23-00, 7-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Dental Services 59G-4.060

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Dental Coverage and Limitations Handbook, January 2002 and April 2002 and the Florida Medicaid Provider Reimbursement Handbook, Dental 111, February 2001. The effect will be to incorporate by reference in the rule the current Florida Medicaid Dental Coverage and Limitations Handbook and the current Florida Medicaid Provider Reimbursement Handbook, Dental 111.

SUBJECT AREA TO BE ADDRESSED: Dental Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Millard Howard, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.060 Dental Services.

(1) No change.

(2) All dental services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Dental Coverage and Limitations Handbook, January 2002 and April 2002 ~~January 2001~~, and Florida Medicaid Provider Reimbursement Handbook, Dental 111, February 2001, which are incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. All three handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented: 409.906, 409.908 FS. History–New 7-10-80, Amended 2-19-81, 10-27-81, 7-21-83, Formerly 10C-7.523, Amended 9-11-90, 11-3-92, Formerly 10C-7.0523, Amended 6-29-93, Formerly 10P-4.060, Amended 7-19-94, 7-16-96, 3-11-98, 10-13-98, 12-28-98, 6-10-99, 4-23-00, 4-24-01, 7-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Hearing Services 59G-4.110

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Hearing Services Coverage and Limitations Handbook**,** January 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Hearing Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Hearing Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Karen Jackson, Medicaid Health Systems Development, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.110 Hearing Services.

(1) No change.

(2) All physicians, audiologists and hearing aid specialists enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Hearing Services Coverage and Limitations Handbook**,** January 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908 FS. History–New 8-3-80, Amended 7-21-83, Formerly 10C-7.522, Amended 4-13-93, Formerly 10C-7.0522, Amended 12-21-97, 10-13-98, 5-7-00, 7-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Optometric Services 59G-4.210

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Optometric Services Coverage and Limitations Handbook, January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Optometric Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Optometric Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Lynne Metz, Medicaid Health Systems Development, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.210 Optometric Services.

(1) No change.

(2) All optometry practitioners enrolled in the Medicaid program must be in compliance with the Florida Medicaid Optometric Services Coverage and Limitations Handbook, January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented: 409.906, 409.908, 409.9081 FS. History–New, 4-13-93, Amended 7-1-93, Formerly 10C-7.069, Amended 12-21-97, 10-13-98, 5-24-99, 4-23-00, 7-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Podiatry Services 59G-4.220

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Podiatry Services Coverage and Limitations Handbook**,** January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Podiatry Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Podiatry Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Karen Jackson, Medicaid Health Systems Development, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.220 Podiatry Services.

(1) No change.

(2) All podiatry providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Podiatry Services Coverage and Limitations Handbook**,**

January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented: 409.906, 409.908, 409.9081 FS. History–New 1-23-84, Amended 10-25-84, Formerly 10C-7.529, Amended 4-21-92, 11-9-92, 7-1-93, Formerly 10C-7.0529, 10P-4.220, Amended 1-7-96, 3-11-98 10-13-98, 5-24-99, 4-23-00, 7-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Physician Services 59G-4.230

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Physician Coverage and Limitations Handbook, January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Physician Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Physician Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, MS 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Lynne Metz, Medicaid Health Systems Development, 2727 Mahan Drive, Building #3, MS 20, Tallahassee, Florida 32308, (850)922-7325

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.230 Physician Services.

(1) No change.

(2) All physician services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Coverage and Limitations Handbook, January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History–New 1-1-77, Revised 2-1-78, 4-1-78, 1-2-79, 1-1-80, Amended 2-8-82, 3-11-84, Formerly 10C-7.38, Amended 1-10-91, 11-5-92, 1-7-93, Formerly 10C-7.38, Amended 6-29-93, 9-6-93, Formerly 10P-4.230, Amended 6-13-94, 2-9-95, 3-10-96, 5-28-96, 3-18-98, 9-22-98, 8-25-99, 4-23-00, 8-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Physician Assistant Services 59G-4.231

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Physician Assistant Coverage and Limitations Handbook, January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Physician Assistant Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Physician Assistant Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Belinda McClellan, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.231 Physician Assistant Services.

(1) No change.

