

number of structures in the condominium do not impact the calculation, of the limit. Residential units of undamaged buildings will be counted in the limit calculation if they are in the same condominium as the damaged property, and covered under the same insurance policy as the damaged property.

Specific Authority Chapter Law 2004-480 FS. Law Implemented Chapter Law 2004-480 FS. History--New _____.

69J-1.025 Impact of Variations Among Deductibles.

(1) If deductible amounts vary among claims, the first deductible applied will be used as the standard to determine if the eligibility requirement that one full deductible be paid has been met.

(2) In the reimbursement calculation, the deductibles applied to claims based on hurricanes subsequent to the hurricane to which the first deductible applied, will be totaled to determine the reimbursable amount subject to deductions and limitations imposed by Chapter Law 2004-480.

(3) For a subsequent deductible to be eligible for reimbursement, it must be a deductible of the same type as that applied to a claim from a prior hurricane. Also such a deductible will not count toward the requirement of meeting a full deductible for reimbursement of a subsequent deductible of a different type. For example, if a separate deductible is applied for food spoilage, or for association assessments, the application of that deductible to a claim from the prior hurricane will not serve as a basis for reimbursement of a subsequent deductible for property damage.

Specific Authority Chapter Law 2004-480 FS. Law Implemented Chapter Law 2004-480 FS. History--New _____.

69J-1.030 Assignment of Rights Under the Program.

(1) The program created by Chapter Law 2004-480 is for the benefit of policyholders only. Therefore, no assignment of rights to reimbursement under the program is permitted.

(2) Notwithstanding subsection (1) above a right to reimbursement may be passed through an estate by devise or inheritance, or may be acquired by a lender pursuant to terms of a mortgage agreement secured by the real property to which the application for reimbursement relates.

Specific Authority Chapter Law 2004-480 FS. Law Implemented Chapter Law 2004-480 FS. History--New _____.

69J-1.031 Death of Policyholder.

If a named policyholder dies a successor in interest may apply as the policyholder subject to documentation that the applicant is the legal successor in interest to the proceeds of the insurance policy upon which the application is made.

Specific Authority Chapter Law 2004-480 FS. Law Implemented Chapter Law 2004-480 FS. History--New _____.

Section II Proposed Rules

DEPARTMENT OF STATE

Division of Historical Resources

RULE TITLES:	RULE NOS.:
Definitions	1A-35.002
Grant Funding	1A-35.005
Application Requirements	1A-35.007

PURPOSE AND EFFECT: The proposed amendment will revise and update the rule to be in conformance with Chapter 267, F.S., and changes in administrative procedure. Provide for the waiver of the financial matching requirements on Historic Preservation grants for rural communities the have been designated in accordance with Section 288.0656, Florida Statutes; and to update obsolete terms and references.

SUMMARY: To comply with Chapters 267.0612 and 267.0617, F.S., the definitions have been updated and expanded. Proposed revisions also include further delineation of the Division's administration procedure for the Historic Grants-in-Aid program.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: The proposed revisions do not incur any regulatory costs.

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: 267.031(1), 267.0617(5) FS.

LAW IMPLEMENTED: 267.0617(2) FS.

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

TIME AND DATE: 9:00 a.m., May 2, 2005

PLACE: Third Floor Conference Room, R. A. Gray Building, 500 South Bronough Street, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Robert C. Taylor, Division of Historical Resources, 500 South Bronough Street, Tallahassee, Florida 32399-0250, (850)245-6333

THE FULL TEXT OF THE PROPOSED RULES IS:

1A-35.002 Definitions.

The following words and terms shall have the following meanings:

(1) through (2) No change.

(3) "Division" means the Division of Historical Resources of the Department of State.

~~(4)~~ "Florida Master Site File" means the list or catalog, maintained by the Division, of all recorded historical and archaeological sites and properties in the State of Florida.

(5) “Historic Preservation Grant” means a legislative or federally funded grant awarded to carry out specific historic preservation projects for a specified period of time.

(6)(4) “Historic district” means a geographically definable area, urban or rural, possessing a significant concentration, linkage, or continuity of sites, buildings, structures, or objects united by past events or aesthetically by plan or physical development. A district may also comprise individual elements separated geographically but linked by association or history.

(7) “Historic markers” means Official Florida Historic Markers as defined by subsection 1A-48.002(3), Florida Administrative Code.

(8)(5) “National Register of Historic Places” means the list of districts, sites, buildings, structures, and objects significant in American history, architecture, archaeology, engineering and culture, authorized by the National Historic Preservation Act of 1966, as Amended through 2000, and administered by the U.S. Department of the Interior, National Park Service. The National Historic Preservation Act of 1966 is incorporated by reference and a copy is available in the Division.

(9)(6) “Protection” means the act or process of applying measures designed to affect the physical condition of a site or property by defending or guarding it from deterioration, loss, or attack. In the case of buildings and structures, such treatment is generally of a temporary nature and anticipates future treatment; in the case of archaeological sites, the protective treatment may be temporary or permanent.

(10)(7) “Rehabilitation” means the act or process of returning a site or property to a state of utility through repair or alteration which makes possible an efficient contemporary use while preserving those portions or features of the property which are significant to its historical, architectural, and cultural values.

(11)(8) “Restoration” means the act or process of accurately recovering the form and details of a site or property and its setting as it appeared at a particular period of time by means of the removal of later work or by replacement of missing earlier work.

(12)(9) “Special Category Grant” means a type of Historic Preservation Grant legislative grant for a major project with grant needs in excess of \$50,000 and including may include Florida history museums.

(13)(10) “Stabilization” means the act or process of applying measures designed to reestablish a weather-resistant enclosure and the structural stability of an unsafe or deteriorated property while maintaining the existing form.

(14)(11) “Survey” means the act or process of determining the location and identification of historical and archaeological sites and properties. An aspect of identification is evaluation, meaning determination of the historical significance or values represented by historical and archaeological sites and properties which have been located and otherwise described.

Specific Authority 267.031(1) FS. Law Implemented 267.0617(2) FS. History—New 10-18-83, Formerly 1A-35.02, Amended 11-24-87, 9-4-96,

1A-35.005 Grant Funding.

(1) Source of Grant Funds.

(a) No change.

(b) Federal funds for historic preservation grants-in-aid are apportioned to the State of Florida by the U.S. Department of the Interior, pursuant to the National Historic Preservation Act, and are deposited in the Historical Resources Operating Historic Preservation Trust Fund pursuant to Section 267.0617, Florida Statutes. No Acquisition and Development projects for religious properties may be funded with these federal funds.

(c) The use of federal funds provided by the U.S. Department of the Interior for historic preservation grants-in-aid is subject to the policies, procedures, and guidelines set forth by that agency in the March, 2005 1995 edition of the Historic Preservation Fund Grants Manual, National Register Programs Guideline, NPS-49, incorporated by reference. A copy of the manual guideline may be obtained by writing or calling the Division Bureau of Historic Preservation and paying the cost of copying.

(d) State funds consist of funds in the Historic Preservation Trust Fund which have been appropriated by the Florida Legislature, made available from dedicated sources, donated pursuant to Section 550.0351(2), Florida Statutes, or contributed from any other public or private source, except those federal funds for grants-in-aid received from the U.S. Department of the Interior, pursuant to the National Historic Preservation Act.

(e) Should an entity receive legislative funds outside the review of the Grant Review Panel, Florida Historical Commission, or Secretary of State, the entity shall not be eligible to receive historic preservation grant assistance from the Division for the same project within the same fiscal year in which the legislative funding is made available.

(2) Funding Categories.

(a) No change.

1. through 2. No change.

(b) Federal grant monies apportioned to the State by the U.S. Department of the Interior, pursuant to the National Historic Preservation Act, are authorized for up to 60% 50% of the cost of all eligible Acquisition, Development, Survey and Planning projects. Acquisition and Development projects and up to 70% of the cost of all eligible Survey and Planning projects.

1. No change.

2. In addition, to be eligible for federal Acquisition and Development, or Survey and Planning assistance, projects must conform to the policies, procedures, and guidelines contained in the March, 2005 1995 edition of the Historic Preservation Fund Grants Manual National Register Programs Guideline, NPS-49 and to any special conditions required by

the U.S. Department of the Interior in apportioning monies to the State of Florida from which such projects will be funded. Examples of special conditions include ending dates by which all costs charged against a federal grant must be incurred and any prohibitions against the use of federal grant funds for lobbying activities.

(c) No change.

(d) At least 80% of each donation to the Historical Resources Operating ~~Historic Preservation~~ Trust Fund pursuant to Section 550.0351(2), Florida Statutes, shall be available for allocation to eligible projects within a 50-mile radius of the racetrack or fronton which held the Charity Day from which the donation is derived. The remaining 20% of each donation may be used for eligible projects in other areas of the state.

(e) The Division will waive the financial matching requirements on state funds awarded for Historic Preservation Grant assistance, except for Special Category Grants, Acquisition of Historic properties and the purchase of historic markers, for an applicant that has been designated as REDI qualified in accordance with Sections 288.0656 and 288.06561, Florida Statutes. A request for waiver of matching requirements must be submitted with each grant application.

Specific Authority 267.031(1), 267.0617(5) FS. Law Implemented 267.0617(2) FS. History—New 10-18-83, Formerly 1A-35.05, Amended 9-4-96,

1A-35.007 Application Requirements.

(1) Application Procedures.

(a) Applications for historic preservation grants-in-aid ~~from the Historic Preservation Trust Fund~~ shall be signed by the person or persons with legal authority to obligate the applicant and shall be made on a Historical Resources Grants-in-Aid Application Form HR3E0410705 HR3E210695, effective July, 2005 July 1996, which is incorporated by reference, and a copy of which is available ~~may be obtained~~ from the Division ~~Bureau of Historic Preservation~~.

(b) Eligible applicants for historic preservation grants-in-aid assistance shall be in accordance with Chapter 267.0617(2), Florida Statutes. ~~from the Historic Preservation Trust Fund include:~~

1. ~~Departments or agencies of the state;~~
2. ~~Unit of county, municipal or other local government;~~
3. ~~Any corporation, partnership, or other organization, public or private and whether or not for profit; or~~
4. ~~Any individual.~~

~~(c) Funds appropriated from general revenue for the historic preservation grants program, however, shall not be used to provide grant assistance to projects owned by individuals or for-profit corporations.~~

~~(c)(d)~~ Applicants may submit more than one application for grant assistance ~~from the Historic Preservation Trust Fund~~. An application for a Special Category grant project must be limited to a single site, or group of sites in which all the properties have the same owner(s).

~~(d)(e)~~ The Division reserves the right to request additional information or clarification on any application that is submitted. Such request shall be made to the applicant by letter, facsimile, e-mail, or by telephone and shall indicate the date by which the information or clarification is needed.

~~(e)(f)~~ Applications shall be submitted to the Division to the attention of the Bureau of Historic Preservation and shall include the original and the number of copies as specified in the grant application ~~thirteen complete copies.~~

~~(f)(g)~~ Deadlines. There are two ~~three~~ funding cycles annually; one for Special Category grant funds, and one ~~two~~ for state and federal matching grant funds. Applicants must submit separate applications for each cycle.

1. through 4. No change.

(2) Application Review.

(a) No change.

(b) The Division shall send copies of the applications to each member of the Grant Review Panel or the Florida Historical Commission ~~Historic Preservation Advisory Council~~ in sufficient time for members to review all applications prior to the Panel or Commission Council convening in a public meeting for the purpose of considering the applications for funding.

(c) The Division shall also provide the following information to the Grant Review Panel or the Florida Historical Commission ~~Council~~:

1. through 2. No change.

(d) The Grant Review Panel and the Florida Historical Commission ~~Advisory Council~~ shall each convene in a public meeting to review and evaluate all applications for historic preservation grants-in-aid. The Grant Review Panel and the Florida Historical Commission ~~Council~~ shall annually hold separate meetings to consider applications for federal, state and Special Category grant assistance. Applications for Historic Preservation Grants shall be reviewed by a Grant Review Panel appointed by the Secretary of State. Applications for Special Category grants assistance shall be reviewed by the members of the Florida Historical Commission.

1. The Grant Review Panel and the Florida Historical Commission ~~Council~~ shall each meet to consider applications for grant assistance within 150 days of the relevant application deadline.

2. The Division shall publish a notification of the time and place of the meeting and where a copy of the agenda may be obtained in the Florida Administrative Weekly at least 30 days prior to the Grant Review Panel or the Florida Historical Commission ~~Council~~ meeting.

3. No change.

(e) The Grant Review Panel and the Florida Historical Commission Council shall evaluate each application based on the criteria relating to the site involved, the prospective grantee, and the anticipated public benefit, as follows:

1. through 3. No change.

(f) The Grant Review Panel and the Florida Historical Commission Council shall each develop a priority listing of all project applications by ranking each project relative to the others and shall recommend funding levels and any appropriate special conditions for each individual project. An example of a special condition is a requirement that the grantee must execute restrictive covenants prior to receiving grant funds. The Grant Review Panels Council shall establish sub-categories of the Acquisition and Development and the Survey and Planning categories of grant assistance for the purpose of establishing priority listings and recommending funding levels. The Grant Review Panels Council shall further recommend that overall sub-categories be funded to specific levels and then rank individual projects within each sub-category, also recommending funding levels for each individual project.

(g) The recommendations of the Grant Review Panel and the Florida Historical Commission Council shall be submitted by the Division to the Secretary of State (Secretary) for review and approval. At a minimum, the written recommendations shall include a ranking of all proposed projects, however categorized, and the recommended funding level for each proposed project.

(h) through (i) No change.

(j) If additional grant funds become available during the grant year for either federal or state grants-in-aid, the Director shall increase the grant award or award a new grant for applications reviewed by the Grant Review Panel or the Florida Historical Commission Council during the normal review process or establish a special process for awarding such additional funds.

(3) Grant Award Agreement.

(a) through (c) No change.

(d) Funds remaining in any grant allocation as a result of early termination or from completion of the project at less than anticipated cost shall revert to the funding source from which the grant funds were appropriated ~~Historic Preservation Trust Fund~~ or be distributed in accordance with the procedures set forth in paragraph 1A-35.007(2)(j), F.A.C.

Specific Authority 267.031(1), 267.0617(5) FS. Law Implemented 267.0617(2) FS. History—New 10-18-83, Amended 10-3-84, Formerly 1A-35.07, Amended 7-21-86, 11-24-87, 12-26-91, 8-11-93, 9-4-96, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Robert C. Taylor, Historic Preservationist Supervisor, Grants and Education Section, Bureau of Historic Preservation, 500 South Bronough Street, Tallahassee, FL 32399-0250, (850)245-6333

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Frederick P. Gaske, Director, Division of Historical Resources

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 23, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE TITLE:

RULE NO.:

Adoption of Uniform Packaging and Labeling Regulation

5F-3.001

PURPOSE AND EFFECT: The purpose of Rule 5F-3.001, F.A.C., is to amend it to adopt the most recent national standards for packaging and labeling requirements as adopted by the National Conference on Weights and Measures and published in 2005 edition of National Institute of Standards and Technology Handbook 130. Adoption of the current national standards will make Florida’s requirements uniform with the national requirements and facilitate interstate commerce and trade.

SUMMARY: Updates Rule 5F-3.001, F.A.C., to adopt the current national requirements for the packaging and labeling of commodities as adopted by the National Conference on Weights and Measures and published as the “Uniform Packaging and Labeling Regulation” in the 2005 edition of National Institute of Standards and Technology Handbook 130. SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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: 531.41(3) FS.

LAWS IMPLEMENTED: 531.41(4), 531.47, 531.49 FS.

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

TIME AND DATE: 10:00 a.m., Monday, April 25, 2005

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Max Gray, Bureau Chief, Bureau of Weights and Measures, 3125 Conner Blvd., Bldg. #2, Tallahassee, FL 32399-1650, (850)488-9140

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-3.001 Adoption of Uniform Packaging and Labeling Regulation.

The Department of Agriculture and Consumer Services hereby adopts the Uniform Packaging and Labeling Regulation promulgated by the United States Department of Commerce, National Institute of Standards and Technology, NIST Handbook 130, 2005 ~~2004~~ Edition, as the Rule for packaging and labeling of commodities and incorporates said uniform regulation herein by this reference. A copy of NIST Handbook 130, 2005 ~~2004~~ Edition, may be obtained from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402, Phone: (202) 512-1800 or <http://ts.nist.gov/ts/htdocs/230/235/pubs.htm> ~~<http://ts.nist.gov/ts/htdocs/230/235/h130-01.htm>~~. Copies of this uniform regulation are available from the Division of Standards, Bureau of Weights and Measures, 3125 Conner Boulevard, Lab #2, Tallahassee, Florida 32399-1650, Phone: (850)488-9140.

Specific Authority 531.41(3) FS. Law Implemented 531.41(4), 531.47, 531.49 FS. History--New 1-1-73, Formerly 5F-3.01, Amended 6-14-95, 8-27-98, 8-19-99, 7-3-00, 9-3-01, 6-23-02, 6-29-03, 6-21-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Max Gray, Chief, Bureau of Weights and Measures
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Paul Driggers, Director, Division of Standards
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 21, 2005
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 4, 2005

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE TITLE: Package Testing Procedures
 RULE NO.: 5F-3.016
 PURPOSE AND EFFECT: The purpose of Rule 5F-3.016, F.A.C., is to amend it to adopt the most recent national standards for package testing procedures as adopted by the National Conference on Weights and Measures and published in Fourth Edition (January 2005) of National Institute of Standards and Technology Handbook 133. Adoption of the current national standards will make Florida's requirements uniform with the national requirements and facilitate interstate commerce and trade.
 SUMMARY: Updates Rule 5F-3.016, F.A.C., to adopt the current national requirements for package testing procedures as adopted by the National Conference on Weights and Measures and published in Fourth Edition (January 2005) of National Institute of Standards and Technology Handbook 133.

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: 531.41(3) FS.

LAWS IMPLEMENTED: 531.41(13) FS.

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

TIME AND DATE: 10:00 a.m., Monday, April 25, 2005

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Max Gray, Bureau Chief, Bureau of Weights and Measures, 3125 Conner Blvd., Bldg. #2, Tallahassee, FL 32399-1650, (850)488-9140

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-3.016 Package Testing Procedures.

The Department of Agriculture and Consumer Services hereby adopts the National Institute of Standards and Technology (NIST) Handbook 133, "Checking the Net Contents of Packaged Goods," Fourth Edition (January 2005 ~~2003~~) as the Rule for the procedures for testing packaged goods and commodities for net contents and incorporates said Handbook herein by this reference. A copy of NIST Handbook 133, Fourth Edition (January 2005 ~~2003~~) may be obtained from the National Conference on Weights and Measures, 15245 Shady Grove Road, Suite 130, Rockville, Maryland 20850, Phone: (240)632-9454 or <http://ts.nist.gov/ts/htdocs/230/235/pubs.htm> ~~<http://ts.nist.gov/ts/htdocs/230/235/h1334.htm>~~.

Specific Authority 531.41(3) FS. Law Implemented 531.41(13) FS. History--New 4-9-98, Amended 6-23-02, 6-29-03,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Max Gray, Chief, Bureau of Weights and Measures
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Paul Driggers, Director, Division of Standards
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 14, 2005
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 25, 2005

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE TITLE: Specifications, Tolerances and Other Technical Requirements for Commercial Weighing and Measuring Devices
 RULE NO.: 5F-5.001

PURPOSE AND EFFECT: The purpose of this rule is to amend Rule 5F-5.001, F.A.C., to adopt the most recent national standards for weighing and measuring devices developed by the National Conference on Weights and Measures and published in the 2005 edition of National Institute of Standards and Technology Handbook 44. Adoption of the standards provides for uniformity of Florida's requirements with the national requirements to facilitate interstate commerce and trade.

SUMMARY: Rule 5F-5.001, F.A.C., adopts the current national standards for specifications, tolerances and other technical requirements for commercial weighing and measuring devices as published in the 2005 edition of National Institute of Standards and Technology Handbook 44.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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: 531.40, 531.41(3) FS.

LAWS IMPLEMENTED: 531.40 FS.

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

TIME AND DATE: 10:00 a.m., Monday, April 25, 2005

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Max Gray, Bureau Chief, Bureau of Weights and Measures, 3125 Conner Blvd., Bldg. #2, Tallahassee, FL 32399-1650, (850)488-9140

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-5.001 Specifications, Tolerances, and Other Technical Requirements for Commercial Weighing and Measuring Devices.

(1) The specifications, tolerances, and other technical requirements for commercial weighing and measuring devices adopted by the National Conference on Weights and Measures and contained in National Institute of Standards and Technology (NIST) Handbook 44, 2005 ~~2004~~ Edition, are hereby adopted as rules for the requirements for commercial

weighing and measuring devices of the Department of Agriculture and Consumer Services. A copy of NIST Handbook 44, 2005 ~~2004~~ Edition, may be obtained from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402, Phone (202) 512-1800 or <http://ts.nist.gov/ts/htdocs/230/235/pubs.htm> ~~<http://ts.nist.gov/ts/htdocs/230/235/h130-01.htm>~~.

(2) The violation of any of the provisions of these rules and regulations is subject to the penalties and remedies provided in the Weights, Measures, and Standards Law, Chapter 531, Florida Statutes.

Specific Authority 531.40, 531.41(3) FS. Law Implemented 531.40 FS. History—New 1-1-73, Amended 7-1-74, 4-18-75, 1-25-76, 1-17-77, 3-29-78, 2-15-79, 6-4-80, 4-5-81, 5-2-82, 6-30-83, 7-15-84, 8-11-85, Formerly 5F-5.01, Amended 7-7-86, 4-5-87, 4-27-88, 5-31-89, 8-21-90, 8-5-91, 12-10-92, 6-21-94, 8-16-95, 10-8-96, 8-27-98, 8-19-99, 7-3-00, 9-3-01, 6-23-02, 6-29-03, 6-21-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Max Gray, Chief, Bureau of Weights and Measures

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Paul Driggers, Director, Division of Standards

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 21, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 4, 2005

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE TITLE: Adoption of Uniform Methods of Sale
 RULE NO.: 5F-7.005

PURPOSE AND EFFECT: The purpose of this rule is to adopt the most recent national standards for the method of sale of commodities established by the National Conference on Weights and Measures and published in the 2005 edition of National Institute of Standards and Technology Handbook 130. Adoption of the national standards will make Florida's requirements for methods of sale uniform with the national standards and facilitate interstate commerce and trade.

SUMMARY: Adopts the current national model methods of sale of commodities being sold by weight, measure or count, as published in National Institute of Standards and Technology Handbook 130 to provide for interstate commerce, facilitate value comparison and provide adequate quantity information for consumers and purchasers.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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: 531.41(3) FS.

LAWS IMPLEMENTED: 531.41(4), 531.45 FS.

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

TIME AND DATE: 10:00 a.m., Monday, April 25, 2005
PLACE: Division of Standards' Conference Room, Suite E, Room 135, Doyle Conner Administration Building, 3125 Conner Boulevard, Tallahassee, Florida 32399-1650

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Max Gray, Bureau Chief, Bureau of Weights and Measures, 3125 Conner Blvd., Bldg. #2, Tallahassee, FL 32399-1650, (850)488-9140

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-7.005 Adoption of Uniform Methods of Sale.

The Florida Department of Agriculture and Consumer Services hereby adopts the Uniform Regulation for the Method of Sale of Commodities, as published by the United States Department of Commerce, National Institute of Standards and Technology, NIST Handbook 130, 2005 2004 Edition, as the Rule for the method of sale for commodities, and incorporates said uniform regulation herein by this reference. A copy of NIST Handbook 130, 2005 2004 Edition, may be obtained from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402, Phone: (202)512-1800 or <http://ts.nist.gov/ts/htdocs/230/235/pubs.htm> <http://ts.nist.gov/ts/htdocs/230/235/h130-01.htm>. Copies of this uniform regulation are available from the Division of Standards, Bureau of Weights and Measures, 3125 Conner Boulevard, Lab #2, Tallahassee, Florida 32399-1650, Phone: (850)488-9140.

Specific Authority 531.41(3),(4), 531.45 FS. Law Implemented 531.41(3),(4), 531.45 FS. History--New 1-8-90, Amended 6-14-95, 8-27-98, 8-19-99, 7-3-00, 9-3-01, 6-23-02, 6-29-03, 6-21-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Max Gray, Chief, Bureau of Weights and Measures

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Paul Driggers, Director, Division of Standards

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 21, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 4, 2005

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE TITLE: Test Procedures to Determine Acceptable Pricing Practices

RULE NO.: 5F-12.001

PURPOSE AND EFFECT: The purpose of Rule 5F-12.001, F.A.C., is to amend it to adopt the current publication in which the referenced standard is now found. It previously was

published in National Conference on Weights and Measures (NCWM) Publication 19, 1995 edition, but is now published in the United States Department of Commerce, National Institute of Standards and Technology, NIST Handbook 130, 2005 Edition. This is the most recent publication for uniform weights and measures requirements.

