

(1) Failure to notify of a change of address within 60 days as required by Rule 64B17-6.004, F.A.C.

(2) Non-intentional issuance of a bad check to the Department under Section 486.125(1)(k), Florida Statutes.

Specific Authority 120.695, 456.073(3), 486.025 FS. Law Implemented 120.695, 456.073(3) FS. History—New _____.

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: RULE NO.:

Continuing Education 64B17-9.001

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

SUBJECT AREA TO BE ADDRESSED: Continuing Education.

SPECIFIC AUTHORITY: 486.025 FS.

LAW IMPLEMENTED: 456.013(6), 486.109(2) 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 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:

64B17-9.001 Continuing Education.

(1) through (5) No change.

(6) The Board approves for continuing education credit:

(a) No change.

(b) Courses sponsored by the American Physical Therapy Association, the Federation of State Boards of Physical Therapy, or any of their ~~its~~ components, 1111 North Fairfax Street, Alexandria, Virginia 22314, or;

(c) No change.

(d) Attendance at Florida Board meetings where disciplinary cases are being heard if the licensee is not on the agenda or appearing for another purpose. The number of risk management contact hours for such attendance is based on the definition of contact hour as set forth in (2).

(e) Members of the Board's Probable Cause Panel shall receive five hours of continuing education risk management credit per biennium for their service on the Panel.

(7) No change.

(8) The licensee must retain such receipts, vouchers, certificates, or other papers as may be necessary to document completion of the appropriate continuing education offerings listed on the renewal form for a period of not less than four years from the date the offering was taken.

Specific Authority 486.025 FS. Law Implemented 456.013(6), 486.109(2) FS. History—New 4-6-92, Formerly 21MM-9.001, Amended 3-7-94, Formerly 61F11-9.001, Amended 12-5-95, Formerly 59Y-9.001, Amended 2-14-02, 4-21-02, 1-2-03, _____.

DEPARTMENT OF HEALTH

Board of Podiatric Medicine

RULE CHAPTER TITLE: RULE CHAPTER NO.:

Disciplinary Matters 64B18-14

PURPOSE AND EFFECT: The Board proposes to review the disciplinary rules in this chapter to determine whether amendments are necessary.

SUBJECT AREA TO BE ADDRESSED: Disciplinary matters relating to the practice of podiatric medicine.

SPECIFIC AUTHORITY: 456.048, 456.072, 456.073, 456.077, 456.078, 456.079, 461.004(4), 461.005, 461.013 FS.

LAW IMPLEMENTED: 456.027, 456.033, 456.048, 456.053, 456.057, 456.062, 456.063, 456.067, 456.072, 456.073, 456.077, 456.079, 461.002(2), 461.003(3), 461.004(4), 461.005, 461.012, 461.013 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE SCHEDULED AT THE BOARD'S NEXT MEETING TO BE HELD ON FEBRUARY 6, 2004, IN ORLANDO, FLORIDA.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Joe Baker, Jr., Executive Director, Board of Podiatric Medicine/MQA, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

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

Section II Proposed Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

LAND AND WATER ADJUDICATORY COMMISSION

RULE CHAPTER TITLE: RULE CHAPTER NO.:
Lakewood Ranch Community 42EE-1

Development District 5 42EE-1.002
RULE TITLE: RULE NO.:
Boundary 42EE-1.002

PURPOSE, EFFECT AND SUMMARY: The purpose of this proposed rule amendment is to amend the boundaries of the Lakewood Ranch Community Development District ("District") 5. The petition submitted and filed by the District's governing Board of Supervisors requests that the Florida Land and Water Adjudicatory Commission ("Commission") amend Chapter 42EE-1, Florida Administrative Code, to amend the District's boundaries to delete one contraction parcel consisting of approximately 40.22 acres and one contraction parcel consisting of approximately 0.77 acres for a total of approximately 41 acres from the lands to be served by the District. After amendment as proposed, the District will consist of and continue to serve approximately 1,132.20 acres located wholly within the boundaries of Manatee County. The contraction parcels are generally located south of the Braden River, north of the Manatee/Sarasota County line, east of Lakewood Ranch Boulevard, and west of Lorraine Road, within the unincorporated area of Manatee County, Florida. The contraction parcels have no infrastructure and are not planned to include any of the residential units or golf course planned for the District. The land area to be served by the District after contraction will be approximately 1,132.20 acres, more or less. In the future, the contraction parcels may be proposed for inclusion in a future community development district not yet established.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: In association with the Petition, the Petitioner has caused a Statement of Estimated Regulatory Costs ("SERC") to be prepared in compliance with section 120.541, Florida Statutes. The complete text of the SERC is contained at Exhibit "5" to the Petition. By way of summary, the SERC estimates that the principal individuals and entities likely to be required to comply with the amended rule are the state, Manatee County, Florida, the District and especially the landowners within the District's amended boundaries. The SERC estimates the type of individuals likely to be affected by the amended rule are landowners within the District's amended boundaries. The SERC estimates that rule amendment implementation and enforcement costs to the above-described entities will be minimal, are concurrently budgeted or not burdensome, and/or are offset by the payment of requisite filing and annual fees; and, estimates there will be no effect on state and local revenues from the proposed amendment of the rule. Further, the SERC estimates that there will be no transactional costs associated with the petition to alter the boundaries of the District as the contraction parcels are not served with any infrastructure. Finally, the SERC concludes

that the amended rule will have no impact on small businesses as the contraction of the District does not change its economic functions relative to small business. The SERC's analysis is based on a straightforward application of economic theory with input received from the developer's engineer and other professionals associated with the developer.

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: 190.005 FS.

LAW IMPLEMENTED: 190.004, 190.005 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, A HEARING WILL NOT BE HELD):

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Monday, February 2, 2004

PLACE: Room 1802M, The Capitol, Tallahassee, Florida

Any person requiring a special accommodation to participate in the workshop because of a disability should contact Barbara Leighty, (850)487-1884, at least five (5) business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Barbara Leighty, Florida Land and Water Adjudicatory Commission, The Capitol, Room 1802, Tallahassee, Florida 32399-0001, (850)487-1884

THE FULL TEXT OF THE PROPOSED RULE IS:

42EE-1.002 Boundary.

A tract of land lying in Sections 20, 21, 27, 28, 29, ~~32~~, 33 and 34, Township 35 South, Range 19 East, Manatee County, Florida and more particularly described as follows: Commence at the Southwest corner of said Section 29; thence S.89°30'25"E. along the South line of said Section 29, a distance of ~~2603.91'~~ 2603.91' to the POINT OF BEGINNING; ~~thence continue, S.89°30'25"E., along the south line of said Section 29, a distance of 2733.52 feet to the southeast corner of premises described in Boundary Line Agreement, recorded in Official Record Book 1323, Page 1526 of the Public Records of Manatee County, Florida, also being the southeast corner of said Section 29; (the following 4 calls are along the east and north lines of said premises); thence N.00°40'07"E., along the east line of said premises, also being the east line of Section 29, a distance of 3969.03 feet; 5337.43 feet to the southeast corner of premises described in Boundary Line Agreement, recorded in Official Record Book 1323, Page 1526 of the Public Records of Manatee County, Florida, also being the southeast corner of said Section 29; thence N.00°40'07"E., along the east line of said premises, also being the east line of Section 29, a distance of 896.55 feet to the POINT OF BEGINNING; thence continue N.00°40'07"E., along said east line, a distance of~~

2593.75 feet; thence N.25°39'10"E. a distance of 123.60 feet; thence S.64°20'50"E. a distance of 5.35 feet to the point of curvature of a curve to the right having a radius of 35.00 feet, and a central angle of 84°41'15"; thence along the arc of said curve, in a southwesterly direction, an arc length of 51.73 feet to the point of cusp with a curve to the right of which the radius point lies N.69°39'36"E. a radial distance of 775.00 feet; thence along the arc of said curve, in a northeasterly direction, passing through a central angle of 10°37'32" an arc distance of 143.52 feet to the point of cusp with a curve to the right of which the radius point lies N.59°02'04"W. a radial distance of 35.00 feet; thence along the arc of said curve, in a southwesterly direction, passing through a central angle of 70°04'47" an arc distance of 42.81 feet to the end of said curve; thence N.25°39'10"E. a distance of 143.87 feet; thence N.64°20'50"W. a distance of 55.31 feet to the point of curvature of a curve to the left having a radius of 345.00 feet, and a central angle of 10°10'37"; thence along the arc of said curve, in a westerly direction, an arc length of 61.28 feet to the point of reverse curvature of a curve to the right having a radius of 55.00 feet, and a central angle of 20°56'10"; thence along the arc of said curve, in a northwesterly direction, an arc length of 20.10 feet to the point of reverse curvature of a curve to the left having a radius of 670.00 feet, and a central angle of 03°32'30"; thence along the arc of said curve, in a northwesterly direction, an arc length of 41.42 feet to the above mentioned east line of premises described in Boundary Line Agreement, recorded in Official Record Book 1323, page 1526 of the Public Records of Manatee County; (the following 4 calls are along the east and north line of said Boundary Line Agreement); thence N.00°40'07"E. a distance of 92.88 feet; thence N.89°29'40"W. a distance of 28.00 feet; thence N.00°40'07"E. a distance of 16.00 feet; thence N.89°29'40"W. a distance of 415.80 feet to the east line of Community Development District No. 1; (the following 4 calls are along the easterly line of said Community Development District No. 1); thence N.12°00'00"W. a distance of 1100.01 feet; thence N.20°00'00"W. a distance of 850.00 feet; thence N.56°19'17"W., a distance of 834.10 feet to a point hereafter referred to as "POINT C", said point being a point in the approximate centerline of the Braden River; thence northeasterly along the centerline of said Braden River, 2508 feet, more or less to a point hereafter referred to as "POINT B", said point lying N.60°41'34"E., a distance of 2228.69 feet from said "POINT C"; (the following 38 calls are along the southerly line of Community Development District No. 4, also being the approximate centerline of said Braden River); thence S.63°46'32"E. a distance of 199.25 feet; thence S.89°51'13"E. a distance of 107.53 feet; thence S.65°09'04"E. a distance of 130.29 feet; thence N.72°15'41"E. a distance of 45.67 feet; thence S.52°55'04"E. a distance of 146.47 feet; thence S.07°03'03"E. a distance of 153.86 feet; thence S.31°20'20"E. a distance of 82.43 feet; thence S.77°38'51"E. a distance of 193.71 feet; thence S.68°00'16"E. a distance of 252.22 feet;