(2) All physician assistant providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Assistant Coverage and Limitations Handbook, January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History–New 8-21-95, Amended 5-28-96, 3-11-98, 10-13-98, 8-9-99, 4-23-00, 8-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Registered Nurse First Assistant Services 59G-4.270

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Registered Nurse First Assistant Coverage and Limitations Handbook, January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Registered Nurse First Assistant Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Registered Nurse First Assistant Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Madeleine Nobles, Medicaid Health Systems Development, 2727 Mahan Drive, Tallahassee, Florida 32308, (850)922-7326

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.270 Registered Nurse First Assistant Services.

(1) No change.

(2) All registered nurse first assistant services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Registered Nurse First Assistant Coverage and Limitations Handbook**,** January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History–New 3-11-98, Amended 10-13-98, 5-24-99, 4-23-00, 7-5-01, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:
Visual Services 59G-4.340

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Visual Services Coverage and Limitations Handbook**,** January 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Visual Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Visual Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908 FS.

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Wednesday, July 17, 2002

PLACE: Agency for Health Care Administration, 2728 Mahan Drive, Building #3 MS 20, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Lynne Metz, Medicaid Health Systems Development, 2727 Mahan Drive, Building #3, MS 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.340 Visual Services.

(1) No change.

(2) All visual services practitioners enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Visual Services Coverage and Limitations Handbook**,** January 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908 FS. History–New 7-30-80, Formerly 10C-7.521, Amended 4-20-93, 8-25-93, Formerly 10C-7.0521, Amended 12-21-97, 10-13-98, 6-10-99, 1-23-02, _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE TITLE: RULE NO.:
Continuing Education Requirements
for Certificateholders and Registrants 61G4-18.001

PURPOSE AND EFFECT: The Board proposes to review the existing text to determine if amendments are necessary.

SUBJECT AREA TO BE ADDRESSED: Continuing Education Requirements.

SPECIFIC AUTHORITY: 455.213(6), 455.2177, 455.2178, 455.2179, 489.108, 489.115 FS.

LAW IMPLEMENTED: 455.2123, 455.213(6), 455.2177, 455.2178, 455.2179, 455.271(6), 489.115, 489.116 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Robert Crabill, Executive Director, Construction Industry Licensing Board, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

RULE TITLE: RULE NO.:

Pre-licensing Education for Broker and Salesperson Applicants 61J2-3.008

PURPOSE AND EFFECT: The purpose of the proposed rule development workshop is to bring the rule into compliance with statutory changes taking effect July 1, 2002.

SUBJECT AREA TO BE ADDRESSED: The proposed rule development affects rule provisions relating to the method of providing pre-licensure education for real estate licensure.

SPECIFIC AUTHORITY: 475.05 FS.

LAW IMPLEMENTED: 475.04, 475.17, 475.182, 475.183, 475.451 FS.

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

TIME AND DATE: 8:30 a.m. or as soon thereafter as possible, July 17, 2002

PLACE: Division of Real Estate, Commission Meeting Room 301, North Tower, 400 West Robinson Street, Orlando, Florida 32801

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Lori Crawford, Deputy Clerk, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N308, Orlando, Florida 32801

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

RULE TITLE: RULE NO.:

Continuing Education for Active and Inactive Broker and Salesperson Licensees 61J2-3.009

PURPOSE AND EFFECT: The purpose of the proposed rule development workshop is to bring the rule into compliance with statutory changes relating to distance education.

SUBJECT AREA TO BE ADDRESSED: The proposed rule development affects rule provisions relating to continuing education courses.

SPECIFIC AUTHORITY: 455.2123, 475.01(1)(d), (e), (2), 475.42(1)(c) FS.

LAW IMPLEMENTED: 455.2123, 475.04, 475.17, 475.182, 475.183, 475.451 FS.

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

TIME AND DATE: 8:30 a.m. or as soon thereafter as possible, July 17, 2002

PLACE: Division of Real Estate, Commission Meeting Room 301, North Tower, 400 West Robinson Street, Orlando, Florida 32801

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT WORKSHOP AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Lori Crawford, Deputy Clerk, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N308, Orlando, Florida 32801

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

RULE TITLE: RULE NO.:

Post-licensing Education for Active and Inactive Broker and Salesperson Licensees 61J2-3.020

PURPOSE AND EFFECT: The purpose of the proposed rule development workshop is to bring the rule into compliance with statutory changes taking effect July 1, 2002, relating to distance education.

SUBJECT AREA TO BE ADDRESSED: The proposed rule development affects rule provisions relating to the method of providing post-licensure education for real estate licensees.

SPECIFIC AUTHORITY: 475.05, 475.17 FS.

LAW IMPLEMENTED: 475.04, 475.17, 475.182 FS.