SUMMARY: Adoption of this current national standard will make Florida's requirements uniform with the national requirements and facilitate interstate commerce and trade. It also reflects the new placement of this reference for test procedures and compliance standards for determining pricing accuracy.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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: 531.41(3) FS.

LAW IMPLEMENTED: 531.44 FS.

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

TIME AND DATE: 10:00 a.m., Monday, April 25, 2005
PLACE: Division of Standards' Conference Room, Suite E, Room 135, Doyle Conner Administration Building, 3125 Conner Boulevard, Tallahassee, Florida 32399-1650

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Max Gray, Bureau Chief, Bureau of Weights and Measures, 3125 Conner Blvd., Bldg. #2, Tallahassee, FL 32399-1650, (850)488-9140

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-12.001 Test Procedures to Determine Acceptable Pricing Practices.

The Department of Agriculture and Consumer Services hereby adopts the "Examination Procedure for Price Verification" promulgated by the United States Department of Commerce, National Institute of Standards and Technology, NIST Handbook 130, 2005 Edition, found in "National Conference on Weights and Measures (NCWM) Publication 19, 1995 edition", as the Rule for the sampling procedures and compliance standards in testing the accuracy of pricing practices employed by businesses and other entities in the state and incorporates said regulation herein NCWM Publication 19 by this reference. A copy of NIST Handbook 130, 2005 Edition, may be obtained from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402, Phone: (202)512-1800 or <http://ts.nist.gov/ts/htdocs/230/235/pubs.htm>. A copy of

NCWM Publication 19 may be obtained from the National Conference on Weights and Measures, Post Office Box 4025, Gaithersburg, Maryland 20885, Phone: (301)975-4012.

Specific Authority 531.41(3) FS. Law Implemented 531.44 FS. History--New 4-9-98, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Max Gray, Chief, Bureau of Weights and Measures

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Paul Driggers, Director, Division of Standards

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 21, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 4, 2005

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Water Policy

RULE CHAPTER TITLE: Water Quality/Quantity BMPs for Indian River Area Citrus Growers

RULE CHAPTER NO.: 5M-2

RULE TITLE: Approved BMPs

RULE NO.: 5M-2.002

PURPOSE AND EFFECT: To amend Rule 5M-2.002, F.A.C., to incorporate the most recent version of the BMP manual.

SUMMARY: The rule amendment changes the date of the manual incorporated by reference to accurately reflect the most recent revisions.

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

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 within 21 days of this notice.

SPECIFIC AUTHORITY: 403.067(7)(d) FS.

LAW IMPLEMENTED: 403.067(7)(d) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE A RULE DEVELOPMENT WORKSHOP WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

If an accommodation is needed for a disability in order to participate in this meeting, please notify the Bureau of Personnel Management, Department of Agriculture and Consumer Services, (850)488-1806, at least seven days prior to the meeting.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mark Jennings, Environmental Specialist III, Office of Agricultural Water Policy, 1203 Governor's Square Boulevard, Suite 200, Tallahassee, Florida 32301, (850)488-6249, Fax (850)921-2153

THE FULL TEXT OF THE PROPOSED RULE IS:

5M-2.002 Approved BMPs.

The document titled *Water Quality/Quantity BMPs for Indian River Area Citrus Groves* (~~January, 2005~~ ~~May, 2000~~) is hereby incorporated and adopted by reference in this rule for Brevard, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie and Volusia counties. Copies of the document may be obtained from the University of Florida, Indian River Research and Education Center, 2199 South Rock Road, Ft. Pierce, Florida 34945.

Specific Authority 403.067(7)(d) FS. Law Implemented 403.067(7)(d) FS. History--New 6-24-02, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE: Mark Jennings, Environmental Specialist III, Office of Agricultural Water Policy

NAME OF PERSON OR SUPERVISOR WHO APPROVED PROPOSED RULE: Chuck Aller, Director, Office of Agricultural Water Policy

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 12, 2004

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

DEPARTMENT OF EDUCATION

Commission for Independent Education

RULE TITLES: Definition of Terms 6E-1.003
Fair Consumer Practices 6E-1.0032

RULE NOS.:

PURPOSE AND EFFECT: The purpose of the amendment to Rule 6E-1.003, F.A.C., is to add the term scholarship to the terms defined for use within the rules. The amendment to Rule 6E-1.0032, F.A.C., is to clarify nonrefundable application fees, admission standards, add guidance for licensees regarding special requirements or limitations of students and define a binding contract between the institution and the student.

SUMMARY: Rule 6E-1.003, F.A.C., sets forth the terms and their definitions for use within the rules, and the amendment to Rule 6E-1.003, F.A.C., adds the term scholarship to the terms defined for use within the rules. Rule 6E-1.0032, F.A.C., sets forth to clarify nonrefundable application fees, admission standards, add guidance for licensees regarding special requirements or limitations of students and define a binding contract between the institution and the student.

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: 1005.22(1)(e), 1005.22(1)(e)1, 1005.34 FS.

LAW IMPLEMENTED: 1005.04, 1005.22, 1005.31, 1005.34 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: Samuel L. Ferguson, Executive Director, Commission for Independent Education, 2650 Apachee Parkway, Suite A, Tallahassee, FL 32301

THE FULL TEXT OF THE PROPOSED RULES IS:

6E-1.003 Definition of Terms.

Terms used in these rules are defined in Section 1005.02, F.S. In addition, as used in the rules of the Commission, unless the context clearly indicates otherwise:

(1) through (47) No change.

(48) Scholarship – “a grant-in aid to a student.” The offer of a grant-in-aid to an enrolled student to offset partial or complete costs of a course, program, certificate or degree.

(48) through (50) renumbered (49) through (51) No change.

Specific Authority 1005.22(1)(e) FS. Law Implemented 1005.22, 1005.31 FS. History—Repromulgated 12-5-74, Amended 7-28-75, Formerly 6E-4.01(8), Readopted 11-11-75, Amended 3-7-77, 10-13-83 Formerly 6E-4.03, Amended 2-22-89, 11-29-89, 10-19-93, 4-11-00, 1-7-03, 12-23-03, 7-20-04, 3-28-05,

6E-1.0032 Fair Consumer Practices.

(1) through (5) No change.

(6) Each prospective student shall be provided a written copy, or shall have access to an electronic copy, of the institution’s catalog prior to enrollment or the collection of any tuition, fees or other charges. The catalog shall contain the following required disclosures, and catalogs of licensed institutions must also contain the information required in subsections 6E-2.004(11) and (12), F.A.C.:

(a) through (h) No change.

(i) Student refund policies: This rule establishes the Commission’s minimum refund guidelines for licensed institutions. Refund policies which pertain to students who are receiving Title IV Federal Student Financial Assistance or veterans’ benefits shall be in compliance applicable federal regulations.

1. through 5. No change.

6. Nonrefundable application fees regarding admission and registration of for Florida students shall not exceed \$150 \$50. The requirements regarding refund policies as stated herein do not apply to dormitory or meal fees. Refund policies for those fees, if charged, shall be set by the institution and also disclosed in conjunction with the refund policy.

(j) through (k) No change.

(7) No change.

(8) A licensed institution which is not accredited by a USDOE recognized institutional accrediting agency shall use an enrollment agreement or application for admission which, in addition to the catalog, shall be the binding contract between the institution and the student. The binding document shall include, but not be limited to, the following:

(a) Title. The binding document shall be identified by title as a “Contract”, “Agreement”, “Application” or similar title and clearly indicate that it will constitute a binding agreement upon acceptance by the institution and the student;

(b) Name of the institution. Name, phone number, and physical address of the institution;

(c) Title of Program. Program title as licensed and identified in the catalog.

(d) Time Required. Number of clock hours or credit units, including the number of weeks or months, or credit hours required for completion;

(e) Credential for Satisfactory Completion;

(f) Costs. All costs shall be clearly stated;

1. Tuition. The total tuition for the program must be listed by the total length of the program, the tuition cost per credit hour, clock hour, term or academic year.

2. Fees. All refundable and nonrefundable fees payable by the student.

3. Books and supplies. The cost for books and supplies may be estimated if necessary. This item may be omitted if the binding document state that the costs for books and supplies are included in the tuition charges as stated in the document.

4. Any other costs. Any other costs required to be paid by student, whether or not purchased from the school. These costs may be stated as a listing of goods or services not included in the tuition.

(g) Terms of payment. The method of payment of all costs shall be clearly stated in the binding document and shall comply with federal and state laws.

(h) Class Start.

(i) Anticipated Program Completion Date (for Institutions that are not Colleges or Universities).

(j) Class Schedule. The day, evening or other schedule of class attendance must be clearly stated (if known at the time of signature by student).

(k) Termination or Cancellation by the Institution or Student. Grounds or procedures for cancellation of a binding document by an institution or student shall be clearly stated.

(l) Refund Policy. Institutions shall comply with refund policy as provided in subsection 6E-1.0032(6), F.A.C.

(m) Employment Guarantee Disclaimer. Institutions shall publish the disclaimer as provided in paragraph 6E-1.0032(6)(j), F.A.C.

(n) Statement that all signers have received and read a copy of the binding document and catalog.

(o) Signatures and Acceptance. The binding document shall contain the date and signature of the applicant and parent or guardian, if the applicant is under eighteen (18) years of age and the acceptance date and signature of the appropriate official at the institution.

(p) Format. If the binding document is not completed on one (1) side of a single sheet of paper, each side must clearly and conspicuously refer to the conditions on the other side as being part of the document. If more than one (1) page is used, each page must be numbered page 1 of ___ pages, page 2 of ___ pages, etc.

(8) through (10) renumbered (9) through (11) No change.

Specific Authority 1005.22(1)(e)1., 1005.34 FS. Law Implemented 1005.04, 1005.32(5), 1005.34 FS. History—New 10-19-93, Amended 4-2-96, 11-5-00, 1-7-03, 1-20-04, 3-29-04, 3-28-05, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Commission for Independent Education

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Commission for Independent Education

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 28, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

DEPARTMENT OF EDUCATION

Commission for Independent Education

RULE TITLE: Actions Against A Licensee; Penalties

RULE NO.: 6E-2.0061

PURPOSE AND EFFECT: This rule is being amended to clarify cease and desist orders in conjunction with a notice of denial of licensure.

SUMMARY: The proposed rule amendment is necessary to clarify cease and desist orders in conjunction with a notice of denial of 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.

IF REQUESTED IN WRITING 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: Samuel L. Ferguson, Executive Director, Commission for Independent Education, 2650 Apalachee Parkway, Suite A, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULE IS:

6E-2.0061 Actions Against A Licensee; Penalties.

(1) through (7) No change.

(8) Cease and Desist orders. Cease and desist orders shall be issued by the Commission upon finding probable cause or in conjunction with a notice of denial of licensure, and shall comply with Section 1005.38, F.S., and other applicable laws.

(9) through (10) No change.

Specific Authority 1005.32(7), 1005.38 FS. Law Implemented 1005.32(7), 1005.34(3), 1005.38 FS. History—New 10-13-83, Formerly 6E-2.061, Amended 5-20-87, 11-27-88, 11-29-89, 12-10-90, 10-19-93, 1-7-03, 7-20-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Commission for Independent Education

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Commission for Independent Education

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 28, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

DEPARTMENT OF REVENUE

Corporate, Estate and Intangible Tax

RULE TITLES: Capital Investment Tax Credit Program Returns; Filing Requirement

RULE NOS.: 12C-1.0191 12C-1.022

PURPOSE AND EFFECT: The purpose of proposed new Rule 12C-1.0191, F.A.C. (Capital Investment Tax Credit Program) is to establish procedures taxpayers can use to apply for, and to participate in, this tax credit program.

The purpose of the proposed amendments to Rule 12C-1.022, F.A.C., is to clarify the Corporate Income Tax return filing requirements for political organizations.

SUMMARY: Proposed new Rule 12C-1.0191, F.A.C.: (1) provides information and instructions on the procedures to follow in applying for the capital investment tax credit provided in Section 220.191, F.S.; 2) describes the process, mandated by statute, that the Department will follow in entering into written agreements with taxpayers to determine the eligible income from a qualifying project; 3) provides guidance on the use of “pro forma” income tax returns for qualifying projects; 4) provides that a copy of the Office of Tourism, Trade, and Economic Development certification, Enterprise Florida documents, and “pro forma” tax return, if applicable, be attached to the tax return on which a capital investment tax credit is claimed; and 5) provides that a taxpayer claiming the capital investment tax credit against the insurance premium tax may not claim credit for the same qualifying project against the corporate income tax.

The proposed amendments to Rule 12C-1.022, F.A.C. (Returns; Filing Requirement), clarify the filing requirements for political organizations.

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

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

SPECIFIC AUTHORITY: 213.06(1), 220.191(7), 220.22, 220.51 FS.

LAW IMPLEMENTED: 220.191, 220.22 FS.

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

TIME AND DATE: 11:00 a.m., April 26, 2005

PLACE: Room 435, Carlton Building, 501 South Calhoun Street, Tallahassee, Florida

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Any person requiring special accommodations to participate in this hearing is asked to advise the Department at least 48 hours before the hearing by contacting: Larry Green, (850)922-4830. A person who is hearing-impaired or speech-impaired, should contact the Department by using the Florida Relay Service, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The Department's proposed rules are available on the Department's web site: www.myflorida.com/dor/rules.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Robert DuCasse, Tax Law Specialist, Technical Assistance and Dispute Resolution, Department of Revenue, P. O. Box 7443, Tallahassee, Florida 32314-7443, (850)922-4715, e-mail: ducasser@dor.state.fl.us

THE FULL TEXT OF THE PROPOSED RULES IS:

12C-1.0191 Capital Investment Tax Credit Program.

(1) Section 220.191, F.S., requires an application process for the capital investment tax credit, which includes review and recommendation by Enterprise Florida (EFI), and a certification from the Office of Tourism, Trade, and Economic Development (OTTED). Once the applicant has been recommended by EFI and certified by OTTED, the applicant is required to reach a written agreement with the Florida Department of Revenue (Department) on how the taxable income from the qualifying project is to be determined or calculated. The Department adopts a Technical Assistance Advisement (TAA), which the applicant requests from the Department, as the method for entering into such written agreement. When requesting the TAA, the applicant should follow the guidelines provided in Rule 12-11.003, F.A.C., and in addition, include how they propose to determine the taxable income generated by or arising out of the qualifying project.

(a) In situations where the applicant is using a separate corporate entity to account for the activities of the qualifying project, the taxable income generated by that entity as reported on the return filed pursuant to Section 220.22(1), F.S., will be used to determine the amount of income tax due, and the subsequent amount of the credit that will be available for use. If the applicant has other activities not related to the project reported on this return, a pro forma attachment will be required to separately account for the taxable income generated by the project, the resulting amount of tax due, and the subsequent amount of the credit that will be available for use.

(b) Where the activities of the qualifying project are included within preexisting multiple corporate structures, such as several affiliates or divisions, or the activities of the project are included within a corporation or corporations that are included in filing a consolidated income tax return filed pursuant to Section 220.131, F.S., the applicant will be required to separately account for, using a "pro forma" format, the qualifying project's taxable income, the amount of income tax due, and subsequent credit. This pro-forma attachment will indicate separately all revenues, expenses, either direct or indirect, and any other adjustments made in the determination of the project's annual taxable income, and the subsequent annual amount of the Capital Investment Tax Credit that may be claimed in the Florida corporate income tax return. This computation requires the qualifying project's annual taxable income to be determined by generally accepted accounting principles (GAAP) and, to conform to the provisions contained in Florida Corporate Tax Law under Chapter 220 of the Florida Statutes.

(c) In situations where the activities of the project are included within other types of corporate structures, the applicant will be required to separately account for, using a "pro forma" format, the qualifying project's taxable income, the amount of income tax due, and subsequent credit. This pro-forma attachment will indicate separately all revenues, expenses, either direct or indirect, and any other adjustments made in the determination of the project's annual taxable income, and the subsequent annual amount of the Capital Investment Tax Credit that may be claimed in the Florida corporate income tax return. This computation requires the qualifying project's annual taxable income to be determined by generally accepted accounting principles (GAAP) and, to conform to the provisions contained in Florida Corporate Tax Law under Chapter 220 of the Florida Statutes.

(2) The maximum annual amount of Capital Investment Tax Credit is limited to 5 percent of the certified eligible capital costs of the qualifying project, for a period not to exceed 20 years, beginning with the commencement of the project's operations. The tax credit may not be carried forward or backward. The sum of all capital investment tax credits cannot exceed 100 percent of the eligible capital costs of the project.

(3) A copy of the OTTED certification, EFI documents, and any "pro forma" attachment required by the written agreement to provide the calculations used in the determination of the annual taxable income generated by or arising out of the qualifying project, should be included with the Florida Corporate Income Tax Return (form F-1120) when filing for, and claiming the Capital Investment Tax Credit.

(4) A taxpayer that claims the capital investment tax credit against the insurance premium tax may not claim credit for the same qualifying project against the corporate income tax.

(5) Taxpayers making application for the Capital Investment Tax Credit should refer to Section 220.191, F.S., for the definition of terms, statutory requirements, and other pertinent guidelines.

Specific Authority 213.06(1), 220.191(7), 220.51 FS. Law Implemented 220.191 FS. History--New _____.

12C-1.022 Returns; Filing Requirement.

(1) In general, every corporation as defined in Section 220.03(1)(e), F.S., subject to tax under Part II of Chapter 220, F.S., and every bank and savings association subject to tax under Part VII of Chapter 220, F.S., shall make a return of income for each taxable year in which such entity either is liable for tax under the Florida Income Tax Code, or is required to make a federal income tax return, regardless of whether such taxpayer is liable for tax under the Florida Income Tax Code.

(a) through (c) No change.

(d) Political organizations subject to Internal Revenue Code Section 527 who are required to file Federal Form 1120-POL must file a Florida Form F-1120 when the political organization reports federal taxable income on Federal Form 1120-POL or any other federal income tax form, ~~regardless of whether any tax is due.~~

(e) through (6) No change.

Specific Authority 213.06(1), 220.21, 220.51 FS. Law Implemented 220.22 FS. History-New 10-20-72, Amended 10-20-73, Revised 10-8-74, Amended 3-5-80, Formerly 12C-1.22, Amended 12-21-88, 4-8-92, 12-7-92, 3-18-96, 10-2-01, 6-19-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Robert DuCasse, Tax Law Specialist, Technical Assistance and Dispute Resolution, Department of Revenue, P. O. Box 7443, Tallahassee, Florida 32314-7443, (850)922-4715, e-mail: ducasser@dor.state.fl.us

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rod Felix, Revenue Program Administrator, Technical Assistance and Dispute Resolution, Department of Revenue, Tallahassee, Florida 32314, (850)922-4111

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 21, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 21, 2005, Vol. 31, No. 3, pp. 224-225. A workshop was held on February 8, 2005. No one other than Department staff attended the workshop, and no comments were received before, during, or after the workshop.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF CORRECTIONS

RULE TITLE: Temporary Release of Inmates for Specific Purposes

RULE NO.: 33-601.601

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify the process for request, review and approval of temporary release of inmates for funeral attendance or deathbed visits.

SUMMARY: The proposed rule outlines the process for submission of a request and the actions that must be taken before a request will be reviewed; clarifies who may transport and under what circumstances; provides for ineligibility for inmates under sentence of death, inmates committed to a corrections mental health institution, and inmates in close management; requires written approval by the Deputy Assistant Secretary for Programs or designee for specific categories of inmates; requires written confirmation from mental health staff for specific categories of inmates; and requires that inmates must agree to substance abuse testing upon return and payment of testing costs for positive results.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 20.315, 944.09 FS.

LAW IMPLEMENTED: 944.09 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

(Substantial rewording of Rule 33-601.601 follows. See Florida Administrative Code for present text.)

33-601.601 Temporary Release of Inmates for Specific Purposes.

(1) The regional directors are the Secretary's designees for the purpose of approving or disapproving the temporary transfer of custody of any inmate housed within their respective regions to attend a funeral or have a deathbed visit.

(2) Attendance of an inmate at a funeral or a deathbed visit will be made at the expense of the inmate or the inmate's family. The Department of Corrections will incur no expense for the inmate's transportation or attendance.

(3) Funerals and deathbed visits are restricted to members of the inmate's immediate family or to other relatives or adopted relatives who were instrumental in the raising of the inmate. An inmate may attend a funeral of or have a deathbed visit with a relative, but not both for the same relative.

(4) The family of an inmate who is not eligible for furlough or who has been denied furlough wishing to have the inmate attend a funeral or make a deathbed visit must contact the sheriff or chief of the tribal police of the county or jurisdiction in which the funeral or deathbed visit is to occur and arrange for transportation. The department will not review a request for temporary assumption of custody unless the sheriff or chief of tribal police has taken the following actions:

(a) Contacted the warden at the institution in which the inmate is housed to make arrangements for the transfer of custody;

(b) Provided written confirmation to the warden that the request of the funeral is confirmed by the attending funeral home or a qualified licensed physician validates imminent death;

(c) Provided the date, length, and place of the requested funeral or deathbed visit;

(d) Identified and authorized in writing a designee if the request is made on behalf of the sheriff or chief of tribal police and that the designee will take temporary custody of the inmate in accordance with the custody and transportation requirements set forth in this rule.

(e) A sheriff or chief of tribal police from a county or jurisdiction other than the county or jurisdiction in which the funeral or deathbed visit is to occur may transport the inmate provided the sheriff or chief of tribal police from the county or jurisdiction in which the funeral or death bed visit is to occur agrees to the transport in writing. A copy of the agreement will be provided to the warden of the releasing facility.

(5) The warden will prepare for the regional director the following packet on an inmate being considered for a funeral or deathbed visit and make a recommendation to the regional director:

(a) A cover memorandum which includes the request information and the warden's recommendation.

(b) The sheriff's or chief of tribal police's request.

(c) The sheriff's or chief of tribal police's designee letter, and

(d) The written agreement for transport if not being made by the sheriff or chief of tribal police of the county or jurisdiction in which the funeral or deathbed visit is to occur.

(e) Documentation pursuant to paragraph (6)(d), if the inmate is housed in a Crisis Stabilization Unit or Transitional Care Unit.

(6) The regional director will review the automated inmate record and the documentation provided by the warden to determine the inmate's suitability for the temporary transfer of custody. An inmate under sentence of death, housed in a Correctional Mental Health Institution pursuant to court order of commitment, or in close management will not be eligible to attend a funeral or death bed visit. If the following conditions exist, an inmate will not be eligible to attend a funeral or death bed visit unless it is recommended the condition be waived by the regional director in writing and approved by the Deputy Assistant Secretary for Programs or designee. Decisions will be made on a case by case basis.

(a) The inmate has become a management problem and is under consideration for close management;

(b) The inmate has a prior history of escape or attempted escape (conviction is not required) and is presently close custody;

(c) The inmate has had one or more major disciplinary violations as defined in subsection 33-601.302(11), F.A.C., in the last six months;

(d) The inmate is housed in a Crisis Stabilization Unit or Transitional Care Unit unless a psychiatrist provides in writing that the inmate is suitable for temporary release pursuant to this rule.

(7) If the regional director approves the inmate for temporary release of custody, the warden or his or her designee will inform the sheriff or chief of tribal police by completing and faxing a written authorization to the requesting authority. The location of the inmate, when the inmate can be picked up, when the inmate is to be returned to department custody as determined by the regional director, and conditions of the transfer of custody if any will be included on the authorization.

(8) If the regional director disapproves the inmate, the warden or his or her designee will notify the requesting authority and document same in the inmate's file.

(9) Prior to the temporary release from custody, the warden will notify in writing the sheriff or chief of tribal police of the custody requirements of the inmate for whom they are assuming custody.

(10) If an inmate is to be transported out-of-state for a funeral or deathbed visit, the inmate will sign a waiver of extradition for the purpose stated and the inmate's subsequent return to the department as a condition of the temporary transfer of custody to the other state.

(11) An inmate being temporarily released to attend a funeral or deathbed visit must agree to submit to substance abuse testing as a condition of the release to determine whether unauthorized or illegal substances were used while outside the custody of the Department, and to pay for the cost of the testing if the results are positive.

(12) The warden or shift supervisor will:

(a) Verify the identity of the agent arriving at the institution to take custody of the inmate.

(b) Secure a receipt for temporary transfer of custody, and

(c) Ensure that there are no breaches of security and transportation requirements by the transporting agent that poses a threat to public safety.

