Section I
Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE TITLE: RULE NO.:
Standards 5F-10.001

PURPOSE AND EFFECT: The purpose of Rule 5F-10.001, F.A.C., is to adopt the most recent version of the chemical and physical standards set forth in the American Society for Testing and Materials for antifreeze (engine coolant). The effect of each adoption is to maintain nationally recognized standards. There is also a change in the text to remove the word "ethylene." This reflects the consolidation of standards for these products.

SUBJECT AREA TO BE ADDRESSED: Proposed Rule 5F-10.001, F.A.C., will specify that the most recent Annual Book of ASTM Standards is the accepted standard for implementation of Chapter 501.91, F.S.

SPECIFIC AUTHORITY: 570.07(23), 501.921 FS.

LAWS IMPLEMENTED: 501.913, 501.917, 501.921 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., Monday, September 9, 2002

PLACE: Division of Standards' Conference Room, Suite E, Room 135, Doyle Conner Administration Building, 3125 Conner Boulevard, Tallahassee, Florida 32399-1650

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Eric Hamilton, Bureau Chief, Bureau of Petroleum Inspection, 3125 Conner Blvd., Bldg. #1, Tallahassee, FL 32399-1650, (850)488-9740

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

5F-10.001 Standards.

(1) The performance specifications and standards for ~~ethylene~~ glycol base antifreeze are hereby incorporated by reference: ASTM D 3306-0100~~a~~, "Standard Specification for Glycol Base Engine Coolant for Automobile and Light Duty Service," (approved April 10, 2001).

(2) The performance specifications and standards for recycled ~~prediluted aqueous~~ glycol base antifreeze are hereby incorporated by reference: ASTM D 6471-99, "Standard Specification for Recycled Prediluted Aqueous Glycol Base Engine Coolant (50 Volume% Minimum) for Automobile and Light Duty Service," (approved November 10, 1999) and ASTM D 6472-00, "Standard Specification for Recycled Glycol Base Engine Coolant Concentrate for Automobile and Light Duty Service," (approved January 10, 2000).

(3) No change.

Specific Authority 501.921, 570.07(23) FS. Law Implemented 501.913, 501.917, 501.921 FS. History–New 10-6-93, Amended 7-5-95, 12-9-98, 6-25-00, 10-22-01, _____.

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE: RULE NO.:
Comprehensive Management
Information System 6A-1.0014

PURPOSE AND EFFECT: The purpose of this rule development is to review existing requirements of the statewide management information system which is necessary in order to implement changes recommended by school districts and to review changes in state reporting and local recordkeeping procedures for state and/or federal programs. The effect is to maintain compatibility among state and local information systems components. The statewide comprehensive management information system provides the data on which the measurement of school improvement and accountability is based.

SUBJECT AREA TO BE ADDRESSED: DOE Information Data Base Requirements, 2002.

SPECIFIC AUTHORITY: 120.53(1)(b), 229.053(1), 229.555(3) FS.

LAW IMPLEMENTED: 228.093(3)(d)3., 229.555(2), 229.565(3), 229.781 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT A TIME, DATE AND PLACE TO BE ANNOUNCED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

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 IS: Lavan Dukes, Department of Education, 325 West Gaines Street, Room 852, Tallahassee, Florida 32399-0400, (850)487-2280

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

6A-1.0014 Comprehensive Management Information System.

(1) No change.

(2) The data elements, procedures and timelines for state reporting, local recordkeeping and statewide records transfer to be implemented by each school district and the Department

within its automated information system component as prescribed in the publications entitled "DOE Information Data Base Requirements: Volume I – Automated Student Information System, 2002 ~~2000~~" "DOE Information Data Base Requirements: Volume II – Automated Staff Information System, 2002 ~~2000~~," and "DOE Information Data Base Requirements: Volume III – Automated Finance Information System, 1995." These publications which include the Department procedures for the security, privacy, and retention of school district student and staff records collected and maintained at the state level are hereby incorporated by reference and made a part of this rule. Copies of these publications may be obtained from the Education Information and Accountability Services Section, Department of Education, 325 West Gaines Street, Tallahassee, Florida 32399, at a cost to be established by the Commissioner not to exceed actual cost.

Specific Authority 229.053(1) FS. Law Implemented 228.093(3)(d)3., 229.555(2), 229.565(3), 229.781 FS. History–New 2-19-87, Amended 12-21-87, 12-13-88, 3-25-90, 3-24-91, 3-17-92, 12-23-92, 2-16-94, 3-21-95, 7-4-96, 5-19-97, 10-13-98, 10-17-00,_____.

PUBLIC SERVICE COMMISSION

UNDOCKETED

RULE TITLE: RULE NO.:

Discontinuance of Service 25-24.821

PURPOSE AND EFFECT: The purpose of the rule is to give customers as much prior notice as practicable that an alternative local exchange company intends to discontinue local telecommunications service and arm the customer with the necessary information to enable the customer to switch to another provider more quickly and retain his current telephone number assignment.

SUBJECT AREA TO BE ADDRESSED: Notice of discontinuance of telecommunications service.

SPECIFIC AUTHORITY: 350.127(2), 364.01(4) FS.

LAW IMPLEMENTED: 364.19, 364.337(5) 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: 9:30 a.m., October 16, 2002

PLACE: Betty Easley Conference Center, Room 180, 4075 Esplanade Way, Tallahassee, Florida

Any person requiring some accommodation at this workshop because of a physical impairment should call the Division of the Commission Clerk and Administrative Services, (850)413-6098, at least 48 hours prior to the hearing. Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, which can be reached at 1(800)955-8771 (TDD).

THE WORKSHOP REQUEST MUST BE SUBMITTED IN WRITING WITHIN 14 DAYS OF THE DATE OF THIS NOTICE TO: The Commission's Office of the General Counsel, Christiana T. Moore, 2540 Shumard Oak Boulevard, Tallahassee, FL 32399-0850

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Rick Moses, Division of Competitive Markets and Enforcement, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0862, (850)413-6582

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

25-24.821 Discontinuance of Service.

If an ALEC intends to discontinue local telecommunications service to its customers for any reason, other than a transfer of its assets to another company where service to the customers will be continued without interruption by the other company, the ALEC shall take the following action 45 calendar days prior to the date service will be discontinued:

(1) Furnish written notice to customers that includes:

(a) The date service will be disconnected;

(b) The reason for discontinuance;

(c) Identification of each telephone number and its associated circuit identification, if a circuit identification exists, with a statement that informs the customer to provide this information to the local service provider the customer chooses; and

(d) A statement that any deposit held by the company shall be applied to the customer's final bill and a refund will be issued within 15 days of issuance of the final bill if the deposit amount exceeds the final bill amount.

(2) Provide written notice to the Commission stating, at a minimum, the following:

(a) The certificated name of the provider;

(b) An explanation of why the company will no longer provide local service;

(c) The date the service will be discontinued;

(d) The telephone number and name of the person capable of assisting with the transition of customers to other providers;

(e) An example copy of the written notice sent to the customers; and

(f) The total number of customers affected broken down by business, residential, and other if applicable.

(3) Remove all preferred carrier freezes from all customer accounts.

(4) Retain adequate number of personnel able to process all Local Service Requests received prior to the final discontinuance date.

(5) Apply each deposit to the customer's final bill. Any amount of a deposit that exceeds the final bill amount shall be refunded to the customer within 15 days of issuance of the final bill.

Specific Authority 350.127(2), 364.01(4) FS. Law Implemented 364.19, 364.337(5) FS. History–New _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

RULE TITLE: RULE NO.:
Neonatal Intensive Care Services 59C-1.042

PURPOSE AND EFFECT: The agency is proposing to amend the rule currently used in certificate of need (CON) review of proposals to establish or expand Level II or Level III neonatal intensive care (NICU) services. At a minimum, the revised rule will project need for additional NICU providers rather than additional NICU beds, and will reduce some of the current occupancy standards and threshold numbers. These changes are intended to emphasize the CON review of service development proposals, making the NICU rule more like the rules for non-bed-based services; and to make the requirements respecting bed numbers less restrictive than the existing criteria. Additional changes will update or delete out-dated provisions in the rule; and there will be editorial changes to improve clarity. A preliminary draft of the rule amendments is included in this Notice.

SUBJECT AREA TO BE ADDRESSED: Revisions in the current rule used in certificate of need review of neonatal intensive care unit proposals.

SPECIFIC AUTHORITY: 408.15(8), 408.034(6) FS.