thence S.76°43'49"E. a distance of 167.84 feet; thence S.36°06'47"E. a distance of 61.05 feet; thence S.13°23'34"E. a distance of 151.26 feet; thence S.63°24'00"E. a distance of 85.74 feet; thence S.87°38'04"E. a distance of 317.67 feet; thence N.84°09'13"E. a distance of 355.98 feet; thence S.18°29'28"E. a distance of 84.57 feet; thence S.54°33'56"E. a distance of 98.44 feet; thence S.06°19'12"E. a distance of 178.15 feet; thence S.04°46'16"W. a distance of 201.80 feet; thence N.84°04'15"E. a distance of 395.37 feet; thence S.88°35'50"E. a distance of 205.23 feet; thence N.28°03'28"E. a distance of 123.34 feet; thence N.33°56'03"E. a distance of 147.61 feet; thence N.78°50'23"E. a distance of 172.76 feet; thence S.89°34'53"E. a distance of 85.11 feet; thence S.49°03'37"E. a distance of 210.65 feet; thence S.07°21'38"E. a distance of 192.00 feet; thence S.55°21'39"E. a distance of 83.20 feet; thence S.11°18'24"E. a distance of 186.21 feet; thence N.85°40'43"E. a distance of 123.53 feet; thence S.51°55'12"E. a distance of 192.92 feet; thence N.81°00'35"E. a distance of 414.97 feet; thence N.15°30'10"E. a distance of 198.47 feet; thence N.54°37'50"E. a distance of 125.25 feet; thence S.66°16'08"E. a distance of 279.73 feet; thence S.26°46'17"E. a distance of 188.86 feet; thence S.67°56'22"E. a distance of 288.44 feet; thence S.59°36'01"E. a distance of 232.13 feet to the west right-of-way line of Lorraine Road (120-foot wide public right-of-way); thence S.00°30'20"W., along said west line, a distance of 259.63 feet to the northwest corner of said Section 27; thence S.89°29'42"E., along the north line of said Section 27, a distance of 120.01 feet to a point on the east right-of-way line of said Lorraine Road; (the following 6 calls are along said east line); thence S.00°51'26"W. a distance of 5313.83 feet; thence S.00°51'27"W. a distance of 1.87 feet to a point on a curve to the left of which the radius point lies S.89°08'34"E. a radial distance of 2190.00 feet; thence along the arc of said curve, in a southerly direction, passing through a central angle of 13°14'44" an arc distance of 506.28 feet to the point of tangency of said curve; thence S.12°23'18"E., a distance of 982.01 feet to the point of curvature of a curve to the right having a radius of 3060.00 feet, and a central angle of 10°28'18"; thence along the arc of said curve, an arc length of 559.26 feet to the point of tangency of said curve; thence S.01°55'00"E., a distance of 447.81 feet to the northerly line of Community Development District No. 2; thence S.88°05'00"W. a distance of 120.03 feet to the northeasterly corner of The Masters Avenue, as shown on the plat of Lakewood Ranch Country Club Village, The Masters Avenue/Eagles Watch Way Roadways, as recorded in Plat Book 35, Page 194, of said Public Records, said point being a point on a curve to the right of which the radius point lies S.88°05'00"W. a radial distance of 35.00 feet; (the following 14 calls are along said northerly line); thence along the arc of said curve, in a southwesterly direction, passing through a central angle of 90°00'00" an arc distance of 54.98 feet to the point of tangency of said curve; thence S.88°05'00"W., a

distance of 207.34 feet to the point of curvature of a curve to the left having a radius of 149.00 feet, and a central angle of $17^{\circ}26'15''$; thence along the arc of said curve, in a westerly direction, an arc length of 45.35 feet to the point of reverse curvature of a curve to the right, having a radius of 123.00 feet and a central angle of $17^{\circ}26'15''$; thence along the arc of said curve, in a westerly direction, an arc distance of 37.43 feet to the point of tangency of said curve; thence $S.88^{\circ}05'00''W.$, a distance of 74.02 feet to the point of curvature of a curve to the left having a radius of 725.00 feet, and a central angle of $42^{\circ}19'52''$; thence along the arc of said curve, in a southwesterly direction, an arc length of 535.64 feet to the point of reverse curvature of a curve to the right, having a radius of 675.00 feet and a central angle of $45^{\circ}08'52''$; thence along the arc of said curve, in a westerly direction, an arc distance of 531.88 feet to the point of tangency of said curve; thence $N.89^{\circ}06'00''W.$, a distance of 401.49 feet to the point of curvature of a curve to the left having a radius of 525.00 feet, and a central angle of $34^{\circ}09'49''$; thence along the arc of said curve, in a westerly direction, an arc length of 313.04 feet to the point of reverse curvature of a curve to the right, having a radius of 475.00 feet and a central angle of $34^{\circ}27'06''$; thence along the arc of said curve, in a westerly direction, an arc distance of 285.62 feet to the point of tangency of said curve; thence $N.88^{\circ}48'43''W.$, a distance of 436.59 feet; to the point of curvature of a curve to the left having a radius of 625.00 feet, and a central angle of $20^{\circ}23'17''$; thence along the arc of said curve, in a westerly direction, an arc length of 222.40 feet to the point of reverse curvature of a curve to the right, having a radius of 475.00 feet and a central angle of $39^{\circ}50'30''$; thence along the arc of said curve, in a westerly direction, an arc distance of 330.30 feet to the point of compound curvature of a curve to the right, having a radius of 575.00 feet and a central angle of $15^{\circ}59'08''$; thence along the arc of said curve, in a northwesterly direction, an arc distance of 160.43 feet to the point of compound curvature of a curve to the right, having a radius of 25.00 feet and a central angle of $95^{\circ}12'58''$; (the following 7 calls are along the northerly line of said The Masters Avenue as shown on the plat of Lakewood Ranch Country Club Village, Subphase G, a/k/a Westchester, as recorded in Plat Book 34, Page 17 of said Public Records); thence along the arc of said curve, in a northerly direction, an arc distance of 41.55 feet to the end of said curve; thence $N.48^{\circ}09'24''W.$, along a line radial to the last described curve, a distance of 50.00 feet to a point on a curve to the right of which the radius point lies $N.48^{\circ}09'24''W.$ a radial distance of 25.00 feet; thence along the arc of said curve, in a westerly direction, passing through a central angle of $95^{\circ}12'57''$ an arc distance of 41.55 feet to the point of compound curvature of a curve to the right, having a radius of 575.00 feet and a central angle of $29^{\circ}31'19''$; thence along the arc of said curve, in a northerly direction, an arc distance of 296.27 feet to the point of reverse curvature of a curve to the left, having a radius of 675.00 feet and a central angle of $34^{\circ}32'21''$; thence along the

arc of said curve, in a northwesterly direction, an arc distance of 406.90 feet to the point of tangency of said curve; thence $N.47^{\circ}57'29''W.$ a distance of 532.39 feet to the point of curvature of a curve to the right having a radius of 35.00 feet, and a central angle of $85^{\circ}30'06''$; thence along the arc of said curve, in a northerly direction, an arc length of 52.23 feet to the point of reverse curvature of a curve to the left, having a radius of 730.00 feet and a central angle of $01^{\circ}29'29''$, said point being a point on the easterly right-of-way line of Legacy Boulevard (120-foot wide public right-of-way) as recorded in Official Record Book 1500, Page 6809, of said Public Records; (the following 2 calls are along the easterly and northerly line of said Legacy Boulevard); thence along the arc of said curve, in a northeasterly direction, an arc distance of 19.00 feet to the end of said curve; thence $N.53^{\circ}56'52''W.$, along a line radial to the last described curve, a distance of 120.00 feet to a point on a curve to the left of which the radius point lies $N.53^{\circ}56'52''W.$ a radial distance of 610.00 feet; (the following 2 calls are along the easterly line of Lakewood Ranch Country Club Village, Subphase D, Unit 3A, recorded in Plat Book 32, Page 177 of said Public Records); thence along the arc of said curve, in a northerly direction, passing through a central angle of $34^{\circ}59'11''$ an arc distance of 372.48 feet to the point of tangency of said curve; thence $N.01^{\circ}03'57''E.$, along said easterly line, also being the easterly line of Lakewood Ranch Country Club Village, Subphase D, Units 3B & 4, a/k/a Gleneagles, recorded in Plat Book 34, Page 181 of said Public Records, a distance of 835.00 feet to the point of curvature of a curve to the right having a radius of 1190.00 feet, and a central angle of $06^{\circ}50'14''$; (the following 12 calls are along the easterly and northerly line of said Lakewood Ranch Country Club Village, Subphase D, Units 3B & 4, a/k/a Gleneagles); thence along the arc of said curve, in a northerly direction, an arc length of 142.01 feet to the point of reverse curvature of a curve to the left, having a radius of 35.00 feet and a central angle of $87^{\circ}11'33''$; thence along the arc of said curve, in a northwesterly direction, an arc distance of 53.26 feet to the point of tangency of said curve; thence $N.79^{\circ}17'22''W.$ a distance of 18.47 feet; to the point of curvature of a curve to the right having a radius of 725.00 feet, and a central angle of $61^{\circ}47'51''$; thence along the arc of said curve, in a northwesterly direction, an arc length of 781.96 feet to the point of tangency of said curve; thence $N.17^{\circ}29'31''W.$, a distance of 82.39 feet; thence $S.72^{\circ}30'29''W.$ a distance of 181.80 feet to a point on a curve to the left of which the radius point lies $S.01^{\circ}16'24''E.$ a radial distance of 58.00 feet; thence along the arc of said curve, in a westerly direction, passing through a central angle of $24^{\circ}50'29''$ an arc distance of 25.15 feet to the end of said curve; thence $N.26^{\circ}06'53''W.$, along a line radial to the last described curve, a distance of 49.82 feet; thence $S.72^{\circ}30'29''W.$ a distance of 161.83 feet; thence $N.17^{\circ}29'31''W.$ a distance of 20.40 feet; ~~thence $S.72^{\circ}30'29''W.$ a distance of 190.11 feet; thence $S.07^{\circ}30'16''W.$ a distance of 437.56 feet to a point on the north line of Lakewood Ranch~~

~~Country Club Village, Subphase D, Unit 2, recorded in Plat Book 31, Page 23 of said Public Records; thence N.90°00'00"W., along said north line, also being the north line of Lakewood Ranch Country Club Village, Subphase D, Unit 1 a/k/a Spyglass, recorded in Plat Book 34, Page 113 of said Public Records, a distance of 2269.90 feet; thence S.23°47'43"W., along the west line of said of Lakewood Ranch Country Club Village, Subphase D, Unit 1 a/k/a Spyglass, a distance of 277.38 feet to a point on the north line of Parcel 4, Legacy Golf Course as recorded in Road Plat Book 10, Page 126, of said Public Records; (the following 2 calls are along said northerly line); thence N.60°40'54"W. a distance of 184.30 feet; thence N.36°55'37"W. a distance of 85.32 feet to a point on the east line of Lakewood Ranch Country Club Village, Subphase C, Unit 1-A, recorded in Plat Book 30, Page 189 of said Public Records; (the following 3 calls are along said easterly line); thence N.01°20'47"E. a distance of 240.50 feet; thence N.58°34'00"W. a distance of 423.22 feet; thence N.00°29'35"E. a distance of 166.41 feet; to the POINT OF BEGINNING.~~

~~Tract Contains: 1,173.19 acres, more or less.~~

~~thence N.17°45'33"W. a distance of 66.97 feet; thence N.32°55'20"W. a distance of 151.02 feet; thence N.08°15'49"W. a distance of 40.29 feet; thence N.10°56'16"W. a distance of 234.91 feet; thence N.36°37'46"W. a distance of 65.00 feet; thence N.38°23'13"E. a distance of 49.34 feet to a point on a curve to the right of which the radius point lies N.38°04'14"E. a radial distance of 600.00 feet; thence along the arc of said curve, in a northerly direction, passing through a central angle of 41°49'56" an arc distance of 438.06 feet to the end of said curve; thence S.84°51'36"W. a distance of 60.92 feet to the POINT OF BEGINNING.~~

~~Tract Contains: 1,132.20 acres, more or less.~~

Specific Authority 190.005 FS. Law Implemented 190.004, 190.005(1)(f)1. FS. History--New 4-30-01, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Teresa Tinker, Florida Land and Water Adjudicatory Commission, Room 1802, The Capitol, Tallahassee, Florida 32399-0001

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Teresa Tinker, Florida Land and Water Adjudicatory Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 6, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF THE LOTTERY

RULE TITLE:
Confidential Information

RULE NO.:
53-1.005

PURPOSE AND EFFECT: The purpose of the rule amendment is to clarify that trade secrets of the Lottery and the Lottery's vendors and contractors are confidential.

SUMMARY: The rule amendment clarifies that trade secrets of the Lottery and the Lottery's vendors and contractors are confidential.

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

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

SPECIFIC AUTHORITY: 24.105(2), 24.105(9)(j), 24.105(12)(a) FS.