(13) The warden or shift supervisor is authorized to refuse to relinquish temporary custody if any condition of this procedure is not met. The regional director will be informed immediately of such a decision.

(14) Upon return of the inmate to the custody of the department:

(a) Institutional staff shall provide a receipt to the agent returning the inmate, certifying the return of the inmate to department custody.

(b) The inmate shall be tested to determine whether alcohol, drugs or unauthorized controlled substances were used while the inmate was out of the Department's custody.

(c) The inmate shall be examined by medical staff.

Specific Authority 20.315, 944.09 FS. Law Implemented 944.09 FS. History--New 10-8-76, Formerly 33-7.03, Amended, 4-25-86, 2-12-97, 11-16-97, Formerly 33-7.003, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
George Sapp

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 23, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 11, 2005

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE CHAPTER TITLE: Water Levels and Rates of Flow
RULE CHAPTER NO.: 40D-8

RULE TITLE: Guidance and Minimum Levels for Lakes
RULE NO.: 40D-8.624

PURPOSE AND EFFECT: To amend Rule 40D-8.624, F.A.C., to incorporate the next set of priority lakes pursuant to Section 373.042, Florida Statutes for Weekiwachee Prairie Lake (Lake Theresa), Lake Lindsey, Mountain Lake, Hunters Lake, Neff Lake, and Spring Lake, in Hernando County, Florida. Crescent Lake, Pretty Lake, Horse Lake, and Lake Taylor in Hillsborough County, Florida. Buddy Lake, Lake Hancock, Middle Lake, Lake Pasadena and Clear Lake in Pasco County, Florida.

SUMMARY: Establishment of minimum lake levels and guidance levels for Hillsborough and Pasco County Lakes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A Statement of Estimated Regulatory Cost is not being prepared.

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: 373.044, 373.113, 373.171 FS.

LAW IMPLEMENTED: 373.036, 373.0361, 373.0395, 373.042, 373.0421, 373.086 FS.

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

The District does not discriminate on the basis of disability. Anyone requiring reasonable accommodation should contact: Dianne Lee, (352)796-7211, Ext. 4658m TDD only 1(800)231-6103.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Karen A. Lloyd, Assistant General Counsel, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4651

THE FULL TEXT OF THE PROPOSED RULE IS:

40D-8.624 Guidance and Minimum Levels for Lakes.

(1) through (12) No change.

(13) Levels for lakes established during or after August 7, 2000, are set forth in the following table. After the High Minimum Lake Level and Minimum Lake Level elevation for each lake is a designation indicating the Method used, as described in subsection 40D-8.624(7), F.A.C., to establish the level. Guidance Levels established prior to August 7, 2000, are set forth in Table 8-3 in subsection 40D-8.624(14), F.A.C., below.

Table 8-2 Minimum and Guidance Levels Established During or After August 7, 2000. Levels are elevations, in feet above the National Geodetic Vertical Datum of 1929.						
Location by County and Basin	Name of Lake and Section, Township and Range Information	Ten Year Flood Guidance Level	High Guidance Level	High Minimum Lake Level	Minimum Lake Level	Low Guidance Level
(a) through (e) No change.						
(f) In Hernando County Within the Coastal Rivers Basin RESERVED						
	Hunters Lake S-32, T-23S, R-17E	20.8	19.3	19.3 (CAT 3)	17.1 (CAT 3)	13.7
	Weekiwachee Prairie Lake (Lake Theresa) S-23, T-23S, R-17E	24.0	22.6	21.4 (CAT 3)	18.3 (CAT 3)	17.5
(g) No change.						
(h) In Hernando County Within the Withlacoochee River Basin	Lindsey, Lake S-25, T-21S, R-19E	72.4	68.5	68.5 (CAT 2)	66.1 (CAT 2)	63.9
	Mountain Lake S-16, T-23S, R-20E	105.0	102.8	102.8 (CAT 3)	99.5 (CAT 3)	96.3
	Neff Lake S-20, T-23S, R-20E	104.1	102.2	102.2 (CAT 3)	94.5 (CAT 3)	87.4
	Spring Lake S-15, T-23S, R-20E	183.3	181.6	180.1 (CAT 3)	179.0 (CAT 3)	179.0
(i) through (k) No change.						
(l) In Hillsborough County Within the Northwest Hillsborough Basin						
	Barbara, Lake S-19, T-27, R-18	54.96	53.15	53.15 (CAT 3)	52.15 (CAT 3)	51.05
	Bird Lake S-26, T-27, R-18	53.0	49.6	49.6 (CAT 2)	48.6 (CAT 2)	47.5
	Brant Lake S-23, T-27, R-18	60.5	58.0	58.0 (CAT 2)	57.0 (CAT 2)	55.9
	Calm Lake S-14, T-27, R-17	51.02	49.41	49.41 (CAT 3)	48.41 (CAT 3)	47.31
	Charles, Lake S-23, T27, R-18	56.2	54.2	53.8 (CAT 1)	52.4 (CAT 1)	52.1
	Church Lake S-28, T-27, R-17	36.74	35.64	35.64 (CAT 3)	34.64 (CAT 3)	33.54
	Crenshaw, Lake S-22, T-27, R-18	57.64	55.5	54.45 (CAT 3)	53.45 (CAT 3)	53.4
	Crescent Lake S-10, T-27S, R-17E	43.4	41.9	41.3 (CAT 3)	40.3 (CAT 3)	39.8

Crystal Lake S-14, T-27, R-18	62.1	59.8	59.8 (CAT 2)	58.8 (CAT 2)	57.7
Cypress Lake S-24, T-27, R-17	50.86	48.89	48.89 (CAT 3)	47.89 (CAT 3)	46.79
Dan, Lake S-6, T-27, R-17	34.9	32.5	31.9 (CAT 3)	30.9 (CAT 3)	30.4
Deer Lake S-1, T-27, R-18	70.0	66.5	66.5 (CAT 2)	65.5 (CAT 2)	64.4
Dosson Lake S-20, T-27, R-18 (Levels in feet NGVD)	55.1	53.4	53.4 (CAT 2)	52.4 (CAT 2)	51.3
Echo Lake S-28, T-27, R-17	36.74	35.64	35.64 (CAT 3)	34.64 (CAT 3)	33.54
Ellen, Lake S-19, T-27, R-18	54.96	53.15	53.15 (CAT 3)	52.15 (CAT 3)	51.05
Fairy (Maurine) Lake S-34, T-27, R-17	34.51	33.41	33.41 (CAT 3)	32.41 (CAT 3)	31.31
Garden Lake S-17, T-27, R-17	33.9	31.5	30.5 (CAT 3)	29.5 (CAT 3)	29.4
Halfmoon Lake S-31, T-27, R-18	45.07	43.3	43.3 (CAT 2)	42.3 (CAT 2)	41.2
Helen, Lake S-19, T-27, R-18	54.96	53.15	53.15 (CAT 3)	52.15 (CAT 3)	51.05
Hobbs, Lake S-1, T-27, R-18	67.75	65.46	65.46 (CAT 2)	64.46 (CAT 2)	63.36
Horse Lake S-26, T-27, R-17	48.9 RESERVED	46.9 RESERVED	45.8 RESERVED (CAT 3)	44.8 RESERVED (CAT 3)	44.8 RESERVED
Jackson, Lake S-17, T-27, R-17	34.7	33.0	33.0 (CAT 2)	32.0 (CAT 2)	30.9
Juanita, Lake S-22, T-27, R-17	43.8	41.7	41.7 (CAT 2)	40.7 (CAT 2)	39.6
Little Moon Lake S-28, T-27, R-17	40.8	39.1	39.1 (CAT 2)	38.1 (CAT 2)	37.0
Merrywater, Lake S-22, T-27, R-18	58.0	55.8	55.8 (CAT 2)	54.8 (CAT 2)	53.7
Mound Lake S-11, T-27, R-17	51.8	50.2	50.7 (CAT 1)	49.3 (CAT 1)	48.3
Platt Lake S-35, T-27, R-18	52.0	49.7	49.5 (CAT 1)	48.1 (CAT 1)	45.5
Pretty Lake S-26, T-27S, R-17E	<u>45.8</u>	<u>44.3</u>	<u>43.9</u> (CAT 1)	<u>42.5</u> (CAT 1)	<u>42.2</u>
Rainbow Lake S-22, T-27, R-17	40.8	39.1	39.1 (CAT 2)	38.1 (CAT 2)	37.0
Raleigh, Lake S-27, T-27, R-17	RESERVED	RESERVED	RESERVED (CAT 3)	RESERVED (CAT 3)	RESERVED
Reinheimer, Lake S-15, T27, R-18	60.8	58.6	58.9 (CAT 1)	57.5 (CAT 1)	56.5

	Rogers, Lake S-27, T-27, R-17	RESERVED	RESERVED	RESERVED (CAT 3)	RESERVED (CAT 3)	RESERVED
	Round Lake S-22, T-27, R-18	56.49	55.6	54.5 (CAT 3)	53.5 (CAT 3)	53.5
	Saddleback Lake S-22, T-27, R-18	56.11	54.58	54.58 (CAT 2)	53.58 (CAT 2)	52.48
	Sapphire Lake S-14, T-27, R-18	64.1	63.4	63.0 (CAT 1)	61.6 (CAT 1)	61.3
	Starvation Lake S-21, T-27, R-18	RESERVED	RESERVED	RESERVED (CAT 3)	RESERVED (CAT 3)	RESERVED
	Strawberry (North Crystal) Lake S-14, T-27, R-18	62.0	60.1	60.1 (CAT 3)	59.1 (CAT 3)	58.0
	Sunset Lake S-17, T-27, R-17	35.0	34.8	34.4 (CAT 1)	33.0 (CAT 1)	32.7
	Sunshine Lake S-20, T-27, R-18	55.1	53.4	53.4 (CAT 2)	52.4 (CAT 2)	51.3
	<u>Taylor, Lake</u> <u>S-16, T-27S, R-17E</u>	<u>40.1</u>	<u>38.2</u>	<u>38.2</u> <u>(CAT 2)</u>	<u>37.2</u> <u>(CAT 2)</u>	<u>36.1</u>
(m) through (r) No change.						
(s) In Pasco County Within the Hillsborough County Basin	Bell Lake S-13, T-26, R-18	73.3	71.6	70.8 (CAT 1)	69.4 (CAT 1)	69.2
	Bird Lake S-36, T-26, R-18	68.2	66.8	66.6 (CAT 1)	65.2 (CAT 1)	64.3
	<u>Buddy Lake</u> <u>S-17, T-25S,</u> <u>R-21E</u>	<u>96.9</u>	<u>93.7</u>	<u>93.7</u> <u>(CAT 3)</u>	<u>87.3</u> <u>(CAT 3)</u>	<u>83.9</u>
	<u>Hancock Lake</u> <u>S-5, T-24S,</u> <u>R-20E</u>	<u>106.9</u>	<u>102.5</u>	<u>102.5</u> <u>(CAT 3)</u>	<u>100.2</u> <u>(CAT 3)</u>	<u>97.7</u>
	<u>Middle Lake</u> <u>S-4, T-24S,</u> <u>R-20E</u>	<u>106.9</u>	<u>103.1</u>	<u>102.5</u> <u>(CAT 3)</u>	<u>100.2</u> <u>(CAT 3)</u>	<u>99.2</u>
	Padgett, Lake S-24, T-26, R-18	71.5	70.5	70.5 (CAT 1)	69.5 (CAT 1)	68.4
	<u>Pasadena, Lake</u> <u>S-16, T-25S,</u> <u>R-21E</u>	<u>96.9</u>	<u>93.7</u>	<u>93.7</u> <u>(CAT 3)</u>	<u>87.3</u> <u>(CAT 3)</u>	<u>83.9</u>
(t) No change.						
(u) In Pasco County Within the Withlacoochee River Basin						
	<u>Clear Lake</u> <u>S-1, T-25S,</u> <u>R-20E</u>	<u>128.5</u>	<u>127.0</u>	<u>127.0</u> <u>(CAT 3)</u>	<u>125.7</u> <u>(CAT 3)</u>	<u>123.7</u>
(v) through (cc) No change.						

(14) Guidance Levels established for lakes prior to August 7, 2000, are set forth in the following table:

Table 8-3 Guidance Water Levels adopted prior to August 7, 2000				
Location of Impoundment by County and Basin	Ten (10) Year Flood Guidance Level in Feet Above Mean Sea Level (msl)	High Level in Feet Above Mean Sea Level (msl)	Low Level in Feet Above Mean Sea Level (msl)	Extreme Low Level in Feet Above Mean Sea Level (msl)
(a) through (g) No change.				
(h) In Hernando County Within the Withlacoochee River Basin LAKES				
Elizabeth, Lake S11 T23S R21E	62.90'	60.25'	57.00'	55.50'
Francis, Lake 11 23S 21E	62.90'	60.25'	57.00'	55.50'
Geneva, Lake 11 23S 21E	62.90'	60.25'	57.00'	55.50'
Lindsey, Lake 25 23S 19E	70.60'	69.00'	66.00'	64.50'
Mountain Lake 16 23S 20E	105.10'	104.00'	101.00'	99.00'
Neff Lake 20 23S 20E	104.40'	103.00'	100.00'	98.00'
Sparkman Lake 24 23S 19E	94.40'	91.50'	89.00'	88.00'
Spring Lake S15 T23S R20E	185.02'	184.25'	181.25'	178.25'
(i) through (k) No change.				
(l) In Hillsborough County Within the Northwest Hillsborough Basin LAKES Sec Twsp Rng				
ROCKY CREEK WATERSHED				
Allen, Lake	62.60'	62.50'	59.75'	57.50'
Armistead, Lake	46.50'	44.00'	40.50'	39.00'
Browns Lake	63.70'	63.50'	60.75'	59.00'
Harvey, Lake	62.90'	62.50'	60.25'	58.00'
Josephine, Lake	47.50'	46.00'	42.75'	40.00'
LeClare, Lake	53.50'	52.00'	49.50'	47.00'
Pretty Lake	46.70'	45.50'	42.75'	40.00'
Rock Lake	48.00'	46.00'	42.75'	40.00'
Starvation Lake	55.00'	53.00'	50.00'	48.00'
Turkey Ford Lake	55.00'	54.00'	51.50'	50.00'
Virginia Lake	63.00'	62.50'	60.25'	58.00'

BROOKER CREEK WATERSHED				
Artillery, Lake 3 27S 17E	44.50'	44.00'	40.50'	39.00'
Buck Lake	35.50'	35.00'	32.00'	29.50'
Crescent Lake	44.20'	42.50'	40.00'	38.50'
Elizabeth Lake	54.00'	53.00'	51.00'	49.00'
Fern, Lake	48.00'	46.00'	43.00'	41.50'
Frances, Lake	42.50'	40.50'	38.00'	36.00'
Horse Lake	48.40'	46.50'	44.00'	42.00'
Island Ford Lake	42.30'	41.50'	39.00'	37.00'
James Lake 23 27S 17E	47.70'	46.50'	43.50'	42.00'
Keystone Lake	43.20'	42.00'	39.75'	39.00'
Little Lake 23 27S 17E	47.70'	46.50'	43.50'	42.00'
Raleigh, Lake	43.30'	42.50'	38.00'	35.00'
Rogers, Lake	NO LEVELS RECOMMENDED			
Taylor, Lake	39.70'	39.25'	36.75'	34.75'
Velburton Lake	41.50'	40.00'	37.25'	35.00'
(m) through (r) No change.				
(s) In Pasco County Within the Hillsborough River Basin LAKES				
Catfish Lake S30 T25 R19	68.72'	68.00'	65.50'	63.50'
Cow (East) Lake S19 T26S R19E	78.63'	78.50'	76.00'	75.00'
Floyd, Lake S36 T26 R19	68.41'	68.50'	66.00'	64.00'
Gooseneck, Lake S29 T26 R19	75.10'	73.50'	71.00'	69.00'
Hancock, Lake S5 T24S R20E	107.48'	106.50'	104.00'	102.00'
Hog (Joyce) Lake S19 T26S R19E	76.66'	76.50'	73.50'	72.50'
Iola, Lake S15 T24S R20E	147.55'	147.50'	145.00'	142.50'
Jessamine, Lake S11 T24S R20E	144.18'	142.00'	138.00'	136.00'
JoAnn, Lake S30 T26 R19	68.72'	68.00'	65.50'	63.50'
King Lake S7 T26S R19E	73.58'	73.50'	71.50'	69.50'
King Lake (East) S22 T25S R20E	105.49'	105.25'	102.50'	100.00'
Middle Lake S4 T24S R20E	107.48'	107.00'	105.00'	103.00'
Moody Lake S10 T24S R20E	110.48'	110.00'	107.50'	105.50'

Myrtle, Lake S30 T26 R19	68.72'	68.00'	65.50'	63.50'
Saxon Lake S30 T26S R19E	71.34'	71.25'	69.00'	67.50'
Tampa (Turtle) Lake S32 T26 R19	66.00'	65.50'	63.00'	61.00'
Toni, Lake S30 T26 R19	68.72'	68.00'	65.50'	63.50'
Twin, Lake S28 T26 R19	68.35'	67.50'	65.00'	63.00'
Unnamed Lake #26 S25 T26 R18	68.75'	68.00'	65.50'	63.50'
(t) No change.				
(u) In Pasco County Within the Withlacoochee River Basin LAKES				
Buddy Lake S17 T25S R21E	97.02'	94.50'	91.50'	90.00'
Pasadena, Lake S16 T25S R21E	97.02'	94.50'	91.50'	90.00'
Clear Lake S1 T25S R20E	127.90'	127.50'	125.25'	123.75'
(v) through (cc) No change.				

Specific Authority 373.044, 373.113, 373.171 FS. Law Implemented 373.036, 373.0361, 373.0395, 373.042, 373.0421, 373.086 FS. History—New 6-7-78, Amended 1-22-79, 4-27-80, 10-21-80, 12-22-80, 3-23-81, 4-14-81, 6-4-81, 10-15-81, 11-23-81, 1-5-82, 3-11-82, 5-10-82, 7-4-82, 9-2-82, 11-8-82, 1-10-83, 4-3-83, 7-5-83, 9-5-83, 10-16-83, 12-12-83, 5-8-84, 7-8-84, 12-16-84, 2-7-85, 5-13-85, 6-26-85, 11-3-85, 3-5-86, 6-16-86, Formerly 16J-8.678, Amended 9-7-86, 2-12-87, 9-2-87, 2-18-88, 6-27-88, 2-22-89, 3-23-89, 9-26-89, 7-26-90, 10-30-90, 3-3-91, 9-30-91, 10-7-91, 7-26-92, 3-1-93, 5-11-94, 6-6-96, 2-23-97, 8-7-00, 1-8-04, 12-10-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Doug Leeper, Senior Environmental Scientist, Resource Conservation and Development Department, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4272

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Governing Board of the Southwest Florida Water Management District

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 14, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 8, 2004

DEPARTMENT OF THE LOTTERY

RULE TITLE: Overtime Compensation
RULE NO.: 53-13.008

PURPOSE AND EFFECT: The Department proposes to revise the time period for excluded positions to accrue compensatory leave and redefine overtime for included and excluded positions.

SUMMARY: This amendment establishes the criteria of overtime pay during the monthly pay period and sets forth the approval of overtime hours for included and excluded positions.

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(9)(j) FS.
LAW IMPLEMENTED: 24.105(19)(d) 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: Faith L. Schneider, Office of the General Counsel, Florida Lottery, 250 Marriott Drive, Tallahassee, FL 32301, (850)487-7724

THE FULL TEXT OF THE PROPOSED RULE IS:

53-13.008 Overtime Compensation.

(1) Employees filling included positions and OPS employees performing similar duties shall be paid for overtime. Overtime payments shall be computed at a rate of one and one-half (1 1/2) times the employee's regular hourly rate for hours of work, excluding holidays and leave with pay, in excess of forty (40) in a workweek or in excess of the number of hours in an extended work period. An employee shall work overtime hours only as authorized by work cycle which are performed at the request of management.

(2) Employees filling excluded positions, other than those in Executive Management, shall accrue regular compensatory time on an hour for hour basis for all hours of work in excess of the established hours in the monthly pay period or extended work period, excluding holidays and leave without pay, forty (40) in a workweek or work cycle which are performed at the request of management. An employee shall not accrue more than one hundred sixty (160) regular compensatory hours in a fiscal year. All hours in excess of one hundred twenty (120) on July 1 of each fiscal year shall be forfeited, unless a waiver has been approved pursuant to subsection 53-16.004(4)(3), F.A.C., Overtime/Compensation for Excess Hours of Work.

Specific Authority 24.105(9)(j) FS. Law Implemented 24.105(19)(d) FS. History—New 2-25-93, Amended 7-4-93, Superseded by 53ER05-35, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Department of the Lottery
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Kenneth H. Hart, Jr. General Counsel
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 23, 2005
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 18, 2005

DEPARTMENT OF THE LOTTERY

RULE TITLE: Overtime/Compensation for Excess Hours of Work
RULE NO.: 53-16.004

PURPOSE AND EFFECT: The Department proposes to revise the time period for excluded positions to accrue compensatory leave and redefine overtime for included and excluded positions.

SUMMARY: This amendment establishes the criteria of overtime pay during the monthly pay period and sets forth the approval of overtime hours for included and excluded positions.

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(9)(j) FS.

LAW IMPLEMENTED: 24.105(19)(d) 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: Faith L. Schneider, Office of the General Counsel, Florida Lottery, 250 Marriott Drive, Tallahassee, FL 32301, (850)487-7724

THE FULL TEXT OF THE PROPOSED RULE IS:

(Substantial rewording of Rule 53-16.004 follows. See Florida Administrative Code for present text.)

53-16.004 Overtime/Compensation for Excess Hours of Work.

(1) Each classification shall be designated as "included" or "excluded."

(a) For included positions overtime is defined as hours of work, excluding holidays and leave with pay, in excess of forty (40) hours during the established workweek, or in excess of the number of hours in an extended work period.

(b) For excluded positions, hours of work, excluding holidays and leave with pay, in excess of the established hours in the monthly pay period or extended work period shall be compensated as described in subsections (4) through (6) below.

(2) An employee who is filling an included position shall be paid for all overtime at a rate which is one and one-half (1 1/2) times the employee's regular hourly rate of pay.

(3) Payment for overtime shall be made immediately following the pay period during which the overtime was worked.

(4) An employee who is filling an excluded position, other than an executive management position, shall accrue regular compensatory leave credits on an hour for hour basis for all hours required to be worked in excess of the established hours in the monthly pay period or extended work period. An employee shall not accrue in excess of one hundred sixty (160) regular compensatory leave credits in a fiscal year. All regular compensatory leave credits in excess of one hundred twenty

(120) hours will be forfeited on July 1, unless a waiver has been approved by the Secretary. The conditions under which the Secretary shall approve a waiver are:

(a) The employee’s workload has prevented the employee from utilizing the excess compensatory leave credits; and

(b) The excess compensatory leave credits are earned within the sixty (60) day period prior to July 1.

(5) No cash payment shall be made to an employee filling an excluded position for unused regular compensatory leave credits. However, holiday compensatory leave credits can be accrued in addition to any regular compensatory leave credits, and if such employee separates from employment with the Lottery or joins Lottery Executive Management prior to being granted such leave, the employee shall be paid for all unused holiday compensatory leave credits in accordance with the provisions of this chapter.

(6) When an employee moves from a position in a class requiring the granting of regular compensatory leave credits to any other position in the Lottery, any unused regular compensatory leave credits shall be transferred.

Specific Authority 24.105(9)(j) FS. Law Implemented 24.105(19)(d) FS. History–New 2-25-93, Amended 7-4-93, 9-16-93, Superseded by 53ER05-36, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Department of the Lottery

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 23, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 18, 2005

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Provider Enrollment
RULE NO.: 59G-5.010

PURPOSE AND EFFECT: The purpose of this amendment is to revise Rule 59G-5.010, F.A.C., Provider Enrollment, subsection (1). The Florida Medicaid Enrollment Application for participating in the Medicaid Program is incorporated by reference.

SUMMARY: The proposed amendment to Rule 59G-5.010, F.A.C., Provider Enrollment, incorporates by reference the provider application for Medicaid enrollment. Specific rule authority is contained in Sections 409.907(7) and 409.907(8), F.S.

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

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, 409.907(7), 409.907(8) FS.

LAW IMPLEMENTED: 409.919, 409.907(7), 409.907(8) FS.

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

TIME AND DATE: 10:00 a.m. – 11:00 a.m., April 25, 2005
PLACE: 2727 Mahan Drive, Bldg 3, Conf Rm C, Tallahassee, FL 32301

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Shawn McCauley, Medicaid Contract Management, 2308 Killlearn Center Blvd., Suite 200, Tallahassee, Florida 32309, (850)922-7344

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-5.010 Provider Enrollment.