LAW IMPLEMENTED: 408.034(3), 408.036(1)(a),(d), (f),(g),(h) FS.

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

TIME AND DATE: 2:00 p.m., September 10, 2002

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: John Davis, Certificate of Need, 2727 Mahan Drive, Building 1, Tallahassee, Florida

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59C-1.042 Neonatal Intensive Care Services.

(1) Agency Intent. This rule implements the provisions of subsection 408.034(3) and paragraphs 408.036(1)(a), (d), (f), (g), and (h), Florida Statutes, to regulate proposals subject to comparative review for the establishment of new neonatal intensive care services, the addition of new neonatal intensive care beds, and the conversion of licensed hospital beds to neonatal intensive care services beds. ~~This rule implements the provisions of subsection 408.032(20), 408.034(3), 408.034(4), and paragraphs 408.036(1)(a), (d) and (g), Florida Statutes. In addition, paragraph 408.036(1)(k), specifically requires the agency to regulate the establishment of tertiary health services, which include neonatal intensive care services, under the certificate of need program.~~ It is the intent of the agency to regulate the establishment of Level II and Level III neonatal intensive care services as defined in this rule. This rule defines the minimum requirements for personnel, equipment, and support services for the two levels of neonatal intensive care services ~~as defined in this rule~~. ~~In addition, this rule includes need methodologies for determining the need for additional neonatal intensive care unit beds for each level of care. A separate inventory for each level of neonatal intensive care unit beds shall be established by the agency.~~ It is the intent of the agency to regulate the establishment of neonatal intensive care services which include ventilation to pre-term and severely ill neonates.

(2) Definitions.

(a) "Agency." The Agency for Health Care Administration.

(b)~~(a)~~ "Approved Neonatal Intensive Care Bed." A proposed Level II bed or Level III bed for which a certificate of need, a letter of intent to grant a certificate of need, a signed stipulated agreement, or a final order granting a certificate of need was issued, consistent with the provisions of paragraph 59C-1.008(2)(b), Florida Administrative Code, as of the most recent published deadline for agency initial decisions prior to publication of the fixed need pool, as specified in paragraph 59C-1.008(1)(g), Florida Administrative Code.

(c) "Charity Care." That portion of hospital charges reported to the agency for which there is no compensation for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 150 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. Charity care does not include bad debt, which is the portion of health care provider charges for which there is no compensation for care provided to a patient who fails to qualify for charity care; and does not include administrative or courtesy discounts, contractual allowances to third-party payers, or failure of the hospital to collect full charges due to partial payment by government programs.

(d)~~(b)~~ "Complex Neonatal Surgery." Any surgical procedure performed upon a neonate by a surgically-credentialled practitioner licensed under the provisions of Chapter 458 or 459, F.S., which is associated with entry into or traversing a body cavity, such as the abdomen, thorax, or cranium, with a requirement for either general anesthesia or conscious sedation. Such procedures shall be performed only in hospitals licensed under the

provisions of Chapter 395, F.S., which are also authorized to provide Level III neonatal services under the provisions of Chapter 59A-3.~~1200 to 3.231~~, Florida Administrative Code ~~F.A.C.~~

~~(c) "Department." The Agency for Health Care Administration.~~

(e)~~(d)~~ "District." A district of the agency as defined in subsection 408.032(5), Florida Statutes.

(f)~~(e)~~ "Fixed ~~Bed~~ Need Pool." The numerical need for new providers of neonatal intensive care services for the applicable planning horizon, as established by the agency in accordance with this rule and subsection 59C-1.008(2) ~~fixed bed need pool defined in subsection 59C-1.002(20)~~, Florida Administrative Code.

(g)~~(f)~~ "Local Health Councils." The councils referenced in Section 408.033, Florida Statutes.

(h)~~(g)~~ "Neonatal Care Services." The aspect of perinatal medicine pertaining to the care of neonates. Hospital units providing neonatal care are classified according to the intensity and specialization of the care which can be provided. The agency distinguishes three levels of neonatal care services:

1. "Level I Neonatal Services." Well-baby care services which include sub-ventilation care, intravenous feedings, and gavage to neonates ~~are defined as Level I neonatal services~~. Level I neonatal services do not include ventilator assistance except for resuscitation and stabilization. ~~Upon beginning ventilation,~~ T~~t~~he hospital shall ~~implement a patient treatment plan which shall include the~~ transfer ~~of~~ the neonate to a Level II or Level III neonatal intensive care service at such time that it becomes apparent that ventilation assistance will be required beyond the neonate's resuscitation and stabilization. The hospital shall establish a triage procedure to assess the need for transfer of obstetrical patients to facilities with Level II or Level III neonatal intensive care services prior to their delivery where there is an obstetrical indication that resuscitation will be required for their neonates. Facilities with Level I neonatal services may only perform Level I neonatal services.

2. "Level II Neonatal Intensive Care Services." Services which include the provision of ventilator services, and at least 6 hours of nursing care per day~~, shall be defined as Level II neonatal intensive care services~~. Level II services shall be restricted to neonates of 1000 grams birth weight and over ~~with the following exception.~~ except that v~~V~~entilation may be provided ~~in a facility with Level II neonatal intensive care services.~~ for neonates of less than 1,000 grams birth weight ~~only~~ while waiting to transport the baby to a facility with Level III neonatal intensive care services. All neonates of 1,000 grams birth weight or less shall be transferred to a facility with Level III neonatal intensive care services. Neonates weighing more than 1,000 grams requiring one or more of the Level III services, as defined by this rule, shall also be transferred to a facility with Level III neonatal intensive care services. ~~If a facility with a Level III neonatal intensive care service refuses to accept the transfer patient, the facility with the Level II neonatal intensive care service will be found in compliance with this subparagraph upon a showing of continuous good faith effort to transfer the patient as documented in the patient's medical record.~~ Facilities with Level II neonatal intensive care services may perform only Level I neonatal services and Level II neonatal intensive care services as defined by this rule.

3. "Level III Neonatal Intensive Care Services." Services which include the provision of continuous cardiopulmonary support services, 12 or more hours of nursing care per day, complex neonatal surgery, neonatal cardiovascular surgery, pediatric neurology and neurosurgery, and pediatric cardiac catheterization~~, shall be classified as Level III neonatal intensive care services~~. These services cannot be performed in a facility with Level II neonatal intensive care services only. Facilities with Level III neonatal intensive care services may perform all neonatal care services. A facility with a Level III neonatal intensive care service that does not provide treatment of complex major congenital anomalies that require the services of a pediatric surgeon, or pediatric cardiac catheterization and cardiovascular surgery shall enter into a written agreement with a facility providing Level III neonatal intensive care services in the same or nearest service area for the provision of these services. All other services shall be provided at each facility with Level III neonatal intensive care services. The provision of pediatric cardiac catheterization or pediatric open heart surgery each require a separate certificate of need.

(i)~~(h)~~ "Neonatal Intensive Care Unit Bed." A patient care station within a Level II neonatal intensive care unit or Level III neonatal intensive care unit that includes, at a minimum, an incubator or other moveable or stationary devices which support the ill neonate. Beds in Level II or Level III neonatal intensive care units shall be separately listed in a hospital's licensed bed inventory.

1. "Level II Bed." A patient care station within a neonatal intensive care unit with the capability of providing neonatal intensive care services to ill neonates of 1,000 grams birth weight or over~~,~~ ~~and~~ which is staffed to provide at least 6 hours of nursing care per neonate per day~~,~~ and which has the capability of providing ventilator assistance~~,~~ and the services as defined in subparagraph (2)(h)~~(e)~~2. of this rule.

2. "Level III Bed." A patient care station within a neonatal intensive care unit with the capability of providing neonatal intensive care services to severely ill neonates regardless of birth weight~~, and~~ which is staffed to provide 12 or more hours of nursing care per neonate per day; and can provide the services as defined in subparagraph (2)~~(h)(e)~~3. of this rule.

(j)~~(i)~~ "Neonatologist." A physician who is certified, or is eligible for certification, by an appropriate board in the area of neonatal-perinatal medicine.

(k)~~(j)~~ "Planning Horizon." The projected date by which a proposed new neonatal intensive care service would be licensed. For purposes of this rule, t~~T~~he planning horizon for applications submitted between January 1 and June 30 of each year is ~~shall be~~ July of the year 2 years ~~into the future~~ subsequent to the year the application is submitted ~~submission deadline~~; the planning horizon for applications submitted between July 1 and December 31 of each year is ~~shall be~~ January of the year 2 years ~~into the future~~ subsequent to the year which follows the year the application is submitted ~~deadline~~.