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

TIME AND DATE: 8:30 a.m. or as soon thereafter as possible, July 17, 2002

PLACE: Division of Real Estate, Commission Meeting Room 301, North Tower, 400 West Robinson Street, Orlando, Florida 32801

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Lori Crawford, Deputy Clerk, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N308, Orlando, Florida 32801

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

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: RULE NO.:
Notices, Current Address of Licensees 64B3-1.006

PURPOSE AND EFFECT: The Board proposes to update the existing rule.

SUBJECT AREA TO BE ADDRESSED: Notices, Current Address of Licensees

SPECIFIC AUTHORITY: 456.035 FS.

LAW IMPLEMENTED: 456.073(1), 483.817, 483.819 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B3-1.006 Notices, Current Address of Licensees.

Each person holding a license issued pursuant to Chapter 483, Part III Florida Statutes, must maintain on file with the Department ~~Board~~ the current mailing address and primary practice location at which any notice required by law may be served by the Board or its agent. Within sixty days of changing this address, whether or not within this state, the licensee shall notify the Department ~~Board~~ in writing of the new address at which the licensee may be served with notices or other documents.

Specific Authority 456.035 FS. Law Implemented 456.073(1), 483.817, 483.819 FS. History–New 3-15-93, Formerly 21KK-1.006, 61F3-1.006, 59O-1.006, Amended _____.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: RULE NO.:
Board Meetings 64B3-1.008

PURPOSE AND EFFECT: The Board proposes to update the existing rule.

SUBJECT AREA TO BE ADDRESSED: Quorum; Meetings; Board Meetings; Notice of Meetings; Agenda.

SPECIFIC AUTHORITY: 456.011, 483.805 FS.

LAW IMPLEMENTED: 286.0105, 456.011 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B3-1.008 ~~Quorum; Meetings;~~ Board Meetings~~; Notice of Meetings; Agenda~~.

~~(1) Four appointed Board members shall constitute a quorum which shall be necessary to conduct official Board business. Fifty one percent or more of the appointed Board members of a committee shall constitute a quorum which shall be necessary to conduct official business of the committee. A majority vote of the members of a quorum shall be necessary for any official action by the Board or committee.~~

~~(2) The Board shall hold such meetings during the year as necessary, including an annual meeting at which the chairperson and vice-chairperson shall be elected from the membership and shall serve for a term of one year. The chairperson or a quorum of the Board shall have authority to call other meetings.~~

~~(3) Except in an emergency, the Board shall give at least seven days notice to the public generally of any meeting by publication in the Florida Administrative Weekly. The notice shall state the date, time and place of the meeting, a brief description of the purpose of the meeting and the address and telephone number where persons may contact the Board to obtain a copy of the agenda. Each notice shall include the advice that, if a person decides to appeal any decision of the Board with respect to any matter considered at such meeting, he will need a record of the proceeding and that, for such purpose, he may need to insure that a verbatim record of the proceeding is made which record includes the testimony and evidence upon which the appeal is to be based.~~

~~(4) The Board shall prepare an agenda in time to ensure that a copy may be received at least seven days before the event by any person in the state who requests a copy and pays the reasonable cost per copy. After the agenda has been made available, change shall be only for good cause as determined by the presiding Board member and stated on the record. Notification of such change shall be at the earliest practicable time.~~

~~(5) Notwithstanding the provisions of subsections (2) and (3), the Board may hold an emergency meeting if an immediate danger to the public health, safety, or welfare requires emergency action.~~

(1)~~(6)~~ For purposes of Board member compensation pursuant to Section 456.011(4), Florida Statutes, "other business involving the Board" is defined to include:

(a) Board meetings;

(b) Meetings of committees of the Board;

(c) Meetings of a Board member with staff at the request of the Board or the Department;

(d) Probable cause panel meetings;

(e) Attendance at legislative workshops or committee meetings at the request of the Board or Department;

(f) Attendance at meetings of National Associations as an authorized representative of the Board;

(g) Attendance at continuing education programs for the purpose of auditing a Board-approved provider when such attendance has been approved by the Board;

(h) Attendance at any function authorized by the Board or Department.

(2)~~(7)~~(a) Board members shall attend all regularly scheduled Board meetings unless prevented from doing so by reason of court order, subpoena, business with a court which has the sole prerogative of setting the date of such business, death of a family member, illness of the Board member, or hospitalization of the member's immediate family.