(1) Unless otherwise specified in Chapter 59G-4, F.A.C., all providers and billing agents are required to enroll in the Medicaid program and submit a completed Florida Medicaid Provider Enrollment Application, AHCA Form 2200-0003 (December ~~2004~~ 2002). AHCA Form 2200-0003 is available from the fiscal agent and incorporated in this rule by reference. AHCA Form 2200-0003 is the application to be completed by applicants.

(2) through (6) No change.

Specific Authority 409.919 FS. Law Implemented 409.902, 409.907, 409.908 FS. History–New 9-22-93, Formerly 10P-5.010, Amended 7-8-97, 9-8-98, 7-5-99, 7-10-00, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Shawn McCauley

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Alan Levine, Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 17, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 16, 2004

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE TITLE: Certification of Registered Contractors
RULE NO.: 61G4-15.030

PURPOSE AND EFFECT: The proposed rule repeal is intended to remove the “grandfathering” provision for certification of registered contractors.

SUMMARY: The rule is being repealed.
SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 489.108, 489.118 FS.
LAW IMPLEMENTED: 489.118 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: Tim Vaccaro, Executive Director, Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G4-15.030 Certification of Registered Contractors.
THIS RULE REPEAL SHALL TAKE EFFECT ON JULY 1, 2005.

Specific Authority 489.108, 489.118 FS. Law Implemented 489.118 FS. History—New 2-23-00, Repealed 7-1-05.

NAME OF PERSON ORIGINATING PROPOSED RULE: Construction Industry Licensing Board
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Construction Industry Licensing Board
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 14, 2005

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

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

PURPOSE AND EFFECT: The proposed rule amendments are intended to clarify the requirements for continuing education.

SUMMARY: The proposed rule amendments set forth the required subject matter for purposes of continuing education.

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

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

IF REQUESTED 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: Tim Vaccaro, Executive Director, Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G4-18.001 Continuing Education Requirements for Certificateholders and Registrants.

(1) Each person who is certified or registered by the ~~Board board~~ must, as a condition of each renewal of the certificate or registration, obtain at least 14 classroom or interactive distance learning hours of continuing education in one or more courses from a continuing education provider approved by the ~~Board board~~. Of the required 14 hours of continuing education, up to four (4) hours of credit may be earned by attending a meeting of the Board wherein disciplinary cases are considered. At least seven (7) days advance notice of the intent to attend the disciplinary case session must be given to the Board, and the licensee must check in with Board staff prior to the beginning of the disciplinary proceedings. The licensee must sign in and out at breaks and at lunchtime. After the conclusion of the meeting, Board staff will issue a certificate of attendance to the licensee. The licensee must submit documentation of such participation to the Department within five (5) days of the date of issuance of the certificate of attendance. A maximum of four (4) hours will be allowed during a renewal cycle. Credit hours shall be awarded on an hour for hour basis up to a maximum of four hours. Credit hours may not be earned when the licensee attends a disciplinary case session as a party to a disciplinary action. ~~All registered contractors and all certified contractors are required to complete zero hours of specialized or advanced module courses approved by the Florida Building Commission, at least one hour of a workplace safety class, one hour of a business practices class and one hour of a workers' compensation class as a part of the 14 hours of required continuing education for license renewal. That portion of this rule relating to business practices shall be effective September 1, 1999.~~

(2) All registered contractors and certified contractors are required to complete 14 hours of continuing education each renewal cycle. Of the 14 hours, one hour shall be required in each of the following topics: specialized or advanced module course approved by the Florida Building Commission, or the Board, workplace safety; business practices; workers'

compensation. The remaining 10 hours may include any of the aforementioned subject matter or general topics as defined hereinafter.

(3) The content of Board approved courses must be business, trade, workers' compensation or safety topics relevant to the construction industry. For purposes of this rule:

(a) Business practice topics include bookkeeping and accounting practices; managing cash flow; estimating and bidding jobs; negotiating and interpreting contracts and agreements; processing change orders; controlling purchasing; scheduling; controlling expenses; insurance and bonding related to construction; complying with payroll and sales tax laws; interpreting financial statements and reports related to construction; complying with Florida laws and rules related to construction.

(b) Trade related courses may be used to satisfy the "general" requirements. These courses may include topics considered as contract administration and project management activities, including management and operation of the day-to-day activities of a construction contracting firm and advanced knowledge of the trade in which the contractor is licensed. Examples include, but are not limited to: preconstruction activities, including design and structural loading; project contracts; permits; plan and specification approvals; construction procedures and operations; methods, materials, tools and equipment as codified in the CSI 16 Division Format or ASTM; maintenance and service; reading plans and specifications; code updates pursuant to Section 553, F.S., and related Statutes.

(c) Safety courses include courses related to job site safety in the following topics: OSHA safety; workplace safety programs; safety manuals; procedure of testing and use of tools and equipment.

(d) Workers' compensation courses include: Compliance with Section 440, F.S.; drug free workplace; calculating and assigning workers' compensation costs; premium modification and adjustments.

(4)(2) A person who holds more than one certificate or registration issued by the Board ~~board~~ is required to complete the continuing education requirements only once during each biennial certification renewal period and only once during each biennial registration period, providing all applicable license numbers to the course provider at the time of registration to ensure proper reporting of CE hours. Workers' compensation, work place safety and business practice courses approved for the continuing education requirements for persons certified under Chapter 489, Part II, F.S., shall be accepted for continuing education for renewal under this rule.

(3) through (8) renumbered (5) through (10) No change.

Specific Authority 455.213(6), 455.2177, 455.2178, 455.2179, 489.108, 489.115 FS. Law Implemented 455.2123, 455.213(6), 455.2177, 455.2178, 455.2179, 455.271(6), 489.115, 489.116 FS. History—New 12-2-93, Amended 5-19-94, 8-16-94, 10-12-94, 1-18-95, 2-4-98, 5-11-99, 7-12-99, 1-23-00, 2-1-00, 12-27-00, 3-25-01, 7-26-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Construction Industry Licensing Board

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Construction Industry Licensing Board

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

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Surveyors and Mappers

RULE TITLES: RULE NOS.:

Continuing Education Credit for Biennial Renewal	61G17-5.0031
Obligation of Continuing Education Providers	61G17-5.0043
Approval of Classes	61G17-5.0051

PURPOSE AND EFFECT: Rule 61G17-5.0031, F.A.C., indicates when a licensee may claim continuing education credit. Rule 61G17-5.0043, F.A.C., clarifies the obligations of continuing education providers regarding advertising and attendance at Board rules workshops. Rule 61G17-5.0051, F.A.C., revises the requirements that a course provider must satisfy to have a continuing education course approved.

SUMMARY: Rule 61G17-5.0031, F.A.C., indicates when a licensee may claim continuing education credit. Rule 61G17-5.0043, F.A.C., updates the obligations of continuing education providers to better meet the needs of licensed surveyors and mappers. Rule 61G17-5.0051, F.A.C., establishes new requirements that continuing education providers must satisfy to have continuing education courses approved by the Board.

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: 455.2124(2), 472.008, 472.018, 455.219, 472.011 FS.

LAW IMPLEMENTED: 455.2124(2), 455.2123, 455.2179, 472.018 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: John Knap, Executive Director, Board of Professional Surveyors and Mappers, 1940 North Monroe Street, Tallahassee, Florida 32399-0767

THE FULL TEXT OF THE PROPOSED RULE IS:

61G17-5.0031 Continuing Education Credit for Biennial Renewal.

- (1) No change.
- (2) No licensee may claim credit until after the credit has been earned by that licensee. ~~Likewise, no credit earned after a biennium renewal date may be used to satisfy an earlier biennial requirement.~~
- (3) through (4) No change.

Specific Authority 455.2124(2), 472.008, 472.018 FS. Law Implemented 455.2124(2), 455.2179, 472.018 FS. History--New 3-28-94, Amended 5-30-95, 9-21-98, 7-27-00, 6-22-03, _____.

61G17-5.0043 Obligations of Continuing Education Providers.

- (1) No change.
- (2) Furnish each participant with an individual certificate of attendance that complies with paragraph 61-6.015(4)(a), F.A.C. Continuing education providers must provide their Florida Department of Business and Professional Regulation (DBPR) continuing education provider number on all course advertisements and on all course completion certificates issued to individuals completing a continuing education course. Additionally, continuing education providers must identify in advertisements and on certificates of completion whether the offered continuing education course has been approved for general continuing education credit, laws and rules continuing education credit, minimum technical standards (MTS) continuing education credit, or a combination of MTS and laws and rules continuing education credit.

(a) An attendance record shall be maintained by the provider for four (4) years and shall be available for inspection by the Board, its designee, the Department, or the Department's designee.

(b) Providers must electronically provide to the Department a list of attendees taking a course within thirty (30) ~~five(5)~~ business days of the completion of the course. The list shall include the provider's name, the name and license number of the attendee, the date the course was completed, the course number and the total number of hours successfully completed.

(c) If the instructor is receiving credit as set forth in paragraph 61G17-5.0031(3)(c), F.A.C., the instructor shall be listed as an attendee with the same information required above.

(d) Providers shall maintain security of attendance records and certificates. For correspondence study courses, the provider must electronically supply the list of those individuals successfully completing the course by the 5th of the month following the calendar month in which the provider received documentation and was able to determine the successful completion of the course by the individual.

- (3) through (13) No change.

(14) All approved continuing education providers must attend at least one (1) of the Board's rule development workshops during a licensure biennium. If an approved continuing education provider is offering minimum technical standards (MTS) courses, then MTS continuing education providers must also attend at least one (1) of the Board's MTS workshops during a licensure biennium.

Specific Authority 455.219, 472.008, 472.011, 472.018 FS. Law Implemented 455.2123, 472.018 FS. History--New 3-28-94, Amended 5-30-95, 7-27-00, 8-18-03, 8-18-04, _____.

61G17-5.0051 Approval of Classes.

- (1) No change.
 - (a) No change.
 - (b) The course provider shall submit to the Board the following: an application, a course outline which describes the course's content and subject matter, and a written statement that explains in detail how the course relates to the practice of surveying and mapping. If a proposed laws and rules continuing education course does not specifically cover Chapter 472 of the Florida Statutes, Chapter 177 of the Florida Statutes, or Chapter 61G17 of the Florida Administrative Code, then the continuing education provider must provide the Board with a detailed written explanation as to how the proposed laws and rules continuing education course rationally relates to the practice of surveying and mapping. A detailed course outline is submitted to the Board, along with the application, which describes the course's content and subject matter.
 - (c) through (e) No change.
- (2) through (4) No change.

Specific Authority 472.008, 472.018 FS. Law Implemented 472.018 FS. History--New 8-18-03, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Professional Surveyors and Mappers
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Professional Surveyors and Mappers
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 5, 2005
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 25, 2005

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Board of Professional Surveyors and Mappers
 RULE TITLES: Probation Surrender of Seal and Cancellation of Digital Signature
 RULE NOS.: 61G17-9.006 61G17-9.0065

PURPOSE AND EFFECT: Implements Section 472.025, F.S., and also clarifies the procedures for reinstating a probationer's license if the probationer's license becomes suspended as a result of discipline.

SUMMARY: Rule 61G17-9.006, F.A.C. describes the process for reinstating a suspended license. Rule 61G17-9.0065, F.A.C. implements Section 472.025, F.S., by establishing a process for the surrender of a surveyor and mapper's seal and cancellation of the surveyor and mapper's digital signature.

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: 455.2124(2), 472.008, 472.018, 472.025 FS.

LAW IMPLEMENTED: 455.2124(2), 455.2179, 472.018, 472.025 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: John Knap, Executive Director, Board of Professional Surveyors and Mappers, 1940 North Monroe Street, Tallahassee, Florida 32399-0767

THE FULL TEXT OF THE PROPOSED RULES IS:

61G17-9.006 Probation.

(1) through (2) No change.

(3) Should a probationer's license become suspended, the suspended probationer shall file a written petition for reinstatement of licensure with the board. The suspended probationer's written petition for reinstatement shall include the suspended probationer's grounds for reinstatement and also must demonstrate the suspended probationer's compliance with the board's final order, which resulted in the suspension of the probationer's license.

Specific Authority 455.2124(2), 472.008, 472.018 FS. Law Implemented 455.2124(2), 455.2179, 472.018 FS. History--New 12-25-95, Amended

61G17-9.0065 Surrender of Seal and Cancellation of Digital Signature.

(1) When a licensed surveyor and mapper's license has been revoked or suspended by the board, the licensee must surrender his or her seal to the secretary of the board and provide a sworn, written affidavit to the secretary of the board confirming that the licensee's digital signature has been

cancelled within thirty (30) days of the suspension or revocation of the licensee's license. The revoked or suspended licensee must send his or her seal and a sworn, written affidavit confirming the cancellation of his or her digital signature to the secretary of the board at 1940 North Monroe Street, Tallahassee, Florida 32399. In the event the surveyor and mapper's license has been suspended for a limited period of time, then the licensee's seal shall be returned to him or her upon the expiration of the suspension period and the licensee may also obtain another digital signature upon expiration of the suspension period.

Specific Authority 472.025 FS. Law Implemented 472.025 FS. History--New

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Professional Surveyors and Mappers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Professional Surveyors and Mappers

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 5, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 25, 2005

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Appraisal Board

RULE TITLE: Where to Apply RULE NO.: 61J1-3.002

PURPOSE AND EFFECT: Repeal Rule 61J1-3.002, F.A.C.

SUMMARY: Repealing a redundant and outdated rule.

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: 475.614 FS.

LAW IMPLEMENTED: 475.615 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE EDITION OF THE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Liz Vieira, Executive Director, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE FULL TEXT OF THE PROPOSED RULE IS:

61J1-3.002 Where to Apply.

Specific Authority 475.614 FS. Law Implemented 475.615 FS. History--New 10-15-91, Formerly 21VV-3.002, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Florida Real Estate Appraisal Board

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Florida Real Estate Appraisal Board
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 4, 2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLES:	RULE NOS.:
All Permits – Storage of Legend Drugs; Prepackaging	64B16-28.120
Record Maintenance Systems for Institutional and Animal Shelter Permits	64B16-28.150
Destruction of Controlled Substances – Class I Institutional Pharmacies – Nursing Homes	64B16-28.301
Destruction of Controlled Substances – All Permittees (excluding Nursing Homes)	64B16-28.303

PURPOSE AND EFFECT: The purpose of Rule 64B16-28.120, F.A.C., is to clarify the requirements for permits and storage of legend drugs or drug preparations as defined by Section 465.003(8), F.S., within Community Pharmacies. The Board has voted to delete Rule 64B16-28.150, F.A.C., in an effort to group like rules together, a record maintenance rule has been created under Chapter 64B16-29, F.A.C. Rule 64B16-28.301, F.A.C., is being repealed because it has been incorporated into other rules with similar text. Rule 64B16-28.303, F.A.C., is being repealed as it has been incorporated into other rules with similar text.

SUMMARY: Rule 64B16-28.120, F.A.C., is being amended to clarify the standards for permits and storage of medicinal drugs or drug preparations pursuant to current statutes. The Board voted to repeal Rule 64B16-28.150, F.A.C., in an effort to group like rules together, a record maintenance rule has been created under chapter 29, Rule 64B16-28.301, F.A.C., is being repealed because it has been incorporated into other rules with similar text, Rule 64B16-28.303, F.A.C., is being repealed as it has been incorporated into other rules with similar text.

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

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

SPECIFIC AUTHORITY: 465.005, 465.022, 465.0155, 828.055 FS.

LAW IMPLEMENTED: 465.019, 465.0196, 465.022, 465.026, 893.07.055 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULES IS:

64B16-28.120 All Permits – Storage Location of Legend Drugs; Prepackaging.

(1) All medicinal drugs or drug preparations as defined by Section 465.003(8), F.S. shall be stored:

~~(a)(1) All medicinal drugs or drug preparations as defined by Section 465.003(7), F.S., within a community pharmacy shall be stored Wwithin the confines of the prescription department of a community pharmacy permittee as defined in Section 465.018, F.S.~~

~~(2) All medicinal drugs or drug preparations as defined in Section 465.003(7), F.S., within Class I Institutional permittees as defined by Section 465.019(2)(a), F.S., shall have been dispensed pursuant to a prescription as defined in Section 465.003(13), F.S. All medicinal drugs or drug preparations as defined in Section 465.003(7), F.S., shall be prohibited within the confines of Class I Institutional pharmacies unless obtained upon a proper prescription and properly labeled in accordance with Chapter 499, F.S., and the rules and regulations contained in Chapter 59A-4, F.A.C., pertaining to the licensure of nursing homes and related facilities.~~

~~(b)(3) All medicinal drugs as defined by Section 465.003(7), F.S., in a Class II institutional pharmacy as defined by Section 465.019(2)(b), F.S., shall be stored within the confines of the pharmacy provided, however, that those medicinal drugs established by the consultant pharmacist as supportive to treatment procedures such as medical drugs, surgical, obstetrical, diagnostic, etc., may be permitted to be stored in those areas where such treatment is conducted consistent with proper control procedures as provided by the policy and procedure manual of the pharmacy.~~

(2) All medicinal drugs or drug preparations as defined in Section 465.003(8), F.S., within Class I Institutional permittees as defined by Section 465.019(2)(a), F.S., shall:

(a) have been dispensed pursuant to a prescription as defined in Section 465.003(14), F.S.; and

(b) Be prohibited within the confines of Class I Institutional pharmacies unless obtained upon a proper prescription and properly labeled in accordance with Chapter 499, F.S., and the rules and regulations contained in Chapter 59A-4, F.A.C., pertaining to the licensure of nursing homes and related facilities.

(3)(4) No change.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022 FS. History--New 9-18-84, Formerly 21S-1.44, 21S-1.044, Amended 7-31-91, Formerly 21S-28.120, 61F10-28.120, 59X-28.120, Amended _____.

64B16-28.150 Record Maintenance Systems for Institutional and Animal Shelter Permits.

Specific Authority 465.005, 465.0155, 465.022, 828.055 FS. Law Implemented 465.019, 465.022, 465.026, 893.07 FS. History--New 4-12-95, Formerly 59X-28.150, Repealed _____.

64B16-28.301 Destruction of Controlled Substances – Class I Institutional Pharmacies – Nursing Home.

Specific Authority 465.002, 465.005 FS. Law Implemented 465.018, 465.022 FS. History--New 4-21-87, Formerly 21S-19.001, Amended 7-31-91, Formerly 21S-28.301, 61F10-28.301, Amended 1-30-96, Formerly 59X-28.301, Repealed _____.

64B16-28.303 Destruction of Controlled Substances – All Permittees (excluding Nursing Homes).

Specific Authority 465.002, 465.005 FS. Law Implemented 465.018, 465.022 FS. History--New 4-21-87, Formerly 21S-19.003, Amended 7-31-91, Formerly 21S-28.303, 61F10-28.303, Amended 1-30-96, Formerly 59X-28.303, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Pharmacy

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 14, 2005

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

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLES: RULE NOS.:

Special Pharmacy – Limited Community Permit 64B16-28.810

Special Pharmacy – ESRD 64B16-28.850

Special Pharmacy – Parenteral/Enteral Extended Scope Permit 64B16-28.860

PURPOSE AND EFFECT: Rule 64B16-28.810, F.A.C., sets forth issuance and use of the Special – Limited Community Permit. Rule 64B16-28.850, F.A.C., sets forth the provisions for an ESRD Pharmacy’s limited practice to the provision of

dialysis products and supplies. Rule 64B16-28.860, F.A.C., sets forth the general requirements and permits for Special Pharmacies Parenteral/Enteral Extended Scope.

SUMMARY: The amendment to Rule 64B16-28.210, F.A.C., is to clarify the issuance and use of a Special Pharmacy – Limited Community Permit. The amendment to Rule 64B16-28.850, F.A.C., is to clarify the provisions set for the limited practice of the ESRD Pharmacy to the provision of dialysis products and supplies. The amendment to Rule 64B16-28.860, F.A.C., clarifies the general requirements for permits for Special Pharmacy and the Parenteral/Enteral Extended Scope.

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: 465.005, 465.002 FS.

LAW IMPLEMENTED: 465.0196 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULES IS:

64B16-28.810 Special Pharmacy – Limited Community Permit.

A The Special-Limited Community Permit shall be obtained by issued by the Board of Pharmacy Office whenever a Class II Institutional Pharmacy that dispenses medicinal drugs, including controlled substances to Permittee:

(1) ~~Dispenses medicinal drugs, including controlled substances, to E~~mployees, medical staff and their dependents for their personal use,

(2) ~~Dispenses medicinal drugs, including controlled substances to P~~patients of the hospital who are under a continuation of a course of therapy not to exceed a three (3) day supply,

(3) ~~Dispenses medicinal drugs, including controlled substances to P~~patients obtaining medical services in the facility’s facilities emergency room and, whenever it is otherwise appropriate, as indicated in the applicant’s policy and procedure manual.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.0196 FS. History--New 7-31-91, Formerly 21S-28.810, 61F10-28.810, 59X-28.810, Amended _____.

64B16-28.850 Special Pharmacy – ESRD.

- (1) through (3)(i) No change.
- (j) Potassium ~~OH~~ 20 MEQ/10ML (dialysate use only).
- (k) Sterile ~~water~~ ~~Weber~~ for Irrigation.
- (4) through (16) No change.

(17) A copy of the ESRD pharmacy’s Policy and Procedure Manual as provided above shall accompany the permit application, shall be kept within the ESRD Pharmacy, and shall be available for inspection by the Department of ~~Health Business and Professional Regulation~~. Changes in the Policy and Procedure Manual shall be approved by the Consulting Pharmacist.

Specific Authority 465.005, 465.0125 FS. Law Implemented 465.0196, 465.022 FS. History–New 10-2-94, Formerly 59X-28.850, Amended 9-20-99, _____.

64B16-28.860 Special Pharmacy – Parenteral/Enteral Extended Scope Permit.

(1)(a) A Special Parenteral/Enteral Extended Scope permit, ~~is hereby created~~ as authorized by Section 465.0196, F.S., ~~is required for This permit authorizes qualified pharmacies to compound patient specific enteral/parenteral preparations medicinal drugs in conjunction with institutional pharmacy permits, provided requirements set forth herein are satisfied. Special Parenteral/Enteral Extended Scope Pharmacies are those pharmacies which provide compounded parenteral/enteral preparations in conjunction with institutional pharmacy permits. Prior to engaging in a parenteral/enteral compounding pharmacy practice as described in this section, an entity shall obtain a Special Parenteral/Enteral Extended Scope pharmacy permit.~~

- (b) through (c) No change.
- (d) ~~Prior to engaging in a parenteral/enteral compounding pharmacy practice as described in this section, an entity shall obtain a Special Parenteral/Enteral Extended Scope pharmacy permit as provided herein.~~

(2) Facilities obtaining this permit may also provide services described in paragraph 64B16-28.820(1)(a), F.A.C., without obtaining an additional permit. Pharmacy services and parenteral/enteral products provided by a Special Parenteral/Enteral Extended Scope pharmacy shall be limited to the compounding and/or dispensing of sterile:

- (a) ~~Sterile P~~reparations for parental therapy, parenteral nutrition, and/or
- (b) ~~Sterile P~~reparations for enteral feeding and sterile irrigation solutions, and/or
- (c) ~~Sterile P~~reparations of cytotoxic or antineoplastic agents.
- (3)(4) ~~Facilities~~ ~~Those~~ operating under this permit may provide all necessary supplies and delivery systems so that the medicinal drugs listed herein may be properly administered.

~~(4)(3)~~ Pharmacy Environment. The compounding and dispensing of sterile parenteral/enteral prescription preparations within a Special Parenteral/Enteral Extended Scope pharmacy shall be accomplished in a pharmacy environment subject to the pharmacy permit laws contained in Chapter 465, F.S., and in accordance with those requirements for the safe handling of drugs. ~~Holder~~ of a Special Parenteral/Enteral Extended Scope ~~permittee~~ ~~permit~~ shall comply with the requirements contained in subsections 64B16-28.820(3)(2) through ~~(4)(5)~~, F.A.C., and the following:

(a) ~~A Special Parenteral/Enteral Extended Scope pharmacy~~ ~~S~~shall include an active and ongoing end product testing program to ensure stability, sterility, and quantitative integrity of finished prescriptions.

(b) ~~Each compounding process~~ ~~S~~shall insure each compounding process undergoes ~~undergo~~ an initial and thereafter annual ~~process~~ sterility validation utilizing media fill to ensure the integrity and validity of the compounding process.