(l)~~(k)~~ "Regional Perinatal Intensive Care Center Program (RPICC)." The program authorized by Sections 383.15 through 383.21 ~~383.17~~, Florida Statutes.

~~(l) "Specialty Beds." Specialty beds include comprehensive medical rehabilitation beds, psychiatric beds, substance abuse beds, as specified in subsection 59C-1.002(1), Florida Administrative Code, and neonatal intensive care services beds as specified by this rule.~~

(m) "Specialty Children's Hospitals." Children's hospitals without maternity units on the same premises ~~The hospitals referenced in section 10C-7.0391, Florida Administrative Code, without maternity units in the same facility~~.

~~(n) "Step-Down Neonatal Special Care Unit." The step-down neonatal special care units affiliated with the Regional Perinatal Intensive Care Center Program as referenced in section 10J-7.004, Florida Administrative Code.~~

(3) Need Determination.

(a) Applications for proposed new providers of Level II or Level III neonatal intensive care services shall be reviewed ~~competitively~~ within each district in accordance with the applicable review criteria in Section 408.035, F.S., and the standards and need determination criteria set forth in this rule. Hospitals proposing to provide both Level II and Level III neonatal intensive care services shall require separate certificate of need approval for each level of care. ~~A favorable need determination for Level II or Level III beds will not normally be made unless a numeric bed need exists according to the need methodology specified in paragraphs (c) and (e) of this subsection.~~

(b) The future need for new providers of Level II or ~~and~~ Level III neonatal intensive care services shall be determined twice a year and published by the agency as a fixed ~~bed~~ need pool ~~by the agency~~ for the applicable ~~respective~~ planning horizon.

(c) Level II ~~Bed~~ Need. The ~~net bed~~ need for a new provider of Level II neonatal intensive care unit beds in each district shall be calculated as follows:

NN2 = {((UR2 X PB)/(365 X.70)) LB2 – AB2} ≥ 10 ~~((PD2 X PB/AB)/(365 X .80)) - LB2 - AB2~~

where:

1. NN2 = 10 indicates that one new provider of Level II beds may be approved for the district ~~equals the net need for Level II beds in a district~~.

2. UR2 is a measure of current or estimated future utilization, used in projection of the future number of patient days in Level II units. UR2 equals DPD2/DB or SPD2/SB, whichever is greater, where:

a.~~2.~~ DPD2 equals the district total number of patient days in Level II beds ~~in a district~~ for the most recent 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool.

b.~~3.~~ DB ~~AB~~ is the total number of resident live births in a district for the most recent calendar year available from the Department of Health ~~and Rehabilitative Services'~~ Office of Vital Statistics at least 3 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool.

c. SPD2 is the statewide total of inpatient days in Level II beds for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed need pool.

d. SB is the statewide total of resident live births for the most recent calendar year available from the Department of Health Office of Vital Statistics at least 3 months prior to the beginning date of the quarter of the publication of the fixed need pool.

3.~~4.~~ PB is the projected district total number of resident live births for the applicable planning horizon. To determine the number of births projected for each district, a 3-year average resident live-birth rate for each district shall be calculated using the sum of the resident live births for the 3 most recent calendar years available from the Department of Health ~~and Rehabilitative Services'~~ Office of Vital Statistics at least 3 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool. The projected number of resident live births in each district shall be determined by multiplying the 3-year average resident live birth rate by the district's estimated population of females aged 15 to 44 for the applicable planning horizon. The population estimate used to compute the 3-year average resident live birth rate shall be the sum of the July 1 estimates of the population of females aged 15 to 44 for the 3 years that are included in the 3-year total of resident live births. Population estimates for each year shall be the most recent population estimates published by the Office of the Governor at least 3 months prior to publication of the fixed bed need pool.

4.~~5.~~ (.70)~~(.80)~~ equals the desired annual ~~district~~ average occupancy rate ~~standard of 80 percent~~.

5~~6~~. LB2 equals the district's number of licensed Level II beds as of the most recent published deadline for agency initial decisions prior to the publication of the fixed ~~bed~~ need pool.

6.~~7.~~ AB2 equals the number of approved Level II beds as determined consistent with the provisions of paragraph (2)(a) of this rule.

7. 10 equals the minimum value of NN2 necessary to allow approval of a new provider of Level II beds.

~~(d) Regardless of whether bed need is shown under the need formula above, the establishment of new Level II neonatal intensive care unit beds within a district shall not normally be approved unless the average occupancy rate for Level II beds in the district equals or exceeds 80 percent for the most recent 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

(d) Additional Level II Beds at Existing Providers of Level II Services.

1. Need for additional Level II neonatal intensive care beds at hospitals with Level II beds is demonstrated if the occupancy rate of the hospital's Level II beds during the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed pool was at least 75 percent.

2. The maximum number of additional Level II beds which may be approved at an applicant's facility shall not normally exceed the number which, if added to the current licensed total, or the current total of licensed and approved beds, would reduce the 12-month average occupancy determined in subparagraph 1. to 70 percent.

(e) Level III ~~Bed~~ Need. The ~~net bed~~ need for a new provider of Level III neonatal intensive care unit beds in each district shall be calculated as follows:

NN3 = {((UR3 X PB)/(365 X .80)) – LB3 – AB3} ≥ 10 ~~((PD3 X PB/AB)/(365 X .80)) – LB3 – AB3~~

where:

1. NN3 ≥ 10 indicates that one new provider of Level III beds may be approved for the district ~~equals the net need for Level III beds in a district~~.

2. UR3 is a measure of current or estimated future utilization, used in projection of the future number of patient days in Level III units. UR3 equals DPD3/DB or SPD3/SB, whichever is greater, where:

a.~~2.~~ DPD3 equals the district total number of patient days in Level III beds ~~in a district~~ for the most recent 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool.

b.~~3.~~ DB ~~AB~~ is the total number of resident live births in a district for the most recent calendar year available from the Department of Health ~~and Rehabilitative Services'~~ Office of Vital Statistics at least 3 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool.

c. SPD3 is the statewide total of inpatient days in Level III beds for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed need pool.

d. SB is the statewide total of resident live births for the most recent calendar year available from the Department of Health Office of Vital Statistics at least 3 months prior to the beginning date of the quarter of the publication of the fixed need pool.

3.~~4.~~ PB is the projected district total number of resident live births for the applicable planning horizon. To determine the number of births projected for each district, a 3-year average resident live-birth rate for each district shall be calculated using the sum of the resident live births for the 3 most recent calendar years available from the Department of Health ~~and Rehabilitative Services'~~ Office of Vital Statistics at least 3 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool. The projected number of resident live births in each district shall be determined by multiplying the 3-year average resident live birth rate by the district's estimated population of females aged 15 to 44 for the applicable planning horizon. The population estimate used to compute the 3 year average resident live birth rate shall be the sum of the July 1 estimates of the population of females aged 15 to 44 for the 3 years that are included in the 3-year total of resident live births. Population estimates for each year shall be the most recent population estimates published by the Office of the Governor at least 3 months prior to publication of the fixed ~~bed~~ need pool.

4.~~5~~. (.80) equals the desired annual ~~district~~ average occupancy rate ~~standard of 80 percent~~.

5.~~6.~~ LB3 equals the number of licensed Level III beds as of the most recent published deadline for agency initial decisions prior to the publication of the fixed ~~bed~~ need pool.

6.~~7.~~ AB3 equals the number of approved Level III beds, as determined consistent with the provisions of paragraph (2)(a) of this rule.

7. 10 equals the minimum value of NN3 necessary to allow approval of a new provider of Level III beds.

~~(f) Regardless of whether bed need is shown under the need formula above, the establishment of new Level III neonatal intensive care unit beds within a district shall not normally be approved unless the average occupancy rate for Level III beds in the district equals or exceeds 80 percent for the most recent 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

(f)~~(g)~~ Additional Level III Beds at Existing Providers of Level III Services. ~~Special Circumstances for the Approval of Additional Neonatal Intensive Care Unit Beds at Existing Providers.~~

1. Need for additional Level III neonatal intensive care beds at hospitals with Level III beds is demonstrated if the occupancy rate of the hospital's Level III beds during the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed need pool was at least 85 percent. ~~Need for additional Level II neonatal~~

~~intensive care beds at hospitals with Level II neonatal intensive care services seeking additional Level II beds is demonstrated in the absence of need shown under the formula specified in paragraph (3)(c) of this rule if the occupancy rate for their Level II beds exceeded an average of 90 percent as computed by the agency for the same time period specified in subparagraph (3)(c)2. Need for additional Level III neonatal intensive care beds at hospitals with Level III neonatal intensive care services seeking additional Level III beds is demonstrated in the absence of need shown under the formula specified in paragraph (3)(e) of this rule if the occupancy rate for their Level III beds exceeded an average of 90 percent as computed by the agency for the same time period specified in subparagraph (3)(e)2.~~

2. The maximum number of additional Level III beds which may be approved at an applicant's facility shall not normally exceed the number which, if added to the current licensed total, or the current total of licensed and approved beds, would reduce the 12-month average occupancy determined in subparagraph 1. to 80 percent.