(b) No Board member shall be absent from three consecutive regularly scheduled Board meetings unless the absence is excused for one of the reasons stated in paragraph (a) of this rule. An absence for any reason other than the reasons stated in paragraph (a) constitutes an unexcused absence for the purpose of declaring a vacancy on the Board. An otherwise excused absence is not excused if the Board member fails to notify the Board office of the impending absence prior to the regularly scheduled Board meeting at which the absence will occur or unless the failure to notify the Board office is the result of circumstances surrounding the reason for the absence which the Board itself excuses after the absence has occurred.

(c) "Family" consists of immediate family, nieces, nephews, cousins, and in-laws.

(d) "Immediate family" consists of spouse, child, parents, parents-in-law, siblings, grandchildren, and grandparents.

Specific Authority 456.011, 483.805 FS. Law Implemented 286.0105, 456.011 FS. History–New 3-15-93, Formerly 21KK-1.008, 61F3-1.008, Amended 2-7-95, Formerly 59O-1.008, Amended 3-20-01,_____.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: RULE NO.:
Probable Cause Determinations 64B3-1.015

PURPOSE AND EFFECT: The Board proposes to update the existing rule.

SUBJECT AREA TO BE ADDRESSED: Probable Cause Determinations.

SPECIFIC AUTHORITY: 456.073, 483.805(4) FS.

LAW IMPLEMENTED: 456.073, 483.825 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B3-1.015 Probable Cause Determinations.

(1) The determination as to whether probable cause exists that a violation of the provisions of Chapters 456 and 483, Part III Florida Statutes, and the rules promulgated thereto has occurred shall be made by a majority vote of a probable cause panel of the Board.

(2) There shall be one probable cause panel of the Board. The probable cause panel shall be composed of two members, one of whom may be ~~a licensee who was~~ a past Board member ~~who is not currently appointed to the Board and one of whom shall be a current consumer member of the Board~~.

(3) through (4) No change.

Specific Authority 456.073, 483.805(4) FS. Law Implemented 456.073, 483.825 FS. History–New 3-15-93, Formerly 21KK-1.015, 61F3-1.015, 59O-1.015, Amended _____.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: RULE NO.:
General Requirements of Clinical Laboratory Personnel Training Programs 64B3-3.001

PURPOSE AND EFFECT: The Board proposes to update the existing rule.

SUBJECT AREA TO BE ADDRESSED: General Requirements of Clinical Laboratory Personnel Training Programs.

SPECIFIC AUTHORITY: 483.805(4), 483.811(2) FS.

LAW IMPLEMENTED: 483.800, 483.809, 483.811 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B3-3.001 General Requirements of Clinical Laboratory Personnel Training Programs.

(1) through (2) No change.

~~(3) Each program is subject to on-site inspection by the Department.~~

(3)(a)~~(4)~~ Programs shall submit a self-study at the time of the initial application and shall update the self-study within six (6) months of any major change in curriculum, sponsorship, faculty, student enrollment or clinical sites. The self study document shall be prepared on a form provided by the Department entitled Clinical Laboratory Training Program Self Study Document, DH 1261 10/98, effective 1-11-99, which is hereby incorporated by reference and may be obtained from the Board office. If the program is accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS), the Council on Accreditation of Allied Health Education Programs (CAAHEP), or the Accrediting Bureau of Health Education Schools (ABHES), proof of accreditation may be substituted in lieu of the self study document.

(b) Programs that are nationally accredited or pending national accreditation shall only be required to submit proof of accreditation status with the application.

(5) through (7) No change.

Specific Authority 483.805(4), 483.811(2) FS. Law Implemented 483.800, 483.809, 483.811 FS. History–New 12-28-94, Amended 7-12-95, 4-24-96, Formerly 59O-3.001, Amended 1-11-99, 11-15-99, _____.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: RULE NO.:
Documentation for Licensure 64B3-6.002

PURPOSE AND EFFECT: The Board proposes to update the existing rule.

SUBJECT AREA TO BE ADDRESSED: Documentation for Licensure.

SPECIFIC AUTHORITY: 483.805(4) FS.

LAW IMPLEMENTED: 483.815, 483.823 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B3-6.002 Documentation for Licensure.

The following is a list of acceptable documents which shall be submitted to the Board as appropriate for the type of license sought in order to show eligibility for the license:

(1) through (8) No change.