LAW IMPLEMENTED: 24.105(12)(a) 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: 9:00 a.m., February 11, 2004

PLACE: Department of the Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Diane D. Schmidt, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011, (850)487-7724

THE FULL TEXT OF THE PROPOSED RULE IS:

53-1.005 Confidential Information.

(1) No change.

(2) Confidential Information. The following items are determined to be confidential, and therefore exempt from the provisions of Section 119.07, F.S.:

(a) through (i) No change.

(j) Trade secrets of the Lottery and the Lottery's vendors and contactors shall be confidential. This includes, but is not limited to, information such as marketing plans and all advertising and components of advertising strategy prior to its publication. Trade secrets, such as draft Lottery marketing plans and all advertising and components of advertising strategy prior to its publication.

(k) No change.

Specific Authority 24.105(2)(a),(9)(j),(10)(j),(12)(a),(13)(a) FS. Law Implemented 24.105(12)(13)(a) FS. History--New 2-25-93, Amended 8-15-93, 3-6-00, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Diane D. Schmidt, Office of the General Counsel

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Kenneth H. Hart, Jr. General Counsel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 19, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 9, 2004

DEPARTMENT OF MANAGEMENT SERVICES

Commission on Human Relations

RULE TITLE: Covered Entities and Facilities RULE NO.: 60Y-10.002

PURPOSE AND EFFECT: This section provides for the definition of covered entities and facilities under Chapter 60Y-10 relating to prohibition against discrimination by public lodging and food service establishments in respect to refusing accommodations and services.

SUMMARY: The proposed amendment to this rule section provides for the addition of a new definition of covered entities and facilities under Chapter 60Y-10, F.A.C., relating to prohibition against discrimination by public lodging, entertainment, food service and related establishments in respect to refusing accommodations and services.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 760.06(12) FS.

LAW IMPLEMENTED: 760.02(11) FS.

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

TIME AND DATE: 9:00 a.m. (EDT), Monday, February 9, 2003

PLACE: The Commission's Main Conference Room, 2009 Apalachee Parkway, Suite 100, Tallahassee, FL 32301

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Florida Commission on Human Relations, Attn: Jim Tait, Staff Attorney, 2009 Apalachee Parkway, Suite 100, Tallahassee, FL 32301, (850)488-7082, Ext. 1071

THE FULL TEXT OF THE PROPOSED RULE IS:

60Y-10.002 Covered Entities and Facilities.

The public lodging establishments covered by these rules are those defined in Sections 509.013(4) and 760.02(11), Florida Statutes (~~1991~~). The public food service establishments covered by these rules are those defined in Sections 509.013(5) and 760.02(11), Florida Statutes (~~1991~~). All other establishments defined in Section 760.02(11), Florida Statutes, are also covered by these rules.

Specific Authority 120.53, 760.06(12), 760.11 FS. Law Implemented 120.53, 760.11 FS. History—New 12-14-93, Amended

NAME OF PERSON ORIGINATING PROPOSED RULE: William James Tait, Jr.

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Cecil Howard

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 29, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEPARTMENT OF HEALTH

Board of Optometry

RULE TITLE: Minimum Procedures for Vision Analysis RULE NO.: 64B13-3.007

PURPOSE AND EFFECT: The Board proposes the rule amendment to clarify the process for visual acuity examination.

SUMMARY: The proposed rule amendment intends to set forth the minimum procedures for an examination of visual acuity.

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

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

SPECIFIC AUTHORITY: 463.005(1) FS.

LAW IMPLEMENTED: 463.005(1), 463.0135, 463.016(1)(g),(k) FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B13-3.007 Minimum Procedures for Vision Analysis.

(1) No change.

(2) An examination for vision analysis shall include the following minimum procedures, which shall be recorded on the patient's case record:

(a) Patient's history (personal and family medical history, personal and family ocular history, and chief complaint);

- (b) Visual acuity (unaided and with present correction);
 (c) through (l) No change.
 (3) through (7) No change.

Specific Authority 463.005(1) FS. Law Implemented 463.005(1), 463.0135, 463.016(1)(g),(k) FS. History--New 11-13-79, Amended 4-17-80, 7-29-85, Formerly 21Q-3.07, Amended 7-18-90, Formerly 21Q-3.007, 61F8-3.007, 59V-3.007, Amended 4-3-00, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: November 21, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF HEALTH

Board of Optometry

RULE TITLE: Address of Record

RULE NO.: 64B13-3.019

PURPOSE AND EFFECT: The Board proposes the rule amendment to delete inapplicable language regarding the submission of current mailing addresses to the Board during license renewal.

SUMMARY: The proposed rule amendment intends to set forth the requirement and the process for a licensee to provide a current address of record to the Department of Health.

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

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

SPECIFIC AUTHORITY: 456.035, 463.005(1) FS.

LAW IMPLEMENTED: 456.035, 463.011 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B13-3.019 Address of Record.

It shall be the duty of each licensee to provide to the Department of Health written notification by certified mail of the licensee's current mailing address and place of practice within 10 days upon change thereof ~~and during license renewal~~. The term "place of practice" means the address(es) of the physical location(s) where the licensee practices optometry.

Specific Authority 456.035, 463.005(1) FS. Law Implemented 456.035, 463.011 FS. History--New 12-22-94, Formerly 59V-3.019, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: November 21, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF HEALTH

Board of Optometry

RULE TITLE: Examination Requirements

RULE NO.: 64B13-4.001

PURPOSE AND EFFECT: The Board proposes to amend the rule by changing the passing grade percentage on the clinical portion of the practical examination.

SUMMARY: The proposed rule amendment intends to set forth the examination requirements for licensure.

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

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

SPECIFIC AUTHORITY: 456.017(2), 463.005, 463.006(2) FS.

LAW IMPLEMENTED: 456.017(2), 463.006(2) FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B13-4.001 Examination Requirements.

The examination for licensure shall consist of the National Board of Examiners in Optometry examination (hereafter NBEO examination), and Parts I and II of the state examination for licensure. The examination for certification of a licensee shall consist of the Treatment and Management of Ocular Disease (hereafter TMOD) part of the NBEO.

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

(d) Part II of the state examination shall consist of a clinical portion and a pharmacology/ocular disease portion.

1. through 3. No change.

4. An applicant must attain a score of 80 percent ~~75 points~~ or better in order to secure a passing grade on the clinical portion of the practical examination.

5. through 6. No change.

(3) No change.

Specific Authority 456.017(2), 463.005, 463.006(2) FS. Law Implemented 456.017(2), 463.006(2) FS. History—New 11-13-79, Amended 5-28-80, 7-10-80, 8-20-81, 2-14-82, 6-6-82, 10-3-82, 4-10-84, 5-29-85, Formerly 21Q-4.01, Amended 7-21-86, 11-20-86, 7-27-87, 7-11-88, 7-18-91, 4-14-92, Formerly 21Q-4.001, Amended 2-14-94, Formerly 61F8-4.001, Amended 8-8-94, 11-21-94, 4-21-96, Formerly 59V-4.001, Amended 7-27-99, 7-15-02,

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: November 21, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF HEALTH

Board of Optometry

RULE TITLE: Criteria for Selection of Examiners
and Consultants

RULE NO.: 64B13-4.005

PURPOSE AND EFFECT: The Board proposes the rule amendment to clarify the minimum requirements for a licensee to serve as an examiner.

SUMMARY: The proposed rule amendment intends to set forth criteria for those seeking service as an examiner.

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

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

SPECIFIC AUTHORITY: 456.017(1)(b) FS.

LAW IMPLEMENTED: 456.017(1)(a),(b) FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B13-4.005 Criteria for Selection of Examiners and Consultants.

The following criteria are hereby established for the selection of examiners and consultants:

(1) through (2) No change.

(3) In addition to the minimum requirements, a licensee may not serve as an examiner if the licensee ~~has externs at his/her place of practice, currently supervises doctors in a residency or fellowship, or is a full-time faculty member at or adjunct professor in a college school of optometry.~~

(4) No change.

Specific Authority 456.017(1)(b) FS. Law Implemented 456.017(1)(a),(b) FS. History—New 10-6-81, Formerly 21Q-4.05, Amended 7-21-86, 11-20-86, Formerly 21Q-4.005, 61F8-4.005, 59V-4.005, Amended 2-7-01, 8-7-01,

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: November 21, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF HEALTH

Board of Optometry

RULE TITLE: Inactive Status

RULE NO.: 64B13-11.001

PURPOSE AND EFFECT: The Board proposes the rule amendment to clarify that there is only one fee amount.

SUMMARY: The proposed rule amendment intends to delete language that would infer that there is more than one fee amount.

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

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

SPECIFIC AUTHORITY: 456.036, 463.005(1), 463.007,
463.008 FS.

LAW IMPLEMENTED: 456.036, 463.007, 463.008 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B13-11.001 Inactive Status.

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

~~(b) Pays the active status fee of subsection 64B13-6.001(4), F.A.C., for each biennium during which the license was inactive;~~

~~(b)(e) Pays the reactivation fee of subsection 64B13-6.001(4)(5), F.A.C.; and~~

~~(d) If applicable, the change of status fee in subsection 64B13-6.001(14), F.A.C.~~

(3) No change.

(a) through (c) No change.

(d) Pays the ~~active—status~~ fee of subsection 64B13-6.001(3)(4), F.A.C., for each biennium during which the license was inactive;

(e) Pays the reactivation fee of subsection 64B13-6.001(4)(5), F.A.C.; and

~~(f) If the request to change licensure status is made at any time other than at the beginning of a licensure cycle, pays the change of status fee of subsection 64B13-6.001(14), F.A.C.; and~~

(4) No change.

Specific Authority 456.036, 463.005(1), 463.007, 463.008 FS. Law Implemented 456.036, 463.007, 463.008 FS. History—New 11-20-86, Formerly 21Q-11.001, 61F8-11.001, Amended 12-22-94, Formerly 59V-11.001, Amended 1-22-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: November 21, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF HEALTH**Board of Optometry**

RULE TITLE: Delinquent License

RULE NO.:
64B13-11.004

PURPOSE AND EFFECT: The Board proposes the rule amendment to delete the word “status” from the title and rule because no delinquent status license exists.

SUMMARY: The proposed rule amendment intends to clarify a delinquent license.

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

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

SPECIFIC AUTHORITY: 456.036, 463.005(1) FS.

LAW IMPLEMENTED: 456.036 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B13-11.004 Delinquent ~~Status~~ License.

(1) No change.

(2) The delinquent ~~status~~ licensee must affirmatively apply for active or inactive status during the biennium in which the license becomes delinquent. The failure by the delinquent ~~status~~ licensee to cause the license to become active or inactive before the expiration of the biennium in which the license becomes delinquent shall render the license null and void without further action by the board or the Department of Health.

(3) The delinquent ~~status~~ licensee who applies for an active or inactive license status shall pay to the board ~~either the active status fee of subsection 64B13-6.001(3)(4), F.A.C., or the inactive status license fee of subsection 64B13-6.001(8), F.A.C., and~~ the delinquent ~~status~~ license fee of subsection 64B13-6.001(13)(15), F.A.C., and, if applicable, the change of status fee of subsection 64B13-6.001(14), F.A.C.

(4) The delinquent ~~status~~ licensee who applies for active status license shall, in addition to complying with (3) immediately above, affirm compliance with the continuing education requirements of Rule 64B13-5.001, F.A.C., for the years the licensee has been inactive or delinquent.

Specific Authority 456.036, 463.005(1) FS. Law Implemented 456.036 FS. History—New 12-22-94, Formerly 59V-11.004, Amended 8-29-99, 1-22-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: November 21, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: December 12, 2003

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLES:

Initial Licensure Fee for Physical Therapists
and Physical Therapy Assistants

RULE NOS.:

64B17-2.002

Application Fees for Physical
Therapist Assistant

64B17-2.003

Initial Licensure Fee for Physical
Therapist Assistants

64B17-2.004

Fee to Enforce Prohibition Against
Unlicensed Activity

64B17-2.008

PURPOSE AND EFFECT: The Board proposes to repeal the existing rules.