(g)~~(h)~~ Consistency With Local Health Council ~~and State Health~~ Plans. Applicants shall provide evidence in their applications that a ~~the number of~~ proposed Level II or Level III neonatal intensive care service ~~unit beds~~ is consistent with the needs of the community as stated in Local Health Council Plans ~~and the State Health Plan~~.

(h)~~(i)~~ Regional Perinatal Intensive Care Centers ~~and Step-Down Neonatal Special Care Units~~. Hospitals which are under contract with the Department of Health ~~and Rehabilitative Services'~~ Children's Medical Services Program for the provision of regional perinatal intensive care center services ~~or step-down neonatal special care unit care~~ will be given priority over other applicants to ~~expand or~~ establish new neonatal intensive care services ~~when a need is indicated for additional Level II or Level III neonatal intensive care unit beds~~.

~~(j) Conversion of Under-utilized Acute Care Beds. New Level II or Level III neonatal intensive care unit beds for shall normally be approved only if the applicant converts a number of acute care beds as defined in Rule 59C-1.038, F.A.C., excluding specialty beds, which is equal to the number of Level II or Level III beds proposed, unless the applicant can reasonably project an occupancy rate of 75 percent for the applicable planning horizon, based on historical utilization patterns, for all acute care beds, excluding specialty beds. If the conversion of the number of acute care beds which equals the number of proposed Level II or Level III beds would result in an acute care occupancy exceeding 75 percent for the applicable planning horizon, the applicant shall only be required to convert the number of beds necessary to achieve a projected 75 percent acute care occupancy for the applicable planning horizon, excluding specialty beds.~~

(i)~~(k)~~ Services to Medically Indigent and Medicaid Patients. ~~In a comparative review,~~ Ppreference shall be given to hospitals which propose to provide neonatal intensive care services to Children's Medical Services patients, Medicaid patients, and non-Children's Medical Services patients who are defined as charity care patients ~~according to the Health Care Board, Florida Hospital Uniform Reporting System Manual, Chapter III, Section 3223~~. The applicant shall estimate, based on its historical patient data by type of payer, the percentage of neonatal intensive care services patient days that will be allocated to:

1. Charity c~~C~~are p~~P~~atients;

2. Medicaid patients;

3. Private pay patients, including self pay; and

4. Regional Perinatal Intensive Care Center Program ~~and Step Down Neonatal Special Care Unit~~ patients.

(4) Level II and Level III Service Continuity. To help assure the continuity of services provided to neonatal intensive care services patients:

(a) The establishment of Level III neonatal intensive care services shall not normally be approved unless the hospital also provides Level II neonatal intensive care services. Hospitals may be approved for Level II neonatal intensive care services without providing Level III services. ~~In a comparative review, preference for the approval of Level II beds shall be given to hospitals which have both Level II neonatal intensive care unit beds and Level III neonatal intensive care unit beds.~~

(b) Applicants proposing to provide Level II or Level III neonatal intensive care services shall ensure developmental follow-up on patients after discharge to monitor the outcome of care and assure necessary referrals to community resources.

(5) Minimum Unit Size. Hospitals proposing the establishment of new Level III neonatal intensive care services shall propose a Level III neonatal intensive care unit of at least 10 ~~15~~ beds, and should have 10 ~~15~~ or more Level II neonatal intensive care unit beds. A provider shall not normally be approved for Level III neonatal intensive care services only. Hospitals proposing the establishment of new Level II neonatal intensive care services only shall propose a Level II neonatal intensive care unit with a minimum of 10 beds. Hospitals under contract with the Department of Health ~~and Rehabilitative Services'~~ Children's Medical Services Program for the provision of regional perinatal intensive care center services ~~or step-down neonatal special care unit care~~ are exempt from these requirements.

(6) Minimum Birth Volume Requirement. A hospital shall not normally be approved to establish ~~for~~ Level III neonatal intensive care services unless the hospital had a minimum service volume of 1,500 live births for the most recent 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool. Hospitals applying for Level II neonatal intensive care services shall not normally be approved to establish Level II neonatal

intensive care services unless the hospital had a minimum service volume of 1,000 live births for the most recent 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed ~~bed~~ need pool. Specialty children's hospitals are exempt from these requirements.

(7) through (10) No change.

(11) Emergency Transportation Services. Each hospital providing Level II neonatal intensive care services or Level III neonatal intensive care services shall have or participate in an emergency 24-hour patient transportation system.

(a) Provision of Emergency Transportation. Hospitals providing Level II or Level III neonatal intensive care services must operate a 24-hour emergency transportation system directly, or contract for this service, or participate through a written financial or non-financial agreement with a provider of emergency transportation services.

(b) Requirements for Emergency Transportation System. Emergency transportation systems, as defined in paragraph (11)(a), shall conform to Rule 64E-2.006 ~~10D-66.52~~, Florida Administrative Code.

(12) Transfer Agreements. A hospital providing only Level II neonatal intensive care services shall provide documentation of a transfer agreement with a facility providing Level III neonatal intensive care services in the same or nearest service district for patients in need of Level III services. ~~Facilities providing Level III neonatal intensive care services shall not unreasonably withhold consent to transfer agreements which provide for transfers based upon availability of service in the Level III facility, and which will be applied uniformly to all patients requiring transfer to Level III, as defined in subparagraph (2)(e)2.~~ An applicant for Level II or Level III neonatal intensive care services shall include, as part of the application, a written protocol governing the transfer of neonatal intensive care services patients to other inpatient facilities.

(13) Quarterly Reports ~~Data Reporting Requirements~~. All hospitals with Level II or Level III neonatal intensive care services shall report to ~~provide~~ the agency or its designee, within 45 days after the end of each calendar quarter, the number of admissions and patient days for Level II and Level III neonatal intensive care services. ~~with patient utilization and fiscal reports which contain data relating to patient utilization of Level II and Level III neonatal intensive care services. The following data shall be provided to the agency or its designee.~~

~~(a) Utilization Data. Level II or Level III neonatal intensive care services providers shall report the number of admissions and patient days by type of payer for Level II and Level III neonatal intensive care services. Payer types shall include Medicaid, Regional Perinatal Intensive Care Center Program, Insurance, Self-Pay, and Charity Care as defined by the Health Care Board, Florida Hospital Uniform Reporting Manual, Chapter III, Section 3223. These data shall be reported to the agency or its designee within 45 days after the end of each calendar quarter.~~

~~(b) Patient Origin Data. Level II or Level III neonatal intensive care services providers shall report patient origin data for Level II and Level III neonatal intensive care services patients. The mother's county of residence shall be reported for patients born in the hospital and also for patients who were transferred to the hospital from other hospitals. These data shall be reported to the agency or its designee within 45 days after the end of each calendar quarter.~~

~~(14) Providers Authorized by the Agency to Operate Level II and Level III Neonatal Intensive Care Services. Providers shall be authorized by the agency to implement, or to continue to operate Level II or Level III neonatal intensive care services if they are found to be in compliance with the conditions specified in paragraphs (14)(a), (14)(b), or (14)(f) below.~~

~~(a) Providers Holding a Valid Certificate of Need or Providers with Approved Construction Documents. Providers which have obtained a certificate of need for provision of services regulated under this rule or providers with construction documents approved by the Department of Health and Rehabilitative Services prior to October 1, 1987 which show neonatal intensive care beds shall be restricted to the total number of neonatal intensive care unit beds by level of care for which certificate of need or construction document approval was granted unless the provisions of paragraph (14)(d) authorize a greater number. The authorization in this paragraph based on construction document approval shall not apply to a provider who initiated and subsequently terminated neonatal intensive care services prior to October 1, 1987.~~