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

Specific Authority 465.005 FS. Law Implemented 465.0196, 465.022 FS. History–New 9-4-96, Formerly 59X-28.860, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Pharmacy
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Pharmacy
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 14, 2005
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 22, 2004

DEPARTMENT OF HEALTH

Board of Speech-Language Pathology and Audiology

RULE TITLE: Continuing Education as a Condition
 RULE NO.: 64B20-6.001

PURPOSE AND EFFECT: The rule would clarify that licensees who are dually licensed in speech-language pathology and in audiology only need to complete two (2) hours of continuing education per-biennium in medical errors continuing education. The rule would add a requirement for Board pre-approval for all graduate level university course work for which continuing education credit is earned for biennial renewal of licensure.

SUMMARY: The rule clarifies that only two hours of medical errors CE is needed per biennium for dually licensed persons. The rule requires pre-approval of university course work taken for CE credit.

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: 456.013(7), 468.1135(4)(a), 468.1195(1),(3), 468.1205(1) FS.

LAW IMPLEMENTED: 456.013(7), 468.1195(1),(3), 468.1205(1) 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: Pamela E. King, Executive Director, Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399

THE FULL TEXT OF THE PROPOSED RULE IS:

64B20-6.001 Continuing Education as a Condition for Renewal or Reactivation.

(1) As a condition of the biennial renewal of an active status license, the licensee shall attend and certify attending 30 credit hours, per biennium, of Board approved continuing education, twenty (20) of which shall be clinically related as defined in subsection 64B20-6.002(2), F.A.C., and two (2) of which shall be proof of completion of a course relating to prevention of medical errors as specified in subsection 64B20-2.001(3), F.A.C. Those licensed as both audiologists and speech-language pathologists shall attend and certify attending 50 credit hours, per biennium, of Board approved continuing education, forty (40) hours of which shall be clinically related, twenty (20) in each specialty, of which two (2) hours shall be a Board approved course related to the prevention of medical errors as specified in subsection 64B20-2.001(3), F.A.C.

(2) through (10) No change.

(11) Continuing education credit shall be awarded for clinically related graduate level university courses from an institution as described in subsection 64B20-2.002(1), F.A.C., at the rate of fifteen (15) continuing education hours per semester hour of course work. For a licensee or certified assistant to receive credit for said graduate level course, the following criteria must be met:

(a) Except for assistants, the course shall not have been taken as part of the curriculum to satisfy the educational requirements for licensure, and

(b) The licensee or certified assistant shall not have taken the course previously unless the licensee or certified assistant can demonstrate that there has been a substantial change in the course content since the course was first taken.

(c) The course must have received prior approval pursuant to subsection 64B20-6.002(3), F.A.C.

(12)(a) through (c) No change.

Specific Authority 456.013(7), 468.1135(4)(a), 468.1195(1),(3), 468.1205(1) FS. Law Implemented 456.013(7), 468.1195(1),(3), 468.1205(1) FS. History—New 3-14-91, Amended 8-11-91, 5-28-92, 2-24-93, Formerly 21LL-6.001, Amended 1-31-94, 7-5-94, Formerly 61F14-6.001, Amended 3-28-95, 10-1-95, 11-20-95, 4-1-96, Formerly 59BB-6.001, Amended 7-7-98, 1-6-00, 4-4-02, 3-28-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Speech-Language Pathology and Audiology

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Speech-Language Pathology and Audiology

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 21, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 4, 2005

DEPARTMENT OF HEALTH

Board of Speech-Language Pathology and Audiology

RULE TITLES: RULE NOS.:

Telecoil 64B20-8.0045

Posting of Prices 64B20-8.007

PURPOSE AND EFFECT: Repeal Rules 64B20-8.0045 and 64B20-8.007, F.A.C.

SUMMARY: Repealing the above referenced rules.

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: 468.1135(4) FS.

LAW IMPLEMENTED: 468.1225(4)(b),(5)(b) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Pamela E. King, Executive Director, Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399

THE FULL TEXT OF THE PROPOSED RULES IS:

64B20-8.0045 Telecoil.

Specific Authority 468.1135(4) FS. Law Implemented 468.1225(4)(b),(5)(b) FS. History—New 11-30-94, Formerly 59BB-8.0045, Repealed _____.

64B20-8.007 Posting of Prices.

Specific Authority 468.1135(4) FS. Law Implemented 468.1245 FS. History—New 4-2-91, Formerly 21LL-8.007, 61F14-8.007, 59BB-8.007, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Speech-Language Pathology and Audiology
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Speech-Language
Pathology and Audiology
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: February 21, 2005

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: February 21, 2005
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: February 4, 2005

DEPARTMENT OF HEALTH

Board of Speech-Language Pathology and Audiology

RULE TITLE: Place of Practice
RULE NO.: 64B20-9.003

PURPOSE AND EFFECT: The rule will set a time limit for notifying the Department of an address change and will clarify that the place of practice is the primary location where the licensee practices.

SUMMARY: The rule imposes a thirty day time limit for noticing an address change and clarifies the place of practice to be the primary practice location.

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: 468.1135(4) FS.

LAW IMPLEMENTED: 456.035 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: Pamela E. King, Executive Director, Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399

THE FULL TEXT OF THE PROPOSED RULE IS:

64B20-9.003 Place of Practice.

It shall be the duty of each licensee or certificateholder to provide to the Department written notification of his or her current mailing address and place of practice within 30 days of the change. The term "place of practice" means the address of the primary physical location where the licensee or certificateholder practices.

Specific Authority 468.1135(4) FS. Law Implemented 456.035 FS. History--New 11-1-94, Formerly 59BB-9.003, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Speech-Language Pathology and Audiology
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Speech-Language
Pathology and Audiology

DEPARTMENT OF HEALTH

Division of Disease Control

RULE TITLES: Reporting Requirements for Individuals
Reporting Requirements for Laboratories
RULE NOS.: 64D-3.022
64D-3.023

PURPOSE AND EFFECT: The purpose of the proposed rule amendments is to add language requiring physicians and laboratories to submit evidence of spoligotyping of TB (tuberculosis) isolates in reporting TB cases to the department.

SUMMARY: The proposed amendments to Rules 64D-3.022 and 64D-3.022, F.A.C., addresses what evidence of spoligotyping must be submitted to the department. If the evidence of spoligotyping is not available, the amendments state that the isolate must be submitted to the department's laboratory in Jacksonville and that the department will provide mailing materials and pay mailing costs.

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

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: 381.0011(4), 381.011(13), 381.003(2), 392.53, 392.66 FS.

LAW IMPLEMENTED: 381.011, 381.003(1)(a), 392.53(1), 392.53(2) FS.

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

TIME AND DATE: 10:00 a.m., April 28, 2005

PLACE: Department of Health, Bureau of TB and Refugee Health, Room 135Q, 2585 Merchant's Row Blvd., Tallahassee, Florida

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

THE FULL TEXT OF THE PROPOSED RULES IS:

64D-3.022 Reporting Requirements for Individuals.

(1) Each individual who makes a diagnosis of or provides medical services to a person with suspected or confirmed active tuberculosis shall report or cause to be reported such diagnosis to the department. Examples of individuals required to report include the following: persons licensed under

Chapters 458, 459, 464, 465, or Part II, Part IV or Part V of Chapter 468; medical examiners appointed pursuant to Chapter 406, F.S.; administrators of health facilities where tuberculosis patients receive health care services; medical technologists; and infection control officers.

(2) A person has active tuberculosis when either of the following occur:

(a) A culture specimen taken from any source has tested positive for tuberculosis and the person has not completed an appropriate prescribed course of medication for tuberculosis disease, or

(b) There is current radiological, clinical, or laboratory evidence sufficient to establish a medical diagnosis of tuberculosis for which treatment is indicated and the person has not completed an appropriate prescribed course of medication for tuberculosis.

(3) The reporting individual shall provide to the department, to the fullest extent known at the time the report is made, the following information:

- (a) Patient's name
- (b) Patient's address (including temporary living quarters)
- (c) Patient's home telephone number (including temporary living quarters)
- (d) Patient's date of birth
- (e) Patient's sex
- (f) Patient's race

(g) Pertinent diagnostic information including, but not limited to, results of Mantoux tuberculin skin tests, laboratory examinations, the 15 digit spoligotype (octal code), radiographic examinations, and physical examinations. If the spoligotyping is not available, the isolate must be submitted to the department's laboratory in Jacksonville. The department will provide the mailing materials and pay mailing costs.

(h) Name, title, address, and telephone number of the diagnosing physician or the individual submitting the report.

(4) Initial reports shall be submitted by telephone, facsimile or in writing in accordance with Department of Health Information Security policies within 72 hours of diagnosis. Reports shall be submitted to the county health department office having jurisdiction for the area in which the office of the reporting individual or the patient's residence is located.

Specific Authority 381.0011(13), 381.003(2), 392.53(2), 392.66 FS. Law Implemented 381.0011, 381.003(1)(a), 392.53, 392.64 FS. History--New 7-19-89, Amended 2-26-92, 5-20-96, Formerly 10D-3.10, Amended 9-17-98, _____.

64D-3.023 Reporting Requirements for Laboratories.

(1) Each person who is in charge of a laboratory which ~~performs cultures for~~ *Mycobacterium* spp., or which refers specimens to laboratories other than those operated by the department for mycobacterial cultures, shall report or cause to be reported all specimens positive for *Mycobacterium tuberculosis*, *Mycobacterium bovis*, or *Mycobacterium*

africanum to the department. Reports shall be made by telephone, facsimile or in writing in accordance with Department of Health Information Security policies within 72 hours from the date of the test result. Reports shall be submitted to the county health department office having jurisdiction for the area in which the office of the submitting individual or the patient's residence is located.

(2) Identifying information required on the report is:

- (a) Patient's Name;
- (b) Patient's Address;
- (c) Patient's Date of birth;
- (d) Patient's Sex;
- (e) Patient's Race;
- (f) Name and address of submitting physician;
- (g) Name and address of laboratory performing test;
- (h) Type of specimen;
- (i) Date of specimen collection;

(j) Test(s) performed and result(s), including the 15 digit spoligotype (octal code). If the spoligotyping is not available, the isolate must be submitted to the department's laboratory in Jacksonville. The department will provide the mailing materials and pay mailing costs.

(3) The form on which the information will be reported will be furnished by the laboratory.

(4) Laboratories shall submit all test information to the local county health department having jurisdiction for the area in which the office of the reporting physician or the patient's residence is located and also to the department's Bureau of Tuberculosis and Refugee Health Control and Prevention office in Tallahassee.

Specific Authority 381.0011(13), 381.003(2), 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.53 FS. History--New 7-19-89, Amended 2-26-92, Formerly 10D-3.106, Amended 9-17-98, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Jane Peck

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Landis K. Crockett, M.D., M.P.H.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 16, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 4, 2004

DEPARTMENT OF HEALTH

Division of Health Access and Tobacco

RULE TITLE: RULE NO.:

General Regulations; Definitions 64F-12.001

PURPOSE AND EFFECT: The proposed rule adds three prescription drugs, Viagra, Celebex, and Bextra, to the specified list of prescription drugs for which a pedigree paper back to the manufacturer is required for the wholesale distribution of Viagra, Celebex, and Bextra to a wholesale distributor pursuant to Section 499.0121(6)(e), F.S.

SUMMARY: The proposed rule amends the definition of a specified drug by adding three prescription drugs, Viagra, Celebrex, and Bextra, in all strengths and sizes, to the list of prescription drugs qualifying as a specified drug. The wholesale distribution of a specified drug to a wholesale distributor requires special recordkeeping requirements that trace the history of all prior sales of the specified drug back to the manufacturer. The Prescription Drug Advisory Council recommended to the Secretary of the Department of Health, by unanimous vote on February 17, 2005, to place Viagra, Celebrex, and Bextra on the list of specified drugs in accordance with the procedures established in Section 499.0121(6)(e), F.S., in order to protect the public health.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: This rule will affect prescription drug wholesalers permitted to wholesale prescription drugs in or into the state of Florida that purchase Viagra, Celebrex, or Bextra from sources other than directly from the manufacturer and those wholesalers that sell Viagra, Celebrex, or Bextra to other prescription drug wholesalers. Prescription drug wholesalers that purchase Viagra, Celebrex, or Bextra from sources other than directly from the manufacturer will be required to verify a pedigree paper that traces all prior sales of each container of Viagra, Celebrex, or Bextra back to particular product’s manufacturer. In addition, a prescription drug wholesaler that sells Viagra, Celebrex, or Bextra to a prescription drug wholesaler will be required to either state on the invoice or accompanying documentation that each container of the drug was purchased by that establishment or a member of that establishment’s affiliated group directly from the manufacturer, or provide a pedigree paper that traces all prior sales of each container of the drug back to the manufacturer.

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: 499.0121(6)(e), 499.05 FS.

LAW IMPLEMENTED: 499.0121 FS.

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

TIME AND DATE: 10:00 a.m. (EST), Monday, April 25, 2005

PLACE: 2818-A Mahan Drive, Tallahassee, Florida

If special accommodations are needed to attend this workshop because of a disability, please contact: Maxine Wenzinger, (850)922-5190.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sandra Stovall, Compliance Officer, 2818-A Mahan Drive, Tallahassee, Florida 32308, (850)487-1257, Ext. 210, e-mail: sandra_stovall@doh.state.fl.us.fl

THE FULL TEXT OF THE PROPOSED RULE IS:

64F-12.001 General Regulations; Definitions.

(1) No change.

(2) In addition to definitions contained in Sections 499.003, 499.012(1), 499.0122(1), 499.028(1), and 499.61, F.S., the following definitions apply to Rule Chapter 64F-12, F.A.C.:

(a) through (u) No change.

(v) “Specified drug” means all dosage forms, strengths and container sizes of the following prescription drugs:

1. Bextra (valdecoxib)

2. Celebrex (celecoxib)

1. through 22. renumbered 3. through 24. No change.

25. Viagra (sildenafil citrate)

23. through 31. renumbered 25. through 34. No change.

(w) through (x) No change.

Specific Authority 499.05, 499.61, 499.701 FS. Law Implemented 499.003, 499.004, 499.005, 499.0054, 499.0057, 499.006, 499.007, 499.008, 499.009, 499.01, 499.012, 499.0121, 499.0122, 499.013, 499.014, 499.015, 499.023, 499.024, 499.025, 499.028, 499.03, 499.033, 499.035, 499.039, 499.041, 499.05, 499.051, 499.052, 499.06, 499.066, 499.067, 499.069, 499.61, 499.62, 499.63, 499.64, 499.65, 499.66, 499.67, 499.71, 499.75 FS. History—New 1-1-77, Amended 12-12-82, 1-30-85, Formerly 10D-45.31, Amended 11-26-86, 2-4-93, 7-1-96, Formerly 10D-45.031, Amended 1-26-99, 4-17-01, 7-1-03, 10-7-03, 1-4-04, 1-29-04.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jerry Hill, Chief of Statewide Pharmaceutical Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Phil E. Williams, Director, Division of Health Access and Tobacco

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 22, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal

RULE CHAPTER TITLE: Fire Prevention – General Provisions

RULE CHAPTER NO.: 69A-3

RULE TITLE: Standards of the National Fire Protection

RULE NO.:

Association and Other Standards Adopted

69A-3.012

PURPOSE AND EFFECT: The purpose of the rules is to update Rule Chapter 69A-3, Florida Administrative Code, to accommodate revisions in the standards previously adopted which pertain to structures subject to the uniform rules governing the entities and subjects listed in Sections 633.022(1)(a) and (1)(b), Florida Statutes. The effect of this rule development will be to modernize the standards in use for the various entities listed in Section 633.022, Florida Statutes.

SUMMARY: The changes in these rules update standards of the National Fire Protection and Other Standards for entities and subjects subject to Section 633.022, Florida Statutes.

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

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

SPECIFIC AUTHORITY: 633.01, 633.022 FS.

LAW IMPLEMENTED: 633.022 FS.

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

TIME AND DATE: 9:00 a.m., May 12, 2005

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300

Pursuant to the provisions of the Americans with Disabilities Act and Section 286.26, Florida Statutes, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting Millicent King, (850)413-3619, Fax (850)922-2553, or at the address shown above.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jim Goodloe, Chief, Bureau of Fire Prevention, Division of State Fire Marshal, 200 East Gaines Street, Tallahassee, FL 32399-0342, (850)413-3171, Fax (850)922-2553, e-mail: goodloej@dfs.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

69A-3.012 Standards of the National Fire Protection Association and Other Standards Adopted.

(1) Except as specifically modified by statute or by the State Fire Marshal's rules, the Florida specific edition of NFPA 101, the Life Safety Code[®], 2003 edition and NFPA 1, the Uniform Fire Code[™], 2003 edition, as adopted within the 2004 edition of the Florida Fire Prevention Code, are hereby adopted and incorporated by reference as a part of the uniform fire safety standards adopted by rule by the State Fire Marshal and are applicable to those buildings and structures specified in paragraphs (a) and (b) of subsection (1) of Section 633.022, F.S. In addition, the following standards ~~as referenced in Chapter 2 of NFPA 101, 2000 edition and Chapter 32 of NFPA 1, 2000 edition~~, except as specifically modified in the rule chapters in Rule Title 69A, are hereby adopted and incorporated by reference and shall take effect on the effective date of this rule, as a part of the uniform firesafety standards adopted by rule by the State Fire Marshal and are applicable to those buildings and structures specified in paragraphs (a) and (b) of subsection (1) of Section 633.022, F.S.:

NFPA 10-~~2002~~ 1998, Standard for Portable Fire Extinguishers

NFPA 11-~~2002~~ 1998, Standard for Low-, Medium, and High-Expansion Foam

NFPA 11A-1999, Standard for Medium and High Expansion Foam Systems

NFPA 12-2000, Standard on Carbon Dioxide Extinguishing Systems

NFPA 12A-1997, Standard on Halon 1301 Fire Extinguishing Systems

NFPA 13-~~2002~~ 1999, Standard for the Installation of Sprinkler Systems

NFPA 13D-~~2002~~ 1999, Standard for the Installation of Sprinkler Systems in One- and Two- Family Dwellings and Manufactured Homes

NFPA 13R-~~2002~~ 1999, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height

NFPA 14-~~2003~~ 2000, Standard for the Installation of Standpipe and Hose Systems, except 2-7 shall be omitted

NFPA 15-~~2001~~ 1996, Standard for Water Spray Fixed Systems for Fire Protection

NFPA 16-~~2003~~ 1999, Standard for the Installation of ~~on~~ ~~Deluge~~ Foam-Water Sprinkler and Foam-Water Spray Systems

NFPA 17-~~2002~~ 1998, Standard for Dry Chemical Extinguishing Systems

NFPA 17A-~~2002~~ 1998, Standard on Wet Chemical Extinguishing Systems

NFPA 20-1999, Standard for the Installation of Stationary Pumps for Fire Protection

NFPA 22-~~2003~~ 1998, Standard for Water Tanks for Private Fire Protection

NFPA 24-~~2002~~ 1995, Standards for the Installation of Private Fire Service Mains and Their Appurtenances

NFPA 25-~~2002~~ 1998, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, except that quarterly flow tests shall be required for those systems supplied by a municipal water supply.

NFPA 30-~~2000~~ 1996, Flammable and Combustible Liquids Code

NFPA 30A-~~2000~~ 1996, Code for Motor Fuel Dispensing Facilities and Repair Garages ~~Automotive and Marine Service Station Code~~

NFPA 30B-~~2002~~ 1998, Code for the Manufacture and Storage of Aerosol Products

NFPA 31-~~2001~~ 1997, Standard for the Installation of Oil Burning Equipment

NFPA 32-~~2000~~ 1996, Standards for Drycleaning Plants

NFPA 33-~~2000~~ 1995, Standard for Spray Application Using Flammable and Combustible Materials

NFPA 34-~~2000~~ 1995, Standard for Dipping and Coating Processes Using Flammable or Combustible Liquids

NFPA 35-1999, Standard for the Manufacture of Organic Coatings

NFPA 36-~~2001~~ 1997, Standard for Solvent Extraction Plants

NFPA 37-~~2002~~ 1998, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines

- NFPA 40-~~2001~~ 1997, Standard for the Storage and Handling of Cellulose Nitrate ~~Motion Picture~~ Film
- NFPA 45-2000 1996, Standard on Fire Protection for Laboratories Using Chemicals
- NFPA 50-2001 1996, Standard for Bulk Oxygen Systems at Consumer Sites
- NFPA 50B-1999, Standard for Liquid Hydrogen Systems at Consumer Sites
- NFPA 51-2002 1997, Standard for the Design and Installation of Oxygen-Fuel Gas Systems for Welding, Cutting and Allied Processes
- NFPA 51A 2001 1996, Standard for Acetylene Cylinder Charging Plants
- NFPA 51B-1999, Standard for Fire Prevention During Welding, Cutting and Other Hot Work
- NFPA 52-2002 1998, Compressed Natural Gas Vehicular Fuel Systems Code
- NFPA 54-2002 1999, National Fuel Gas Code
- NFPA 57-2002 1999, Liquefied Natural Gas Vehicular Fuel Systems Code
- NFPA 58-2001 1998, Liquefied Petroleum Gas Code
- NFPA 59-2001 1998, Utility LP-Gas Plant Code ~~Standard for Storage and Handling of Liquefied Petroleum Gases at Utility Gas Plants~~
- NFPA 59A-2001 1996, Standard for the Production, Storage and Handling of Liquefied Natural Gas
- NFPA 61-2002 1999, Standard for the Prevention of Fires and Dust Explosions in Agricultural and Food Products Facilities
- NFPA 69-2002 1997, Standard on Explosion Prevention Systems
- NFPA 70-2002 1999, National Electrical Code
- NFPA 72-2002 1999, National Fire Alarm Code
- NFPA 75-2003 1999, Standard for the Protection of Electronic Computer/Data Processing Equipment
- NFPA 80-1999, Standard for Fire Doors and Fire Windows
- NFPA 82-1999, Standard on Incinerators and Waste and Linen Handling Systems and Equipment
- NFPA 86-1999, Standard for Ovens and Furnaces
- NFPA 86C-1999, Standard for Industrial Furnaces Using a Special Processing Atmosphere
- NFPA 86D-1999, Standard for Industrial Furnaces Using Vacuum as an Atmosphere
- NFPA 88A-2002 1998, Standard for Parking Structures
- ~~NFPA 88B-1997, Standard for Repair Garages~~
- NFPA 90A-2002 1999, Standard for the Installation of Air Conditioning and Ventilating Systems
- NFPA 90B-2002 1999, Standard for the Installation of Warm Air Heating and Air Conditioning Systems
- NFPA 91-1999, Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids
- NFPA 92A-2000 1996, Recommended Practice for Smoke-Control Systems
- NFPA 92B-2000 1995, Guide for Smoke Management Systems in Malls, Atria, and Large Areas
- NFPA 96-2001 1998, Standard for Ventilation Control and Fire Prevention of Commercial Cooking Operations. Subdivision 7-2.2 of NFPA 96 applies prospectively only. Existing installations are permitted to remain in place subject to the approval of the authority having jurisdiction.
- NFPA 99-2002 1999, Standard for Health Care Facilities
- NFPA 101A-2001 1998, Guide on Alternative Approaches to Life Safety
- NFPA 101B-2002 1999, Standard on Means of Egress for Buildings and Structures
- NFPA 102-1995, Standard for Grandstands, Folding and Telescoping Seating, Tents and Membrane Structures
- NFPA 105-2003 1999, Recommended Practice for the Installation of Smoke-Control Door Assemblies
- NFPA 110-2002 1999, Standard for Emergency and Standby Power Systems
- NFPA 111-2001 1996, Standard on Stored Electrical Energy Emergency and Standby Power Systems
- NFPA 120-1999, Standard for Coal Preparation Plants
- NFPA 140-1999, Standard on ~~for~~ Motion Picture and Television Production Studio Soundstages and Approved Production Facilities
- NFPA 150-2000 1995, Standard on Firesafety in Racetrack Stables
- NFPA 160-2001 1998, Standard for Flame Effects Before an Audience
- NFPA 211-2003 2000, Standard for Chimneys, Fireplaces, Vents and Solid Fuel Burning Appliances
- NFPA 214-2000 1996, Standard on Water-Cooling Towers
- ~~NFPA 220-1999, Standard on Types of Building Construction~~
- NFPA 221-2000 1997, Standard on Fire Walls and Fire Barrier Walls
- NFPA 230-2003 1999, Standard for the Fire Protection of Storage
- ~~NFPA 231D-1998, Standard for Storage of Rubber Tires~~
- NFPA 232-2000 1995, Standard for the Protection of Records
- NFPA 232A-1995 1991, Guide Standard ~~Standard~~ for Fire Protection for Archives and Record Centers
- NFPA 241-2000 1996, Standard for Safeguarding Construction, Alteration and Demolition Operations
- NFPA 251-1999, Standard Methods of Tests of Fire Endurance of Building Construction and Materials
- NFPA 252-1999, Standard Methods of Fire Tests of Door Assemblies
- NFPA 253-2000, Standard Method of Test for Critical Flux of Floor Covering Systems Using a Radiant Heat Energy Source
- NFPA 255-2000, Standard Method of Test of Surface Burning Characteristics of Building Materials