~~(9) Two 2" x 2" passport style photographs of the applicant taken within six (6) months prior to the date of application. These shall be signed on the front by the applicant.~~

Specific Authority 483.805(4) FS. Law Implemented 483.815, 483.823 FS. History–New 1-9-94, Amended 7-13-94, Formerly 61F3-6.002, Amended 12-28-94, 5-29-95, Formerly 59O-6.002, Amended 8-27-97, _____.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: RULE NO.:
Scope of Practice Relative to
Specialty of Licensure 64B3-10.005

PURPOSE AND EFFECT: The Board proposes to update the existing rule.

SUBJECT AREA TO BE ADDRESSED: Scope of Practice Relative to Specialty of Licensure.

SPECIFIC AUTHORITY: 483.805(4) FS.

LAW IMPLEMENTED: 483.813, 483.823, 483.825 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B3-10.005 Scope of Practice Relative to Specialty of Licensure.

The following rules are not intended to prevent collection and storage of specimens or the performance of manual pretesting procedures by persons who are exempt by statute or statutorily authorized within their scope of practice. Clinical laboratory personnel qualified as a physician director, a licensed director, supervisor, technologist or technician in the specialty or

specialties indicated can perform testing identified as being within the specialty. Tests which are not yet classified shall be assigned by the Board upon review.

(1) through (10) No change.

(11) The purpose of the specialty of histology is to process cellular and tissue components through methods of fixation, dehydration, embedding, microtomy, frozen sectioning, staining, and other related procedures and techniques employed in the preparation of smears, slides, and tissues. This specialty also encompasses methods for antigen detection and other molecular hybridization testing methods where the purpose is analysis and/or quantification of cellular and tissue components for interpretation by a qualified physician. Technicians licensed in histology are limited to the performance of specimen processing, embedding, cutting, routine and special histologic staining, frozen sectioning and mounting of preparations under the general ~~direct~~ supervision of a director, supervisor, or technologist.

(12) through (18) No change.

Specific Authority 483.805(4) FS. Law Implemented 483.813, 483.823, 483.825 FS. History–New 2-7-95, Amended 3-28-95, 7-12-95, 12-4-95, Formerly 59O-10.005, Amended 3-19-98, 1-28-99, 11-24-99, 2-15-01, 2-20-02, _____.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: RULE NO.:
Continuing Education 64B3-11.001

PURPOSE AND EFFECT: The Board proposes to delete portions of the existing rule.

SUBJECT AREA TO BE ADDRESSED: Continuing Education.

SPECIFIC AUTHORITY: 456.013, 483.821 FS.

LAW IMPLEMENTED: 456.013, 483.821 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B3-11.001 Continuing Education.

(1) through (3) No change.

(4) Individuals initially licensed by ~~a state or national~~ examination taken within the biennium are exempt from the continuing education requirements for that biennium.

(5) Only agencies of the state or federal government that offer courses in those subject areas listed in subsection 64B3-11.002(1)~~(2)~~, F.A.C., shall be deemed as alternate providers. A licensee that intends to use a course offered by such an alternate provider toward his or her continuing education requirements is responsible for maintaining documentation to verify the date, location, attendance, and subject matter of such course.

(6) Courses intended for use as continuing education taken at a regionally accredited college or university are to be submitted to the Board and shall be:

(a) Documented by an official transcript.

~~(b) Designated by the licensee in a letter to the board office.~~

~~(c) Received by March 31 of even numbered years.~~

(b)~~(d)~~ Successfully completed.

(c)~~(e)~~ In the subject matter areas specified in subsection 64B3-11.002(1)~~(2)~~, F.A.C.

~~(f) In noncompliance with the renewal requirements of Rule 64B3-8, F.A.C., if submitted after the biennium ends.~~

(d)~~(g)~~ Credited as one semester hour equals 15 contact hours and one quarter hour equals 10 contact hours.

(7) No change.

~~(8) A licensee who does not complete the continuing education requirement or comply with an audit request shall be disciplined for failure to complete the continuing education requirements.~~

Specific Authority 456.013, 483.821 FS. Law Implemented 456.013, 483.821 FS. History–New 2-22-94, Amended 7-13-94, Formerly 61F3-11.001, Amended 12-11-94, 3-28-95, 12-4-95, 7-1-97, Formerly 59O-11.001, Amended 3-19-98, 12-13-99, 3-20-01, _____.

DEPARTMENT OF HEALTH

School Psychology

RULE TITLE: RULE NO.:
Continuing Education 64B21-502.001

PURPOSE AND EFFECT: Pursuant to the requirements of Section 456.013, Florida Statutes, the Department of Health is requiring as a condition of licensure renewal, that each individual licensed as a school psychologist in the State of Florida, take a two hour continuing education course in the prevention of medical errors.