~~(b) Providers With Licensed Acute Care Beds Which Include Level II or Level III Neonatal Intensive Care Unit Beds. Facilities providing Level II or Level III neonatal intensive care services prior to October 1, 1987 and continuously since then under the direction of a neonatologist or a group of neonatologists, as described in subparagraph (14)(f)1. and (14)(f)2. below, shall be limited to the total number of neonatal intensive care unit beds accepted by the agency in its approval of the most recent application for a license, unless the provisions of paragraph (14)(d) authorize a greater number.~~

~~(c) Number of Neonatal Intensive Care Unit Beds on October 1, 1988. In establishing the number of Level II or Level III neonatal intensive care unit beds to be authorized for a facility, the agency will determine the number of beds by level of care on October 1, 1988 based on the following calculation:~~

~~PD = Number of Beds by Level of Care~~
~~365 x .80~~

~~where:~~

~~1. PD equals the number of Level II or Level III neonatal intensive care services patient days at the facility for the period October 1, 1987 through September 30, 1988.~~

~~2. .80 equals the desired occupancy standard.~~

~~(d) Authorized Number of Neonatal Intensive Care Unit Beds. The number of neonatal intensive care unit beds authorized by level of care for the facilities meeting the requirement of paragraphs (14)(a) or (14)(b) will be the largest of the three numbers identified in paragraphs (14)(a), (14)(b), or (14)(c), except that:~~

~~1. In all cases the number of beds authorized for Level II or Level III neonatal intensive care services will be at least five; and~~

~~2. In no case will a facility's combined number of authorized Level II and Level III neonatal intensive care unit beds be greater than the largest of the combined totals of Level II and Level III neonatal intensive care unit beds identified in paragraphs (14)(a), (14)(b), and (14)(c). The allocation of the combined total to the separate levels of neonatal intensive care at a facility will be the same as the allocation in paragraph (14)(a), (14)(b) or (14)(c), whichever is the basis for the total authorized. Provided, however, that an authorized combined total based on an application for licensure which identified all neonatal intensive care unit beds as one level of care will be allocated in the same proportions as the number of beds calculated by the formula in paragraph (14)(c).~~

~~(e) Existing Providers Which were in Operation prior to October 1, 1987. Providers claiming to have operated Level II or Level III neonatal intensive care services, as defined under this rule, continuously since October 1, 1987, shall submit the following documentation to the agency, which shall be subject to verification by the agency:~~

~~1. The number of Level II and Level III neonatal intensive care unit beds as of September 30, 1987.~~

~~2. The number of Level II and Level III neonatal intensive care services admissions and total patient days for the period October 1, 1986 through September 30, 1987.~~

~~3. Staffing and equipment for each level of care for the period October 1, 1986 through September 30, 1987.~~

~~4. Proof that the hospital prior to October 1, 1987 and continuously since October 1, 1987 has provided Level II or Level III neonatal intensive care services, as defined by this rule, and that the services have been directed by a board certified or board eligible neonatologist or group of neonatologists, consistent with the provisions of paragraph (8)(a).~~

~~5. Medicaid and Charity Care Patient Days for the period October 1, 1986 through September 30, 1987.~~

~~6. Number of Level II and Level III neonatal intensive care services admissions by DRG and ICD codes.~~

~~7. Number of admissions to Level II and Level III neonatal intensive care services of less than 1,000 grams birth-weight and equal to or greater than 1,000 grams birth-weight for the period October 1, 1986 through September 30, 1987.~~

~~8. Number of Level II and Level III neonatal intensive care services patients transferred to Level II or Level III beds at other facilities providing neonatal intensive care services, for the period October 1, 1986 through September 30, 1987.~~

~~9. Number of Level II and Level III neonatal intensive care services patient days by level of care for the period October 1, 1987 through September 30, 1988.~~

~~(f) Providers Not Authorized Under Certificate of Need, Construction Document Approval, or Licensure Provisions. Providers claiming to have provided Level II or Level III neonatal intensive care services prior to October 1, 1987 and continuously since then, but which were not authorized by certificate of need or construction document approval consistent with paragraph (14)(a) or by license consistent with paragraph (14)(b), will be authorized to provide Level II or Level III neonatal intensive care services provided the conditions of subparagraphs (14)(f)1. or (14)(f)2., below, are met.~~

~~1. A provider will be deemed to have had operational Level II neonatal intensive care services prior to October 1, 1987 if Level II neonatal intensive care services were being provided on or before September 30, 1987 under the direction of a neonatologist or a group of neonatologists who were on the active staff of the hospital with unlimited privileges and provided 24-hour coverage, and who were either board certified or board eligible in neonatal-perinatal medicine.~~

~~2. A provider will be deemed to have had operational Level III neonatal intensive care services prior to October 1, 1987 if:~~

~~a. Level III neonatal intensive care services were being provided on or before September 30, 1987 under the direction of a neonatologist or a group of neonatologists who were on the active staff of the hospital with unlimited privileges and provided 24-hour coverage, and who were either board certified or board eligible in neonatal-perinatal medicine; and~~

~~b. The provider submits documentation that for the period October 1, 1986 through September 30, 1987 at least one of the following was true:~~

~~(I) The average length of stay for all neonatal intensive care services patients, regardless of reported Level II or III status, was at least 10 days; or~~

~~(II) At least 5 percent of all neonates admitted to neonatal intensive care services, regardless of reported Level II or Level III status, weighed less than 1000 grams at birth; or~~

~~(III) At least 50 percent of all neonates admitted to neonatal intensive care services, regardless of reported Level II or Level III status, were classified into Diagnosis Related Groups (DRGs) 385, 386, 387 or 388.~~

~~(g) Neonatal Intensive Care Unit Beds Authorized for Providers Not Having Previous Approval. For providers deemed to have been providing Level II or Level III neonatal intensive care services consistent with the provisions of paragraph (14)(f) above, the number of authorized Level II or Level III neonatal intensive care unit beds on October 1, 1988 will be determined consistent with the formula in paragraph (14)(c) above, except that in all cases the number of beds authorized for Level II neonatal intensive care services or Level III neonatal intensive care services will be at least five.~~

~~(h) Licensing of Authorized Neonatal Intensive Care Unit Beds. The number of neonatal intensive care unit beds authorized by this subsection shall be included in the facility's acute care bed complement and shall not increase the total number of licensed hospital beds.~~

~~(i) Time Limit for Compliance With the Provisions of this Rule. Facilities authorized to provide Level II or Level III neonatal intensive care services under the provisions of this subsection shall have 1 year subsequent to the effective date of this rule to come in compliance with the provisions specified in subsections (8), (9), (10), (11), and (12).~~

~~(15) Inventorying Process of Level II and Level III Neonatal Intensive Care Services. The agency shall notify all hospitals providing obstetrical services and specialty children's hospitals by mail and through publication in the Florida Administrative Weekly of its intent to file this rule. Providers claiming to operate neonatal intensive care services as defined by this rule shall provide the agency with documentation as specified in paragraph (14)(e), within 45 days of the publication of this rule in the Florida Administrative Weekly. The agency shall publish a preliminary inventory in the Florida Administrative Weekly of all facilities with authorized neonatal intensive care services based on the provisions of paragraphs (14)(a) through (14)(g). Providers shall have 21 days after the initial publication of the inventory to contest the inventory. Subsequent to the resolution of any issues pertaining to the authorization to provide neonatal intensive care services the agency shall publish a final inventory. Hospitals without authorization shall not provide Level II or Level III neonatal intensive care services.~~

~~(16) Providers Required to Apply for a Certificate of Need. Providers who did not have authorized Level II or Level III neonatal intensive care services as of September 30, 1987 and continuously-operated Level II or Level III neonatal intensive care services since October 1, 1987 as determined by the agency under this rule shall be subject to certificate of need review.~~

Specific Authority 408.15(8), 408.034(6)~~(3)(5), 408.039(4)(a)~~ FS. Law Implemented 408.034(3), ~~408.035,~~ 408.036(1)(a),(d),(f),(g),(h)~~,(e),(e),(m), 408.039(4)(a)~~ FS. History–New 1-1-77, Amended 11-1-77, 6-5-79, 4-24-80, 2-1-81, 4-1-82, 11-9-82, 2-14-83, 4-7-83, 6-9-83, 6-10-83, 12-12-83, 3-5-84, 5-14-84, 7-16-84, 8-30-84, 10-15-84, 12-25-84, 4-9-85, Formerly 10-5.11, Amended 6-19-86, 11-24-86, 1-25-87, 3-2-87, 3-12-87, 8-11-87, 8-7-88, 8-28-88, 9-12-88, 4-19-89, 10-19-89, 5-30-90, 7-11-90, 8-6-90, 10-10-90, 12-23-90, Formerly 10-5.011(1)(v), Formerly 10-5.042, Amended 1-3-93, 8-24-93, 2-22-95, 4-10-96, _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE: RULE NO.:
Supervision of Pre-need Agents 61G8-28.001

PURPOSE AND EFFECT: The Board proposes to review this rule to determine the necessity of amendments.