SUMMARY: The Board proposes to repeal the rules in their entirety so that the information can be consolidated and transferred into another rule.

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

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

SPECIFIC AUTHORITY: 456.013(2), 456.065, 486.025, 486.061, 486.103, 486.107(2) FS.

LAW IMPLEMENTED: 456.013(2), 456.065, 486.081(2), 486.103(1), 486.106, 486.107(2) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Kaye Howerton, Board Executive Director, Board of Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULES IS:

64B17-2.002 Initial Licensure Fee for Physical Therapists and Physical Therapy Assistants.

Specific Authority 456.013(2), 486.025, 486.061 FS. Law Implemented 456.013(2), 486.081(2), 486.106 FS. History—New 8-6-84, Formerly 21M-7.35, Amended 6-20-89, Formerly 21M-7.035, Amended 10-17-90, Formerly 21MM-2.002, 61F11-2.002, 59Y-2.002, Amended 2-14-02, 4-21-02, Repealed.

64B17-2.003 Application Fees for Physical Therapist Assistant.

Specific Authority 486.025, 486.103(1), 486.107(2) FS. Law Implemented 486.103(1), 486.107(2) FS. History—New 12-13-83, Amended 5-29-85, Formerly 21M-10.25, Amended 6-20-89, Formerly 21M-10.025, 21MM-2.003, 61F11-2.003, 59Y-2.003, Amended 2-1-99, Repealed.

64B17-2.004 Initial Licensure Fee for Physical Therapist Assistants.

Specific Authority 486.025 FS. Law Implemented 456.013(2), 486.106, 486.107(2) FS. History—New 8-6-84, Formerly 21M-10.35, Amended 4-12-87, 9-22-87, 6-20-89, Formerly 21M-10.035, Amended 10-17-90, Formerly 21MM-2.004, 61F11-2.004, 59Y-2.004, Amended 2-14-02, Repealed.

64B17-2.008 Fee to Enforce Prohibition Against Unlicensed Activity.

Specific Authority 486.025, 456.065 FS. Law Implemented 456.065 FS. History—New 10-25-93, Formerly 61F11-2.008, 59Y-2.008, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Physical Therapy Practice

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 12, 2003

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE:

Current Applications Required

RULE NO.:

64B17-3.005

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

SUMMARY: The Board proposes to repeal the rule in its entirety so that the information can be consolidated and transferred into another rule.

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

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

SPECIFIC AUTHORITY: 486.023(4), 486.025 FS.

LAW IMPLEMENTED: 456.017(1)(d) FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-3.005 Current Applications Required.

Specific Authority 456.033(6), 486.025 FS. Law Implemented 456.013, 456.033, 486.031 FS. History—New 4-4-99, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Physical Therapy Practice
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Physical Therapy Practice
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: December 12, 2003

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: Current Applications Required
PURPOSE AND EFFECT: The Board proposes to repeal the existing rule.

SUMMARY: The Board proposes to repeal the rule in its entirety so that the information can be consolidated and transferred into another rule.

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

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

SPECIFIC AUTHORITY: 456.033(6), 486.025 FS.

LAW IMPLEMENTED: 456.013, 456.033, 486.102 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-4.005 Current Applications Required.

Specific Authority 456.033(6), 486.025 FS. Law Implemented 456.013, 456.033, 486.102 FS. History—New 4-4-99, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Physical Therapy Practice
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Physical Therapy Practice
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: December 12, 2003

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program

RULE TITLE: Forms for Client Notice and Contact
RULE NO.: 65A-1.400

PURPOSE AND EFFECT: The proposed amendment of Rule 65A-1.400, F.A.C., replaces an outdated edition of form CF-ES 2514, Authorization to Release Medical Information, with a revised edition.

SUMMARY OF RULE: This incorporates by reference of revised form CF-ES 2514, Authorization to Release Medical Information. Information is added to advise clients of requirements for the Health and Insurance Portability and Accountability Act (HIPAA) of 1996.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A statement of estimated regulatory cost was not prepared for this proposed rule amendment.

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: 409.919, 409.953, 414.45 FS.

LAW IMPLEMENTED: Specific Appropriation 435, 2000 General Appropriations Act, 409.903, 409.904, 410.033, 414.065, 414.075, 414.085, 414.095, 414.105, 414.115, 414.122, 414.125, 414.13, 414.16, 414.21, 414.28, 414.31 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: 9:00 a.m. – 10:00 a.m., February 9, 2004

PLACE: 1317 Winewood Boulevard, Building 3, Room 439, Tallahassee, Florida 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Nathan Lewis, Program Administrator, 1317 Winewood Boulevard, Building 3, Room 448, Tallahassee, Florida 32399-0700, (850)414-5927

THE FULL TEXT OF THE PROPOSED RULE IS:

65A-1.400 Forms for Client Notice and Contact.

(1) No change.

(a) through (r) No change.

(s) CF-ES Form 2514, Authorization to Release
07/2003 Sep-02 Medical Information

(t) through (dd) No change.

(2) No change.

Specific Authority 409.919, 409.953, 410.033, 414.45 FS. Law Implemented 400.903, 409.904, 410.033, 414.065, 414.075, 414.085, 414.095, 414.105, 414.115, 414.122, 414.125, 414.13, 414.16, 414.21, 414.28, 414.31 FS. History—New 4-9-92, Amended 7-1-93, 8-3-94, Formerly 10C-1.400, Amended 12-29-98, 3-18-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Pat Bailey, Management Review Specialist

NAME OF SUPERVISOR OR PERSON WHO APPROVED
PROPOSED RULE: Nathan Lewis, Program Administrator,
Public Assistance Policy Bureau

DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: December 15, 2003
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: October 31, 2003

DEPARTMENT OF FINANCIAL SERVICES

Office of Insurance Regulation

RULE TITLES:	RULE NOS.:
Scope and Applicability	69O-149.002
Definitions	69O-149.0025
Rate Filing Procedures	69O-149.003
Experience Records	69O-149.004
Reasonableness of Benefits in	
Relation to Premiums	69O-149.005
Actuarial Memorandum	69O-149.006
Annual Rate Certification (ARC)	
Filing Procedures	69O-149.007
Form Filing Procedures	69O-149.021
Review	69O-149.023
Calculation of Premium Rates	69O-149.037
Employee Health Care Access Act Annual	
and Quarterly Statement	
Reporting Requirements	69O-149.038
Forms	69O-149.044
Purpose	69O-149.051
Establishing a Self-Funded Health	
Benefit Plan	69O-149.052
Ongoing Review of the Self-Funded	
Health Benefit Plan	69O-149.053
Forms Incorporated by Reference	69O-149.054

PURPOSE, EFFECT AND SUMMARY: The rules are being amended to update the filing standards for life and health filings and to update the standards applicable to health rate schedules.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 624.308, 624.308(1), 626.9611, 627.410(6)(b),(e), 627.6699(5)(i)3.a.,4.a., 627.6699(16), 627.805 FS.

LAW IMPLEMENTED: 112.08(2), 119.07(1)(b), 624.307(1), 624.424(6), 625.121, 626.9541(1), 626.99, 627.402, 627.410(1),(2),(6),(d),(e),(7), 627.411(1)(a),(e),(2), 627.474, 627.476, 627.6515(2)(a), 627.6699(5)(i)3.a.,4.a.,(6),(11), (12)(e),(13)(i), 627.807, 627.9175 FS.

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

TIME AND DATE: 1:30 p.m., February 10, 2004

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Frank Dino, dinof@dfs.state.fl.us

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 FULL TEXT OF THE PROPOSED RULES IS:

69O-149.002 Scope and Applicability.

(1) through (2) No change.

(3) Part I of Rule Chapter 69O-149, F.A.C. does not apply to:

(a) through (b) No change.

(4) through (5) No change.

(6) Pursuant to the provisions of Section 627.410(6)(b), F.S., rate filings required by Rules 69O-149.003, F.A.C. and ARC filings required by Rule 69O-149.007, F.A.C. are not required to be made for the following, however, the rating standards contained in this Part I and applicable statutes shall continue to apply as if the rate schedules were required to be filed for approval shall not apply to the following:

(a)1. Annually rated group health insurance policies as defined by Section 627.652(1), F.S., including blanket insurance as defined by Section 627.659, F.S., issued in this state that provide availability of coverage only to groups with 51 or more employees/members.

2. No change.

3. This filing exemption does not apply to stop-loss policy forms, unless the policy is issued only to employers with 51 or more employees.

(b) No change.

~~(7) Notwithstanding the above, the rating standards contained in this Part I and applicable statutes shall apply to policies exempt from filing pursuant to subsection (6) above.~~

Specific Authority 624.308(1), 627.410(6)(b) FS. Law Implemented 624.307(1), 627.402, 627.410(1),(2),(6),(7), 627.411(1)(e),(2), 627.6515(2)(a), 627.6699 FS. History—New 7-1-85, Formerly 4-58.02, 4-58.002, Amended 4-18-94, 4-9-95, 10-27-02, ~~Formerly 4-149.002, Amended _____.~~

69O-149.0025 Definitions.

(1) through (2) No change.

(3) Anticipated Loss Ratio: The present value of future benefits divided by the present value of future premiums computed over the entire future lifetime of the policy form. For annually rated groups, the anticipated loss ratio expected over the rating period is also referred to as the target loss ratio.

(4) through (5) No change.

(6) Credible Data:

(a) No change.

(b) 1. No change.

2. For purposes of this section, a claim is counted as the first incidence or diagnosis of an event resulting in a covered benefit or series of covered benefits. It is not each provider encounter or service that may provide care or benefits due to such event.

3. A distinct incident resulting from a recurring chronic condition may be considered as a new claim if the incident triggering the claim is distinct from the incident triggering the prior claim, and the insured had recovered from the prior claim.

(c) through (d) No change.

(e) For coverage that is not subject to paragraph (f) below,:

1. Florida only experience shall be used if it is 100 percent credible.

2.a. If Florida experience is not 100 percent credible, a combination of Florida and nationwide experience shall be used.

b. The Florida data shall be given the weight of the ratio of the Florida credibility to the nationwide credibility. For example, if Florida data is 10 percent credible and nationwide is 40 percent credible, the Florida data will be given the weight of $[10\%/40\%]$ 25 percent.

c. The nationwide data shall be given the weight of the ratio of the nationwide credibility less the Florida credibility to the nationwide credibility. In the above example, the nationwide data will be given the weight of $[(40\%-10\%)/40\%]$ 75 percent data shall be used only if Florida-only data is not fully credible, with the total credibility being the nationwide credibility level; i.e., if Florida data is 20 percent credible, and nationwide is 60 percent credible, the data will be weighted 20 percent Florida and 40 percent nationwide. If nationwide credibility is less than 100 percent credible, the complement, 40 percent in the above example, shall be weighted for medical trend, to the degree applicable.

d. The data is combined using the indicated weights (in the example above, the experience data would be weighted 25%/75%). The combination of the two weights will always equal 100 percent. A rate change is determined from the blended data. If the nationwide credibility is less than 100 percent, the indicated rate change is weighted by the nationwide credibility (40 percent in the above example) and medical trend, if applicable, by the complement of the nationwide credibility (60 percent in the above example). If nationwide credibility is 100 percent, there would be no trend component.

3. The analysis in 2. above is equivalent to determining the indicated rate increase from the Florida only data and the total nationwide data separately, and then weighting the resulting rate changes from each distinct analysis by the credibility of each distinct component. In the example above, the Florida rate increase would be weighted by 10 percent, the nationwide rate increase would be weighted by 30 percent ($40\%-10\%$ = the

non-Florida credibility component) and trend would be weighted by the complement of the nationwide credibility ($1-40\%$) 60 percent.