SUBJECT AREA TO BE ADDRESSED: Continuing education requirements for the profession of school psychology.

SPECIFIC AUTHORITY: 490.007(2), 490.0085, 490.015 FS.

LAW IMPLEMENTED: 490.007(2), 490.0085, 456.031, 456.013 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE IS: Kaye Howerton, Executive Director, Department of Health, 4052 Bald Cypress Way, BIN #C05, Tallahassee, FL 32399-3255

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

DEPARTMENT OF HEALTH

Division of Disease Control

RULE TITLES:	RULE NOS.:
Patient Treatment and Follow-up	64D-3.024
Execution of Certificate for Involuntary Hold	64D-3.026

PURPOSE AND EFFECT: The purpose of the proposed rule amendments is to delete sections which exceed authority or duplicate language in the Florida Statutes.

SUBJECT AREA TO BE ADDRESSED: The subject areas to be addressed are the evaluation, examination, and treatment to cure for tuberculosis patients, the counseling of tuberculosis patients and the execution of a Certificate of Involuntary Hold for patients who may pose a threat to the public health.

SPECIFIC AUTHORITY: 381.011(4),(13), 381.003(2), 392.64(1), 392.66 FS.

LAW IMPLEMENTED: 381.011, 381.003(1)(a), 392.55(2), 392.55(3), 392.56, 392.565, 392.59, 392.61, 392.62, 392.64 FS.

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

TIME AND DATE: 10:00 a.m., July 25, 2002

PLACE: Department of Health, Bureau of TB and Refugee Health, Room 240G, 2585 Merchant's Row Blvd., Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Jane Peck, Government Operations Consultant II, Bureau of Tuberculosis and Refugee Health, 2585 Merchant's Row Blvd., Suite 240, Tallahassee, FL 32399-1717

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64D-3.024 Patient Treatment and Follow-up.

~~(1) All persons who have reason to believe that they have tuberculosis, whether they are residents of Florida or not, are entitled to evaluation and examination at county health departments. All persons who have been verified by a physician licensed under Chapter 458 or 459, F.S., to have active tuberculosis disease, are entitled to treatment to cure, at a county health department facility. No person shall be denied treatment because of an inability or refusal to pay for treatment.~~

~~(2) Evaluation, examination, and treatment to cure for tuberculosis shall be in accordance with the guidelines of the department, "Treatment of Tuberculosis (TB) Disease, Technical Assistance: TB 6, March 1998" included in the County Health Department Guidebook, incorporated by reference in this rule, and in accordance with the guidelines of the American Thoracic Society (ATS) and the Centers for Disease Control and Prevention, "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children, 1994, incorporated by reference in this rule.~~

(1)~~(3)~~ An individualized treatment plan shall be prescribed by the department, its authorized representatives, or physicians licensed under Chapters 458 or 459 for each person in their care who has suspected or confirmed active tuberculosis. The treatment plan must include all items required under s. 392.61(2)(e) and 392.64(1), F.S., and be consistent with the standard TB treatment form, "TB Medical Report and Treatment Plan", DH Form 1173,02/98, which is incorporated by reference in this rule. The treatment plan form shall be provided by the local county health department to any physician who is caring for a person with suspected or confirmed active tuberculosis.

(2)~~(4)~~ Each treatment plan shall be implemented through a case management approach as defined in the guidelines, "Tuberculosis (TB)Case Management/Team Approach, Technical Assistance: TB 1, February 1998" included in the County Health Department Guidebook and incorporated by reference in this rule.

(3)~~(5)~~ The county health department shall provide a complete explanation of tuberculosis, the medical risks associated with tuberculosis, the need to comply with the prescribed course of the treatment plan, and the consequences of non-compliance with the treatment plan to each patient suspected or proven to have tuberculosis, to the patient's legal guardian or to the patient's caregiver. The explanation shall be culturally, developmentally, educationally and linguistically appropriate and tailored to the understanding of the patient, the patient's legal guardian or the patient's caregiver.

~~(6) Following an explanation of the treatment plan, the patient, the patient's legal guardian or the patient's caregiver shall be asked by the county health department to sign an acknowledgment of Tuberculosis Counseling", DH Form 1179, 01/98, which is incorporated by reference in this rule and shall be provided by the county health department. The purpose of this form is to document that information on tuberculosis has been provided to the patient, that the patient understands the seriousness of the disease including its public health implications, the need to be examined and treated, the need to comply with the treatment plan and the consequences of non-compliance with the treatment plan. If the patient, the patient's legal guardian, or the patient's caregiver refuses to sign the form, this refusal shall be documented on the form.~~

Specific Authority 381.0011(13), 381.003(2), 392.64(1), 392.66 FS. Law Implemented 381.0011, 381.003(1)(a), 392.55(2),(3), 392.56(2)(b), 392.59, 392.61, 392.64(1) FS. History–New 9-18-98, Amended _____.

64D-3.026 Execution of the Certificate of Involuntary Hold.

(1) through(4) No change.

(5) Facsimile copies of the certificates for involuntary hold shall satisfy the filing requirement for petitions under s. 392.55 or s. 392.56, F.S. ~~The Medical Executive Director of A.G. Holley State Hospital shall send the signed "Order for Involuntary Hold" by facsimile to the treating physician who requested issuance of the order.~~

~~(6) The treating physician requesting the issuance of the an Order for Involuntary Hold shall notify the sheriff in the county where the certificate was issued. The treating physician shall also notify the county health department in the county where the certificate was issued.~~

~~(7) The "Certificate of the Physician" Pursuant to Section 392.565, F.S., "Requesting an Order for Involuntary Hold and Petition for Emergency Hearing" together with the "Order for Involuntary Hold" shall constitute a petition under s. 392.55, F.S., or s. 392.56, F.S. The Medical Executive Director of A.G. Holley must be notified of the date of the hearing.~~

Specific Authority 381.0011(4),(13), 381.003(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.55, 392.56, 392.565, 392.59, 392.62, 392.64(2) FS. History–New 9-17-98, Amended _____.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Developmental Disabilities Program

RULE TITLES:	RULE NOS.:
Foster Care Facility Standards	65B-6.009
Group Home Facility Standards	65B-6.010

PURPOSE AND EFFECT: To amend rules regarding storage, administration, and supervision of self-administration of medication for residents of foster homes and group homes, and to create a rule regarding the relicensing of residential habilitation centers as group homes, to reflect the settlement agreement in Prado-Steiman *v.* Bush.

SUBJECT AREA TO BE ADDRESSED: Storage, administration, and supervision of self-administration of medication for residents of foster homes and group homes licensed by the Developmental Disabilities program; relicensing of residential habilitation centers as group home facilities.

SPECIFIC AUTHORITY: 393.067, 393.501 FS.

LAW IMPLEMENTED: 393.063, 393.066, 393.067, 393.13 FS.

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

TIME AND DATE: 2:00 p.m., July 31, 2002

PLACE: Bldg. 3, Rm. 313, 1317 Winewood Blvd., Tallahassee, FL 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY TEXT, IF AVAILABLE, IS: Hilary Brazzell, Developmental Disabilities Program Office, Department of Children and Families, 1317 Winewood Blvd., Tallahassee, FL 32399-0700, telephone (850)488-4877, Extension 105

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

FLORIDA HOUSING FINANCE CORPORATION

RULE TITLES:	RULE NOS.:
Definitions	67-38.002
Notice of Funding Availability	67-38.0025
Application Procedures	67-38.003
Selection and Rejection Criteria	67-38.004
Scoring and Ranking Guidelines	67-38.005
Terms and Conditions of the Loan	67-38.007
Eligible Uses for the Advance and Loan	67-38.008
Credit Underwriting Procedures	67-38.010
Fees	67-38.011
Sale, Transfer or Conveyance of Project	67-38.012
Disbursement Procedures	67-38.014
Compliance and Monitoring Procedures	67-38.0145
Disposition of Property Accruing to the Corporation	67-38.015
Application Procedures for Applicants Participating Under 1998 Cycles I and II	67-38.017

PURPOSE AND EFFECT: The purpose of Rule Chapter 67-38, Florida Administrative Code (F.A.C.), is to establish the procedures by which the Florida Housing Finance Corporation shall administer the application process, determine loan or grant amounts to non-profit entities who engage in development of affordable housing for very low or low-income households.

SUBJECT AREA TO BE ADDRESSED: The Rule Development Workshop will be held to receive comments and susggestions from interested persons relative to the development of the 2002 Application and program requirements for the Predevelopment Loan Program, as specified in Rule Chapter 67-38, Florida Administrative Code (F.A.C.).

SPECIFIC AUTHORITY: 420.528 FS.

LAW IMPLEMENTED: 420.507, 420.521-420.529 FS.

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

DATE AND TIME: 10:00 a.m., Tuesday, July 2, 2002

PLACE: Florida Housing Finance Corporation, 227 North Bronough Street, 6th Floor Seltzer Room, Tallahassee, FL 32301

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kerey Carpenter, Deputy Development Officer, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, FL 32301-1329, (850)488-4197

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

Section II
Proposed Rules

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE TITLES:	RULE NOS.:
Standards of National Fire Protection Association Adopted	5F-11.002
Installation of Containers on Roofs of Buildings	5F-11.028
Out of Service Account Procedure	5F-11.043
Dispensing Units	5F-11.045

PURPOSE AND EFFECT: The purpose of this rule revision is to adopt the 2001 edition of National Fire Protection Association Standard #58, The LP-Gas Code and to revise references within the rules to be consistent with the 2001 edition.

SUMMARY: This rule adopts the 2001 edition of the National Fire Protection Association Standard #58, The LP-Gas Code, and amends sections of the rule to conform to the requirements of this code; eliminates outdated rule language.

SUMMARY OF ESTIMATED REGULATORY COST: No statement of estimated regulatory costs has been prepared as costs are anticipated to be negligible.

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: 527.06 FS.

LAW IMPLEMENTED: 527.06, 527.062 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: 1:00 p.m., July 17, 2002

PLACE: Division of Standards Conference Room, Suite E, Doyle Conner Administration Building, 3125 Conner Boulevard, Tallahassee, Florida 32399-1650

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Vicki O'Neil, Bureau Chief, Bureau of Liquefied Petroleum Gas Inspection, 3125 Conner Blvd., Suite N., Tallahassee, Florida 32399-1650, (850)921-8001

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-11.002 Standards of National Fire Protection Association Adopted.

(1) The standards of the National Fire Protection Association for the storage and handling of liquefied petroleum gases as published in NFPA No. 58, LP-Gas Code 2001 ~~1998~~ edition, and for gas appliances and gas piping as published in NFPA No. 54, American National Standard National Fuel Gas Code, 1999 edition, shall be the accepted standards for this state, subject to such additions and exceptions as are set forth in these rules. Reference to NFPA 58 and NFPA 54 in these rules shall be to the most recent edition as adopted herein.

~~(a) The compliance date referenced in Section 2-3.1.5, NFPA 58, with regard to equipping cylinders with an overfill prevention device is extended to July 1, 1999.~~

~~(b) The compliance date referenced in Section 3-2.10.11, NFPA 58, with regard to installation of manually operated remote emergency shutoff devices is extended to September 1, 1999.~~

~~(c) Tentative Interim Amendment 98-1 to the 1998 edition of NFPA 58, issued by the National Fire Protection Association Standards Council in regard to Section 5-4 entitled "Storage Outside of Buildings" and the related appendices, is hereby adopted.~~

(a)~~(d)~~ Section 3.2.10 ~~3-2.5~~ of NFPA 58, 2001 ~~1998~~ edition, titled "Installation of Containers on Roofs," is hereby excluded from adoption.

(2) Each of the NFPA publications listed in subsection (1) above is incorporated by reference in each rule within this rule chapter in which reference is made to the publication. In each instance, the publication becomes a part of the rule, in the entirety of the publication, or in part thereof, as the rule provides or the context of the rule may require.

(3) "NFPA" is the recognized abbreviation for the National Fire Protection Association, Inc., and generally the abbreviation is used in these rules in identifying the publications of the association. The public may obtain a copy of any NFPA publication by writing the association, whose address is: National Fire Protection Association, Inc., Batterymarch Park, Quincy, Massachusetts 02269.

Specific Authority 527.06 FS. Law Implemented 527.06 FS. History–New 8-7-80, Formerly 4A-1.01, Amended 7-18-85, Formerly 4B-1.01, Amended 10-8-86, 2-6-90, 8-9-92, Formerly 4B-1.001, Amended 7-20-95, 7-23-97, 6-8-99, 5-23-00, _____.

5F-11.028 Installation of Containers on Roofs of Buildings.

Installation of containers on roofs of buildings as referenced in NFPA 58, Section 3.2.10 ~~3-5.2~~ is prohibited.

Specific Authority 527.06 FS. Law Implemented 527.06, 527.062 FS. History–New 6-8-99, Amended 5-23-00, _____.