SUBJECT AREA TO BE ADDRESSED: Supervision of Pre-need Agents.

SPECIFIC AUTHORITY: 470.005 FS.

LAW IMPLEMENTED: 470.005, 470.028 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: Leon Biegalski, Executive Director, Board of Funeral Directors and Embalmers, 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

Board of Professional Engineers

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Florida Engineers Management Corporation 61G15-37

PURPOSE AND EFFECT: The Board proposes to develop a new chapter addressing the Florida Engineers Management Corporation and adopting the new rules setting performance standards and measurable outcomes for the corporation.

SUBJECT AREA TO BE ADDRESSED: Florida Engineers Management Corporation.

SPECIFIC AUTHORITY: 471.038(3)(m) FS.

LAW IMPLEMENTED: 471.038(3)(m) 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: Natalie Lowe, Administrator, Board of Professional Engineers, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32303-5267

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Surveyors and Mappers

RULE TITLE: RULE NO.:
Standards for Supervision 61G17-3.0015

PURPOSE AND EFFECT: The Board proposes to promulgate a new rule to address standards for supervision.

SUBJECT AREA TO BE ADDRESSED: Standards for supervision.

SPECIFIC AUTHORITY: 472.003(5)(a) FS.

LAW IMPLEMENTED: 472.0003(5)(a) 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: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, 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

Board of Professional Surveyors and Mappers

RULE TITLE: RULE NO.:
Application for Retired Status 61G17-3.004

PURPOSE AND EFFECT: The Board proposes to create a rule that would establish recognized Retired Status among licensees.

SUBJECT AREA TO BE ADDRESSED: Application for Retired Status.

SPECIFIC AUTHORITY: 472.008, 472.019 FS.

LAW IMPLEMENTED: 472.019 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61G17-3.004 Application for Retired Status.

(1) A person wishing to apply for Retired Status shall submit a completed application to the Board. The instructions and application entitled "Application For Retired Status," which is incorporated by reference, effective July 18, 2002, copies of which may be obtained from the Board office. The Board shall certify as eligible for Retired Status any applicant who has completed the application form and who has chosen to relinquish or not to renew his or her license.

(2) Professional Surveyors and Mapperss on Retired Status may use the term: Surveyor, Registered Land Surveyor, Registered Surveyor and Mapper, or Professional Surveyor and Mapper; however, such professional surveyor and mapper shall refrain from any practice of surveying and the use of his or her seal. Any professional surveyor and mapper in Retired Status who wishes to become active shall make application for licensure and meet the licensure criteria in effect at the time of application.

Specific Authority 472.008, 472.019 FS. Law Implemented 472.019 FS. History–New _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Surveyors and Mappers

RULE TITLE: RULE NO.:
Definitions 61G17-6.002

PURPOSE AND EFFECT: To remove unnecessary and obsolete language from the rule.

SUBJECT AREA TO BE ADDRESSED: Definitions.

SPECIFIC AUTHORITY: 472.008, 472.027 FS.

LAW IMPLEMENTED: 472.027 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Leon Biegalski, Executive Director, Board of Professional Surveyors and Mappers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61G17-6.002 Definitions.

(1) through (3) No change.

(4) Map of Survey (or Survey Map): a graphical or digital depiction of the facts of size, shape, identity, geodetic location, or legal location determined by a survey. The term "Map of Survey" (Survey Map) includes the terms: Sketch of Survey, Plat of Survey, ~~Right of Way Survey,~~ or other similar titles. "Map of Survey" or "Survey Map" may also be referred to as "a map" or "the map."

(5) through (7) No change.

(8) Survey: the orderly process of determining facts of size, shape, identity, geodetic location, or legal location by viewing and applying direct measurement of features on or near the earth's surface using field or image methods; further defined as follows according to the type of data obtained, the methods and instruments used, and the purposes to be served:

(a) through (h) No change.

(i) Record Survey: a survey performed to obtain horizontal or~~/and~~ vertical dimensional data so that constructed improvements may be located and delineated; also known as an As-Built Survey.

Specific Authority 472.008, 472.027 FS. Law Implemented 472.027 FS. History–New 9-1-81, Formerly 21HH-6.02, Amended 12-18-88, Formerly 21HH-6.002, Amended 12-25-95, 5-25-99, 3-25-01, _____.

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:
List of Approved Forms; Incorporation 64B8-1.007

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to add a revised form with regard to financial responsibility and prior acts coverage to the rule.

SUBJECT AREA TO BE ADDRESSED: Incorporation of a revised form.

SPECIFIC AUTHORITY: 120.55(1)(a),(4), 456.013, 456.036(5), 456.048(1), 458.309, 458.311, 458.3124(6), 458.313(4), 458.3145, 458.315(2), 458.320(8), 458.321(2), 458.347(13), 458.351(6) FS.

LAW IMPLEMENTED: 456.013, 456.035, 456.036, 456.048, 456.073, 458.309, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.317, 458.319, 458.320, 458.321, 458.345, 458.347, 458.351 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Larry G. McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-1.007 List of Approved Forms; Incorporation.

The following forms used by the Board in its dealings with the public are listed as follows and are hereby adopted and incorporated by reference, and can be obtained from the Board office by writing to the Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-1753, or by telephoning (850)245-4131:

(1) through (10) No change.

(11) DH-MQA 1014, entitled "Statement of Financial Responsibility and Exemptions," (6/02) ~~(1/00)~~.

(12) through (22) No change.

Specific Authority 120.55(1)(a),(4), 456.013, 456.036(5), 456.048(1), 458.309, 458.311, 458.3124(6), 458.313(4), 458.3145, 458.315(2), 458.320(8), 458.321(2), 458.347(13), 458.351(6) FS. Law Implemented 456.013, 456.035, 456.036, 456.048, 456.073, 458.309, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.317, 458.319, 458.320, 458.321, 458.345, 458.347, 458.351 FS. History–New 4-17-01, Amended 11-20-01, 8-13-02, _____.

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:
Definitions 64B8-2.001

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to clarify definitions for direct and indirect supervision.

SUBJECT AREA TO BE ADDRESSED: Levels of supervision.

SPECIFIC AUTHORITY: 458.309, 458.315(1), 458.317(1)(c), 458.319(1), 766.314(4) FS.

LAW IMPLEMENTED: 456.072(2)(g), 458.303, 458.311, 458.313, 458.315(1), 458.317(1)(c), 458.331(1)(u), 458.3485, 766.314(4) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Larry G. McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-2.001 Definitions.

(1) Levels of Supervision:

(a) "Direct supervision" shall require the physical presence of the supervising licensee on the premises so that the supervising licensee is reasonably available as needed. When this term is used in probationary terms of a Final Order, it requires that the licensee practice medicine only if the approved supervisor is on the premises.

(b) "Indirect supervision" shall require only that the supervising licensee practice at a location which is within close physical proximity of the practice location of the supervised licensee and that the supervising licensee must be readily available for consultation as needed. "Close physical proximity" shall be within 20 miles or 30 minutes unless otherwise authorized by the Board.

(c) Unless otherwise provided by law or rule, the above definitions will apply to all supervised licensees.

~~(1) The phrase "direct supervision and control" as used in Section 458.303(2), F.S., shall require the following:~~

~~The physical presence of the supervising physician on the premises so that the supervising physician is immediately available when needed.~~

(2) through (5) No change.

~~(6) The phrase "direct responsibility," as defined by the Board of Medicine, and as used in Section 458.3485, Florida Statutes, shall mean that the responsible physician need not be physically present on the premises but must be within close physical proximity and easily accessible.~~

(7) through (12) renumbered (6) through (11) No change.

Specific Authority 458.309, 458.315(1), 458.317(1)(c), 458.319(1), 766.314(4) FS. Law Implemented 456.072(2)(g), 458.303, 458.311, 458.313, 458.315(1), 458.317(1)(c), 458.331(1)(u), 458.3485, 766.314(4) FS. History–New 11-10-82, Amended 12-4-85, Formerly 21M-29.01, Amended 12-4-86, 11-15-88, 3-13-89, 1-1-92, 9-24-92, 2-21-93, Formerly 21M-29.001, Amended 4-14-94, Formerly 61F6-29.001, 59R-2.001, Amended 4-7-99, 10-2-01, _____.

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:

Inactive and Delinquent Status Fees 64B8-3.004

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to address reactivation of a delinquent license.

SUBJECT AREA TO BE ADDRESSED: Reactivation of licensure.

SPECIFIC AUTHORITY: 456.036, 458.309 FS.

LAW IMPLEMENTED: 456.036, 458.3145, 458.316, 458.3165, 458.345 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Larry G. McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-3.004 Inactive and Delinquent Status Fees.

(1) The fees for individuals holding a medical license, a temporary certificate to practice in areas of critical need, or a limited license shall be:

(a) through (d) No change.

(e) The fee for reactivation of an inactive and a delinquent license for the purpose of converting the license to a limited license pursuant to Section 458.317(4), F.S., shall be $25.00.

(2) No change.

Specific Authority 456.036, 458.309 FS. Law Implemented 456.036, 458.3145, 458.316, 458.3165, 458.345 FS. History–New 2-13-95, Amended 10-10-95, 12-18-95, Formerly 59R-3.004, Amended 8-11-98, 11-20-01, 3-25-02, _____.

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:

Standards for the Use of Controlled Substances for Treatment of Pain 64B8-9.013

PURPOSE AND EFFECT: The Board proposes the development of rule amendments to clarify that criteria with regard to prescribing medication for the treatment of pain are standards of practice.

SUBJECT AREA TO BE ADDRESSED: Guidelines for the treatment of pain.

SPECIFIC AUTHORITY: 458.309(1) FS.

LAW IMPLEMENTED: 458.326, 458.331(1)(g),(t) 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 IS: Larry G. McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-9.013 Standards for the Use of Controlled Substances for Treatment of Pain.

(1) Pain management principles.

(a) No change.

(b) Inadequate pain control may result from physicians' lack of knowledge about pain management or an inadequate understanding of addiction. Fears of investigation or sanction by federal, state, and local regulatory agencies may also result in inappropriate or inadequate treatment of chronic pain patients. Physicians should not fear disciplinary action from the Board or other state regulatory or enforcement agencies for prescribing, dispensing, or administering controlled substances including opioid analgesics, for a legitimate medical purpose and that is supported by appropriate documentation establishing a valid medical need and treatment plan. Accordingly, these standards ~~guidelines~~ have been developed to clarify the Board's position on pain control, specifically as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

(c) through (e) No change.

(f) Each case of prescribing for pain will be evaluated on an individual basis. The Board will not take disciplinary action against a physician for failing to adhere strictly to the provisions of these standards ~~guidelines~~, if good cause is shown for such deviation. The physician's conduct will be evaluated to a great extent by the treatment outcome, taking into account whether the drug used is medically and/or pharmacologically recognized to be appropriate for the diagnosis, the patient's individual needs including any improvement in functioning, and recognizing that some types of pain cannot be completely relieved.

(g) The Board will judge the validity of prescribing based on the physician's treatment of the patient and on available documentation, rather than on the quantity and chronicity of prescribing. The goal is to control the patient's pain for its duration while effectively addressing other aspects of the patient's functioning, including physical, psychological, social, and work-related factors. The following standards ~~guidelines~~ are not intended to define complete or best practice, but rather to communicate what the Board considers to be within the boundaries of professional practice.

(2) No change.

(3) Standards ~~Guidelines~~. The Board has adopted the following standards for ~~guidelines when evaluating~~ the use of controlled substances for pain control:

(a) through (b) No change.

(c) Informed Consent and Agreement for Treatment. The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent. The patient should receive prescriptions from one physician and one pharmacy where possible. If the patient is determined to be at high risk for medication abuse or have a history of substance abuse, the physician should ~~may~~ employ the use of a written agreement between physician and patient outlining patient responsibilities, including, but not limited to:

1. Urine/serum medication levels screening when requested;

2. Number and frequency of all prescription refills; and

3. Reasons for which drug therapy may be discontinued (i.e., violation of agreement).

(d) Periodic Review. At reasonable intervals based on the individual circumstances of the patient, the physician should review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy should depend on the physician's evaluation of the patient's progress ~~toward stated treatment objectives such as improvement in patient's pain intensity and improved physical and/or psychosocial function, i.e., ability to work, need of health care resources, activities of daily living, and quality of social life~~. If treatment goals are not being achieved, despite medication adjustments, the physician should reevaluate the appropriateness of continued treatment. The physician should monitor patient compliance in medication usage and related treatment plans.

(e) Consultation. The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder ~~may~~ requires extra care, monitoring, and documentation, and may require consultation with or referral to an expert in the management of such patients.

(f) Medical Records. The physician is required to keep accurate and complete records to include, but not be limited to:

1. The medical history and physical examination, including history of drug abuse or dependence, as appropriate;

2. Diagnostic, therapeutic, and laboratory results;

3. Evaluations and consultations;

4. Treatment objectives;

5. Discussion of risks and benefits;

6. Treatments;

7. Medications (including date, type, dosage, and quantity prescribed);

8. Instructions and agreements; and

9. Periodic reviews.

Records must remain current and be maintained in an accessible manner and readily available for review.

(g) No change.

Specific Authority 458.309(1) FS. Law Implemented 458.326, 458.331(1)(g), (t) FS. History–New 12-21-99, Amended _____.

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:
Requirements for Approval of Training Courses for Laser and Light-based Hair Removal or Reduction 64B8-52.004

PURPOSE AND EFFECT: The Board proposes to review the existing rule for possible amendments.

SUBJECT AREA TO BE ADDRESSED: Training Courses for Laser and Light-Based Hair Removal or Reduction.

SPECIFIC AUTHORITY: 478.43 FS.

LAW IMPLEMENTED: 478.42(5), 478.43(3), 478.50 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, Board of Electrolysis/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3253

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

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:
Citations 64B8-55.002

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

SUBJECT AREA TO BE ADDRESSED: Citations.

SPECIFIC AUTHORITY: 456.077(1),(2) FS.

LAW IMPLEMENTED: 456.072(3)(b), 456.077(1),(2), 478.51, 478.52 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, Board of Electrolysis/MQA, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3253

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

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:
Mediation 64B8-55.004

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

SUBJECT AREA TO BE ADDRESSED: Mediation.

SPECIFIC AUTHORITY: 456.078, 478.43 FS.

LAW IMPLEMENTED: 456.078 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, Board of Electrolysis/MQA, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3253

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

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:
Equipment and Devices; Protocols for Laser and Light-Based Devices 64B8-56.002

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

SUBJECT AREA TO BE ADDRESSED: Equipment and Devices.

SPECIFIC AUTHORITY: 478.43 FS.

LAW IMPLEMENTED: 458.331(1)(v), 458.348(3), 478.42(5), 478.43(4) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Kaye Howerton, Executive Director, Board of Electrolysis/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-56.002 Equipment and Devices; Protocols for Laser and Light-Based Devices.

(1) through (3) No change.

(4)(a) The supervising physician and the electrologist shall develop jointly written protocols regarding the medical condition for individuals to receive laser and light-based hair removal or reduction treatment; specific conditions and the procedure for identifying conditions that require direct evaluation or specific consultation by the physician; treatment of routine minor problems resulting during or from laser and light-based hair removal or reduction; and detailed procedures to be followed in the event of emergency situations developing during the performance of or as a result of laser and light-based hair removal or reduction. These written protocols must be signed, dated, and maintained in a readily available location on the premises where the electrologist practices. One copy shall be maintained by the supervising physician and one copy must be filed with the Department of Health. The written protocols which are kept on the premises of the electrologist will be readily available for inspection and review by agents of the Department of Health or the Board of Medicine. The parties to a protocol must notify the Department within 30 days of the termination of their professional relationship.

(b) The written protocol shall include and require that a physician licensed pursuant to Chapter 458 or 459, Florida Statutes, provide approval to the electrologist for each patient seeking laser and light-based hair removal or reduction treatment ~~the initial consultation with each patient must include an examination and assessment by a physician licensed pursuant to Chapter 458 or 459, Florida Statutes~~. Such approval may be given by telephone, fax, email, or hard-copy.

(c) The written protocol shall include a statement that the electrologist does and will maintain professional liability coverage that includes coverage for incidents arising from laser usage in an amount not less than $100,000.

(5) through (6) No change.