(f) Due to the geographic pricing of medical expense coverage, Florida-only data shall be used for medical expense forms. When Florida data is not fully credible, the complement of the experience credibility factor shall be weighted with medical trend.

(7) through (13) No change.

(14) Incurred Claims: Claims occurring within a fixed period, whether or not paid during the same period, under the terms of the policy form.

(a) ~~Claims include scheduled benefit payments, reimbursement benefit payments, or services provided by a provider or through a provider network for medical, dental, vision, disability, and similar health benefits.~~

(b) ~~Claims do not include state assessments, taxes, company expenses, or any expense incurred by the company for the cost of adjusting and settling a claim, including the review, qualification, oversight, management or monitoring of a claim, or incentives or compensation to providers for other than the provision of health care services.~~

(c) ~~A company may at its discretion include costs that are demonstrated to reduce claims, such as a fraud intervention program or case management costs, which are identified in each filing, and are demonstrated to reduce claims costs and do not result in increasing the experience period loss ratio by more than 5 percent.~~

(d) ~~For scheduled claim payments, such as disability income or long term care, the incurred claims shall be the present value of the benefit payments discounted for continuance and interest.~~

(15) Line of Business: For rating purposes, the Office recognizes the following types of policy forms:

(a) through (b) No change.

(c) Medicare Supplement: Policy forms as defined in Part VIII of Chapter 627, F.S. which pay benefits supplementing the federal Medicare program. These are subject to Rule Chapter 4-156, F.A.C.

(d) Long Term Care: Policy forms as defined in Part XVIII of Chapter 627, F.S. which provide benefits as defined in Rule Chapter 4-157, F.A.C. These policies are subject to this Part I, except that the minimum loss ratios shall be as required by Rule Chapter 4-157, F.A.C. In the event of any conflict between this rule chapter and Rule Chapter 4-157, F.A.C., the latter shall prevail.

(e) No change.

(16) No change.

(17) Policy Form or Form: A single policy form or any collection of policy forms that have been combined for rating purposes. A collection once combined continues to be combined.

(18) through (21) No change.

(22) Similar Benefits:

(a) Policy forms ~~shall may~~ be considered ~~by the insurer~~ to have similar benefits if the benefit configuration under the forms is of the same type. Dental, hospital and accidental death are examples of different benefit configurations. Policy forms providing expense coverage are not considered similar to policy forms providing indemnity coverage.

(b) Covered services, benefit triggers, copay amounts, copay options, deductible sizes, daily limits, inside and outside limits may vary and ~~shall still~~ be considered ~~by the insurer~~ as having similar benefits ~~up to an entire line of business.~~

(23) Stop-Loss Insurance: Coverage purchased by an entity, generally an employer, for the purpose of covering the entity's obligation for the excess cost of medical care provided under a self-insured health benefit plan. Stop-loss coverage issued to a small employer shall not be subject to the requirements of Section 627.6699, F.S. For coverage to be considered as stop-loss insurance, the following standards shall be met:

(a) Has an attachment point for claims incurred per individual at least equal to \$20,000, and

(b) If the coverage provides aggregate excess, has an aggregate attachment point at least equal to:

1. 120 percent of expected claims for coverage issued to a small employer meeting the definition in Section 627.6699(3)(v), F.S., or

2. 110 percent of expected claims for coverage issued to groups not meeting the definition of small employer.

(24) Target Loss Ratio: For annually rated groups, the anticipated loss ratio over the rating period.

Specific Authority 624.308(1), 627.410(6)(b),(e) FS. Law Implemented 627.410(1),(2),(6), 627.411(1)(e) FS. History--New 6-19-03, Formerly 4-149.0025, Amended _____.

69O-149.003 Rate Filing Procedures.

(1)(a) Pooling. For purposes of submitting a rate filing under this part for individual policy forms and for group Medicare supplement and long-term care group policy forms, in order to encourage adequate risk sharing for all generations of policyholders, the experience of all policy forms providing similar benefits, whether open or closed, ~~providing for similar benefits~~ shall be combined.

1. Separate rating pools ~~combinations~~ may be used for policy forms defined in subsections 69O-149.005(5) and (6), F.A.C., and for stop-loss insurance policy forms.

2. Once policy forms have been combined, they remain so for all rating purposes, unless otherwise approved by the Office. This combining of the experience of policy forms is referred to as pooling. All policy forms within a pool are reviewed based on the analysis of the aggregate experience.

3. The same percentage rate adjustment shall be applicable to all policy forms within the pool.

4. In lieu of 3. above, percentage rate adjustments that are not the same for all policy forms within the pool shall be permitted subject to the following:

a. Resulting premium rate schedules are actuarially equivalent based on benefit differences or different regulatory standards, such as margins or retentions, between the policy forms within the pool;

b. Assumptions used to determine future experience and actuarial equivalence shall be based on the same set of common morbidity assumptions for all policy forms within the pool;

c. Policy forms with existing premium rate schedules not meeting the standards of a. and b. above shall not be required to reduce rates to bring the policy forms into compliance, but any proposed rate adjustment shall be required to improve the relationship of the policy forms' premium rate schedules to bring them closer to compliance with a. and b. above; and

d. Non-uniform rate increases shall be subject to the implementation provisions of sub-sub-subparagraph 69O-149.006(3)(b)20.b.(V), F.A.C. on a revenue neutral basis as though a level percentage adjustment had been applied.

5. The experience of policies and policy forms where the rate schedule is not subject to change, such as non-cancellable policy forms and paid up policies, shall not be pooled with policy forms where the rates are subject to change.

6. The rate increase for a Medicare supplement form may be adjusted, on a revenue neutral basis, to mitigate the impact on the refund credit calculation required for the form pursuant to Rule 69O-156.011, F.A.C., where the company can demonstrate that without such adjustment, the rate increase will result in refunds being required.

(b) Credibility. In analyzing the experience of policy forms, and to improve the statistical credibility and predictability of anticipated experience, credible data shall be used the following sequence shall be used: if the Florida experience is comprised of fully credible data, as defined in paragraph 4 149.006(4)(e), F.A.C., the Florida experience will be used; if not, then nationwide experience will be used. Once policy forms have been combined, they remain so for all rating purposes. When forms have been so combined, a rate revision request shall not differentiate between the experience of the individual forms, except to reflect benefit differences between forms.

(2) Filing Format for Individual Policies and Group Policies and Certificates.

(a)1. All filings shall be made in accordance with paragraph (b) below.

2. ~~All material submitted shall be legible. A filing which is illegible or which contains illegible material will be disapproved without any further processing.~~

2.a.3. For purposes of the rules in this part and the time periods in Section 627.410, F.S., a filing is considered "filed" with the Office upon the receipt of the material required by

paragraph (b), on business days between the hours of 8:00 a.m. and 5:00 p.m. eastern time. Filings received outside of these times shall be considered to be received the following business day.

~~b. For Further, for~~ purposes of the rules in this Part, the term “filed” does not mean “approved.” The term “filed” refers to the date on which the filing is filed with the Office and is the date on which the approval process of Section 627.410, F.S., commences.

c. Filings shall be made on a company distinct basis. “Filing” with the Office does not constitute approval of the rate filing.

(b) A health insurance rate filing shall consist of ~~one copy of each of~~ the following items:

1. A brief letter explaining the type and nature of the filing. The letter shall indicate if the filing is for a new policy form, a benefit revision product, a rate revision, justification of existing rates, or a resubmission. If the filing is a resubmission, the letter shall indicate ~~when the previous filing was submitted, the Florida filing number of the prior filing, and the date of the disapproval.~~

2. No change.

3. The actuarial memorandum, completed as required by Rule 690-149.006, F.A.C., “Actuarial Memorandum.”

4. No change.

~~5. The material described in subsection (5), below, if applicable.~~

~~(3)(a) Filings shall be mailed to: Bureau of Life and Health Forms & Rates, Office of Insurance Regulation, Post Office Box 8040, Tallahassee, FL 32301-8040 or submitted electronically to <https://iportal.fldfs.com/>. All filings sent to the Office by Federal Express or any other form of special delivery shall be delivered to: Bureau of Life and Health Forms and Rates, Office of Insurance Regulation, 1st Floor, Larson Building, 200 East Gaines Street, Tallahassee, FL 32399-0328.~~

~~(b) Subsequent to July 1, 2003, all filings shall be submitted electronically to https://iportal.fldfs.com, or by computer diskette meeting the compatibility requirements mandated by Section 624.424(1)(c), F.S. Deadlines for filing will not be extended due to shipping delays, format incompatibility, data corruption, or any other impediment which results from an election to file by diskette.~~

(4)(a) Every insurer submitting a rate filing shall be notified as to whether the filing has been affirmatively approved by the Office or has been disapproved by the Office, ~~including disapprovals for failure of the material to meet the definition of a “filing” or for illegibility, within any statutory review period of the date of receipt of the filing.~~

(b) Submissions that do not include the required material to meet the definition of a filing, or that include material that is illegible, shall not be accepted and shall be returned as incomplete without processing.

(c) Every insurer submitting a rate filing which does not comply with the requirements of Rules 690-149.002 through .006, F.A.C., or for which the Office determines that additional information is necessary for a proper review, will be notified of the additional information necessary within the statutory limit. Every insurer shall submit the required data by a date certain stated in the clarification letter, to allow the Office sufficient time to perform a proper review. Failure to correct the filing by the date certain in the clarification letter will result in an affirmative disapproval of the filing by the Office.

~~(5) After April 18, 1994, an insurer that agrees to administer or that purchases the business under a policy form from another insurer shall provide calendar year experience since inception of the Policy form (or the last 3 years for a group policy form, with no separation of experience data by issue year required), in the detail presented in subparagraph 4-149.006(3)(b)23., F.A.C. If the insurer believes that the data is not reasonably available and cannot be reasonably reconstructed at reasonable expense, then the insurer shall consult with the Department in order to address the issue of the required lifetime loss ratio. If, after such consultation, the experience since inception (or the last 3 years for a group policy form) is still required and is not provided, then any rate adjustment granted will be limited to the change in the Medical CPI for the most recent calendar year.~~

~~(5)(6)(a)~~ Insurers with fewer than 1,000 Florida policyholders, under any form or pooled group of Medicare supplement, or medical expense forms with coverage meeting the definition of Section 627.6561(5)(a)2., F.S., may, at their option, file a streamlined rate increase filing not exceeding medical trend as provided in subsection ~~(6)(7)~~ below.

(b) The number indicated in paragraph ~~(5)(6)(a)~~ above represents the individual primary insureds and does not include spouses or dependants.

(c) For group coverage, the number indicated in paragraph ~~(5)(6)(a)~~ above represents the individual certificateholders or subscribers.

(d) ~~For The only~~ Medicare supplement business, ~~to which this provision applies for each type considered separately: is~~ Standard, Pre-standard and ~~or~~ Select Medicare supplement coverage ~~where:~~

1. At least one plan is currently available for sale; and

2. The 1,000 reference above is measured as Florida policies or certificateholders for all plans, whether open or closed, combined.

(e) through (f) No change.

~~(6)(7)(a)~~ The following tables shall apply to filings made pursuant to subsection ~~(5)(6)~~ above.

(b) through (c) No change.

(d) The maximum medical trend for medical expense coverage described in Section 627.6561(5)(a)2., F.S., is:

Category	Individual Without Rx	Individual With Rx	Group Without Rx	Group With Rx
Major Medical	15%	16%	15%	16%
Health Maintenance Organizations	<u>14%</u> 13%	<u>15%</u> 14.5%	<u>15%</u> 17%	<u>16%</u> 18%

(e) No change.