- NFPA 256-1998, Standard Methods of Fire Tests of Roof Coverings
- NFPA 257-2000, Standard on Fire Tests for Window and Glass Block Assemblies
- NFPA 259-~~2003~~ 1998, Standard Test Method for Potential Heat of Building Materials
- NFPA 260-1998, Standard Method of Test and Classification System for Cigarette Ignition Resistance of Components of Upholstered Furniture
- NFPA 261-1998, Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes
- NFPA 265-~~2002~~ 1998, Standard ~~Methods~~ Method of Fire Tests ~~Test~~ for Evaluating Room Fire Growth Contribution of Textile ~~Wall Coverings on Full Height Panels and Walls~~
- NFPA 266-1998, ~~Standard Method of Test for Characteristics of Upholstered Furniture Exposed to Flaming Ignition Sources~~
- NFPA 267-1998, Standard Method of Test for Fire Characteristics of Mattresses and Bedding Assemblies Exposed to Flaming Ignition Sources
- NFPA 286-2000, Standard Method of Fire Test for Evaluating Contribution of Wall and Ceiling Interior Finish to Room Fire Growth
- NFPA 303-~~2000~~ 1995, Fire Protection Standards for Marinas and Boatyards
- NFPA 307-~~2000~~ 1995, Standard for the Construction and Fire Protection of Marine Terminals, Piers, and Wharves
- NFPA 312-~~2000~~ 1995, Standard for Fire Protection of Vessels During Construction, Repair and Lay-Up
- NFPA 318-~~2002~~ 1998, Standard for the Protection of Semiconductor Fabrication Facilities
- NFPA 385-2000, Standard for Tank Vehicles for Flammable and Combustible Liquids
- NFPA 395-1993, ~~Standard for Storage of Flammable and Combustible Liquids at Farms and Isolated Sites~~
- NFPA 407-~~2001~~ 1996, Standard for Aircraft Fuel Servicing
- NFPA 409-~~2001~~ 1995, Standard on Aircraft Hangars
- NFPA 410-1999, Standard on Aircraft Maintenance
- NFPA 415-~~2002~~ 1997, Standard on Airport Terminal Buildings, Fueling Ramp Drainage, and Loading Walkways
- NFPA 418-~~2001~~ 1995, Standard for Heliports
- NFPA 430-2000, Code for Storage of Liquid and Solid Oxidizers
- NFPA 432-~~2002~~ 1997, Code for Storage of Organic Peroxide Formulations
- NFPA 434-~~2002~~ 1998, Code for the Storage of Pesticides
- NFPA 480-1998, ~~Standard for the Storage, Handling and Processing of Magnesium Solids and Powders~~
- NFPA 481-1995, ~~Standard for the Production, Processing, Handling and Storage of Titanium~~
- NFPA 482-1996, ~~Standard for the Production, Processing, Handling, and Storage of Zirconium~~
- NFPA 484-2002, Standard for Combustible Metals, Metal Powders, and Metal Dusts
- NFPA 485-1999, ~~Standard for the Storage, Handling, Processing, and Use of Lithium Metal~~
- NFPA 490-1998, Code for the Storage of Ammonium Nitrate
- NFPA 495-~~2001~~ 1996, Explosive Materials Code
- NFPA 498-~~2001~~ 1996, Standard for Safe Havens and Interchange Lots for Vehicles Transporting Explosives
- NFPA 501-~~2003~~ 1999, Standard on Manufactured Housing
- NFPA 501A-~~2003~~ 1999, Standard for Firesafety Criteria for Manufactured Home Installations, Sites, and Communities
- NFPA 505-~~2002~~ 1999, Fire Safety Standard for Powered Industrial Trucks Including Type Designations, Areas of Use, Conversions, Maintenance, and Operation.
- NFPA 650-1998, ~~Standard for Pneumatic Conveying Systems for Handling Combustible Particulate Solids~~
- NFPA 651-1998, ~~Standard for the Machining and Finishing of Aluminum and the Production and Handling of Aluminum Powder~~
- NFPA 654-~~2000~~ 1997, Standard for the Prevention of Fire and Dust Explosions from the Manufacturing, Processing, and Handling of Combustible Particulate Solids
- NFPA 655-~~2001~~ 1993, Standard for Prevention of Sulfur Fires and Explosions
- NFPA 664-~~2002~~ 1998, Standard for the Prevention of Fires and Explosions in Wood Processing and Woodworking Facilities
- NFPA 701-1999, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films
- NFPA 703-~~2000~~ 1995, Standard for Fire Retardant Impregnated Wood and Fire Retardant Coatings for Building Materials
- NFPA 704-~~2001~~ 1996, Standard System for the Identification of the Fire Hazards of Materials for Emergency Response
- NFPA 780-~~2000~~ 1997, Installation of Lightning Protection Systems
- NFPA 909-~~2001~~ 1997, Standard for the Protection of Cultural Resources, ~~Including Museums, Libraries, Places of Worship, and Historical Properties~~
- NFPA 1122-~~2002~~ 1997, Code for Model Rocketry
- NFPA 1123-~~2000~~ 1995, Code for Fireworks Display
- NFPA 1124-~~2003~~ 1998, Code for the Manufacture, Transportation, ~~and~~ Storage, and Retail Sale of Fireworks and Pyrotechnic Articles
- NFPA 1125-~~2001~~ 1995, Code for the Manufacture of Model Rocket and High Power Rocket Motors
- NFPA 1126-~~2001~~ 1996, Standard for the Use of Pyrotechnics Before a Proximate Audience
- NFPA 1127-~~2002~~ 1998, Code for High Power Rocketry
- NFPA 1142-~~2001~~ 1999, Standard for Water Supplies for Suburban and Rural Fire Fighting

NFPA 1194-~~2002~~ 1999, Standard for Recreation Vehicle Parks and Campgrounds

NFPA 1221-~~2002~~ 1999, Standard for the Installation, Maintenance, and Use of Emergency Communications Systems ~~Communication for Emergency Services~~

NFPA 1561-~~2002~~ 2000, Standard on Emergency Services Incident Management System

NFPA 1962-~~2003~~ 1998, Standard for the Inspection, Care, and Use, and Service Testing of Fire Hose Including Couplings and Nozzles; and the Service Testing of Fire Hose

NFPA 1963-1998, Standards for Fire Hose Connections

NFPA 2001-2000, Standard on Clean Agent Fire Extinguishing Systems

NFPA 8501-1997, Standard for Single Burner Operation

NFPA 8502-1999, Standard for the Prevention of Furnace Explosions/Implosions in Multiple Burner Boilers

~~NFPA 8503-1997, Standard for Pulverized Fuel Systems~~

The portions of 49 Code of Federal Regulations, Parts 100-177 which are referenced in Compressed Gas Association CGA C-1-1996, Methods for Hydrostatic Testing of Compressed Gas Cylinders, Compressed Gas Association CGA C-6-1993, Standards for Visual Inspection of Steel Compressed Gas Cylinders, Seventh Edition, Reaffirmed 1995, Compressed Gas Association CGA C-6.1-1995, Standards for Visual Inspection of High Pressure Aluminum Compressed Gas Cylinders, and Compressed Gas Association CGA C-6.3-1999 Guidelines for Visual Inspection and Requalification of Low Pressure Aluminum Compressed Gas Cylinders, Second Edition, and which pertain to low pressure and high pressure cylinders

The portions of 29 Code of Federal Regulations, Parts 1900-1910 which are referenced in Compressed Gas Association CGA C-1-1996, Methods for Hydrostatic Testing of Compressed Gas Cylinders, Compressed Gas Association CGA C-6-1993, Standards for Visual Inspection of Steel Compressed Gas Cylinders, Seventh Edition, Reaffirmed 1995, Compressed Gas Association

CGA C-6.1-1995, Standards for Visual Inspection of High Pressure Aluminum Compressed Gas Cylinders, and Compressed Gas Association

CGA C-6.3-1999 Guidelines for Visual Inspection and Requalification of Low Pressure Aluminum Compressed Gas Cylinders, Second Edition, and which pertain to low pressure and high pressure cylinders Compressed Gas Association

CGA C-1-1996, Methods for Hydrostatic Testing of Compressed Gas Cylinders

Compressed Gas Association CGA C-6-1993, Standards for Visual Inspection of Steel Compressed Gas Cylinders, Seventh Edition, Reaffirmed 1995

Compressed Gas Association CGA C-6.1-1995, Standards for Visual Inspection of High Pressure Aluminum Compressed Gas Cylinders

Compressed Gas Association CGA C-6.3-1999, Guidelines for Visual Inspection and Requalification of Low Pressure Aluminum Compressed Gas Cylinders, Second Edition

(2) All buildings, structures, establishments, facilities, equipment, or vehicular equipment over which the State Fire Marshal has jurisdiction which are constructed, renovated, expanded, rehabilitated, or in any other way significantly altered on or after the effective date of the adoption of the codes and standards adopted in subsection (1), above, shall conform to the requirements of the codes, standards, recommended practices, and manuals contained therein, unless the structure, establishment, or facility has been exempted from complying because the building, structure, establishment, facility, equipment, or vehicular equipment has been granted an exemption from compliance by act of the Legislature.

(3) All buildings, structures, establishments, facilities, equipment, or vehicular equipment over which the State Fire Marshal has jurisdiction which are in existence on or after the effective date of the adoption of the codes and standards adopted in subsection (1), above, shall conform to the requirements of those codes and standards within a reasonable period of time. It is understood that the correction of some fire safety violations will necessitate the employment of design professionals while other violations can be expeditiously resolved. "Within a reasonable time" is defined as the amount of time it would normally take to correct a specific fire code violation under the assumption that the property owner would begin to correct said violations upon receipt of an official document from the enforcing agency.

(4) The codes and standards published by the National Fire Protection Association, including the Florida edition of NFPA 1 and NFPA 101 as adopted in Rule Chapter 69A-60, F.A.C., may be obtained by writing to the NFPA at: Batterymarch Park, Quincy, Massachusetts 02269. ANSI standards may be obtained from the American National Standards Institute, 1430 Broadway, New York, N.Y. 10018. ANSI/ASME standards may be obtained from the American Society of Mechanical Engineers, 345 East 47th Street, New York, N.Y. 10017. ASTM standards may be obtained from the American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103. UL standards may be obtained from Underwriters Laboratories, Inc., 333 Pfingston Road, Northbrook, IL 60062. All standards incorporated by reference in this rule are also available for public inspection during regular business hours at the Division currently located on the third floor (Room 326) of the Atrium Building, 325 John Knox Road, Tallahassee, Florida.

(5) The Code of Federal Regulations and the Compressed Gas Association (CGA) documents incorporated by reference in this rule are available for public inspection during regular business hours at the Division currently located on the third floor (Room 326) of the Atrium Building, 325 John Knox Road, Tallahassee, Florida.

Specific Authority 633.01(1), 633.022 FS. Law Implemented 633.01, 633.022 FS. History—New 5-14-86, Amended 2-12-87, 4-8-90, 10-30-91, 4-3-95, 11-27-01, Formerly 4A-3.012, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: James Goodloe, Chief, Bureau of Fire Prevention, Division of State Fire Marshal, Department of Financial Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Randall Napoli, Director, Division of State Fire Marshal, Department of Financial Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 24, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 18, 2005

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE TITLE: RULE NO.:

Procedures for Imputing Payroll and Penalty Calculations 69L-6.028

PURPOSE AND EFFECT: The purpose and effect of the rule is to establish the procedure for imputing the weekly payroll for each employee, corporate officer, sole proprietor, or partner when the employer has failed to provide business records sufficient to enable the department to determine the employer's payroll for the period requested for purposes of calculating the penalty to be assessed against the employer due to the employer's failure to secure the payment of compensation, and to calculate the penalty to be assessed against an employer for periods of non-compliance prior to October 1, 2003, when the employer has failed to provide business records sufficient to enable the department to determine the employer's payroll for that time period.

SUMMARY: The calculation of employer penalties where the employer has failed to provide business records sufficient to enable the department to determine payroll for the period requested is the number of employees without coverage times 1.5 times the average statewide weekly wage, except for periods of noncompliance prior to October 1, 2003.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 440.107(9), 440.591 FS.

LAW IMPLEMENTED: 440.107(5) (2002), 440.107(7)(e) 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: 9:30 a.m., April 26, 2005

PLACE: Room 104J, Hartman Building, 2012 Capital Circle, Southeast, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Andrew Sabolic, Acting Bureau Chief, Bureau of Compliance, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4228, (850)413-1600

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 RULE IS:

69L-6.028 Procedures for Imputing Payroll and Penalty Calculations.

(1) In the event an employer fails to provide business records sufficient for the department to determine the employer's payroll for the period requested for the calculation of the penalty pursuant to Section 440.107(7)(e), Florida Statutes, the department shall impute payroll at any time after the expiration of fifteen business days after receipt by the employer of a written request to produce such business records.

(2) When an employer fails to provide business records sufficient to enable the department to determine the employer's payroll for the period requested for purposes of calculating the penalty provided for in Section 440.107(7)(d), Florida Statutes, the imputed weekly payroll for each employee, corporate officer, sole proprietor or partner for the portion of the period of the employer's non-compliance occurring on or after October 1, 2003 shall be calculated as follows:

(a) For employees other than corporate officers, for each employee identified by the department as an employee of such employer at any time during the period of the employer's non-compliance, the imputed weekly payroll for each week of the employer's non-compliance for each such employee shall be the statewide average weekly wage as defined in Section 440.12(2), Florida Statutes, that is in effect at the time the stop work order was issued to the employer, multiplied by 1.5. Employees include sole proprietors and partners in a partnership.

(b) If the employer is a corporation, for each corporate officer of such employer identified as such on the records of the Division of Corporations at the time of issuance of the stop-work order, the imputed weekly payroll for each week of the employer's non-compliance for each such corporate officer shall be the statewide average weekly wage as defined in Section 440.12(2), Florida Statutes, that is in effect at the time the stop work order was issued to the employer, multiplied by 1.5.

(c) If a portion of the period of non-compliance includes a partial week of non-compliance, the imputed weekly payroll for such partial week of non-compliance shall be prorated from the imputed weekly payroll for a full week.

(3) If subsequent to imputation of weekly payroll pursuant to section (2) herein, but before the expiration of forty-five calendar days from the receipt by the employer of written request to produce business records, the employer provides business records sufficient for the department to determine the employer's payroll for the period requested for the calculation of the penalty pursuant to Section 440.107(7)(e), Florida Statutes, the department shall recalculate the employer's penalty to reflect the payroll information provided in such business records.

(4) Where periods of the employer's non-compliance occurred prior to October 1, 2003, and the employer fails to provide business records sufficient to enable the department to determine the employer's payroll for periods of non-compliance prior to October 1, 2003, for purposes of calculating the penalty to be assessed against the employer for periods of non-compliance prior to October 1, 2003, the department shall assess against the employer a penalty of \$100 per day for each and every calendar day in the period of non-compliance occurring prior to October 1, 2003 the employer was not in compliance, pursuant to Section 440.107(5), Florida Statutes (2002).

Specific Authority 440.107(9), 440.591 FS. Law Implemented 440.107(5) (2002), 440.107(7)(e) FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Dan Sumner, Deputy Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tanner Holloman, Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 10, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 25, 2005

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Medicare Supplement Insurance	690-156
RULE TITLES:	RULE NOS.:
Scope	690-156.002
Definitions	690-156.003
Policy Definitions and Terms	690-156.004
Policy Provisions	690-156.005
Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to January 1, 1992	690-156.006
Benefit Standards for Policies or Certificates Issued or Delivered on or After January 1, 1992	690-156.007

Standard Medicare Supplement Benefit Plans	690-156.008
Guaranteed Issue for Eligible Persons	690-156.0095
Loss Ratio Standards and Refund or Credit of Premium	690-156.011
Filing and Approval of Policies and Certificates and Premium Rates	690-156.012
Required Disclosure Provisions	690-156.014
Requirements for Application Forms and Replacement Coverage	690-156.015
Appropriateness of Recommended Purchase and Excessive Insurance	690-156.017
Reporting of Multiple Policies	690-156.018
Medicare Select	690-156.030

PURPOSE, EFFECT AND SUMMARY: The amendments to Rule Chapter 690-156, F.A.C., are being amended to conform to recent federal legislation changes and conforming changes to the NAIC Model and other updates addressing conversion or replacement coverage.

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, 627.674, 627.6741(5) FS.
LAW IMPLEMENTED: 624.307(1), 627.410, 627.411, 627.671-.675 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: 9:30 a.m., April 28, 2005
PLACE: Room 142, Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Office at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Frank Dino, Life and Health Product Review, Office of Insurance Regulation, E-mail: frank.dino@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:
690-156.002 Scope.
(1)(a) No change.
(b) For Medicare supplement policies and certificates issued before January 1, 1992, only Rules 690-156.006, 690-156.010, 690-156.011, 690-156.014, and 690-156.018, F.A.C., shall apply.

(2) No change.

Specific Authority 624.308(1), 627.674(2) FS. Law Implemented 624.307(1), 627.674(2) FS. History—New 1-1-81, Formerly 4-51.02, Amended 11-7-88, 9-4-89, Formerly 4-51.002, Amended 1-1-92, 7-14-96, 3-4-01, Formerly 4-156.002, Amended _____

69O-156.003 Definitions.

For purposes of this rule:

(1) No change.

(2) “Bankruptcy” means when a Medicare Advantage + ~~Choice~~ organization that is not an issuer has filed, or has had filed against it, a petition for declaration of bankruptcy and has ceased doing business in the state.

(3) through (11) No change.

(12) “Medicare Advantage + ~~Choice~~ plan” means a plan of coverage for health benefits under Medicare Part C as defined in 42 U.S.C. Section 1395w-28(b)(1) which is hereby incorporated by reference, and includes:

(a) No change.

(b) Medical savings account plans coupled with a contribution into a Medicare Advantage + ~~Choice~~ medical savings account; and

(c) Medicare Advantage + ~~Choice~~ private fee-for-service plans.

(13) “Medicare Supplement Policy” means a group or individual policy of health insurance or a subscriber contract of health maintenance organizations, other than a policy issued pursuant to a contract under Section 1876 of the federal Social Security Act (42 U.S.C. Section 1395 et seq.) or an issued policy under a demonstration project as specified in 42 U.S.C. Section 1395 ss.(g)(1), which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare. “Medicare supplement policy does not include Medicare Advantage plans established under Medicare Part C, Outpatient Prescription Drug plans established under Medicare Part D, or any Health Care Prepayment Plan (HCPP) that provides benefits pursuant to an agreement under §1833(a)(1)(A) of the Social Security Act.”

(14) through (18) No change.

Specific Authority 624.308(1), 627.674(2), 627.6741(5) FS. Law Implemented 624.307(1), 627.674, 627.6741 FS. History—New 1-1-81, Formerly 4-51.03, Amended 11-7-88, 9-4-89, 12-9-90, Formerly 4-51.003, Amended 1-1-92, 7-14-96, 7-26-99, 3-4-01, Formerly 4-156.003, Amended _____

69O-156.004 Policy Definitions and Terms.

No policy or certificate may be advertised, solicited or issued for delivery in this state as a Medicare supplement policy or certificate unless such policy or certificate contains definitions or terms which conform to the requirements of this section.

(1) through (3) No change.

(4) “Health Care Expenses” means for the purposes of Rule 69O-156.011, F.A.C., expenses of health maintenance organizations associated with the delivery of health care services, which expenses are analogous to incurred losses of insurers. Such expenses shall not include:

- (a) ~~Home office and overhead costs;~~
 - (b) ~~Advertising costs;~~
 - (c) ~~Commissions and other acquisition costs;~~
 - (d) ~~Taxes;~~
 - (e) ~~Capital costs;~~
 - (f) ~~Administrative costs; and~~
 - (g) ~~Claims processing costs.~~
- (5) through (6) No change.

(7) “Medicare Eligible Expenses” shall mean expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

(8) through (9) No change.

Specific Authority 624.308(1), 627.674(2) FS. Law Implemented 624.307(1), 627.674, 627.6741 FS. History—New 1-1-92, Formerly 4-156.004, Amended _____

69O-156.005 Policy Provisions.

(1) through (3) No change.

(4)(a) Subject to paragraphs 69O-156.006(1)(e), (f), and (h), and paragraphs 69O-156.007(1)(d) and (e), F.A.C., a Medicare supplement policy with benefits for outpatient prescription drugs in existence prior to January 1, 2006, shall be renewed for current policyholders who do not enroll in Part D at the option of the policyholder.

(b) A Medicare supplement policy with benefits for outpatient prescription drugs shall not be issued after December 31, 2005.

(c) After December 31, 2005, a Medicare supplement policy with benefits for outpatient prescription drugs may not be renewed after the policyholder enrolls in Medicare Part D unless:

1. The policy is modified to eliminate outpatient prescription coverage for expenses of outpatient prescription drugs incurred after the effective date of the individual’s coverage under a Part D plan and;

2. Premiums are adjusted to reflect the elimination of outpatient prescription drug coverage at the time of Medicare Part D enrollment, accounting for any claims paid, if applicable.

Specific Authority 624.308(1), 627.674(2) FS. Law Implemented 624.307(1), 627.674(2) FS. History—New 1-1-81, Formerly 4-51.04, Amended 9-4-89, Formerly 4-51.004, Amended 1-1-92, Formerly 4-156.005, Amended _____

69O-156.006 Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to January 1, 1992.

No policy certificate may be advertised, solicited, issued, delivered or issued for delivery in this State as a Medicare supplement policy or certificate unless it meets or exceeds the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

(1) General Standards. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this regulation.

(a) through (e) No change.

(f) 1. through 3. No change.

4. a. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the succeeding issuer shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

b. If the terminated group policy was issued on an issue age basis and the policy reserves are transferred to the new insurer, the new group certificates shall retain the original issue ages of the insureds and shall commence at the same duration as the terminated certificates.

(g) Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

(h) If a Medicare supplement policy eliminates an outpatient drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this subsection.

(2) Minimum Benefit Standards.

(a) through (e) No change.

(f) Coverage for the coinsurance amount or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible [\$100]. ~~Coverage for the coinsurance amount of Medicare eligible expenses for covered outpatient drugs used in immunosuppressive therapy subject to the Medicare deductible amount is included herein.~~

(g) No change.

Specific Authority 624.308(1), 627.674(2) FS. Law Implemented 624.307(1), 627.410, 627.411, 627.674, 627.6741 FS. History—New 1-1-81, Formerly 4-51.05, Amended 9-4-89, 12-9-90, Formerly 4-51.005, Amended 1-1-92, 3-4-01, 3-31-02, Formerly 4-156.006, Amended.

69O-156.007 Benefit Standards for Policies or Certificates Issued or Delivered on or After January 1, 1992.

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state on or after January 1, 1992. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit standards.

(1) General Standards. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this regulation.

(a) through (d) No change.

(e) Each Medicare supplement policy shall be guaranteed renewable and:

1. through 2. No change.

3. a. No change.

(I) Provides for continuation of the benefits contained in the group policy, or

(II) Provides for such benefits as otherwise meets the requirements of this rule.

b. In either case, if the group policy was issued on an issue age basis, the individual Medicare supplement policy is issued at the original issue age of the terminated certificateholder, and is at the duration of the terminated certificate at the time of conversion.

4. No change.

5. a. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the succeeding issuer shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

b. If the terminated group policy was issued on an issue age basis and the policy reserves are transferred to the new insurer, the new group certificates shall retain the original issue ages of the insureds and shall commence at the same duration as the terminated certificates.

6. If a Medicare supplement policy eliminates an outpatient prescription drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this paragraph.

7. If an individual Medicare supplement policy/certificate is issued to replace an existing issue age rated policy/certificate of the same insurer, the replacing policy shall be issued at the

original issue age of the policyholder/certificateholder, and is at the duration of the terminated policy/certificate at the time of replacement.

(f) Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

(g) 1. through 3. No change.

4. Reinstitution of such coverages as described in subparagraphs 2. and 3.:

a. No change.

b. Shall provide for resumption of coverage that which is substantially equivalent to coverage in effect before the date of such suspension. ~~If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstatement of the policy of Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension; and~~

c. No change.

(2) Standards for Basic ("Core") Benefits Common to All Benefit Plans A-J. Every issuer shall make available a policy or certificate including only the following basic "core" package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic "core" package, but not in lieu thereof.

(a) through (b) No change.

(c) Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate. ~~Diagnostic Related Group (DRG) day outlier per diem or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days.~~ The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance.

(d) through (e) No change.

(3) Standards for Additional Benefits. The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" (B) through "J" (J) only as provided by Rule 69O-156.008, F.A.C.

(a) through (e) No change.

(f) Basic Outpatient Prescription Drug Benefit: Coverage for fifty percent (50%) of outpatient prescription drug charges, after a two hundred fifty dollar (\$250) calendar year deductible, to a maximum of one thousand two hundred fifty

dollars (\$1,250) in benefits received by the insured per calendar year, to the extent not covered by Medicare. The outpatient drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.

(g) Extended Outpatient Prescription Drug Benefit: Coverage for fifty percent (50%) of outpatient prescription drug charges, after a two hundred fifty dollar (\$250) calendar year deductible to a maximum of three thousand dollars (\$3,000) in benefits received by the insured per calendar year, to the extent not covered by Medicare. The outpatient drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.

(h) No change.

(i) Preventive Medical Care Benefit: Coverage for the following preventive health services not covered by Medicare:

1. No change.

2. ~~Any one or a combination of the following Preventive screening tests or preventive services, the selection and frequency of which is determined to be considered medically appropriate by the attending physician.:~~

a. ~~Digital rectal examination;~~

b. ~~Dipstick urinalysis for hematuria, bacteriuria and proteinuria;~~

e. ~~Pure tone (air only) hearing screening test, administered or ordered by a physician;~~

d. ~~Serum cholesterol screening (every five (5) years);~~

e. ~~Thyroid function test;~~

f. ~~Diabetes screening.~~

3. ~~Tetanus and Diphtheria booster (every ten (10) years).~~

4. ~~Any other tests or preventive measures determined appropriate by the attending physician.~~

~~3.5. Reimbursement shall be for the actual charges up to one hundred percent (100%) of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum of one hundred twenty dollars (\$120) annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.~~

(j) No change.

~~(k) New or Innovative Benefits: An issuer may, with prior approval of the Office, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. Such new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies.~~

(4) Standards for Plans K and L.

(a) Standardized Medicare supplement benefit plan "K" shall consist of the following:

1. Coverage of 100% of the Part A hospital coinsurance amount for each day used from the 61st through the 90th day in any Medicare benefit period;

2. Coverage of 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;

4. Medicare Part A Deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in Subparagraph 10;

5. Skilled Nursing Facility Care: Coverage for 50% of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in Subparagraph 10.

6. Hospice Care: coverage for 50% of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in Subparagraph 10;

7. Coverage for 50%, under Medicare Part A or B, of the reasonable cost of the first three (3) pints of block (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in Subparagraph 10;

8. Except for coverage provided in subparagraph 9 below, coverage for 50% of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in subparagraph 10;

9. Coverage of 100% of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and

10. Coverage of 100% of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of \$4000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

(b). Standardized Medicare Supplement benefit plan "L" shall consist of the following:

1. The benefits described in subparagraphs (4)(a)1., 2., 3., and 9;

2. The benefit described in subparagraphs (4)(a)4., 5., 6., 7., and 8., but substituting 75% for 50%; and

3. The benefit described in subparagraph (4)(a)10., but substituting \$2000 for \$4000.

Specific Authority 624.308, 627.674(2)(a) FS. Law Implemented 624.307(1), 627.410, 627.674, 627.6741 FS. History—New 1-1-92, Amended 7-26-99, 3-4-01, 3-31-02, Formerly 4-156.007, Amended _____.

69O-156.008 Standard Medicare Supplement Benefit Plans.

(1) No change.

(2) No groups, packages or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this state, except as may be permitted in subsection 69O-156.008(7) and Rule 69O-156.030 ~~69O-156.007(3)(k)~~, F.A.C., of this chapter.

(3)(a)1. Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans "A" ~~(A)~~ through "L" ~~(L)~~ as provided ~~adopted~~ in Form OIR-B2-MS (Rev. 11/04), ~~(REV. 4/96)~~ "Outline of Medicare Supplement Coverage", and shall conform to the definitions in Rule 69O-156.0034, F.A.C., ~~of this chapter.~~

2. Form OIR-B2-MS (Rev. 11/04), "Outline of Medicare Supplement Coverage", is hereby adopted and incorporated by reference, and is available and may be printed from the Office's website: <http://www.fldfs.com>. Form OIR-B2-MS may be obtained by writing to the Office of Insurance Regulation, Bureau of Life and Health Forms and Rate and Reserve Analysis, 335 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300.

(b) Each benefit shall be structured in accordance with the format provided in subsections 69O-156.007(2) and (3), or (4), F.A.C., and shall list the benefits in the order shown in this rule. For purposes of this section, "structure, language, and format" means style, arrangement and overall content of a benefit.

(4) No change.

(5) Make-up of benefit plans:

(a) through (h) No change.

(i) Standardized Medicare supplement benefit plan "H" shall consist of only the following: The Core Benefit as defined in subsection 69O-156.007(2), F.A.C., of this chapter, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Basic Prescription Drug Benefit and Medically Necessary Emergency Care in a Foreign Country as defined in paragraphs 69O-156.007(3)(a), (b), (f) and (h), F.A.C., respectively. The outpatient prescription drug benefit shall not be included in a Medicare supplement policy issued after December 31, 2005.

(j) Standardized Medicare supplement benefit plan "I" shall consist of only the following: The Core Benefit as defined in subsection 69O-156.007(2), F.A.C., of this regulation, plus

the Medicare Part A Deductible, Skilled Nursing Facility Care, One Hundred Percent (100%) of the Medicare Part B Excess Charges, Basic Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country and At-Home Recovery Benefit as defined in paragraphs 69O-156.007(3)(a), (b), (e), (f), (h) and (j), F.A.C., respectively. The outpatient prescription drug benefit shall not be included in a Medicare supplement policy issued after December 31, 2005.

(k) Standardized Medicare supplement benefit plan "J" shall consist of only the following: The Core Benefit as defined in subsection 69O-156.007(2), F.A.C., of this chapter, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, One Hundred Percent (100%) of the Medicare Part B Excess Charges, Extended Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country, Preventive Medical Care and At-Home Recovery Benefit as defined in paragraphs 69O-156.007(3)(a), (b), (c), (e), (g), (h), (i) and (j), F.A.C., respectively. The outpatient prescription drug benefit shall not be included in a Medicare supplement policy issued after December 31, 2005.

(l) Standardized Medicare supplement benefit high deductible plan "J" shall include only 100% of covered expenses following the payment of the annual high deductible plan "J" deductible.

1. through 2. No change.

3. The annual deductible shall be:

a. through b. No change.

c. The outpatient prescription drug benefit shall not be included in a Medicare supplement policy issued after December 31, 2005.

(6) Make-up of two Medicare supplement plans mandated by The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA):

(a) Standardized Medicare supplement benefit plan "K" shall consist of only those benefits described in paragraph 69O-156.007(4)(a), F.A.C.

(b) Standardized Medicare supplement benefit plan "L" shall consist of only those benefits described in paragraph 69O-156.007(4)(b), F.A.C.

(7) New or Innovative Benefits: An issuer may, with the prior approval of the commissioner, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies. After December 31, 2005, the innovative benefit shall not include an outpatient prescription drug benefit.

Specific Authority 624.308, 627.674(2) FS. Law Implemented 624.307(1), 627.674, 627.6741 FS. History--New 1-1-92, Amended 12-17-96, 7-26-99, Formerly 4-156.008, Amended

69O-156.0095 Guaranteed Issue for Eligible Persons.

(1) Guaranteed Issue.

(a) Eligible persons are those individuals described in subsection (2) who:

1. Seek to enroll under the policy during the period specified in subsection (3); and

2. Submit evidence of the date of termination, ~~or~~ disenrollment, or Medicare Part D enrollment with the application for a Medicare supplement policy.

(b) No change.

(2) Eligible Persons. An eligible person is an individual described in any of the following paragraphs:

(a) The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, which plan terminates or ceases to provide at least the minimum benefits as provided under a Medicare supplement plan "A" as defined in subsection 69O-156.008(1), F.A.C., of the supplemental health benefits to the individual;

(b) The individual is enrolled with a Medicare Advantage ~~+Choice~~ organization under a Medicare Advantage ~~+Choice~~ plan under Part C of Medicare, and any of the following circumstances apply, or the individual is 65 years of age or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under Section 1894 of the Social Security Act, and there are circumstances similar to those described below that would permit discontinuance of the individual's enrollment with such provider if such individual were enrolled in a Medicare Advantage ~~+Choice~~ plan:

1. The certification of the organization or plan under this part has been terminated; ~~or~~

2. through 5. No change.

(c) through (d) No change.

(e)1. The individual was enrolled under a Medicare supplement policy and terminated enrollment and subsequently enrolled, for the first time, with:

a. Any Medicare Advantage ~~+Choice~~ organization under Medicare Advantage ~~+Choice~~ plan under part C of Medicare;

b. through d. No change.

2. No change.

(f) The individual, upon first becoming eligible for benefits under Part A of Medicare at age 65, enrolls in a Medicare Advantage ~~+Choice~~ plan under Part C of Medicare, or with a PACE program provider under Section 1894 of the Social Security Act, and disenrolls from the plan or program by not later than twelve (12) months after the effective date of enrollment.

(g) The individual enrolls in a Medicare Part D plan during the initial enrollment period, and at the time of enrollment in Part D, was enrolled under a Medicare supplement policy that covers outpatient prescription drugs and the individual terminates enrollment in the Medicare supplement policy and submits evidence of enrollment in Medicare Part D along with the application for a policy described in paragraph (5)(d).

(3) Guaranteed Issue Time Periods.

(a) In the case of an individual described in paragraph (2)(a), the guaranteed issue period:

1. No change.

2. Ends sixty-three (63) days thereafter ~~the date of the applicable notice.~~

(b) through (c) No change.

(d) In the case of an individual described in paragraph (2)(b), subparagraph (d)2. or 3., or paragraph (2)(e) or (f) who disenrolls voluntarily, the guaranteed issue period begins on the date that is sixty (60) days before the effective date of the disenrollment and ends on the date that is sixty-three (63) days after the effective date; ~~and~~

(e) In the case of an individual described in paragraph (2)(g), the guaranteed issue period begins on the date the individual receives notice pursuant to Section 1882(v)(2)(B) of the Social Security Act from the Medicare supplement issuer during the sixty day period immediately preceding the initial Part D enrollment period and ends on the date that is sixty-three (63) days after the effective date of the individual's coverage under Medicare Part D; and

~~(f)~~(e) In the case of an individual described in subsection (2) but not described in the preceding provisions of this subsection, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is sixty-three (63) days after the effective date.

(4) No change.

(5) Products to Which Eligible Persons Are Entitled. The Medicare supplement policy to which eligible persons are entitled under:

(a) Paragraphs 69O-156.0095(2)(a), (b), (c) and (d), F.A.C., is a Medicare supplement policy which has a benefit package classified as plan A, B, C, ~~or~~ F (including F with a high deductible), K, or L offered by any issuer.

(b)1. Subject to subparagraph 2., Paragraph 69O-156.0095(2)(e), F.A.C., is the same Medicare supplement policy in which the individual was most recently previously enrolled, if available from the same issuer, or, if not so available, a policy described in paragraph (3)(a);-

2. After December 31, 2005, if the individual was most recently enrolled in a Medicare supplement policy with an outpatient prescription drug benefit, a Medicare supplement policy described in this subparagraph is:

a. The policy available from the same issuer but modified to remove outpatient prescription drug coverage; or

b. At the election of the policyholder, an A, B, C, F (including F with a high deductible), K or L policy that is offered by any issuer;

(c) No change.

(d) Paragraph 69O-156.0095(2)(g), F.A.C. is a Medicare supplement policy that has a benefit package classified as Plan A, B, C, F (including F with a high deductible), K or L, and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's Medicare supplement policy with outpatient prescription drug coverage.

(6) No change.

Specific Authority 624.308, 627.674(2), 627.6741(5) FS. Law Implemented 624.307(1), 627.410, 627.673, 627.674, 627.6745, 627.6746 FS. History—New 7-26-99, Amended 3-4-01, 3-31-02, Formerly 4-156.0095, Amended

69O-156.011 Loss Ratio Standards and Refund or Credit of Premium.

(1) Loss Ratio Standards.

(a) through 1. No change.

2. For individual policies issued or renewed prior to July 1, 1989, at least 60% of the aggregate amount of premiums earned, and for individual policies issued on or after July 1, 1989, at least sixty-five percent (65%) of the aggregate amount of premiums earned, calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health maintenance organization on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Policies and certificates which were marketed and ~~issued~~ issued as Medicare Supplement policies and which have been redefined as limited benefit policies shall have the same loss ratio requirements as if they were still defined as Medicare Supplement policies. Incurred health care expenses where coverage is provided by a health maintenance organization shall not include:

a. Home office and overhead costs;

b. Advertising costs;

c. Commissions and other acquisition costs;

d. Taxes;

e. Capital costs;

f. Administrative costs; and

g. Claims processing costs.

(b) All filings of rates and rating schedules shall demonstrate that projected ~~expected~~ claims in relation to premiums comply with the requirements of this rule when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future lifetime can be expected to meet the appropriate loss ratio standards.

(c) No change.

(d) For individual policies issued prior to April 25, 1996, all filings of rates, rating schedules or rate revisions shall demonstrate that the future projected ~~expected~~ claims in relation to premiums shall meet the 65% loss ratio standard:

1. through 2. No change.

(e) For the purposes of this rule, the term "pre-standardized business" shall include:

1. No change.

2. All policies and certificates which were marketed and ~~issued~~ ~~sold~~ as Medicare Supplement policies, and which have been redefined as limited benefit policies.

(f) No change.

(2) Refund or Credit Calculation.

(a)1. An issuer shall collect the data necessary, and file with the Office each year by May 31, the refund or credit calculation information. This filing shall include:

a. No change.

b. The following forms for each type in a standard Medicare supplement benefit plan, and each type of pre-standardized business:

(I)(A) "Reporting Form for the Calculation of the Benchmark Loss Ratio Since Inception for Individual Policies" Form OIR-B2-MSB-I (~~7/02~~), for individual business, completed in compliance with the instructions for the form; or

(B) "Reporting Form for the Calculation of the Benchmark Loss Ratio Since Inception for Group Policies" Form OIR-B2-MSB-G (~~7/02~~), for group business, completed in compliance with the instructions for the form; and

(II) The "Medicare Supplement Refund Calculation Form", Form OIR-B2-MSR, completed in compliance with the instructions for the form.

2. Forms OIR-B2-MSB-I (Rev. 7/02), OIR-B2-MSB-G (Rev. 7/02), and OIR-B2-MSR (Rev. 7/02) are hereby adopted and incorporated by reference. Copies of forms are available and may be printed from the Office's website: <http://www.fldfs.com/>. and may be obtained by writing to the Office of Insurance Regulation, Bureau of Life and Health Forms and Rates, 200 East Gaines Street, Tallahassee, Florida 32399-0328.

3.a. Filings shall be submitted electronically to <https://portal.fldfs.com>. Filings shall be mailed to: Bureau of Life and Health Forms and Rates, Office of Insurance Regulation, Post Office Box 8040, Tallahassee, FL 32301-8040, or submitted electronically to <https://portal.fldfs.com>.

~~b. 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, First Floor, Larson Building, 200 East Gaines Street, Tallahassee, FL 32399-0328.~~

~~e. 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.~~

~~(b) through (c) No change.~~

~~(3) Annual Filing of Premium Rates.~~

~~(a)1. An issuer of Medicare supplement policies and certificates issued before or after January 1, 1992 shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the Department in accordance with Section 627.410, F.S.~~

~~2. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude the change in active life reserves as a component of incurred claims or earned premiums. An projected ~~expected~~ third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three (3) years.~~

~~(b) As soon as practicable, but prior to the effective date of enhancements in Medicare benefits, every issuer of Medicare supplement policies or certificates in this State shall file with the Department, in accordance with the applicable filing procedures of this State:~~

~~1.a. No change.~~

~~b. An issuer shall make such premium adjustments as are necessary to produce an projected ~~expected~~ loss ratio under such policy or certificate as will conform with minimum loss ratio standards for Medicare supplement policies and which are projected ~~expected~~ to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for such Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein shall be made with respect to a policy at any time other than upon its renewal date or anniversary date.~~

~~2. No change.~~

~~(c) No change.~~

~~(4) No change.~~

Specific Authority 624.308, 627.674(2) FS. Law Implemented 624.307(1), 627.410, 627.673, 627.674, 627.6745, 627.6746 FS. History—New 1-1-92, Amended 7-14-96, 12-17-96, 7-26-99, 3-4-01, 12-9-02, 6-19-03, Formerly 4-156.011, Amended _____.

690-156.012 Filing and Approval of Policies and Certificates and Premium Rates.

(1) An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this State unless the policy form or certificate form has been filed with and approved by the Office including any riders or amendments to policy or certificate forms to delete outpatient prescription drug benefits as required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, in accordance with Sections 627.410, 627.411, 627.674, F.S.

(2) through (5) No change.

Specific Authority 624.308 FS. Law Implemented 624.307(1), 627.410, 627.411, 627.674 FS. History—New 1-1-92, Amended 7-14-96, 3-4-01, Formerly 4-156.012, Amended.

690-156.014 Required Disclosure Provisions.

(1) General Rules.

(a) through (f) No change.

(g) Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis, to a person(s) eligible for Medicare shall provide to those applicants a Guide to Health Insurance for People with Medicare ~~Guide to Health Insurance for People with Medicare~~ in the form developed jointly by the National Association of Insurance Commissioners and Centers for Medicare and Medicaid Services (CMS) the Health Care Financing Administration and in a type size no smaller than 12 point type. Delivery of the Guide ~~Guide~~ shall be made whether or not such policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this regulation. Except in the case of direct response issuers, delivery of the Guide ~~Guide~~ shall be made to the applicant at the time of application and acknowledgment of receipt of the Guide ~~Guide~~ shall be obtained by the issuer. Direct response issuers shall deliver the Guide ~~Guide~~ to the applicant upon request but not later than at the time the policy is delivered. For the purposes of this section, “form” means the language, format, type size, type proportional spacing, bold character, and line spacing.

(2) No change.

(3) MMA Notice Requirements. Issuers shall comply with any notice requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

~~(4)(3)~~ Outline of Coverage Requirements for Medicare Supplement Policies.

(a) through (b) No change.

(c) The outline of coverage shall be in the language prescribed in Form OIR-B2-MSC ~~(3/99)~~ and formatted in no less than twelve (12) point type. All plans A-LJ shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently

displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

(d) Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in the charts in Form OIR-B2-MSC ~~(10/94)~~. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this regulation. An issuer may use additional benefit plan designations on these charts pursuant to subsection 690-156.008(4), F.A.C., of this chapter.

(e) No change.

(f) Notice Regarding Policies or Certificates Which Are Not Medicare Supplement Policies.

1. No change.

2. Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in ~~subparagraph subsection~~ (f)1. shall disclose, using the applicable statement in Appendix A, “Disclosure Statements” and instructions (11/04), which is hereby adopted and incorporated by reference and is available on the Office’s website: <http://www.fldfs.com>, form of “Disclosure Statement” Form OIR-1190 (A-J) (REV. 6/96) in the extent to which the policy duplicates Medicare. The ~~disclosure~~ Statement shall be provided as a part of, or together with, the application for the policy or certificate. Insurers insert the references to outpatient prescription drugs and Serving Health Insurance Needs of Elders (SHINE) included in the Disclosure Statements for use with applications taken after December 31, 2005. The “Disclosure Statement” is hereby adopted and incorporated by reference. ~~A copy of the form may be obtained by writing to the Office of Insurance Regulation, Bureau of Life and Health Forms and Rate and Reserve Analysis, 200 East Gaines Street, Tallahassee, Florida 32399-0300.~~

Specific Authority 624.308(1), 627.674(2) FS. Law Implemented 624.307(1), 627.674 FS. History—New 1-1-81, Formerly 4-51.06, Amended 9-4-89, 3-13-90, 12-9-90, Formerly 4-51.006, Amended 1-1-92, 7-14-96, 12-17-96, 7-26-99, Formerly 4-156.014, Amended.

690-156.015 Requirements for Application Forms and Replacement Coverage.

(1) Application forms shall include the following statements and the following questions designed to elicit information as to whether, as of the date of the application, the applicant currently has another Medicare supplement, or Medicare Advantage, Medicaid coverage, or another health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by applicant and agent containing such questions and statements may be used.

[Statements]

(a) through (c) No change.

(d) If after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

(e) If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

(f)(e) Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

[Questions]

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with our application. PLEASE ANSWER ALL QUESTIONS.

[Please mark Yes or No below with an "X"]
To the best of your knowledge,

(1) (a) Did you turn age 65 in the last 6 months?

Yes ___ No ___

(b) Did you enroll in Medicare Part B in the last 6 months?

Yes ___ No ___

(c) If yes, what is the effective date? _____.

(2) Are you covered for medical assistance through the state Medicaid program?

Yes ___ No ___

[NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost", please answer NO to this question.]

If yes,

(a) Will Medicaid pay your premiums for this Medicare supplement policy?

Yes ___ No ___

(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?

Yes ___ No ___

(3)(a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO) fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

START ___ / ___ / ___ END ___ / ___ / ___

(b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?

Yes ___ No ___

(c) Was this your first time in this type of Medicare plan?

Yes ___ No ___

(d) Did you drop a Medicare supplement plan to enroll in the Medicare plan?

Yes ___ No ___

(4)(a) Do you have another Medicare supplement policy in force?

Yes ___ No ___

(b) If so, with what company, and what plan do you have [optional for Direct Mailers]? _____

(c) If so, do you intend to replace your current Medicare supplement policy with this policy?

Yes ___ No ___

(5) Have you had coverage under any other health insurance within the past 63 days? (for example, an employer, union, or individual plan)

Yes ___ No ___

(a) If so, with what company and what kind of policy?

(b) What are your dates of coverage under the other policy?

START ___ / ___ / ___ END ___ / ___ / ___

(If you are still covered under the other policy, leave "END" blank.)

To the best of your knowledge,

~~(a) Do you have another Medicare supplement policy or certificate in force?~~

~~1. If so, with which company?~~

~~2. If so, do you intend to replace your current Medicare supplement policy with this policy [certificate]?~~

~~(b) Do you have any other health insurance coverage that provides benefits similar to this Medicare supplement policy?~~

~~1. If so, with which company?~~

~~2. What kind of policy?~~

~~(c) Are you covered for medical assistance through the state Medicaid program?~~

~~1. As a Specified Low Income Medicare Beneficiary (SLMB)?~~

~~2. As a Qualified Medicare Beneficiary (QMB)?~~

~~3. For other Medicaid medical benefits?~~

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

(a) List policies issued ~~sold~~ which are still in force.

(b) List policies issued ~~sold~~ in the past five (5) years which are no longer in force.

(3) No change.

(4) Upon determining that a sale will involve replacement of Medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of Medicare supplement coverage. One copy of the notice signed by the applicant and the agent, except where the coverage is issued ~~sold~~ without an agent, shall be provided to the applicant and an additional signed copy shall be retained by the issuer. A direct response issuer shall deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of Medicare supplement coverage.

(5) The notice required by subsection 690-156.015(4), F.A.C., above for an issuer shall be provided in substantially the following form in no less than twelve (12) point type:

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

[Insurance company's name and address]

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to [your application] [information you have furnished], you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by [Company Name] Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy. You should review this new coverage

carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT [BROKER OR OTHER REPRESENTATIVE]:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage Plan. The replacement policy is being purchased for the following reason(s) (check one):

Additional benefits.

No change in benefits, but lower premiums.

Fewer benefits and lower premiums.

My plan has outpatient prescription drug coverage and I am enrolling in Part D.

Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment. [optional for Direct Mailers].

Other. (please specify) _____

1. Note: If the issuer of the Medicare supplement policy being applied for does not impose pre-existing condition limitations, or is prohibited from imposing pre-existing condition limitations, please skip to statement 2 below. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

2. through 3. No change.

(6) through (7) No change.

Specific Authority 624.308(1), 627.674(2) FS. Law Implemented 624.307(1), 627.674 FS. History--New 1-1-81, Formerly 4-51.07, Amended 9-4-89, 12-9-90, Formerly 4-51.007, Amended 1-1-92, 7-14-96, Formerly 4-156.015, Amended _____.

690-156.017 Appropriateness of Recommended Purchase and Excessive Insurance.

(1) No change.

(2) Any sale of Medicare supplement policy or certificate coverage that will provide an individual with more than one Medicare supplement policy or certificate is prohibited.

(3) An issuer shall not issue a Medicare supplement policy or certificate to an individual enrolled in Medicare Part C unless the effective date of the coverage is after the termination date of the individual's Part C coverage.

Specific Authority 627.674 FS. Law Implemented 627.6744 FS. History--New 12-9-90, Formerly 4-51.019, Amended 1-1-92, Formerly 4-156.017, Amended _____.

690-156.018 Reporting of Multiple Policies.

(1) through (2) No change.

(3) If applicable to any resident, the information Such report shall be filed with on Form OIR-509 (9/90), "Form For Reporting Multiple Medicare Supplement Policies", or in another format acceptable to the Department. Form OIR-509 is hereby adopted and incorporated by reference. Form OIR-509 may be obtained by writing to the Office of Insurance Regulation, Division of Insurer Services, Bureau of Attn: Market Investigations Life and Health Forms and Rate and Reserve Analysis, 200 East Gaines Street, Tallahassee, Florida 32399-42100300.

Specific Authority 627.674 FS. Law Implemented 627.6737 FS. History--New 12-9-90, Formerly 4-51.020, Amended 1-1-92, Formerly 4-156.018, Amended _____.

690-156.030 Medicare Select.

(1) through (4) No change.

(5) A Medicare Select issuer shall file with the Office of Insurance Regulation, Attn.: Life and Health Product Review, 200 East Gaines Street, Tallahassee, Florida 32399-0328, a proposed plan of operation which with the Office using the format in Form OIR 1014, "Plan of Operation/Medicare Select," rev. 5/92, which is hereby adopted and incorporated by reference. The plan of operation shall contain at least the following information:

(a) through (g) No change.

(6) through (8) No change.

(9) A Medicare Select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the Medicare Select policy or certificate to each applicant. This disclosure shall include at least the following:

(a) through (b) No change.

(c) A description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized. Except to the extent specified in the policy or certificate, expenses incurred when using out-of-network providers do not count toward the out-of-pocket annual limit contained in plans K and L.

(d) through (g) No change.

(10) No change.

(11) A Medicare Select issuer shall have and shall use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.

(a) through (e) No change.

(f) The issuer shall report no later than each March 31 to the Office of Insurance Regulation, Market Investigation, 200 East Gaines Street, Tallahassee, Florida 32399-4210, any grievances that have occurred during the preceding calendar year. The report shall identify each grievance filed and provide a summary of the subject, nature and resolution of the grievance, regarding its grievance procedures. The report shall be in a format prescribed by the Office and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances. The grievance procedure shall be established as provided in Form OIR 1013, "Medicare Select Grievance Procedure," rev. 5/92, which is hereby adopted and incorporated by reference.

(12) No change.

(13)(a) No change.

(b) For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this paragraph, a significant benefit means coverage for the Medicare Part A deductible; coverage for prescription drugs; coverage for at-home recovery services; or of coverage for Part B excess charges.

(14)(a) through (b) No change.

(c) For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this paragraph, a significant benefit means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.

(15) No change.

Specific Authority 624.308 FS. Law Implemented 624.307(1), 627.671-627.675 FS. History--New 7-1-92, Formerly 4-156.030, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Frank Dino, Actuary, Life and Health Product Review, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rich Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 30, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 21, 2005

(c) Use of Insurer's Own Methodology. When the insurer is able to demonstrate that the standard methodologies result in an unreasonable rate of return for its book of business, it may use its own methodologies (and its own data used for estimating model parameters) pursuant to subsection (10) of this rule. The Office will evaluate the result from this approach in accordance with subsection (10).

(4) For use as permitted in subsection (3)(a) of this rule, the Office shall annually establish underwriting profit factors for the sublines identified in subsection (9) of this rule. Such factors shall be derived by using the methodologies described in subsections (5) through (9) of this rule, in conjunction with available and actuarially reasonable industry data. The factors shall be published by informational memorandum and provided to all affected insurers prior to the date their use is required. These factors can be used without further justification by insurers which do not have credible data of their own. Factors distributed for the previous year shall remain in effect until new factors are published. Each insurer shall determine Y_A , the expected investment income yield on invested assets representing unearned premium and loss reserves. The expected investment income yield, Y_A , shall be calculated using the quantities and formula below:

$$Y_A = Y_n W_n + Y_o W_o$$

Where:

Y_n = Expected investment income yield on assets newly invested or reinvested during the time the new rates are expected to be in effect.

Y_o = Expected investment income yield on assets invested prior to the time the new rates are expected to be in effect.

W_n = Proportion of assets, held during the time the new rates are expected to be in effect, that is expected to be newly invested or reinvested.

$$W_o = 1 - W_n$$

The above expected investment income yield, Y_A , shall be used for purposes of this rule unless evidence is presented that this quantity is not the investment income yield reasonably expected by the insurer.

(5) The standard methodology for selecting a loss payment pattern shall be as follows. Each insurer shall determine separately for each subline the expected loss payment pattern associated with insurance written in Florida, using Florida accident year or report year loss payment patterns. Separately for each subline, each insurer shall, using the average date of premium remittance by the insured, determine the discounted value of the expected loss payment pattern determined in subsection (3) using the expected investment income yield, Y_A , calculated in subsection (4). The undiscounted pattern minus the discounted pattern for each subline is to be expressed as a percent of the expected subline premium that is

associated with the series of loss payments over time. This difference is the investment income opportunity associated with the subline.

(6) The standard methodology for selecting an investment income yield shall be as follows. Each insurer shall determine Y_A , the expected after-tax investment income yield on invested assets representing unearned premium and loss reserves. The expected after-tax investment income yield, Y_A , shall be calculated using the quantities and formula below: The investment income opportunities calculated in subsection (5) shall be used as follows to develop the underwriting profit allowance, to be used in rate filings:

$$Y_A = Y_n W_n + Y_o W_o$$

Where:

Y_n = Expected investment income yield on assets newly invested or reinvested during the time the new rates are expected to be in effect.

Y_o = Expected investment income yield on assets invested prior to the time the new rates are expected to be in effect.

W_n = Proportion of assets, held during the time the new rates are expected to be in effect, that is expected to be newly invested or reinvested.

$$W_o = 1 - W_n$$

(a) ~~Select and specify the underwriting profit and contingency factor to be used in rate filings for the property insurance subline with the smallest investment income opportunity as calculated in subsection (5). If an insurer does not write property insurance in Florida, it shall use relevant data for such property insurance subline from areas other than Florida or shall use industry data, as determined by reasonable actuarial judgment. The selected underwriting profit and contingency factor is presumed to give due recognition to property insurance investment income. An underwriting profit and contingency factor greater than the quantity five percent is prima facie evidence of an excessive expected rate of return and unacceptable, unless supporting evidence is presented demonstrating that an underwriting profit and contingency factor included in the filing that is greater than this quantity is necessary for the insurer to earn a reasonable expected rate of return. In such case, the criteria presented in subsection (7) shall be used by the Department of Insurance in evaluating this supporting evidence.~~

(b) ~~Determine the investment income differential between the property insurance subline and any other subline by subtracting the investment income opportunity for the property insurance subline as calculated in subsection (5) from the investment income opportunity for any other subline as calculated in subsection (5).~~

(c) ~~The underwriting profit and contingency factor for any subline other than that specified in paragraph (6)(a) shall be the underwriting profit and contingency factor for the subline from paragraph (6)(a), minus the investment income differential~~

from paragraph (6)(b). An underwriting profit and contingency factor greater than this quantity is prima facie evidence of an excessive YN = Expected investment income yield on assets newly invested or reinvested during the time the new rates are expected to be in effect. YO = Expected investment income yield on assets invested prior to the time the new rates are expected to be in effect. WN = Proportion of assets, held during the time the new rates are expected to be in effect, that is expected to be newly invested or reinvested. WO = 1 - WN expected rate of return and unacceptable, unless supporting evidence is presented demonstrating that an underwriting profit and contingency factor included in the filings that is greater than this quantity is necessary for the insurer to earn a reasonable rate of return. In such cases, the criteria presented in subsection (7) shall be used by the Office in evaluating this supporting evidence.

(7) For any given subline, each insurer shall determine the discounted value of the expected loss payment pattern determined in subsection (5) using the expected investment income yield, Y_A , calculated in subsection (6). Mathematically speaking, d_{PPAPD} denotes the resulting discounted value for PPAPD and $d_{SUBLINE}$ denotes such value for the other subline. An underwriting profit and contingency factor calculated in accordance with this rule is considered to be compatible with a reasonable expected rate of return on net worth. If a determination must be made as to whether an expected rate of return is reasonable, the following criteria shall be used in that determination:

(a) An expected rate of return for Florida business is to be considered reasonable if, when sustained by the insurer for its business during the period for which the rates under scrutiny are in effect, it neither threatens the insurer's solvency nor makes the insurer more attractive to policyholders or investors from a corporate financial perspective than the same insurer would be had this rule not been implemented, all other variables being equal; or

(b) Alternatively, the expected rate of return for Florida business is to be considered reasonable if it is commensurate with the rate of return anticipated for other industries having corresponding risk and it is sufficient to assure confidence in the financial integrity of the insurer so as to maintain its credit and, if a stock insurer, to attract capital, or if a mutual or reciprocal insurer, to accumulate surplus reasonably necessary to support growth in Florida premium volume reasonably expected during the time the rates under scrutiny are in effect.

(8) The discounted values d_{PPAPD} and $d_{SUBLINE}$ calculated in subsection (7) of this rule shall be used as follows to develop the underwriting profit allowance for a specified subline: Each insurer filing insurance rates in Florida shall use an underwriting profit and contingency factor for each subline

that is developed in accordance with this rule. The combined profit and contingency factor shall be quantified and stated as a single percentage factor. The entire factor and the component parts of the factors shall be justified by the insurer proposing to use the factor:

(a) Select and specify an appropriate underwriting profit factor for PPAPD. Mathematically, u_{PPAPD} denotes this value. If an insurer does not write PPAPD in Florida, it shall use relevant data from areas other than Florida or shall use industry data, as determined by reasonable actuarial judgment. A u_{PPAPD} value greater than five percent is prima facie evidence of an excessive expected rate of return and unacceptable, unless supporting evidence is presented to the contrary.

(b) For a specified subline, adjust the PPAPD underwriting profit factor (u_{PPAPD}) from subsection (8)(a) of this rule to reflect differences in underwriting risk between PPAPD and the specified subline. This is to be accomplished by multiplying the value u_{PPAPD} by the P/S ratio for PPAPD (denoted by P/S_{PPAPD}) and then dividing the result by the P/S ratio for the given subline (denoted by $P/S_{SUBLINE}$). The Office's P/S ratios for the various property and casualty sublines are set forth in subsection (9) of this rule. Mathematically, the result of this calculation is:

$$u_{PPAPD} \times P/S_{PPAPD} / P/S_{SUBLINE}$$

(c) Determine the investment income differential (denoted by $IID_{SUBLINE}$) between PPAPD and the specified subline by subtracting the discounted value of loss payments for the specified subline as calculated in subsection (7) of this rule from the discounted value of loss payments for PPAPD as calculated in subsection (7) of this rule, and then dividing the result by the discounted value of loss payments for the specified subline. Mathematically:

$$IID_{SUBLINE} = (d_{PPAPD} - d_{SUBLINE}) / d_{SUBLINE}$$

(d) Determine the investment income offset (denoted $IIO_{SUBLINE}$) between PPAPD and the specified subline by multiplying the investment income differential from subsection (8)(c) of this rule by the permissible loss ratio for the specified subline (denoted by $PLR_{SUBLINE}$). (The permissible loss ratio is the complement of the expense and underwriting profit provision as a percentage of premium. For this purpose, u_{PPAPD} from subsection (8)(a) of this rule can serve as a reasonable temporary proxy for the underwriting profit provision for the specified subline, since the final such value is not as yet determined.) Mathematically:

$$IIO_{SUBLINE} = IID_{SUBLINE} \times PLR_{SUBLINE}$$

(e) The underwriting profit factor for the specified subline (denoted by $u_{SUBLINE}$) shall be the result from subsection (8)(b) of this rule, minus the investment income offset from subsection (8)(d) of this rule. Mathematically:

$$\begin{aligned} \frac{u_{\text{SUBLINE}}}{P/S_{\text{SUBLINE}}} &= \frac{u_{\text{PPAPD}} \times P/S_{\text{PPAPD}}}{P/S_{\text{SUBLINE}}} - \frac{IIO_{\text{SUBLINE}}}{P/S_{\text{SUBLINE}}} \\ &= \frac{u_{\text{PPAPD}} \times P/S_{\text{PPAPD}}}{P/S_{\text{SUBLINE}}} - \frac{IID_{\text{SUBLINE}} \times \text{PLR}_{\text{SUBLINE}}}{P/S_{\text{SUBLINE}}} \\ &= \frac{u_{\text{PPAPD}} \times P/S_{\text{PPAPD}}}{P/S_{\text{SUBLINE}}} - \frac{(d_{\text{PPAPD}} - d_{\text{SUBLINE}}) / \text{PLR}_{\text{SUBLINE}}}{P/S_{\text{SUBLINE}}} \end{aligned}$$

(9) For purposes of subsection (8) of this rule, the $\frac{P}{S_{\text{SUBLINE}}}$ ratios for the various property/casualty sublines are shown below. For use as permitted in subsection (3) of this rule, the Office shall annually establish appropriate underwriting profit and contingency factors by annual statement lines or classes subject to this rule. Such factors shall be derived by using available and actuarially reasonable industry data. The factors shall be established by order and provided to all affected insurers prior to the date their use is required. Factors distributed for the previous year shall remain in effect until new factors are published.

<u>Subline</u>	<u>P/S</u>
<u>Allied Lines (Commercial)</u>	<u>1.40</u>
<u>Allied Lines (Personal)</u>	<u>1.40</u>
<u>Boiler & Machinery</u>	<u>1.40</u>
<u>Burglary & Theft</u>	<u>1.60</u>
<u>Commercial Auto Physical Damage</u>	<u>1.80</u>
<u>Commercial Auto Liability</u>	<u>1.60</u>
<u>Commercial Multi Peril</u>	<u>1.40</u>
<u>Credit</u>	<u>1.80</u>
<u>Earthquake</u>	<u>0.80</u>
<u>Farmowners</u>	<u>1.40</u>
<u>Fidelity</u>	<u>1.40</u>
<u>Financial Guaranty</u>	<u>1.20</u>
<u>Fire (Commercial)</u>	<u>1.40</u>
<u>Fire (Personal)</u>	<u>1.40</u>
<u>Homeowners</u>	<u>1.40</u>
<u>Inland Marine (Commercial)</u>	<u>1.40</u>
<u>Inland Marine (Personal)</u>	<u>1.40</u>
<u>Medical Malpractice – Claims-Made</u>	<u>1.00</u>
<u>Medical Malpractice – Occurrence</u>	<u>0.80</u>
<u>Mortgage Guaranty</u>	<u>1.20</u>
<u>Other Liability – Claims-Made</u>	<u>1.40</u>
<u>Other Liability – Occurrence (Commercial)</u>	<u>1.20</u>
<u>Other Liability – Occurrence (Personal)</u>	<u>1.20</u>
<u>Private Passenger Auto Physical Damage</u>	<u>2.00</u>
<u>Private Passenger Auto Liability</u>	<u>1.80</u>
<u>Products Liability – Claims-Made</u>	<u>1.00</u>
<u>Products Liability – Occurrence</u>	<u>0.80</u>
<u>Surety</u>	<u>1.40</u>

(10) A filed underwriting profit factor greater than that determined in subsection (8)(e) of this rule is prima facie evidence of an excessive expected rate of return and unacceptable, unless supporting evidence is presented demonstrating that such greater value is necessary for the

insurer to earn a reasonable rate of return. The following criteria shall be used in determining whether an expected rate of return is reasonable:

(a) An expected rate of return for Florida business is to be considered reasonable if, when sustained by the insurer for its business during the period for which the rates under scrutiny are in effect, it neither threatens the insurer’s solvency nor makes the insurer more attractive to shareholders or investors from a corporate financial perspective than the same insurer would be had this rule not been implemented, all other variables being equal; or

(b) Alternatively, the expected rate of return for Florida business is to be considered reasonable if it is commensurate with the rate of return anticipated for other industries having corresponding risk and it is sufficient to assure confidence in the financial integrity of the insurer so as to maintain its credit and, if a stock insurer, to attract capital, or if a mutual or reciprocal insurer, to accumulate surplus reasonably necessary to support growth in Florida premium volume reasonably expected during the time the rates under scrutiny are in effect.

Specific Authority 624.308(1), 627.062(2)(b)4., 627.0651(2)(d) FS. Law Implemented 624.307(1), 627.062(2)(b)4., 627.0651(2)(d) FS. History—New 4-9-87, Amended 1-30-91, Formerly 4-72.003, 4-170.003, Amended

NAME OF PERSON ORIGINATING PROPOSED RULE:
Frank Dino, Actuary, Property and Casualty Product Review,
Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Tom Streukens, Deputy
Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: October 4, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: November 12, 2004

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE TITLE: Calculation of Underwriting Profit Factor

RULE NO.: 690-175.001

PURPOSE, EFFECT AND SUMMARY: The purpose of this rule is to recognize the different risk characteristics of different lines of business in determining the underwriting profit factor. The rule is being amended to be responsive to industry issues and comments made concerning the current method of determining these factors. The rule cross references to Rule 690-170.003, F.A.C.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 624.308(1), 627.0651(2)(d) FS.
 LAW IMPLEMENTED: 624.307(1), 627.031(1),(2), 627.0651(1),(2)(d) FS.
 IF REQUESTED IN WRITING WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):
 TIME AND DATE: 10:00 a.m., April 27, 2005
 PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida
 Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Office at least 5 calendar days before the program by contacting the person listed below.
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Frank Dino, Property and Casualty Product Review, Office of Insurance Regulation, e-mail: frank.dino@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-175.001 Calculation of Underwriting Profit Factor and Use of Investment Income in Motor Vehicle Insurance Rates.

(1) This rule shall apply to rates filed or reviewed pursuant to Section 627.0651, F.S.

(2) The purpose of the rule is to specify the manner in which insurers shall calculate underwriting profit investment income attributable to motor vehicle insurance policies written in Florida, to be incorporated within rate filings submitted to the Office and the manner in which such investment income is used in the calculation of insurance rates by the development of an underwriting profit allowance compatible with a reasonable rate of return.

(3) Determination of the underwriting profit factor for motor vehicle insurance shall be as provided in Rule 69O-170.003, F.A.C. As used herein:

(a) Auto insurance means private passenger motor vehicle insurance as defined in Section 627.041(8), F.S.;

(b) Liability subline means the sublines of auto insurance in the aggregate commonly considered to be auto liability insurance;

(c) Physical Damage subline means the sublines of auto insurance in the aggregate commonly considered to be auto physical damage insurance.

(4) Each insurer shall determine the expected patterns of loss payments over time associated with a policy of auto insurance written in Florida. These patterns of loss payments shall be determined separately for the Liability subline of auto insurance and for the Physical Damage subline of auto insurance. The determination shall be made using Florida

accident year or policy year loss payment patterns, and must fairly represent the auto insurance loss transactions of the insurer.

(5) ~~Each insurer shall determine YA, the expected investment income yield on invested assets representing unearned premium and loss reserves. The expected investment income yield, YA, shall be calculated using the quantities and formula below:~~

$$YA = Y_n W_n + Y_o W_o$$

Where:

~~Y_n = Expected investment income yield on assets newly invested or reinvested during the time the new rates are expected to be in effect.~~

~~Y_o = Expected investment income yield on assets invested prior to the time the new rates are expected to be in effect.~~

~~W_n = Proportion of assets, held during the time the new rates are expected to be in effect, that is expected to be newly invested or reinvested.~~

~~W_o = 1 - W_n~~

The above expected investment income yield, Ya, shall be used for purposes of this rule unless evidence is presented that this quantity is not the investment income yield reasonably expected by the insurer.

(6) Separately for the Liability subline and the Physical Damage subline, each insurer shall determine the discounted value of the expected loss payment pattern determined in subsection (4) using the expected investment income yield, Ya, calculated in subsection (5). The undiscounted pattern minus the discounted pattern for each subline is to be expressed as a percent of the expected subline premium that is associated with the series of loss payments over time. This difference is the investment income opportunity associated with the subline.

(7) The investment income opportunities calculated in subsection (6) shall be used as follows to develop the underwriting profit allowance, as distinguished from the contingency factor, to be used in rate filings:

(a) Select and specify the underwriting profit allowance to be used in rate filings for the Physical Damage subline. The selected underwriting profit allowance is presumed to give due recognition to Physical Damage investment income. An underwriting profit allowance greater than the quantity five percent minus any contingency factor utilized is prima facie evidence of an excessive expected rate of return and unacceptable, unless supporting evidence is presented demonstrating that an underwriting profit allowance included in the filing that is greater than this quantity is necessary for the insurer to earn a reasonable expected rate of return. In such case, the criteria presented in subsection (8) shall be used by the Department of Financial Services in evaluating this supporting evidence.

(b) Determine the investment income differential between the Physical Damage and Liability sublines by subtracting the investment income opportunity for the Physical Damage

subline as calculated in subsection (6) from the investment income opportunity for the Liability subline as calculated in subsection (6).

(e) The underwriting profit allowance for the Liability subline shall be the underwriting profit allowance for the Physical Damage subline from paragraph (7)(a), minus the investment income differential from paragraph (7)(b), subject to the provisions of paragraph (7)(d).

(d) If the underwriting profit allowance in paragraph (7)(e) is negative, then the insurer may deviate from the underwriting profit allowance in paragraph (7)(e) only to the extent needed to give a positive underwriting profit allowance.

(8) All provisions for contingencies shall be derived utilizing reasonable actuarial techniques, and appropriate supporting material shall be included in the rate filing. Provisions for contingencies greater than 1.5% of premium are prima facie excessive and unreasonable until actuarially supported by clear and convincing evidence. Provisions for contingencies shall be added to the underwriting profit allowance, as determined under subsection (7) of this rule, in order to produce the percentage factor included in the rate filing for profit and contingencies.

(9) An underwriting profit allowance calculated in accordance with this rule is considered to be compatible with a reasonable expected rate of return on net worth plus provisions for contingencies. If a determination must be made as to whether an expected rate of return is reasonable, the following criteria shall be used in that determination:

(a) An expected rate of return for Florida business is to be considered reasonable if, when sustained by the auto insurer for its business during the period for which the rates under scrutiny are in effect, it neither threatens the insurer's solvency nor makes the insurer more attractive to policyholders or investors from a corporate financial perspective than the same insurer would be had this rule not been implemented, all other variables being equal; or

(b) Alternatively, the expected rate of return for Florida business is to be considered reasonable if commensurate with the rate of return anticipated for other industries having corresponding risk and sufficient to assure confidence in the financial integrity of the company so as to maintain its credit and, if a stock insurer, to attract capital, or if a mutual or a reciprocal insurer, to accumulate surplus reasonably necessary to support growth in Florida premium reasonably expected during the time the rates under scrutiny are in effect.

(10) If an insurer writes less than one half (1/2) of one percent of the Florida market for a subline of insurance, calculated by dividing the current premiums written by the preceding year's total premiums written in the state for that subline, then the insurer shall use industry data for purposes of subsection (4) of this rule unless evidence is presented that such use of industry data by the insurer does not produce a

reasonable expected rate of return for the insurer. The Office of Insurance Regulation shall provide industry data to such an insurer.

(11) Patterns of loss payments for the insurance coverage components of the sublines of auto insurance specified in subsection (4) may be developed if needed to be consistent with an insurer's rating practice. The loss payment patterns shall be used in subsections (6) and (7) to produce an investment income differential and underwriting profit allowance for the components of the sublines of auto insurance similar to the investment income differential and underwriting profit allowance calculated for the Liability and Physical Damage sublines. For purposes of applying this subsection, when it is deemed necessary to do so, the component with the smallest investment income opportunity as calculated by the subsection (6) method shall be substituted for the Physical Damage subline in applying paragraph (7)(a). The remaining components shall individually be substituted for the Liability subline in applying paragraphs (7)(b)-(d) for each such component.

(12) Each insurer filing auto insurance rates in Florida shall use an underwriting profit allowance for each subline that is developed in accordance with this rule.

Specific Authority 624.308(1), 627.0651(2)(d) FS. Law Implemented 624.307(1), 627.031(1),(2), 627.0651(1),(2)(d) FS. History—New 10-1-82, Amended 6-28-84, Formerly 4-57.01, 4-57.001, 4-175.001, Amended

NAME OF PERSON ORIGINATING PROPOSED RULE: Frank Dino, Actuary, Property and Casualty Product Review, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tom Streukens, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 4, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 12, 2004

Section III Notices of Changes, Corrections and Withdrawals

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."