Specific Authority 478.43 FS. Law Implemented 458.331(1)(v), 458.348(3), 478.42(5), 478.43(4) FS. History–New 9-12-01, Amended _____.

DEPARTMENT OF HEALTH

Board of Opticianry

RULE TITLE: RULE NO.:
Examination for Licensure 64B12-9.001

PURPOSE AND EFFECT: The Board proposes to review the existing language in this rule to determine if amendments are necessary.

SUBJECT AREA TO BE ADDRESSED: Examination for licensure.

SPECIFIC AUTHORITY: 456.017(1),(5), 484.005 FS.

LAW IMPLEMENTED: 456.017(1),(5) 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 CONTACED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

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

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: RULE NO.:
Licensure by Endorsement 64B17-3.003

PURPOSE AND EFFECT: The Board proposes to add to current rule text.

SUBJECT AREA TO BE ADDRESSED: Licensure by Endorsement.

SPECIFIC AUTHORITY: 486.025, 486.081 FS.

LAW IMPLEMENTED: 486.081 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 TO BE ANNOUNCED.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND FOR A COPY OF THE PRELIMINARY DRAFT IS: Kaye Howerton, Board Executive Director, Board of Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B17-3.003 Licensure by Endorsement.

An applicant demonstrating that he or she meets the requirements of Rule 64B17-3.001, F.A.C., may be licensed to practice physical therapy by endorsement by presenting evidence satisfactory to the Board that the applicant has active licensure in another jurisdiction and has passed an examination before a similar, lawful, authorized examining board in physical therapy in such other jurisdiction ~~another state, the District of Columbia, a territory or a foreign country~~ if their standards for licensure are as high as those maintained in Florida. The standard for determining whether the standards of another jurisdiction ~~state, the District of Columbia, a territory, or a foreign country~~ are as high as the standards in Florida shall be whether the written examination taken for licensure in such other jurisdiction by applicants meeting Florida's minimum educational qualifications was through the national physical therapy examination provider certified by the Department. An

applicant who has failed to pass the examination after five attempts, regardless of the jurisdiction through which the examination was taken, is precluded from licensure.

Specific Authority 486.025, 486.081 FS. Law Implemented 486.081 FS. History–New 8-6-84, Formerly 21M-7.26, Amended 5-18-86, Formerly 21M-7.026, 21MM-3.004, 61F11-3.004, 59Y-3.004, Amended 4-21-02, _____.

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: RULE NO.:
Licensure by Endorsement 64B17-4.003

PURPOSE AND EFFECT: The Board proposes to add to current rule text.

SUBJECT AREA TO BE ADDRESSED: Licensure by Endorsement.

SPECIFIC AUTHORITY: 486.025, 486.107(1) FS.

LAW IMPLEMENTED: 486.107(1) 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 TO BE ANNOUNCED.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND FOR A COPY OF THE PRELIMINARY DRAFT IS: Kaye Howerton, Board Executive Director, Board of Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B17-4.003 Licensure by Endorsement.

An applicant demonstrating that he or she is licensed in another state may be licensed to practice as a physical therapist assistant by endorsement by presenting evidence of active licensure in another jurisdiction, under oath, and evidence satisfactory to the Board that the applicant from such other jurisdiction has been licensed under standards for licensure as high as those maintained in Florida. The standard for determining whether those requirements are as high as those in Florida shall be whether the applicant was required to meet educational standards equivalent to those set forth in subsection 64B17-4.001(3), F.A.C., and whether the written examination taken for licensure in such other jurisdiction was through the designated national physical therapy assistants examination provider certified by the Department. An applicant who has failed to pass the examination after five attempts, regardless of the jurisdiction through which the examination was taken, is precluded from licensure.

Specific Authority 486.025, 486.107(1) FS. Law Implemented 486.107(1) FS. History–New 8-6-84, Formerly 21M-10.26, Amended 5-18-86, Formerly 21M-10.026, 21MM-4.004, 61F11-4.004, 59Y-4.004, Amended 7-11-02, _____.

DEPARTMENT OF HEALTH

School Psychology

RULE TITLES: RULE NOS.:
Application Form 64B21-500.002
Education Requirements for School Psychologists 64B21-500.009
Examinations 64B21-500.011

PURPOSE AND EFFECT: The Department of Health proposes to review the existing language in these rules to determine if amendments are necessary.

SUBJECT AREA TO BE ADDRESSED: Application form, education requirements for school psychologists and examination.

SPECIFIC AUTHORITY: 490.015 FS.

LAW IMPLEMENTED: 456.013, 456.017, 456.031, 490.005 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 CONTACED 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, Florida 32399-3255

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

DEPARTMENT OF HEALTH

Optical Establishment

RULE TITLE: RULE NO.:
Optical Establishment Inspections 64B29-1.002

PURPOSE AND EFFECT: The Department of Health proposes to promulgate a new rule addressing matters pertaining to optical establishment inspections.

SUBJECT AREA TO BE ADDRESSED: Optical establishment inspections.

SPECIFIC AUTHORITY: 484.005, 484.007, 484.014, 484.015 FS.

LAW IMPLEMENTED: 484.007, 484.014, 484.015 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 CONTACED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Wayne

McDaniel, Deputy Secretary, Department of Health, c/o General Counsel's Office, 4052 Bald Cypress Way, Bin #A02, Tallahassee, Florida 32399-1703

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

Section II
Proposed Rules

DEPARTMENT OF STATE

Division of Cultural Affairs

RULE TITLE: RULE NO.:
Division of Cultural Affairs 1T-1.001

PURPOSE AND EFFECT: The purpose of this amendment will be to establish in rule the description of the Division's Regional Cultural Facilities Program and the program's specific eligibility and evaluation criteria.

SUMMARY: The proposed rule details the criteria for eligibility for the Division's Regional Cultural Facilities Program. The rule also details the evaluation and scoring procedures for the program, administrative procedures, and incorporates by reference the required forms for the program.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: There are not regulatory costs associated with the proposed rule.

Any person who wishes to provide information regarding the statement of 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: 265.284(5)(d), 265.285(1)(c), 265.286(1),(6), 265.702 FS.

LAW IMPLEMENTED: 265.284, 265.285, 265.286 FS., Chapter 2002-267, Laws of Florida creating 265.702 FS.

IF REQUESTED WITHIN 21 DAYS OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m., September 16, 2002

PLACE: Division of Cultural Affairs, 1001 DeSoto Park Drive, Tallahassee, Florida

Pursuant to the provisions of the American with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting Valerie Ohlsson at (850)487-2980. If you are hearing or speech impaired, please contact the agency by calling (850)488-5779 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Linda Downey, Chief, Bureau of Grant Services, Division of Cultural Affairs, 1001 DeSoto Park Drive, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULE IS:

1T-1.001 Division of Cultural Affairs.

(1) through (19) No change.

(20) Regional Cultural Facilities Program. The purpose of this program is to accept and administer funds to provide grants for the renovation, construction, or acquisition of regional cultural facilities. It is not intended to fund project planning, such as feasibility studies and architectural drawings, or operational support.

(a) Administrative and Legal Eligibility. The applicant for a regional cultural facilities grant must:

1. Be a public entity governed by either a municipality, county, or qualified corporation as defined in Section 265.702(2), Florida Statutes.

2. Have ownership of the land and building. In the cases where either the land or building is not owned, fee simple, by the applicant, all underlying owners must also meet the requirements in subsection 1.

3. Retain ownership of all improvements made under the grant.

4. Have satisfied the administrative requirements of previous grants received from the Division.

(b) Program Eligibility. All eligible applications shall consist of the following documents and information:

1. A completed and signed Regional Cultural Facilities Program Application Form (#CA2E101, eff. 10/02), available from the Division and incorporated by reference, including the number of required application copies, submitted to the Division on or before the announced postmark deadline.

2. A description of the Project Scope of Work which shall include a project narrative.

3. Project Budgets including a summary and detail, a matching funds statement, and match summary chart.

4. A description of educational and cultural programs as required by Sections 265.702(5)(a) and (5)(b), Florida Statutes.

5. Documentation of a 150-mile service area as described in Section 265.702(5)(c), Florida Statutes.

6. Documentation of a proposed acquisition, renovation, or construction cost of at least $50 million.

7. Documentation of unrestricted ownership of the land and building.

8. An independent certified audit of the applicant's financial records.

9. Cost Benefit Analysis/Feasibility Study.

10. An 8 1/2" x 11" reduction of current architectural plans.

11. Letters of Support: Submit letters or list of local officials lending support to this project.