Specific Authority 624.308(1), 624.424(1)(c), 627.410(6)(b),(e) FS. Law Implemented 119.07(1)(b), 624.307(1), 626.9541(1), 627.410 FS. History--New 7-1-85, Formerly 4-58.03, 4-58.003, Amended 8-23-93, 4-18-94, 8-22-95, 4-4-02, 10-27-02, Formerly 4-149.003, Amended _____.

69O-149.004 Experience Records.

(1) through (2) No change.

(3)(a) If an insurer does not have all necessary data, and is unable to reconstruct the data at a reasonable expense, the insurer shall consult with the Office to address the issue of determining compliance with the required loss ratio standards.

(b) If the insurer is able to demonstrate that the missing data will not materially affect the analysis, the missing data shall not be required.

(c) If the missing data would affect the analysis, the missing data shall either be reconstructed, or a conservative estimate that minimizes the current rate increase request shall be used.

Specific Authority 624.308(1), 627.410(6)(b) FS. Law Implemented 627.410(6), 627.411(1)(e),(2) FS. History--New 7-1-85, Formerly 4-58.04, 4-58.004, Amended 4-18-94, Formerly 4-149.004, Amended _____.

69O-149.005 Reasonableness of Benefits in Relation to Premiums.

(1) No change.

(2) A premium schedule is not excessive if the following are true:

(a) For a new policy form, group or individual, the anticipated loss ratio is not less than the indicated adjusted entry in the loss ratio tables, in subsection (4), below.

(b)1. For individual forms, and group policy forms other than annually rated group policy forms approved on or after 2/1/94 or issued on or after 6/1/94, the Premium Schedule satisfies the following:

a.1. An Anticipated Loss Ratio test such that the present value of projected claims is not less than the present value of expected claims over the entire future lifetime of the form. This is equivalent to the present value of the future A/E ratio not being less than 1.0; and

b.2. The current lifetime loss ratio, as defined in subparagraph 69O-149.006(3)(b)24., F.A.C., is not less than the initial filed loss ratio for the form as may be subsequently amended and approved pursuant to this rule chapter.

2. For annually rated group policy forms, the target loss ratio is not less than the loss ratio anticipated in the current premium schedule, as may be subsequently amended and approved pursuant to this rule chapter.

(c) through (d) No change.

(3) No change.

(4) Loss Ratios for Individual Policies and Group Certificates approved on or after 2/1/94 or issued on or after 6/1/94. These tables are not applicable to Medicare Supplement or Long-Term Care Policy Forms. The minimum loss ratios for those policy forms are found in Rule Chapters 69O-156 and 69O-157, F.A.C. respectively.

(a) The loss ratios in the tables below are adjusted in accordance with the following formula, where

R = the loss ratio from the table,

A = the average annual premium per individual policy or per group certificate,

R' = the adjusted loss ratio, and

I is as defined in subsection 69O-149.005(3), F.A.C.

Then $R' = (A - 25I)R / A$ and R' cannot be more than 10 percentage points less than R, for coverage with at least 12 months and pro rata for coverage with less than 12 months, nor less than 50 percent; except R' cannot be less than 45 percent as to accident only non-cancellable policies.

(b) Loss Ratio Table – Group Policy Forms Policies

Group Size Loss Ratio in %
1. Group Medical Expense

<u>Group Size</u>	<u>Loss Ratio</u>	<u>Medical Indemnity or any policy with an average annual premium per certificate less than \$1000</u>
<u>Fewer than 51 certificates</u>	<u>65%</u>	<u>57.5%</u>
<u>51 through 500 certificates</u>	<u>70%</u>	<u>62.5%</u>
<u>All others</u>	<u>75%</u>	<u>67.5%</u>

2. Group Medical Indemnity or any Group Policy with an Average Annual Premium per Certificate of Less Than \$1000.

<u>Fewer than 51 certificates</u>	<u>57.5</u>
<u>51 through 500 certificates</u>	<u>62.5</u>
<u>All others</u>	<u>67.5</u>

(c)1. Loss Ratio Table – Individual and Stop-loss Policy Forms Policies, for the Lines of Business indicated.

	<u>Medical Expense</u>	<u>Medical Indemnity, Loss of Income</u>
<u>Renewal Clause</u>	<u>Loss Ratio in %</u>	<u>Loss Ratio</u>
<u>Non-Cancellable</u>	<u>55%</u>	<u>50%</u>
<u>Non-Renewable</u>	<u>60%</u>	<u>55%</u>
<u>Guaranteed Renewable</u>	<u>65%</u>	<u>60%</u>
<u>All Other</u>	<u>70%</u>	<u>65%</u>
<u>Minimum Acceptable</u>	<u>55%</u>	<u>50%</u>

2. For purposes of determining the minimum required loss ratio for stop-loss policies, the average annual premium for purposes of determining the R' above, shall be the average premium per employee covered by the employer's stop-loss policy. Medical Indemnity, Loss of Income.

Renewal Clause	Loss Ratio in %
Non-Cancelable	50
Non-Renewable	55
Guaranteed Renewable	60
All Other	65
Minimum Acceptable	50

(5) through (6) No change.

(7) As provided by Section 627.411(3)(a), F.S., the minimum loss ratio in the above tables for health insurance coverage as described in Section 627.6561(5)(a)2., F.S. shall be at least 65 percent.

(8)(7) Anticipated loss ratios lower than those otherwise required by this part shall not be permitted unless the insurer demonstrates that the proposed loss ratios are in accordance with sound actuarial principles; ~~will not result in premium escalations that are not viable for the particular policyholder market at issue;~~ do not result in unfair discrimination in sales practices; and are otherwise in substantial compliance with the requirements of this part.

(9)(8) A premium schedule shall not be disapproved on the grounds of inadequacy if:

(a) through (c) No change.

(10)(9) A premium schedule is unfairly discriminatory if it incorporates any of the following: ~~rate prohibitions in subsection (10), below.~~

(10) Prohibitions:

(a) through (c) No change.

(11) Attained age rated individual medical expense health insurance coverage may incorporate into the rate schedule a rating factor that provides for a reapplication of the factor subsequent to the original issuance of the coverage, subject to the following:

(a) The factor shall be limited to those categories where an insured is able to qualify for the factor based solely on the insured's right to apply for the option at the time, such as continued discount for non-tobacco use;

(b) The determination for qualification of the factor shall be based on well-defined objective criteria;

(c) Health or claim status of the insured does not limit the ability of an individual to qualify for the factor;

(d) The factor shall be applied uniformly to all insureds;

(e) The timing of the redetermination of the factor shall be predetermined and disclosed in the policy. The application of the factor shall be in a nondiscriminatory manner; i.e., at every anniversary, at each third year anniversary, etc.;

(f) The availability, initial determination, redetermination, or value of the factor is not based on any health-status-related factors, as described in Section 627.65625(1), F.S. in relation to the individual or a covered dependant of the individual.

Specific Authority 624.308(1), 627.410(6)(d),(e) FS. Law Implemented 626.9541(1), 627.410(6)(d),(e), 627.410(7), 627.411(1)(a),(e), 627.9175 FS. History—New 7-1-85, Formerly 4-58.05, 4-58.005, Amended 4-18-94, 11-20-02, Formerly 4-149.005, Amended _____.

69O-149.006 Actuarial Memorandum.

(1) through (2) No change.

(3) Descriptions.

(a)1. For new filings, ~~for~~ rate revisions, and ~~for~~ justification of existing rates, the assumptions presented shall be ~~those that are~~ appropriate at the time of the filing.

2. Rate revision filings shall clearly identify all rating factors or methods proposed to be changed.

3. New policy forms shall include a rate and benefit comparison to at least the two largest volume policy forms of the insurer that provide similar benefits, including all forms currently available for sale. The insurer shall demonstrate that the proposed premium rate schedule represents an actuarially sound relationship between the policy forms and between benefit options within policy forms, giving appropriate consideration to experience emerging under existing forms.

(b) The descriptions, by item number, of the terms listed above in subsection (2) follow:

1. through 16. No change.

17. Active Life Reserves: ~~This section shall provide a description of the reserve method to be used for this Policy Form. The parameters of mortality morbidity and interest shall be presented. Sample calculations for selected ages and durations shall be displayed in new policy form filings. Because these reserves do not represent claim payments, but provide for timing differences, they shall not be included in any benefit and loss ratio calculations. The active life reserve as of the evaluation date for rate revision filings shall be provided.~~

18. No change.

19. Minimum Required Loss Ratio for the Form: This section shall state the minimum required loss ratio for the form ~~as defined in Rule 4-149.005, F.A.C.~~

20. Anticipated Loss Ratio: This section shall provide the anticipated loss ratio and the interest rate(s) used in the determination of the value. The target loss ratio for an annually rated group policy form may be reduced upon demonstration and justification of an increase in administrative costs, but not less than the minimum required standard for the policy form.

a. When claim cost projections include the effect of medical trend, such as for Medicare supplement and medical expense coverage, premium projections shall also include the effects of such trend.

b. No change.

21. through 22. No change.

23. Experience on the Form (Past and Future Anticipated): This section shall display the actual experience on the form and that expected for the future.

a. Past Experience: Experience from inception (or the last ~~3~~ three years for annually rated group coverages, ~~with no separation of experience data by issue year required~~) shall be displayed, although, with proper interest adjustment, the experience for calendar years more than ~~10~~ 5 years in the past may be combined. Excluding annually rated group policy forms, earned premiums, actual incurred and expected claims experience shall also be displayed, for ~~For each calendar year and, where appropriate, each policy year or issue year within the calendar year. The the~~ following information shall be displayed (A sample experience exhibit is illustrated in Appendix A):

~~(I)a-~~ Year,

~~(II)b-~~ Earned premium,

~~(III)c-~~ Paid claims, for past periods only

~~(IV)d-~~ Change in claim liability and reserve, for past periods only. These reserves shall be updated to reflect actual claim runoff as it develops.

~~(V)e-~~ Incurred claims $(=(III)+(IV))$ $(=(c)+(d))$,

~~(VI)f-~~ Incurred loss ratio $(=(V)/(II))$ $(=(e)/(b))$,

~~(VII)g-~~ Expected loss ratio,

~~(VIII)h-~~ Expected incurred claims,

~~(IX)i-~~ Actual-to-expected claims $(=(V)/(VIII))$ $(=(e)/(h))$ or equivalently $(=(VI)/(VII)(f)/(g))$,

~~j-~~ Active Life Reserves,

~~(X)k-~~ Earned premium on a manual rate basis for at least the past 5 calendar years or the experience period used for projection purposes ~~3 years~~ for annually rated group products; i.e., removing the impact of adjustments to the approved rate manual due to; underwriter adjustments, the impact of any rate limits, and experience rating. This restatement to a manual basis does not apply to annually rated large group products exempt from the filing and prior approval of rate schedules as provided by subsection 69O-149.002(6), F.A.C.

~~(XI)l-~~ Earned premium on a current constant rate basis for at least the past 5 calendar years or the experience period used for projection purposes for annually rated group products. This is not required for annually rated group products exempt from the filing and prior approval of rate schedules as provided by subsection 69O-149.002(6), F.A.C unless requested. For future years, all columns except (c), (d), and (l) shall be displayed. For periods where the actual claim runoff is complete, that data shall be displayed to replace (d).

The experience exhibit shall be available to be submitted electronically in an Excel worksheet upon request directly to the assigned analyst.

b. Future periods where the projected values are based on inforce experience:

(I) The experience period used as the basis for determining projected values shall be clearly indicated.

(II) The experience period shall reflect the most current data available, generally the most recent 12 months for coverage subject to medical inflation or the period of time to determine credible data pursuant to subsection 69O-149.0025(6), F.A.C.

(III) An exhibit showing the development of the expected claims and A/E ratio for the experience period shall be provided. (A sample exhibit demonstrating an expected development is illustrated in Appendix A)

(IV) The projected values shall represent the experience that the actuary fully expects to occur. In order for the proposed premium schedule or rate change to be reasonable, the underlying experience used as the basis of a projection must be reflective of the experience anticipated over the rating period. The Office will consider how the following items are considered in evaluating the reasonableness of the projections and ultimate rates. In order to expedite the review process, the actuary is encouraged to provide information on how each of the following have or have not been addressed in the experience period data used as the basis for determining projected values, or otherwise addressed in the ratemaking process.

(A) Large nonrecurring claims;

(B) Seasonality of claims;

(C) Prior rate changes not fully realized;

(D) Rate limits, rate guarantees, and other rates not charged at the full manual rate level;

(E) Experience rating, if any;

(F) Reinsurance costs and recoveries for excess claims subject to non-proportional reinsurance;

(G) Coordination of benefits and subrogation;

(H) Benefit changes during the experience period or anticipated for the rating period;

(I) Operational changes during the experience period or anticipated for the rating period that will affect claim costs;

(J) Punitive damages, lobbying, or other costs that are not policy benefits;

(K) Claim costs paid which exceed contract terms or provisions;

(L) Benefit payments triggered by the death of an insured, such as waiver of premium or spousal benefits;

(M) Risk charges for excess group conversion costs or other similar costs for transferring risk;

(N) The extent and justification of any claim administration expenses included in claim costs; and

(O) Other actuarial considerations that affect the determination of projected values.

(V) The method or formulas, including necessary assumptions and sample calculations, used in determining the projected values from the experience period used shall be provided.

(VI) Projection years shall include columns I, II, V, VI, VII, VIII and IX as indicated in 23.a. above.

(VII) Projections shall be based on existing inforce business with no new sales assumed during the projection period.

(VIII) A summary of the historical and projected data shall be provided for all experience columns providing the accumulated past values, future values, and lifetime values both with and without interest and with and without the proposed rate change.

c. Projections for new forms or otherwise not based on experience shall:

(I) Project an initial assumed cohort of new business with no new sales assumed during the projection period; and

(II) Shall display columns for each policy year, anticipated premiums, claims and loss ratios and include the lifetime values both with and without interest.

d. The experience exhibit shall be available to be submitted upon request directly to the assigned analyst electronically in an Excel worksheet.

24. No change.

25. History of Rate Adjustments: This section shall list the approval dates and average percentage rate adjustments both nationwide and in Florida for the last 5 years. Nationwide information is not required when Florida data is 100 percent credible since inception.

26. through 27. No change.

28. Actuarial Certification:

a. Certification by a qualified actuary that to the best of the actuary's knowledge and judgment:

(I) The entire rate filing is in compliance with the applicable laws of the State of Florida and with the rules of the Office;

(II) Complies with all applicable Actuarial Standards of Practice Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, January, 1989, which standard is hereby adopted and incorporated by reference; and

(III) The benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, nor unfairly discriminatory.

b. In making the certification:

(I) The actuary shall recognize that the certification is a prescribed statement of actuarial opinion.

(II) The applicable Actuarial Standards of Practice are as provided in the Applicability Guidelines for Actuarial Standards of Practice, second edition, as developed by the

Council on Professionalism of the American Academy of Actuaries, August 1999, which standard is hereby adopted and incorporated by reference the definition of reasonableness means that the premiums are not excessive, not inadequate, and not unfairly discriminatory as these terms are described in Rule 4-149.005, F.A.C.

c. A copy of the Applicability Guidelines for Actuarial Standards of Practice standard may be obtained from the Bureau of Life and Health Forms and Rates, Office of Insurance Regulation, Larson Building, Tallahassee, FL 32399-0328.

d. A qualified actuary is one who is a member of the Society of Actuaries or the American Academy of Actuaries, and who is qualified in the area of health insurance.

e. If the actuary is unable to provide the certification without qualification provides a qualified opinion, a detailed explanation and reason for the qualification shall be provided as part of the certification.

~~f. In providing the actuarial opinion and certification, the actuary shall consider actuarial standards of practice and the qualification standards for prescribed statements of actuarial opinion.~~

Specific Authority 624.308(1), 627.410(6)(b),(e) FS. Law Implemented 627.410(1),(2),(6), 627.411(1)(e) FS. History—New 7-1-85, Formerly 4-58.06, 4-58.006, Amended 4-18-94, 4-9-95, 11-20-02, Formerly 4-149.006, Amended

690-149.007 Annual Rate Certification (ARC) Filing Procedures.

(1) This rule applies to filing made pursuant to Section 627.410(7)(b)2., F.S. in which no rate change is proposed.

~~(a) This rule applies to every insurer writing health insurance, defined as insurance of human beings against bodily injury, disablement, or death by accident or accidental means, or the expense thereof, or against disablement or expense resulting from sickness, and every insurance appertaining thereto but excluding workers' compensation coverages.~~

~~(b) Policies and forms identified in subsection 4-149.002(5), F.A.C., which are indicated to be subject to only those rules in effect on October 1, 1993, are not subject to paragraph 4-149.007(5)(a), F.A.C., but are subject to the filing provisions of paragraph 4-149.007(5)(b) or (c), F.A.C., for the annual rate certification required by Section 627.410(7)(b)2., F.S.~~

~~(2) Each insurer shall make an annual filing with the Office for each policy form or pooled block of forms no later than 12 months after the date of approval of its previous filing for the policy form, demonstrating the reasonableness of benefits in relation to premium rates.~~

~~(2)(3) The filings required by this rule shall be on an individual company basis.~~

(3) This rule is not applicable for Medicare supplement coverage. Medicare supplement forms are subject to Rule 690-149.003, F.A.C.

~~(4) As used in this rule, a pooled block of policy forms consists of similar policy forms which have been grouped after receiving approval from the Office to do so. Once pooling approval has been granted, the block must remain pooled for all rating purposes.~~

~~(5) Filing Preparation. Filings shall be prepared in accordance with either (a), (b) or (c) below.~~

~~(a) A rate filing in accordance with Rule 4-149.003, F.A.C., which shall be prepared under the direction of an actuary and which contains documentation that the proposed benefits are reasonable in relation to the premium rates, pursuant to the applicable rating laws and rules adopted by the Office.~~

~~(4) Non-cancellable coverages which are no longer available for sale and which have not been sold or marketed for at least 5 years shall be exempt from the filing requirements of this rule.~~

~~(5)(b) A filing If no rate change is proposed and the form is other than Medicare supplement, a filing shall be prepared which consists of:~~

~~(a)1- A cover letter indicating the nature of the filing;~~

~~(b)2- A copy of standardized data letter, Form OIR-B2-1507, as adopted in Rule 69O-149.022, F.A.C.; and~~

~~(c)3- A certification by an actuary, in accordance with subparagraph 69O-149.006(3)(b)28., F.A.C.~~

~~(6)(a) A filing shall include only forms that are pooled together for rating purposes. Separate filings shall be made for separate rating pools.~~

~~(b) Forms that are pooled together for rating purposes should be submitted under a single ARC filing. The company may request that an ARC filing may be made for a form separate from the other forms within the rating pool. Making separate ARC filings for forms that would otherwise be considered combined for rating purposes does not constitute a change in the forms to be pooled for rating purposes. At the time any of the forms would be filed for a rate change, all forms shall be pooled as required by subsection 69O-149.003(1), F.A.C., regardless of how the forms were filed for ARC compliance.~~

~~(7)(e) For noncredible blocks of business on a nationwide basis, the company may request a waiver of the requirement. The request shall be made annually and be accompanied by a letter indicating the nature of the filing, the type of product, and the reason for the request.~~

~~(8)(6) When a company using a current rate schedule is unable to demonstrate that the minimum loss ratio standards in Rule 69O-149.005, F.A.C. are met, it shall reduce rates, enhance benefits, or a combination of both to satisfy the standards.~~

(a) A company may make a certification in compliance with this rule paragraph (b) above without such change to benefits or premiums if the A/E ratio for the past experience periods are, both in pattern and aggregate value, consistently at or in excess of .85.

(b) In determining the necessary adjustment, the company may assume up to a 15 percent margin in future projected claim costs, and may target a future and lifetime actual to expected ratio of .85.

(9) A company may request exemption from all future ARC filings upon demonstration that the form or rating pool consists only of policy forms which are no longer available for sale and:

(a) The company has no other form with similar benefits that is currently available for sale.

(b) The accumulated experience from inception to date exceeds the required lifetime loss ratio standard for the form.

(c) The present value of future premiums is less than 10 percent of the accumulated value of past earned premiums or the data is 0 percent credible, and

(e) The company certifies that it will not increase premiums in the future.

(10) All filings made pursuant to this rule shall be on a company distinct basis and submitted electronically to <https://portal.fldfs.com/>

Specific Authority 624.308 FS. Law Implemented 627.410 FS. History—New 5-14-92, Amended 11-20-02, Formerly 4-149.007, Amended _____.

69O-149.021 Form Filing Procedures.

(1)(a)1. All filings shall be made in accordance with paragraph (b) below.

~~2. All material submitted shall be legible. A file which is illegible or which contains illegible material will be disapproved without any further processing.~~

2.a.3- For purposes of the rules in this part and the time periods in Section 627.410, F.S., a filing is considered “filed” with the Office upon the receipt of the material required by paragraph (b), on business days between the hours of 8:00 a.m. and 5:00 p.m. eastern time. Filings received outside of these times shall be considered to be received the following business day.

b. For purposes of the rules in this part, the term “filed” does not mean “approved.” The term “filed” refers to the date on which the filing is filed with the Office and is the date on which the approval process of Section 627.410, F.S., commences.

e. “Filing” with the Office does not constitute approval of the form filing.

(b) A form filing shall consist of one copy of each of the following items:

1.a. A brief transmittal letter explaining the type and nature of the filing, including the subject, the purpose, and any unusual features relative to products being sold by other companies. The letter shall also indicate if the filing is new or is a resubmission.

b. If the filing is a resubmission, the letter shall indicate ~~when the previous filing was submitted~~; the Florida filing number of the prior filing and the date of the disapproval.

c. If the filing is either a group life or a group annuity form, the letter shall indicate the Florida statute number under which the form is to be issued.

2. through 4. No change.

5. ~~One copy of~~ The form(s) being filed. Each form ~~shall must~~ include the name of the company, and ~~each form must~~ have an identifying form number in the lower left hand corner of the first page of the form.

6. No change.

(2) through (4) No change.

(5)(a) Complete filings shall be ~~mailed to: Bureau of Life and Health Forms & Rates, Office of Insurance Regulation, Post Office Box 8040, Tallahassee, FL 32301-8040 or~~ submitted electronically to <https://portal.fldfs.com>. All filings sent to the Office by Federal Express or any other form of special delivery shall be delivered to: Bureau of Life and Health Forms and Rates, Office of Insurance Regulation, 1st Floor, Larson Building, 200 East Gaines Street, Tallahassee, FL 32399-0328.

(b) ~~Subsequent to July 1, 2003, all filings shall be submitted electronically to https://portal.fldfs.com, or by computer diskette meeting the compatibility requirements mandated by section 624.424(1)(e) F.S. Deadlines for filing will not be extended due to shipping delays, format incompatibility, data corruption, or any other impediment which results from an election to file by diskette.~~

(6)(a) Every insurer submitting a form filing shall be notified as to whether the filing has been affirmatively approved by the Office, or has been disapproved by the Office; ~~including disapprovals for failure of the material to meet the definition of a "filing" or for illegibility~~, within any statutory review period of the date of receipt of the filing.

(b) Submissions that do not include the required material to meet the definition of a filing, or that include material that is illegible, shall not be accepted and shall be returned as incomplete without processing.

(c) Every insurer submitting a form filing for which the Office determines that additional information is necessary for a proper review will be notified of the additional information within the statutory limit. Every insurer shall submit the required data by a date certain stated in the clarification letter to allow the Office sufficient time to perform a proper review. Failure to correct the filing by the date certain in the clarification letter will result in an affirmative disapproval of the filing by the Office.

(7) No change.

Specific Authority 624.308, 624.424(1)(c) F.S. Law Implemented 624.307, 625.121, 627.410, 627.476, 627.807 F.S. History—New 10-29-91, Amended 8-23-93, 4-18-94, 8-22-95, 5-15-96, 4-4-02, Formerly 4-149.021, Amended

69O-149.023 Review.

(1) through (4) No change.

(5) ~~Section 626.99(4), F.S., requires a buyer's guide and a policy summary to be provided to prospective purchasers of life insurance under certain circumstances. Section 626.99(3)(h)7., F.S., requires disclosure of cost indexes as of 10 and 20 years from issue be included as part of the policy summary but in no cases should such indexes be displayed for years beyond the premium paying period. Filings to which this section is applicable will be disapproved unless the filing includes documentation, for the sample policy only, showing compliance with Section 626.99(3)(h)7., F.S.~~

Specific Authority 624.308, 627.805, 626.9611 F.S. Law Implemented 624.307, 625.121, 626.9541, 626.9641, 626.99, 627.410, 627.411, 627.474, 627.476 F.S. History—New 5-15-96, Formerly 4-149.023, Amended

69O-149.037 Calculation of Premium Rates.

(1) through (5) No change.

(6)(a)1. No change.

2.a. The objective criteria and standards for application of this rate adjustment shall be applicable to and used for all small employer groups on a non-discriminatory basis.

b. The reporting requirements and standards of Section 627.6699(6)(b)5., F.S. and subsection 69O-149.038(3), F.A.C. shall be met based on the aggregate experience.

c. If a carrier chooses to utilize a different method of collecting health information, such as individual detailed questions to be completed by each employee for groups up to a certain size, and group collection methods for groups over that size, the reporting requirements of Section 627.6699(6)(b)5., F.S. and subsection 69O-149.038(3), F.A.C. shall be submitted for each segment of the market for which different methods of collecting health information are used.

3. through 5. No change.

(b) through (d) No change.

Specific Authority 624.308(1), 627.6699(16) F.S. Law Implemented 627.410, 627.6699(6), (12)(e), (13), (13)(i) F.S. History—New 3-1-93, Amended 11-7-93, 5-11-94, 4-23-95, 8-4-02, Formerly 4-149.037, Amended

69O-149.038 Employee Health Care Access Act Annual and Quarterly Statement Reporting Requirement.

(1)(a) No change.

(b) The company shall file an actuarial certification, pursuant to paragraph 69O-149.044(2)(b), F.A.C., that the carrier is in compliance with the provisions of Section 627.6699(6), F.S., as required by Section 627.6699(8)(b), F.S., and that the rating methods of the carrier are actuarially sound. The actuary shall provide a detailed explanation if this certification cannot be made.

(2) Quarterly Reports: Within 45 days following each calendar quarter each small employer carrier shall file, pursuant to paragraph 69O-149.044(2)(b), F.A.C., a report on Form OIR-B2-1117, Florida Employee Health Care Access Act Enrollment Report, adopted in Rule 69O-149.044, F.A.C.

(3)(a) All small employer carriers utilizing rating adjustments pursuant to subsection 69O-149.037(6)(7), F.A.C. shall make semiannual reports that reflect their of their experience. The semiannual reports shall reflect experience from January 1 through June 30 and from July 1 through December 31 of each year. The reports shall be filed with the Office, pursuant to paragraph 69O-149.044(2)(b), F.A.C., within 45 days following the last day of the reporting period using Form OIR-B2-1575, "Small employer Group Underwriting Experience Report Form" adopted in Rule 69O-149.044, F.A.C. The carrier shall report:

1. The average number of employer groups during the reporting period.
2. The average number of covered employees during the reporting period.
3. Actual earned premiums during the reporting period.
4. Premiums that would have resulted from charging the approved community rate, excluding administrative and acquisition credits.
5. Premiums that would have resulted from charging the approved community rate, including administrative and acquisition credits.
6. (4) (5) Total administrative and acquisition credits.
7. (3) (4) Total deviation due to claims, health and duration status.
8. (7) (4) Percentage deviation of charged rate to community rate for claims, health and duration status.

(b) If the percentage deviation from the modified community rate due to adjustments in the rate actually charged policyholders for claim experience, health status, or duration adjustments (3)(a)8. above is 5 percent or more, the carrier shall limit the application of claim experience, health status, or duration adjustments to credits only effective no more than 60 days following the report date. This shall apply to all groups with original issue dates or anniversary dates for renewals on or after this 60 days. If a group was in process of application review and issuance, and would have received a surcharge, but the policy was not issued or renewed until after the 60 day period, the surcharge may not be applied.

(c) No change.

(d) A carrier that is limited to credits only, pursuant to paragraph (b) or (c) above, shall be limited to credits only until a subsequent reporting period demonstrating that the percentage deviation from the modified community rate due to adjustments in the rate actually charged policyholders for claim experience, health status, or duration adjustments subparagraph (3)(a)8. above is less than 5 percent.

Specific Authority 627.6699(5)(i)3.a.,4.a.,(16) FS. Law Implemented 624.424(6), 627.6699(5)(i)3.a.,4.a. FS. History--New 3-1-93, Amended 11-7-93, 8-4-02, 6-19-03, Formerly 4-149.038, Amended.

69O-149.044 Forms.

(1) The following forms are hereby adopted and incorporated by reference:

(a) OIR-B2-1094, rev. 11/01, Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents.

(b) OIR-B2-1117, rev. 5/02, Florida Employee Health Care Access Act Enrollment Report.

(c) OIR-B2-1093, rev. 5/02, State of Florida/Small Employer Carrier's Application to Become a Risk Assuming Carrier or a Reinsuring Carrier, as Required by Section 627.6475(5), F.S.

(d) OIR-B2-1095, rev. 5/02, State of Florida/Small Employer Carrier's Application to Modify Previous Election to Become a Risk Assuming or a Reinsuring Carrier, As Required by Section 627.6699(9), F.S.

(e) OIR-B2-1575, rev. 9/03, Small employer Group Underwriting Experience Report Form.

(2)(a) Copies of forms ~~may be obtained from the Bureau of Life and Health Forms and Rates, Office of Insurance Regulation, 200 East Gaines Street, Tallahassee, FL 32399-0328.~~ Forms are also available and may be printed from the Office's website: <http://www.fldfs.com/www.doi.state.fl.us>

(b) Filings shall be submitted ~~to the address in paragraph (a) above, or may be submitted~~ electronically through <https://portal.fldfs.com>.

Specific Authority 624.308(1), 626.9641, 627.6699(16) FS. Law Implemented 626.9541, 627.401, 627.410, 627.411, 627.6699 FS. History--New 8-4-02, Formerly 4-149.044, Amended.

69O-149.051 Purpose.

Specific Authority 112.08(6) FS. Law Implemented 112.08 FS. History--New 7-9-91, Formerly 4-111.001, Formerly 4-149.051, Repealed.

69O-149.052 Establishing a Self-Funded Health Benefit Plan.

(1) Prior to establishing a Self-Funded Health Benefit Plan, the local governmental unit shall submit the following:

(a) A a copy of its Plan, including a list of its offered benefits;

(b) Form OIR-B2-570, "General Information on Self-Funded Health Benefit Plans"; as adopted in Rule 69O-149.154, F.A.C.;

(c) Form OIR-B2-571, "New Plan Operating Projections for Self-Funded Health Benefit Plans Specific Information on Self-Funded Health Benefit Plans"; and as adopted in Rule 69O-149.154, F.A.C.;

(d) Form OIR-B2-573, "Operating Projections for Self-Funded Health Benefit Plans"; as adopted in Rule 69O-149.154, F.A.C.; and which are hereby adopted and

incorporated by reference. The forms may be obtained by writing to the Office of Insurance Regulation, Bureau of Life and Health Forms and Rates, Larson Building, 200 E. Gaines Street, Tallahassee, Florida 32399-0328. The forms may be reproduced at will.

(e) A certification as to the actuarial soundness of the Plan prepared by an actuary who is a member of the Society of Actuaries or the American Academy of Actuaries accompanied by an explanation or basis of how the certification was made.

(2) The filing forms adopted in subsection (1), above, shall be submitted to the Office electronically through <https://portal.fldfs.com/> accompanied by a certification as to the actuarial soundness of the Plan prepared by an actuary who is a member of the Society of Actuaries or the American Academy of Actuaries.

Specific Authority 112.08(6) FS. Law Implemented 112.08(2) FS. History—New 7-9-91, Formerly 4-111.002, Formerly 4-149.052, Amended _____.

69O-149.053 On-Going Review of the Self-Funded Health Benefit Plan.

(1) Once the Plan has been approved by the Office and has commenced operations, the local governmental unit shall submit the following to the Office, no later than 90 days after the close of the Plan's fiscal year:

(a) Form OIR-B2-570 "General Information on Self-Funded Health Benefit Plans", as adopted in Rule 69O-149.154, F.A.C.;

(b) Form OIR-B2-572, "Annual Report of Self-Funded Health Benefit Plans", as adopted in Rule 69O-149.154, F.A.C.; which is hereby adopted and incorporated by reference. In addition, the local governmental unit shall submit

(c) Form OIR-B2-573, "Operating Projections for Self-Funded Health Benefit Plans", as adopted in Rule 69O-149.154, F.A.C.; as adopted and incorporated by reference in subsection 4 149.052(1), F.A.C. If the current fiscal year shows a fund deficit, the local governmental unit shall submit

(d) Form OIR-B2-574, "General Information and Surplus Statement Deficit Elimination Plan for Self-Funded Health Benefit Plans", as adopted in Rule 69O-149.154, F.A.C. which is hereby adopted and incorporated by reference; and

(e) A certification as to the actuarial soundness of the Plan prepared by an actuary who is a member of the Society of Actuaries or the American Academy of Actuaries accompanied by an explanation or basis of how the certification was made.

(2) The filing shall be submitted to the Office electronically through <https://portal.fldfs.com/>. All forms adopted in this rule may be obtained from the Bureau of Life and Health Rate and Reserve Analysis and may be reproduced at will.

Specific Authority 112.08(6) FS. Law Implemented 112.08(2) FS. History—New 7-9-91, Formerly 4-111.003, Formerly 4-149.053, Amended _____.

69O-149.054 Forms Incorporated by Reference.

(1) The following forms are hereby adopted and incorporated by reference:

(a) Form OIR-B2-570 (12/03) "General Information on Self-Funded Health Benefit Plans";

(b) Form OIR-B2-571 (12/03) "New Plan Operating Projections for Self-Funded Health Benefit Plans";

(c) Form OIR-B2-572 (12/03) "Annual Report of Self-Funded Health Benefit Plans";

(d) Form OIR-B2-573 (12/03) "Operating Projections for Self-Funded Health Benefit Plans";

(e) Form OIR-B2-574 (12/03) "General Information and Surplus Statement for Self-Funded Health Benefit Plans";

(2) The above forms are hereby adopted and incorporated by reference.

(3) All forms are available and may be printed from the Office website: <http://www.fldfs.com/>.

Statutory Authority 112.08(6) FS. Law Implemented 112.08 FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Frank Dino, Bureau of Life and Health Forms and Rates,
Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Richard Robleto, Chief, Bureau of
Life and Health Forms and Rates, Office of Insurance
Regulation

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: June 5, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: June 27, 2003 and October 17, 2003

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Plant Industry

RULE NO.:

5B-54.018

RULE TITLE:

Compensation for Infested or
Infected Colonies

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 29, No. 50, December 12, 2003, issue of the Florida Administrative Weekly.

Text of Proposed Rule Change Is: