and class code 6006F "Marine Pile Driving, Dock & Seawall, Jetty or Breakwater, Dike or Revetment Construction – All Operations to Completion & Drivers" in the rule as those class codes have been included in the classification codes and descriptions that are specified in the Florida Contracting Classification Premium Adjustment Program, and published in the Florida exception pages of the National Council on Compensation Insurance, Inc. (NCCI) Basic Manual (October 2005 edition).

SUBJECT AREA TO BE ADDRESSED: Construction industry class codes for purposes of workers' compensation.

SPECIFIC AUTHORITY: 440.02(8), 440.591 FS.

LAW IMPLEMENTED: 440.02(8) FS.

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

DATE AND TIME: July 11, 2006, 10:00 a.m.

PLACE: Room 104J, Hartman Building, 2012 Capital Circle, S. E., Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Andrew Sabolic, Bureau Chief 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 PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69L-6.021 Construction Industry Classification Codes, Descriptions, and Operations Scope of Exemption.

(1) No change.

(a) through (qq) No change.

~~(rr) 5536 Heating and Air Conditioning Duct Work – Shop and Outside – and Drivers~~

(ss) through (bbb) renumbered (rr) through (aaa) No change.

(bbb)	6004	Land Pile Driving
~~(ccc)~~	~~6003~~	~~Pile Driving~~
(ccc)	6006F	Marine Pile Driving, Dock & Seawall, Jetty or Breakwater, Dike or Revetment Construction – All Operations to Completion & Drivers
~~(ddd)~~	~~6005~~	~~Jetty or Breakwater Construction – All Operations to Completion and Drivers~~

(eee) through (iiii) renumbered (ddd) through (hhhh) No change.

(2) No change.

Specific Authority 440.02(8), 440.591 FS. Law Implemented 440.02(8) FS. History–New 10-21-02, Formerly 4L-6.021, Amended 7-4-04, 3-15-06, _____.

Section II
Proposed Rules

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
5E-3	Feed
RULE NO.:	RULE TITLE:
5E-3.003	Inspection; Sampling; Analysis; Reporting Rejecting Feed and Feedstuff; Reduced Sampling Requirements; Laboratory Certification/Exemption Requirements and Fees

PURPOSE, EFFECT AND SUMMARY: The purpose of the proposed actions is to amend Rule 5E-3.003, F.A.C. The effect is to harmonize rule definitions to coincide with those listed in the Association of American Feed Control Officials (AAFCO) official publication and to categorize new products within the feed industry; to define an explicit sampling period; and to modify sampling requirements for feed ingredients and mixed feeds to correspond with revised definitions.

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 Estimated Regulatory Cost or to provide a proposal for a lower cost alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 570.07(23), 580.036(2), 580.065 FS.

LAW IMPLEMENTED: 580.036(2), 580.051, 580.065, 580.036(2), 580.071, 580.091, 580.121, 580.131 FS.

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

DATE AND TIME: July 10, 2006, 3:00 p.m.

PLACE: Flag Credit Union Conference Room, 3115 Conner Blvd., Tallahassee, Florida 32399-1650

THE PERSON TO BE CONTACTED REGARDNG THE PROPOSED RULE IS: Mr. Weldon E. Collier, Chief, Bureau of Feed, Seed, and Fertilizer Laboratories, Division of Agricultural Environmental Services, FDACS, L-29, 3125 Conner Boulevard, Tallahassee, Florida 32399-1650; telephone (850)488-9095

THE FULL TEXT OF THE PROPOSED RULE IS:

5E-3.003 Inspection; Sampling; Analysis; Reporting Rejected Feed and Feedstuff; Reduced Sampling Requirements; Laboratory Certification/Exemption Requirements and Fees.

(1) Definitions.

(a) through (b) No change.

(c) The term "product type" means mixed: poultry feed, dairy cow feed, beef cattle feed, horse feed, swine feed, or other feed.

(d) The term "Mixed Feed" means a product which is a mixture of nutritional ingredients intended or represented for use as a substantial source of nutrients in an animal diet, which may or may not be limited to the sole ration of the animal.

(e) The term "Ingredient" means each of the constituent materials used to make a commercial feed.

(f) The term "Other Feed" is inclusive of all other commercial feed products intended for consumption by species of animals not previously stipulated.

(g) The term "Grain or Grain Products" includes Barley, Maize – (Corn Products), Grain Sorghum, Oats, Rice, Rye, Triticale, and Wheat.

(h) The term "Other Feed Ingredients" is inclusive of all ingredients other than Cottonseed Products, Peanut Products, and ingredients identified as "Grain or Grain Products"

(i) The term "Treats" includes products identified as Snacks, Chews, Biscuits, Cookies, or Bones that are intended for intermittent or supplemental feeding only and which are not intended or represented to serve as the primary source of nutrients in an animal diet.

(j) The term "Mineral or Vitamin Supplement" means all mixtures that contain mineral or vitamin ingredients generally regarded as dietary factors essential for the normal nutrition of animals and that are sold or represented for the primary purpose of supplying these minerals or vitamins as additions to rations in which these same mineral or vitamin factors may be deficient.

(2) Inspection.

(a) through (b) No change.

(3) Sample and Analytical Documentation.

(a) through (c) No change.

(d) Positive ~~microbiological organism, pesticide residues,~~ drugs and mycotoxin results must be reported within 48 hours of completion of analyses to the department.

(4) Sampling Requirements, Frequency, and Analysis Requirements.

The sampling period shall run concurrently with the registration period. Samples of commercial feed and feedstuffs shall be submitted quarterly, to laboratories certified by the Department, corresponding to the tonnage reported to the Department. A minimum of one sample shall be submitted by the end of the first quarter of each year. The sampling period ends June 1st of each year. The sampling frequency and analysis requirements to be used by feed registrants ~~approved certified laboratories and approved quality assurance/quality control programs~~ are listed below. If the department finds that circumstances exist which threaten the health of commercial livestock or the public, the department shall require additional feed sample analyses.

(a) Ingredients.

1. Nutrients – No analyses required.

2. Mycotoxins.

a. Aflatoxins.

(I) Grain and Grain Products ~~Maize – (Corn Products)~~ One sample per 5,000 tons distributed shall have a quantitative analysis performed;

(II) Cottonseed Products – One sample per 2500 tons shall have a quantitative analysis performed;

(III) Peanut Products – One sample per 500 tons shall have a quantitative analysis performed;

~~(IV) Other grains and grain products – One sample per 5000 tons shall have a quantitative analysis performed;~~

(IV)~~(V)~~ There will be a minimum of one quantitative analysis performed per year per distributor on the above ingredient types;

(V)~~(VI)~~ No aflatoxin analysis is required on ingredients not listed above.

b. Fumonisin.

(I) Maize – (Corn Products) – One sample per 5,000 tons distributed shall have a quantitative analysis performed; ~~Corn screenings – One sample per year per distributor shall have a quantitative analysis performed~~

(II) No fumonisin analysis is required on ingredients not listed above.

c. Vomitoxin.

(I) Grain and grain products (excluding Maize – Corn Products) – One sample per 25,000 tons shall have a quantitative analysis performed;

(II) There will be a minimum of one quantitative analysis performed per year per distributor for grain and grain products (excluding Maize – Corn Products);

(III) No vomitoxin analysis is required on ingredients not listed above.

~~3. Microorganisms – Animal products shall have one qualitative salmonella analysis performed per year. If the analysis is positive, the group and type shall be specified.~~

~~4. Pesticide Residues – All ingredient types (except minerals) shall have one pesticide screen (carbamates, chlorinated hydrocarbons and organophosphates) performed per year per distributor. All positive screens must be confirmed quantitatively.~~

3.~~5.~~ Drugs –

a. The FDA requirements as provided in 21 C.F.R. parts 225, 226 (4/1/01) shall be considered adequate for the purposes of this testing requirement.

b. 21 C.F.R. pts. 225, 226 (4/1/01) are hereby incorporated by reference. Copies may be obtained from the Superintendent of Documents, U.S. Government Printing Office, 732 N. Capitol Street, N. W., Mail Stop SDE, Washington, D.C. 20401. ~~No analysis required.~~

(b) Mixed Feeds.

1. Nutrients.

a. Protein, fat and fiber analysis shall be performed at a frequency of one per every 750 cumulative tons for all types of feed distributed. If the distributor's deficiency rate is 5% or less the sampling frequency shall be reduced to one per every 2000 tons; If the distributor's deficiency rate is greater than 5% but less than 10%, the sampling frequency may be reduced to one per every 1000 tons;

b. If the distributor's deficiency rate is 20% or greater the sampling frequency shall be increased to one for every 500 tons;

c. Mineral analyses shall be performed at a frequency of one per every 15,000 cumulative tons distributed per year with a minimum of one analysis per year.

d. Treats shall be exempt from nutrient sampling and analysis requirements.

2. Mycotoxins.

a. Aflatoxin analysis shall be performed on all types of mixed feed at a frequency of one for every 25,000 cumulative tons (excluding mineral~~s~~ or vitamin supplements and liquid feed) with a minimum of one per year per distributor. Aflatoxin analysis must be quantitative;

b. Fumonisin analysis shall be performed at a frequency of one per year per distributor for horse feed only;

c. Vomitoxin analysis shall be performed for all types of mixed feed (excluding mineral~~s~~ or vitamin supplements and liquid feed) at a frequency of one per every 50,000 cumulative tons with a minimum of one per year per distributor.

d. Treats shall be exempt from mycotoxin sampling and analysis requirements.

~~3. Microorganisms (salmonella) analysis shall be performed at a frequency of one per every 100,000 tons per type of feed per distributor with a minimum of one analysis per year per type per distributor. If the analysis is positive, the group and type shall be specified.~~

3.~~4.~~ Pesticide Residues – No analysis required.

4.~~5.~~ Drugs.

a. The FDA requirements as provided in 21 C.F.R. pts. 225, 226 (4/1/01) shall be considered adequate for the purposes of this testing requirement.

b. 21 C.F.R. pts. 225, 226 (4/1/01) are hereby incorporated by reference. Copies may be obtained from the Superintendent of Documents, U.S. Government Printing Office, 732 N. Capitol Street, N. W., Mail Stop SDE, Washington, D.C. 20401.

(5) through (7) No change.

(d) Commercial Laboratory Certification – Application, Evaluation and Renewal.

1. The Application/Renewal for Certification as a Certified Feed Laboratory (Form DACS-13401, Rev. 10/02 ~~6/01~~) which is hereby incorporated by reference, must be properly completed and submitted with the appropriate fees. Copies may be obtained from and submitted to the Florida Department of Agriculture, Bureau of Feed, Seed and Fertilizer Laboratories, 3125 Conner Boulevard, Building #7, Tallahassee, Florida 32399-1650, (850)488-9095. Separate applications must be submitted for each laboratory location without regard to ownership. Applications must be accompanied by the laboratory's Quality Assurance/Quality Control manual, assay methods, results from check sample programs and participation number, detailed organizational chart showing name and position title for all key personnel, description of the laboratory and laboratory equipment as it applies to the department certification activities, and a description of the scope of the laboratory operations;

2. through 5. No change.

6. The department will renew certifications annually. Renewal must be submitted on Application/Renewal for Certification as a Certified Feed Laboratory (Form number DACS-13401, Rev. 10/02 ~~6/01~~) provided by the department.

(e) through (g) No change.

(8)(a) No change.

(b) Application for exemption from the requirement for laboratory certification through submission of an approved quality assurance/quality control plan shall be made in writing to the department on the Request/Renewal For Exemption From Certified Feed Laboratory Testing (Form number DACS-13402, Rev. 10/02 ~~6/01~~). The Request/Renewal For Exemption From Certified Feed Laboratory Testing (Form number DACS-13402, Rev. 10/02 ~~6/01~~) is hereby incorporated by reference. Copies may be obtained from Florida Department of Agriculture and Consumer Services, Bureau of Feed, Seed and Fertilizer Laboratories, Building #7, 3125 Conner Boulevard, Tallahassee, FL 32399-1650, (850)488-9095.

(c) through (f) No change.

Specific Authority 570.07(23), 580.036(2), 580.065 FS. Law Implemented 580.036(2), 580.051, 580.065, 580.071, 580.091, 580.121, 580.131 FS. History–Amended 12-30-70, 5-14-85, Formerly 5E-3.03, Amended 3-4-87, 6-1-95, 11-1-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Weldon Collier, Chief, Bureau of Feed, Seed, Fertilizer Laboratories, Department of Agriculture and Consumer Services, L-29, 3125 Conner Blvd., Tallahassee, Florida 32399-1650

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Anderson Rackley, Director, Department of Agriculture and Consumer Services, 3125 Conner Blvd., Tallahassee, Florida 32399-1650

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 24, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 5, 2006 (Vol. 32, No. 18)

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
5F-13	Guidelines for Imposing Administrative Penalties and Fines for Violations of Chapter 531, Florida Statutes
RULE NO.:	RULE TITLE:
5F-13.001	Guidelines for Imposing Administrative Penalties and Fines for Violations of Chapter 531, Florida Statutes

PURPOSE AND EFFECT: The purpose of Rule 5F-13.001, F.A.C., is to specify Departmental policies when imposing an administrative fine as described in Section. 531.50, F.S. The effect is to have uniform imposition of administrative fines.

SUMMARY: Proposed Rule 5F-13.001, F.A.C., will specify guidelines when administrative fines are imposed pursuant to Section. 531.50, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: 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: 531.41(3) FS.

LAW IMPLEMENTED: 531.50(1) FS.

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

DATE AND TIME: Thursday, July 6, 2006, 10:00 a.m.

PLACE: Bureau of Weights and Measures, Doyle Conner Laboratory Complex, 3125 Conner Boulevard, Bldg. #1, Room 105, 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, Phone: (850)488-9140

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-13.001 Guidelines for Imposing Administrative Penalties and Fines for Violations of Chapter 531, Florida Statutes.

(1) These guidelines shall apply for each violation of Chapter 531, Florida Statutes, and Rules 5F-3.001, 5F-3.016, 5F-4.001, 5F-5.001, 5F-7.005, and 5F-12.001, F.A.C., for which administrative enforcement actions are imposed. Multiple violations of the same statute or rule identified during the same investigation will be consolidated in determining the appropriate penalty.

(2) For Weighing and/or Measuring Device Violations:

(a) The misuse of equipment, which results in inaccurate measure. This includes failure to deduct for packaging materials (tare) during a direct sale transaction; non-single draft vehicle weighing (split-weighing); manipulating a device during use to obtain incorrect weight or measure; tampering with adjustments of a device to obtain incorrect weight or measure; failure to reset a measuring device to zero before beginning a transaction which results in inaccurate measure in favor of the device user; and other such practices resulting in inaccurate measure. Penalties shall be assessed as follows:

1. First violation: Warning letter;

2. Second violation within 2 years: $500 fine or the amount of the economic damages, whichever is greater, not to exceed $2500 fine;

3. Third or subsequent violation within 2 years: an increase of $500 over the previous fine amount or calculated economic damages, whichever is greater, not to exceed $5000 fine.

(b) Majority of scales found in one location are off-zero balance in favor of the scale owner or operator. This applies only to locations with more than five (5) scales, and is in addition to violations in paragraph (2)(a) above:

1. First violation: Warning letter;

2. Second violation within 2 years: $500 fine;

3. Third or subsequent violation within 2 years: $1000 fine.

(c) Using a device for commercial purposes that has been ordered “Out of Service,” prior to its being placed back into service and a “Placed in Service Report” submitted to the Bureau of Weights and Measures by an authorized, registered service agency or state inspector:

1. First violation: Warning letter;

2. Second violation within 2 years: $1000 fine;

3. Third or subsequent violation within 2 years: $2500 fine.

(d) Removing an “Out of Service” or “Condemned” tag without authorization:

1. First violation: Warning letter;

2. Second violation within 2 years: $1000 fine;

3. Third or subsequent violation within 2 years: $2500 fine.

(e) Authorized, registered repair service agency (under Chapter 5F-4, F.A.C.) returning a device back to commercial service that was placed "Out of Service" and that has not been properly corrected to comply with all state requirements. The registered repair agency shall be penalized as follows:

1. First violation: Warning letter;

2. Second violation within 2 years: $100 fine;

3. Third and/or subsequent violation within 2 years: $500 fine per violation.

(3) For Packaging and Labeling Violations:

(a) For packages that are packaged or that have the net contents determined at a location other than the retail store where tested, and that are found to contain less than declared net contents when tested using procedures adopted in Rule 5F-3.016, F.A.C.:

1. First violation: Warning letter;

2. Second violation within 2 years: $500 fine or calculated economic damages, whichever is greater, up to a maximum $2500 fine. "Calculated economic damages" equals the value of packages (price/package) times the average amount of shortage (% shortage per package) times the number of packages in lot(s);

3. Third or subsequent violation within 2 years: an increase of $500 over the previous fine amount or calculated economic damages not to exceed $5000 maximum. "Calculated economic damages" equals the value of packages (price/package) multiplied by the average amount of shortage (% shortage per package) multiplied by the number of packages in lot(s).

(b) For packages that are packaged or have the net contents determined on the premises of the retail store location where the packages are tested or purchased, and that are found to contain less than the declared net contents when tested using procedures adopted in Rule 5F-3.016, F.A.C.:

1. First violation at a particular retail location: Warning letter;

2. Second violation within 2 years at the same retail location: $500 fine or calculated economic damages, whichever is greater, not to exceed $2500 fine. "Calculated economic damages" equals the value of packages (price/package) multiplied by the average amount of shortage (% shortage per package) multiplied by the number of packages in lot(s);

3. Third or subsequent violation within 2 years at the same retail location: an increase of $500 over the previous fine amount or calculated economic damages, whichever is greater, not to exceed $5000 fine. "Calculated economic damages" equals the value of packages (price/package) multiplied by the average amount of shortage (% shortage per package) multiplied by the number of packages in lot(s).

(c) For packages that are packaged or that have the net contents determined at a location other than the retail store where tested, and are found with labeling not in compliance with the requirements of Chapter 531, F.S., Rule 5F-3.001 or 5F-7.005, F.A.C. (other than net contents information that results in packages being found short measure as prescribed in paragraph 5F-13.001(3)(a) or (b), F.A.C.):

1. First violation: Warning letter;

2. Second violation within 2 years: $500 fine;

3. Third or subsequent violation within 2 years: an increase of $500 over the previous fine amount, not to exceed $5,000.

(d) For packages that are packaged or have the net contents determined on the premises of the retail store location where the packages are tested or purchased, and that are found with labeling not in compliance with the requirements of Chapter 531, Florida Statutes, Rule 5F-3.001 or 5F-7.005, F.A.C. (other than net contents information that results in packages being found short measure as prescribed in paragraph 5F-13.001(3)(a) or (3)(b), F.A.C.):

1. First violation at a particular retail location: Warning letter;

2. Second violation within 2 years at the same retail location: $500 fine;

3. Third or subsequent violation within 2 years at the same retail location: an increase of $500 over the previous fine amount, but not to exceed $5,000.

(e) Selling, or removing from premises, items under Stop-Sale Order without proper authorization:

1. First violation: $500 fine or 25% of total retail value of packages (up to $1000), whichever is greater;

2. Second violation within 2 years: $1000 fine or 50% of total retail value of packages (up to $2500), whichever is greater;

3. Third or subsequent violation within 2 years: total retail value of packages or $5000 fine, whichever is less.

(4) For Price Verification/Pricing Accuracy Violations:

(a) A particular business location that fails price verification examination performed using procedures adopted in Rule 5F-12.001, F.A.C., and has more than 2% overcharges on the failed test:

1. First violation at a particular business location: Warning Letter;

2. Second violation within 2 years at the same business location: $500 fine;

3. Third or subsequent violation within 2 years at the same business location: an increase of $500 over the previous fine amount, but not to exceed $5000 maximum.

(b) Selling items that were identified as overcharges and ordered off-sale for not being corrected during a Price Verification Examination, prior to the items being corrected and released for sale by a state inspector or official:

1. First violation: $500 fine;

2. Second violation within 2 years: $1000 fine;

3. Third or subsequent violation within 2 years: $5000 fine.

(5) For Bulk Sales Documentation Violations:

(a) Failure to provide delivery ticket as required in Section 531.46, F.S.:

1. First violation: Warning letter;

2. Second violation within 2 years: $500 fine;

3. Third or subsequent violation within 2 years: $1000 fine.

(6) Impeding, obstructing or hindering Department employee during performance of Department duties:

1. First violation: $1000 fine;

2. Second violation within 2 years: $2500 fine;

3. Third or subsequent violation within 2 years: $5000 fine.

(7) For Other Violations of Chapter 531, F.S.:

(a) Violations not specifically addressed in subsections 5F-13.001(1) through (6), F.A.C., that result in non-compliance with Chapter 531, F.S., will be assessed a warning letter or fine according to whether it is a first violation, a second violation within two years of the first violation, or a third or subsequent violation within two years of the first violation, the potential harm caused, the amount of money in which the violator benefited by non-compliance, and the compliance record of the violator. First occurrence fines shall not exceed $1000; second occurrence fines shall not exceed $2500; and in subsequent occurrences the fines shall not exceed $5000.

(b) Any violations of Chapter 531, F.S., committed willingly or knowingly, including those covered in subsections 5F-13.001(1) through (6), F.A.C., will be assessed the maximum fines authorized in Section 531.50(1), F.S.

(c) A violator's failure to respond to an administrative complaint may result in a waiver of rights to a hearing and the Department may enter a Final Order imposing fines equal to twice the amount imposed in the administrative complaint, not to exceed the maximum amount allowed by law, for each violation.

Specific Authority 531.41(3) FS. Law Implemented 531.50(1) FS. History–New .

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: June 1, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 12, 2006

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 BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Surveyors and Mappers

RULE NOS.:	RULE TITLES:
61G17-6.003	General Survey, Map, and Report Content Requirement
61G17-6.004	Specific Survey, Map, and Report Requirements

PURPOSE AND EFFECT: The Florida Board of Professional Surveyors and Mappers is deleting language from paragraph 61G17-6.003(3)(p), F.A.C., to update the rule with language it approved at the Board's hearing involving this rule on January 12, 2006. The Florida Board of Surveyors and Mappers is also correcting rule citations in paragraph 61G17-6.004(3)(a), F.A.C.

SUMMARY: The Florida Board of Professional Surveyors and Mappers is deleting language from paragraph 61G17-6.003(3)(p), F.A.C., which was included by error, in order to update the rule to contain language that the Board approved on January 12, 2006. The Board is also revising paragraph 61G17-6.004(3)(a), F.A.C. to remove incorrect rule citations and replace them with correct rule citations.

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 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: 472.008, 472.015, 472.027, 472.003(1)(h) FS.

LAW IMPLEMENTED: 472.015, 472.025, 472.027, 472.033(1)(h) 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: Rick Morrison, Executive Director, Board of Professional Surveyors and Mappers, 1940 North Monroe Street, Tallahassee, Florida 32399-0767

THE FULL TEXT OF THE PROPOSED RULES IS:

61G17-6.003 General Survey, Map, and Report Content Requirement.

(1) through (3)(o)2. No change.

(p) Map Accuracy. ~~The expected accuracies of features shown on a survey map must be stated.~~

1. through 2.d. No change.

Specific Authority 472.008, 472.015, 472.027, 472.003(1)(h) FS. Law Implemented 472.015, 472.025, 472.027 FS. History–New 9-1-81, Amended 7-29-85, _____.

61G17-6.004 Specific Survey, Map, and Report Requirements.

(1) through (2) No change.

(3)(a) When the surveyor and mapper provides construction staking, these stakes must be based on controls established using the survey standards set out in Rules 61G17-6.003 and 61G17-6.004, ~~paragraph 61G17-6.003(3)(p)~~ F.A.C., of this chapter. The stakes provided should be adequate in number and position so that the physical items can be constructed from the plans as designed.

(b) through (12)(b)5. No change.

Specific Authority 472.008, 472.027, 472.033(1)(h) FS. Law Implemented 472.027, 472.033(1)(h) FS. History–New 9-1-81, Formerly 21HH-6.04, Amended 12-18-88, Formerly 21HH-6.004, Amended 12-25-95, 5-13-96, 5-25-99, 4-4-06, _____.

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: April 12, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 19, 2006

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Accountancy

RULE NO.: RULE TITLE:

61H1-20.001 Licensee

PURPOSE AND EFFECT: The Board proposes the rule amendment to add the language regarding a delinquent license.

SUMMARY: The language regarding a delinquent license will be added to the rule.

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 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: 473.304, 455.271 FS.

LAW IMPLEMENTED: 455.271 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 Johnson, Executive Director, Board of Accountancy/MQA, 240 N.W. 76th Dr., Suite A, Gainesville, Florida 32607

THE FULL TEXT OF THE PROPOSED RULE IS:

61H1-20.001 Licensee.

(1) "Licensee" shall be deemed and construed to mean a person, partnership or corporation which holds an active, inactive, delinquent, or temporary license issued under Chapter 473, F.S.

(2) No change.

Specific Authority 473.304, 455.271 FS. Law Implemented 455.271 ~~473.304~~ FS. History–New 12-4-79, Formerly 21A-20.01, Amended 10-20-86, Formerly 21A-20.001, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Accountancy

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 20, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 26, 2006

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 Medicine

RULE NO.: RULE TITLE:

64B8-8.001 Disciplinary Guidelines

PURPOSE AND EFFECT: The proposed rule amendments are intended to address the disciplinary guidelines with regard to those physicians who are terminated from or fail to comply with a treatment program.

SUMMARY: The proposed rule amendments set forth penalties for those physicians who are terminated from or fail to comply with a treatment program.

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 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: 456.0375(4)(c), 456.0575, 456.079, 458.309, 458.331(5) FS.

LAW IMPLEMENTED: 456.0375(4)(c), 456.0575, 456.072, 456.079, 458.331(5) FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-8.001 Disciplinary Guidelines.

(1) No change.

(2) Violations and Range of Penalties. In imposing discipline upon applicants and licensees, in proceedings pursuant to Sections 120.57(1) and (2), F.S., the Board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The verbal identification of offenses are descriptive only; the full language of each statutory provision cited must be consulted in order to determine the conduct included.

VIOLATION	RECOMMENDED RANGE OF PENALTY FIRST OFFENSE	SECOND OFFENSE
(a) through (ss) No change.		
(tt) Being terminated from a treatment program for impaired practitioners, for failure to comply with the terms of the monitoring or treatment contract or for not successfully completing any drug-treatment or alcohol-treatment program. (456.072(1)(gg), F.S.)	(tt) From suspension until licensee demonstrates compliance with all terms of the monitoring or treatment contract, and is able to demonstrate to the Board the ability to practice with reasonable skill and safety to be followed by a term of probation; and a fine of $1,000 to $2,500, to revocation.	(tt) From suspension until licensee demonstrates compliance with all terms of the monitoring or treatment contract and is able to demonstrate to the Board the ability to practice with reasonable skill and safety to be followed by a term of probation; and a fine of $2,500 to $10,000, to revocation.
(3) through (7) No change.		

Specific Authority 456.0375(4)(c), 456.0575, 456.079, 458.309, 458.331(5) FS. Law Implemented 456.0375(4)(c), 456.0575, 456.072, 456.079, 458.331(5) FS. History–New 12-5-79, Formerly 21M-20.01, Amended 1-11-87, 6-20-90, Formerly 21M-20.001, Amended 11-4-93, Formerly 61F6-20.001, Amended 6-24-96, 12-22-96, Formerly 59R-8.001, Amended 5-14-98, 12-28-99, 1-31-01, 7-10-01, 6-4-02, 9-10-02, 12-11-02, 8-20-03, 6-7-04, 8-17-04, 1-4-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rules Committee, Board of Medicine

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 2, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: April 28, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:

64B8-9.015 Qualifications of Physicians Who Evaluate and Treat Sex Offenders

PURPOSE AND EFFECT: The proposed rule is intended to set forth the criteria of physicians who evaluate and treat sexual offenders.

SUMMARY: The proposed rule sets forth the criteria and training for those physicians who evaluated and treat sexual offenders.

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 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: 947.005(9) FS.

LAW IMPLEMENTED: 947.005 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-9.015 Qualifications of Physicians Who Evaluate and Treat Sex Offenders.

Physicians who evaluate and treat sexual offenders shall, at a minimum:

(1) Hold an active license under Chapter 458, F.S., and board-certification or be board-eligible in psychiatry.

(2) Possess 55 hours of education from an accredited medical training program or AMA, AOA, or ACGME programs, within five (5) years prior to approval as a qualified treatment provider. Said education shall include the following subject matter:

(a) Etiology of sexual deviance;

(b) Evaluation/risk assessment and treatment of adult and adolescent sexual offenders that have established scientific basis;

(c) Evaluation/risk assessment and treatment of specialized populations of sexual offenders (i.e., female and developmentally delayed);

(d) Sex offenders and relevant DSM-IV diagnosis;

(e) Safety planning/family safety planning;

(f) Report writing;

(g) Legal and ethical issues in the evaluation and treatment of sexual offenders;

(h) Evaluation and treatment of victims of sexual assault;

(i) Collateral sources;

(j) Co-morbidity and substance abuse issues;

(k) Relapse prevention;

(l) Education in victim empathy.

(3) Possess 500 hours of experience in the evaluation and treatment of sexual offenders.

(4) Psychiatrists who have completed accredited medical training or AMA, AOA, or ACGME programs more than five years before the effective date of this rule, and at least 10% of their active practice for at least 2 of the previous 5 years was dedicated to the treatment and evaluation of sexual offenders, shall not be required to comply with the requirements of subsections (2) or (3) of this rule in order to qualify as physicians who evaluate and treat sex offenders under this rule. This subsection of the rule shall expire on December 31, 2008.

(5) In addition, qualified practitioners must complete 20 hours of biennial continuing education in the assessment, evaluation, and treatment of sexual offenders, relapse prevention, experience and training with victims, and related legal and ethical issues.

Specific Authority 947.005(9) FS. Law Implemented 947.005 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rules Committee, Board of Medicine

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 2, 2006

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

DEPARTMENT OF HEALTH

Board of Nursing Home Administrators

RULE NO.:	RULE TITLE:
64B10-16.007	Out-of-State Administrator-in Training Programs

PURPOSE AND EFFECT: The Board proposes to eliminate two references to the word “completed” because the word is unnecessary in the context of the sentences.

SUMMARY: The proposed rule amendment eliminates the last two references to the word “completed”.

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 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: 468.1685(1)(2), 468.1695(2) FS.

LAW IMPLEMENTED: 468.1695(2) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Executive Director, Board of Nursing Home Administrators/MQA, 4052 Bald Cypress Way, Bin # C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B10-16.007 Out-of-State Administrator-in-Training Programs.

If an applicant has completed an AIT program outside of Florida, the Board will review the AIT program ~~completed~~ and determine whether the ~~completed~~ program fulfills the requirements of a Florida AIT program. The applicant is required to provide documentation to the Board concerning the out-of-state AIT program, the facility where the program was completed and the qualifications and training of the preceptor.

Specific Authority 468.1685(1)(2), 468.1695(2) FS. Law Implemented 468.1695(2) FS. History–New 7-21-97, Formerly 59T-16.007, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Nursing Home Administrators

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Nursing Home Administrators

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 4, 2005
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 19, 2006

DEPARTMENT OF HEALTH

Division of Disease Control

RULE NOS.:	RULE TITLES:
64D-3.001	Definitions
64D-3002	Notifiable Diseases or Conditions to be Reported, Human
64D-3.003	Notification by Laboratories
64D-3.0031	Notification by Others
64D-3.004	Notifiable Disease Case Report Content
64D-3.005	Authority, DOH County Health Department Director or Administrator and State Health Officer
64D-3.006	Reports, Medical Facilities and Freestanding Radiation Therapy Centers
64D-3.007	Quarantine, Requirements
64D-3.0071	Public Health Emergency
64D-3.008	Transportation and Removal of Quarantined Persons and Animals
64D-3.009	Laboratory Examinations, Release From Quarantine
64D-3.010	Quarantine Disinfection Procedures, Concurrent and Terminal
64D-3.011	Control of Communicable Diseases, Public and Nonpublic Schools, Grades Preschool and Kindergarten through 12; Forms and Guidelines
64D-3.012	Diseased Animals
64D-3.013	Procedures for Control of Specific Communicable Diseases
64D-3.014	Sensitive Situations
64D-3.015	Diseases Designated as Sexually Transmitted Diseases
64D-3.016	Reporting Requirements for Practitioners for Sexually Transmissible Diseases (STDs), Including HIV and AIDS
64D-3.017	Reporting Requirements for Laboratories
64D-3.018	Partner Notification
64D-3.109	Blood Testing of Pregnant Women
64D-3.020	Enforcement and Penalties
64D-3.021	Definitions
64D-3.022	Reporting Requirements for Individuals
64D-3.023	Reporting Requirements for Laboratories
64D-3.024	Patient Treatment and Follow-up
64D-3.025	Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control
64D-3.026	Execution of Certificate for Involuntary Hold
64D-3.027	Reporting of Congenital Anomalies
64D-3.028	Definitions
64D-3.029	Table of Notifiable Diseases or Conditions to be Reported
64D-3.030	Notification by Practitioners
64D-3.031	Notification by Laboratories
64D-3.032	Notification by Medical Facilities
64D-3.033	Notification by Others
64D-3.034	Cancer Reporting
64D-3.035	Congenital Anomaly Reporting
64D-3.036	Notifiable Disease Case Report Content is Confidential
64D-3.037	Authority of the DOH County Health Department Director or Administrator and State Health Officer
64D-3.038	Quarantine Orders and Requirements
64D-3.039	Diseased Animals
64D-3.040	Procedures for Control of Specific Communicable Diseases
64D-3.041	Epidemiological Investigations
64D-3.042	STD Testing Related to Pregnancy
64D-3.043	Tuberculosis Treatment and Follow-up
64D-3.044	Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control
64D-3.045	Execution of Certificate for Involuntary Hold for Tuberculosis
64D-3.046	Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, and Kindergarten through 12, and Adult Education Classes
64D-3.047	Enforcement and Penalties
64D-3.048	List of Documents Incorporated by Reference

PURPOSE AND EFFECT: The purpose of this very extensive rewrite of Chapter 64D-3, F.A.C., was to reduce language redundancy, enhance communicable reporting efficiency, clarify reporting and testing requirements for health care providers and laboratories, and to comply with new statutory requirements regarding STD testing of pregnant women and reporting of HIV-exposed infants and newborns.

SUMMARY: The proposed rule amendments eliminate duplication and contradictory language by consolidating 29 sections into 21, reducing five (5) sections related to practitioner and laboratory reporting to two (2), standardized/reduce reporting time frames from nine (9) to three (3), establishes rules for the electronic reporting of positive laboratory reports indicating the presence of a notifiable disease, added the required reporting of HIV exposed infants and newborns to the department and established STD testing requirements during pregnancy to comply with statutory changes to Sections 384.31 and 384.25, F.S. respectively.

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 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), 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS.

LAW IMPLEMENTED: 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS.

IF REQUESTED AND NOT DEEMED UNNECESSARY BY THE AGENCY, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW.

DATE AND TIME: Monday, July 10, 2006, 2:00 p.m. – 4:00 p.m.

PLACE: Betty Easley Conference Center, 4075 Esplanade Way, Room 182, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Karla Schmitt, Ph.D., M.P.H., A.R.N.P., Chief, Bureau of STD Prevention and Control, 2585 Merchant's Row Blvd., Suite 220, Tallahassee, FL 32399-1717

THE FULL TEXT OF THE PROPOSED RULES IS:

CONTROL OF COMMUNICABLE DISEASES AND CONDITIONS WHICH MAY SIGNIFICANTLY AFFECT PUBLIC HEALTH

64D-3.001 Definitions.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), FS. Law Implemented 381.0011(4), 381.003(1), 381.0031, FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.61, Amended 7-21-96, Formerly 10D-3.061, Amended 6-4-00, Repealed _____.

64D-3.002 Notifiable Diseases or Conditions to Be Reported, Human.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS. History–New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.62, Amended 2-26-92, 9-7-93, 11-1-94, 7-21-96, Formerly 10D-3.062, Amended 11-2-98, 7-5-99, 6-4-00, 12-24-02, 6-9-03, Repealed _____.

64D-3.003 Notification by Laboratories.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066, Amended 11-2-98, 7-5-99, 6-4-00, 6-9-03, Repealed _____.

64D-3.0031 Notification by Others.

Specific Authority 381.0031(6) FS. Law Implemented 381.0031(2), (6) FS. History–New 6-9-03, Repealed _____.

64D-3.004 Notifiable Disease Case Report Content.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (4), (5), 384.25, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.68, 10D-3.068, Amended 7-5-99, 6-4-00, 6-9-03, Repealed _____.

64D-3.005 Authority, DOH County Health Department Director or Administrator and State Health Officer.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 384.33 FS. Law Implemented 154.04, 381.0011(4), 381.003(1), 384.28 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.74, Amended 7-21-96, Formerly 10D-3.07, Repealed _____.

64D-3.006 Reports, Medical Facilities and Freestanding Radiation Therapy Centers.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.77, Amended 2-26-92, 7-21-96, Formerly 10D-3.077, Amended 11-2-98, 7-5-99, 6-4-00, Repealed _____.

64D-3.007 Quarantine, Requirements.

Specific Authority 381.0011(6)(a), (13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4., 384.28 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.81, Amended 7-21-96, Formerly 10D-3.081, Amended 6-4-00, 6-9-03, Repealed _____.

64D-3.0071Public Health Emergency.

Specific Authority 381.0011(6)(a), (13), 381.003(2) FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4. FS. History–New 6-9-03, Repealed _____.

64D-3.008 Transportation and Removal of Quarantined Persons and Animals.

Specific Authority 381.0011(4), (6)(a), (13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.003(1), 384.28 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.82, Amended 7-21-96, Formerly 10D-3.082, Repealed _____.

64D-3.009 Laboratory Examinations, Release From Quarantine.

Specific Authority 381.0011(4), (6), (13), 381.003(2) FS. Law Implemented 381.0011(6), 381.003(1) FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.86, 10D-3.086, Repealed _____.

64D-3.010 Quarantine Disinfection Procedures, Concurrent and Terminal.

Specific Authority 381.0011(4), (6), (13), 381.003(2) FS. Law Implemented 381.0011(6), 381.003(1) FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.87, Amended 7-21-96, Formerly 10D-3.087, Repealed _____.

64D-3.011 Control of Communicable Diseases, Public and Nonpublic Schools, Grades Preschool, and Kindergarten Through 12; Forms and Guidelines.

Specific Authority 232.032(1), 381.0011(13), 381.003(1), (2), 381.005(2) FS. Law Implemented 232.032(1), 381.0011(4), 381.003(1), 381.005(1)(i) FS. History–New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.88, Amended 2-26-92, 9-20-94, 9-21-95, 4-7-96, Formerly 10D-3.088, Amended 7-14-99, 1-22-01, 7-23-01, 8-7-02, Repealed _____.

64D-3.012 Diseased Animals.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(6), (10), 381.003(1), 381.0031(1), 823.04 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.90, 10D-3.090, Amended 6-9-03, Repealed _____.

64D-3.013 Procedures for Control of Specific Communicable Diseases.

Specific Authority 381.0011(6), (13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25, 384.27 FS. History–New 12-29-77, Amended 6-14-78, 6-7-82, 11-6-85, Formerly 10D-3.91, Amended 7-5-87, 7-19-89, 2-26-92, 10-20-93, 11-1-94, 7-21-96, Formerly 10D-3.091, Amended 7-5-99, 6-4-00, 12-24-02, 6-9-03, Repealed _____.

64D-3.014 Sensitive Situations.

Specific Authority 381.0011(6)(a), (13), 381.003(2) FS. Law Implemented 381.0011(4), (6), 381.003(1) FS. History–New 6-7-82, Amended 11-6-85, Formerly 10D-3.93, 10D-3.093, Amended 6-4-00, Repealed _____.

64D-3.015 Diseases Designated as Sexually Transmissible Diseases.

Specific Authority 381.0011(13), 381.003(2), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (8), 381.003(1), 384.23, 384.25 FS. History–New 7-5-87, Amended 9-7-93, 5-20-96, 1-1-97, Formerly 10D-3.096, Amended 7-5-99, 6-4-00, 12-24-02, Repealed _____.

64D-3.016 Reporting Requirements for Practitioners for Sexually Transmissible Diseases (STDs), Including HIV and AIDS.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.25 FS. History–New 7-5-87, Amended 2-7-90, 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.097, Amended 6-7-98, 7-5-99, 8-5-99, 6-4-00, 1-15-03, Repealed _____.

64D-3.017 Reporting Requirements for Laboratories.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 381.0031, 384.25 FS. History–New 7-5-87, Amended 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.099, Amended 6-4-00, 12-24-02, Repealed _____.

64D-3.018 Partner Notification.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 384.26 FS. History–New 7-5-87, Amended 2-7-90, 2-26-92, Formerly 10D-3.100, Amended 1-15-03, Repealed _____.

64D-3.019 Blood Testing of Pregnant Women.

Specific Authority 381.0011(13), 381.003(2), 384.25, 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 384.25, 384.26, 384.31 FS. History–New 7-5-87, Amended 2-26-92, Formerly 10D-3.101, Amended 8-5-99, 6-4-00, 12-4-02, Repealed _____.

64D-3.020 Enforcement and Penalties.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 384.34(4) FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.34 FS. History–New 7-5-87, Amended 5-20-96, Formerly 10D-3.102, Amended 6-4-00, Repealed _____.

64D-3.021 Definitions.

Specific Authority 381.0011(4), (13), 381.003(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.52, 392.53(1), 392.565 FS. History–New 7-19-89, Amended 5-20-96, Formerly 10D-3.104, Amended 9-17-98, Repealed _____.

64D-3.022 Reporting Requirements for Individuals.

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-3.105, Amended 9-17-98, 7-12-05, Repealed _____.

64D-3.023 Reporting Requirements for Laboratories.

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, 7-12-05, Repealed _____.

64D-3.024 Patient Treatment and Follow-up.

Specific Authority 381.0011(13), 381.003(2), 392.64(1), 392.66 FS. Law Implemented 381.0011, 381.003(1)(a), 392.55(2), (3), 392.56(2)(b), 392.59, 392.61, 392.64(1) FS. History–New 7-19-89, Amended 2-26-92, Formerly 10D-3.109, Amended 9-17-98, 10-23-02, Repealed _____.

64D-3.025 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control.

Specific Authority 381.0011(4), (13), 381.003(2), 392.61(4), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.61(4) FS. History–New 9-17-98, 4-6-00, Repealed _____.

64D-3.026 Execution of Certificate for Involuntary Hold.

Specific Authority 381.0011(4), (13), 381.003(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.55, 392.56, 392.565, 392.59, 392.62, 392.64(2) FS. History–New 9-17-98, Amended 10-3-02, Repealed _____.

64D-3.027 Reporting of Congenital Anomalies.

Specific Authority 381.0011(13), 381.0031(6) FS. Law Implemented 381.0011(7), 381.0031 FS. History–New 7-5-99, Amended 6-4-00, Repealed _____.

64D-3.028 Definitions.

When used in Chapter 64D-3, F.A.C., the following terms shall mean:

(1) "15 Digit Spoligotype (Octal Code)" – Spoligotyping (spacer oligonucleotide typing) is an amplification-based genotyping method that determines the presence or absence of 43 spacer sequences in the direct repeat region in the M. tuberculosis chromosome. The complement of spacers is initially recorded in binary code and then converted to the reportable 15 digit octal code commonly referred to as the 'spoligotype'.

(2) "Authorized Representative" – An employee of the Department or personnel assigned to the Department by another state or federal agency supervised and approved by the Department.

(3) "BED" – The BED HIV-1 Capture EIA is the assay currently used in STARHS for performing HIV incidence surveillance. The FDA has labeled the assay for surveillance use not for diagnostic or clinical use.

(4) "Carrier" –

(a) A person who harbors pathogenic organisms of a communicable disease but who does not show clinical evidence of the disease; or

(b) A person to whom evidence points as the source of one (1) or more cases of any communicable disease but who refuses to submit clinical specimens to the Department or county health department for examination; or

(c) A person who, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to be a carrier and who refuses to submit to examination when ordered to do so for good cause shown by the State Health Officer or county health department director or administrator or their designee; or

(d) A person reported to the Department or the county health department to be a carrier by the health authorities of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member; or

(e) An animal which, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to harbor pathogenic organisms of a communicable disease without presentation of clinical evidence of disease.

(5) "Case" – An instance of a suspected or diagnosed disease or condition in a person or animal.

(6) "Communicable Disease" – An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly, through an intermediate plant or animal host, vector or the inanimate environment.

(7) "Contact" – A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have had opportunity to acquire the infection. This will include household members or persons who frequent the dwelling of the case or carrier. For sexually transmitted diseases contact means a sex/needle sharing partner.

(8) "County Health Department" – A public health department created under Part 1, Chapter 154, F.S.

(9) "Department" – The State of Florida, Department of Health.

(10) "Electronic Data Transfer" – The sending and receiving of messages via standard electronic formats and established file transfer protocols, which contain data elements that would normally be contained on a typical business document or form.

(11) "Enteric Disease" – An infection or condition transmitted by ingestion of such agents as Campylobacter jejuni, Cyclospora cayetanensis, Cryptosporidium parvum, Escherichia coli O157:H7 and other pathogenic E. coli, hepatitis A, Giardia lamblia, Salmonella species, Shigella species and Vibrio cholerae.

(12) "Epidemic or Outbreak" – The occurrence in persons in a community, institution, region or other defined area of one or more cases of an illness of similar nature clearly in excess of normal expectancy.

(13) "Epidemiological Investigations" – An inquiry into the incidence, distribution and source of diseases or conditions to determine its cause, means of prevention or control, and efficacy of control measures.

(14) "Epizootic" – The occurrence in animals in a community, institution, region or other defined area of a group of cases of an illness of similar nature in excess of normal expectancy.

(15) "Exposure to Rabies" – Any bite, scratch or other situation in which saliva or nervous tissue of a potentially rabid animal enters an open or fresh wound, or comes in contact with mucous membranes by entering the eye, mouth or nose of another animal or person.

(16) "Health Authorities" – The State Health Officer or any local county health department director or administrator or their designee; any chief health official of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member.

(17) Health Level 7(HL7) – An industry standard for electronic data exchange between healthcare entities.

(18) "Human Immunodeficiency Virus (HIV) Exposed Newborn" – A neonate born to an HIV infected woman.

(19) "Practical Method of Quarantine" – A location where a person infected with or exposed to an infectious agent that threatens public health will have food, clothing and shelter as necessary while separated and restricted from contact with people who have not been infected with that disease or immunized against that infection.

(20) "Probable" – A case that meets the clinical criteria for a communicable disease and the epidemiologic criteria for likely exposure to the infectious agent but is unable to be confirmed.

(21) "Sensitive Situation" – A setting in which the presence of a case would increase significantly the probability of spread of the diagnosed or suspected disease or condition and would, therefore, constitute a public health hazard. Examples of such settings are: schools, child-care facilities, hospitals and other patient-care facilities, food storage, food processing establishments or food outlets.

(22) "Sexually Transmissible Disease" – Acquired Immune Deficiency Syndrome (AIDS), Chancroid, Chlamydia trachomatis, Gonorrhea, Granuloma Inguinale, Hepatitis A through D, Herpes simplex virus (HSV), Human Immunodeficiency Virus Infection (HIV), Human papillomavirus (HPV), Lymphogranuloma Venereum (LGV), and Syphilis.

(23) "Source of Infection" – The person, animal, object or substance from which an infectious agent passes directly or indirectly to the host.

(24) "STARHS" – Serologic Testing Algorithm for Recent HIV Seroconversion – A surveillance test performed on confirmed HIV positive specimens using the BED assay, approved by the Food and Drug Administration for surveillance purposes.

(25) "Suspect" or "Suspect Case" – A person or animal whose medical history and symptoms suggest the imminent development of a notifiable or other communicable disease or condition, or a person or animal with disease not yet diagnosed.

(26) "Terminal Disinfection" – Cleaning procedures designed to eradicate infectious agents or unsafe conditions from the physical environment.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(4), 381.003(1), 381.0031 FS. History–New _____.

64D-3.029 Diseases or Conditions to be Reported.

(1) Diseases or conditions listed in subsection (3) below are of public health significance identified by the Department as of the date of these rules which must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see Rules 64D-3.030-.033, F.A.C.), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient's residence is located consistent with the specific section and time frames in subsection (3) below relevant to the practitioners, hospitals and laboratories, respectively. This list, by definition, is incomplete. Reporters must use their own professional judgment in cooperation with the Department in supplementing this list.

(2) Definitions to be used with subsection (3) below:

(a) "Notifiable Diseases or Conditions" – For case definitions thereof, see subsections 64D-3.048(3) and (4), F.A.C., and the footnotes to subsection (3).

(b) "Suspect Immediately" and "Immediately" – Report without delay upon the occurrence of any of the following: Initial suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after hours duty official at (850)245-4401.

(c) "Next Business Day" – Report before the closure of the County Health Department's next business day following suspicion or diagnosis.

(d) "Other" – Report consistent with the instruction in and footnotes to subsection (3) below.

(3) "Table of Notifiable Disease or Conditions to be Reported"

Practitioner Reporting						Laboratory Reporting					
Notifiable Diseases or Conditions	Timeframes					Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes			
	Suspect Immediately	Immediately	Next Business Day	Other				Suspect Immediately	Immediately	Next Business Day	Other
Acquired Immune Deficiency Syndrome (AIDS)		X		2 Weeks		Not Applicable					
Anthrax	X	X				Bacillus anthracis	X	X	X		
Botulism, foodborne	X	X				*Clostridium botulinum* or botulinum toxin	X	X	X		
Botulism, infant			X			Clostridium botulinum or botulinum toxin	X			X	
Botulism, other (includes wound and unspecified)	X	X				*Clostridium botulinum* or botulinum toxin	X	X	X		
Brucellosis	X	X				*Brucella abortus, B. melitensis, B. suis, B. canis*	X	X	X		
California serogroup virus neuroinvasive and non-neuroinvasive disease			X			California encephalitis virus, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus				X	
Campylobacteriosis			X			*Campylobacter* species				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)*2		X		6 Months		Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 Months
CD-4	Not Applicable					CD-4 absolute count and percentage of total lymphocytes*3					3 days
Chancroid			X			Haemophilus ducreyi				X	
Chlamydia			X			Chlamydia trachomatis				X	
Chlamydia in pregnant women and neonates			X			Chlamydia trachomatis				X	
Chlamydia in children < 12 years of age*4			X			Chlamydia trachomatis				X	
Cholera	X	X				Vibrio cholerae	X	X	X		
Ciguatera fish poisoning (Ciguatera)			X			Not Applicable					
Clostridium perfringens, epsilon toxin (disease due to)			X			*Clostridium perfringens*, epsilon toxin				X	
Congenital Anomalies*5				6 Months		Not Applicable					
Conjunctivitis in neonates < 14 days old			X			Not Applicable					
Creutzfeld-Jakob disease (CJD)*6			X			14-3-3 protein from CSF or any brain pathology suggestive of CJD*6				X	
Cryptosporidiosis -			X			Cryptosporidium parvum				X	
Cyclosporiasis			X			Cyclospora cayetanensis	X			X	
Dengue			X			Dengue virus				X	
Diphtheria -	X	X				Corynebacterium diphtheriae	X	X	X		

Eastern equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Eastern equine encephalitis virus	X			X	
Ehrlichiosis, human granulocytic (HGE)			X		*Ehrlichia phagocytophilia*.				X	
Ehrlichiosis, human monocytic (HME)			X		Ehrlichia chaffeensis				X	
Ehrlichiosis, human other or unspecified agent-			X		*Ehrlichia* species other				X	
Encephalitis, other (non-arboviral)			X		Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic virus				X	
Enteric disease due to *Escherichia coli* O157:H7		X			*Escherichia coli* O157:H7	X		X		
Enteric disease due to other pathogenic *Escherichia coli**7		X			*Escherichia coli**7			X		
Giardiasis (acute)			X		*Giardia* species				X	
Glanders -	X	X			Burkholderia mallei,	X	X	X		
Gonorrhea			X		Neisseria gonorrhoeae				X	
Gonorrhea in children < 12 years of age*4			X		Neisseria gonorrhoeae				X	
Gonorrhea in pregnant women and neonates			X		Neisseria gonorrhoeae				X	
Gonorrhea (Antibotic Resistant)			X		*Neisseria gonorrhoeae**8				X	
Graunuloma Inguinale			X		Calymmatobacterium granulomatis				X	
Haemophilus influenzae, meningitis and invasive disease	X	X			Haemophilus influenzae	X	X	X		
Hansen's disease (Leprosy)			X		Mycobacterium leprae				X	
Hantavirus infection		X			Hantavirus	X		X		
Hemolytic uremic syndrome		X			Not Applicable					
Hepatitis A, B, C, D, E and G			X		Hepatitis A, B, C, D, E and G Virus				X	
Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old			X		Hepatitis B surface antigen (HBsAg)				X	
Herpes simplex virus (HSV) in infants up to six (6) months of age with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth*9			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*9				X	
HSV – anogenital in children < 12 years of age*4*9			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*9				X	
Human Immunodeficiency Virus (HIV)				2 Weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.*10					3 days
Human Immunodeficiency Virus (HIV) Exposed Newborn – a neonate born to an HIV infected woman			X		Not Applicable					

Human papilloma virus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years of age*4			X		HPV DNA				X	
HPV – anogenital in children <12 years of age*4			X		HPV DNA				X	
HPV cancer associated strains*11			X		DNA typing of HPV strains 16, 18, 31, 33, 35, 36, 45 Abnormal cytologies consistent with Bethesda 2001 Terminology*12				X	
Influenza due to novel or pandemic strains	X	X			Isolation of influenza virus from humans of a novel or pandemic strain	X	X	X		
Influenza-associated pediatric mortality in persons aged < 18 years		X			Influenza virus – associated pediatric mortality in persons aged <18 years (if known)	X		X		
Lead poisoning*13			X		All blood lead tests with detectable blood lead values*13				X	
Legionellosis			X		*Legionella* species				X	_____
Leptospirosis			X		Leptospira interrogans				X	
Listeriosis		X			Listeria monocytogenes			X		
Lyme disease			X		Borrelia burgdorferi				X	
Lymphogranuloma Venereum (LGV)			X		Chlamydia trachomatis				X	
Malaria	___		X		Plasmodium falciparum, P. vivax, P. ovale, P. malariae	X			X	
Measles (Rubeola)	X	X			Measles virus	X	X	X		
Melioidosis	X	X	___		Burkholderia pseudomallei	X	X	X		
Meningitis, bacterial, cryptococcal and mycotic (other than meningococcal or *H. influenzae* or pneumococcal)			X		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X	
Meningococcal Disease, includes meningitis and meningococcemia	X	X			*Neisseria meningitidis* (serogroup needed)	X	X	X		
Mercury poisoning*14			X		Laboratory results as specified in the surveillance case definition for mercury poisoning*14				X	
Mumps			X		Mumps virus				X	
Neurotoxic shellfish poisoning		X			Laboratory results as specified in the surveillance case definition			X		
Pertussis		X	___		Bordetella pertussis			X		
Pesticide-related illness and injury			X		Laboratory results as specified in the surveillance case definition for pesticide related illness and injury				X	
Plague	X	X			*Yersinia pestis*	X	X	X		
Poliomyelitis	X	X			Poliovirus	X	X	X		
Psittacosis (Ornithosis)	___	_	X		*Chlamydophila psittaci* (formerly known as *Chlamydia psittaci*)	X			X	
Q Fever	___		X		*Coxiella burnetii*	X			X	
Rabies, animal		X			Rabiesvirus		X	X		_____
Rabies, human		X			Rabiesvirus		X	X		_____
Rabies, possible exposure*15	X	X			Not Applicable					
Ricin toxicity	X	X			Ricin toxin (from *Ricinus communis* castor beans)	X	X	X		
Rocky Mountain spotted fever	___	_	X		Rickettsia rickettsii				X	_____
Rubella, including congenital	X	X			Rubella virus	X	X	X		
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease	___	_	X		St. Louis encephalitis virus	X			X	

Salmonellosis			X-		*Salmonella* species by species serogroup and serotype				X	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin				X	
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease	X	X			SARS–associated Coronavirus (SARS-CoV)	X	X	X		
Shigellosis			X		*Shigella* species by species serogroup				X	
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
Staphylococcus aureus with intermediate or full resistance to vancomycin*16 (VISA,VRSA)		X			*Staphylococcus aureus* with intermediate or full resistance to vancomycin*16 (VISA, VRSA)	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		
Streptococcal disease, invasive, Group A			X		*Streptococcus pyogenes*, Group A, isolated from a normally sterile site (does not include throat specimens)				X	
Streptococcus pneumoniae, invasive disease			X		*Streptococcus pneumoniae* isolated from a normally sterile site				X	
Streptococcus pneumoniae, invasive disease in children < 5 years, drug sensitive			X		*Streptococcus pneumoniae* isolated from a normally sterile site				X	
Syphilis			X		Treponema pallidum				X	
Syphilis in pregnant women and neonates		X			Treponema pallidum			X		
Tetanus			X		Clostridium tetani				X	
Toxoplasmosis, acute			X		Toxoplasma gondii				X	
Trichinellosis (Trichinosis)			X		Trichinella spiralis				X	
Tuberculosis (TB)*17			X		*Mycobacterium tuberculosis* complex*17				X	
Tularemia	X	X			Francisella tularensis	X	X	X		
Typhoid fever		X			Salmonella typhi	X		X		
Typhus fever (epidemic)	X	X			Rickettsia prowazekii	X	X	X		
Typhus fever (endemic)			X		Rickettsia typhi, R. felis				X	
Vaccinia disease	X	X			Vaccinia virus	X	X	X		
Varicella (ChickenPox)*18			X		Varicella virus				X	
Varicella mortality			X		Varicella virus				X	
Venezuelan equine encephalitis virus neuroinvasive and non-neuroinvasive	X	X			Venezuelan equine encephalitis virus	X	X	X		
Vibriosis (Vibrio infections, other than Cholera)			X		All non-cholera *Vibrio* species including, *V. alginolyticus*, *V. damsela*, *V. fluvialis*, *V. furnissii*, *V. hollisae*, *V. mimicus*, *V. parahaemolyticus*, *V. vulnificus*	X			X	
Viral hemorrhagic fevers	X	X			Ebola, Marburg, Lassa, Machupo viruses	X	X	X		
West Nile virus neuroinvasive and non-neuroinvasive disease			X		West Nile virus	X			X	
Western equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Western equine encephalitis virus	X			X	
Yellow fever	X	X			Yellow fever virus	X		X		

Any disease outbreak in a community, hospital or other institution or a foodborne or waterborne outbreak	X	X			Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak		X	X		
Any grouping or clustering of patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism.	X	X			Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism.		X	X		

*1 – Submission of isolates or specimens for confirmation:

a. Each laboratory that obtains a human isolate or a specimen from a patient shall send specimens (such as isolates, serums, slides or diagnostic preparations) to the Florida Department of Health, Bureau of Laboratories. Contact 1(866)352-5227 for the address of your regional laboratory, which will maintain a record indicating the date that these specimens were submitted to the laboratory.

b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health Laboratories, pursuant to subsection 64D-3.031(3), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

*2 – Notification within six months of diagnosis and within six months of each treatment.

Exceptions are located in Rule 64D-3.034, F.A.C.

*3 – All CD4s, with or without confirmed HIV infection.

*4 – Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of a STD case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuit to Section 39.201, F.S.

*5 – Exceptions are located in Rule 64D-3.035, F.A.C.

*6 – Practitioners should contact the Department of Health, Bureau of Epidemiology at (850)245-4401 to arrange appropriate autopsy and specimen collection.

*7 – Non-O:157:H7, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains.

*8 – Special reporting requirements for Antibotic Resistant Neisseria gonorrhoeae:

a. Report susceptibility test results (zone sizes for disk diffusion; MICs for E-test or agar dilution) for the following antibiotics: Azithromycin, Cefixime, Ceftriaxone, Ciprofloxacin, Erythromycin, Ofloxacin, Penicillin, Spectinomycin, and Tetracycline.

*9 – A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.

*10 – Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result.

b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion). The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 ml to the Florida Department of Health, Bureau of Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202-3926 or Florida Department of Health, Miami Branch Laboratory, 1325 NW 14th Avenue, Miami, Florida 33125-1614.

c. Laboratories electing to send a blood specimen will contact the Florida Department of Health, Bureau of Laboratories at (904)791-1500 or (305)324-2432 to receive specimen maintenance and shipping instructions.

d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the National Centers for Disease Control and Prevention will not be required to send a specimen to the Florida Department of Health Laboratory.

*11 – Practitioners need only to report the presence of cancer associated strains, not abnormal cytologies to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850)245-4303.

*12 – Special reporting requirements for abnormal cytologies:

a. Report only classifications consistent with Bethesda 2001 Terminology of ASC-US, ASC-H, HSIL, LSIL, CIN 1, CIN 2, CIN 3 and AGC to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850)245-4303.

b. All such reports must be received by the Department electronically in HL-7 format.

*13 – Special reporting requirements for reporting blood lead tests:

a. All blood lead tests are considered evidence of a suspected case and are to be reported to the Florida Department of Health, Bureau of Community Environmental Health, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1712, (850)245-4277.

b. All such reports must be received by the Department electronically.

*14 – >20 micrograms per liter of urine, > 20 micrograms per liter of blood or > 5 micrograms per gram of hair.

*15 – Includes a bite or other significant exposure to a human or domestic animal (including all pets and livestock) by an animal:

a. That results in rabies prophylaxis for the person exposed, rabies testing and/or quarantine of the animal causing the exposure; or

b. That is capable of transmitting herpes B viruses (includes exposures from nonhuman primates.

*16 – Glycopeptide (vancomycin) intermediate (GISA/VISA, MIC: 8-16 ug/ml) and glycopeptide (vancomycin) resistant (GRSA/VRSA, MIC: >32 ug/ml).

*17 – Special reporting requirements for Tuberculosis:

a. Test results must also be submitted by laboratories to the Department of Health, Bureau of Tuberculosis and Refugee Health, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850)245-4350;

b. The 15-digit spoligotype (octal code) must be reported. If the spoligotyping is not available, the isolate must be submitted to the Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500. The Department will provide the mailing materials and pay mailing costs.

*18 – Special reporting requirements for Varicella (chickenpox) – Besides the information required to be reported in subsection 64D-3.030(3), F.A.C., practitioners shall also provide either a history of symptoms or vaccination.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS. History–New _____.

64D-3.030 Notification by Practitioners.

(1) Each practitioner licensed under Chapters 458, 459, 460, 462, 464, 467 and 474 F.S., and medical examiner appointed pursuant to Chapter 406, F.S., who diagnoses, treats or suspects a case, or who suspects an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., including in persons who at the time of death were so affected, shall report or cause to be reported all such diagnoses or suspicions per this rule. Reporting of specimen results by a laboratory to a county health department director, administrator or designee does not nullify the practitioner's obligation to report said disease or condition.

(2) Any request for laboratory test identification shall be considered a suspicion of disease. However, practitioners need only to report suspected cases if indicated in the "suspect immediately" column under practitioners in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C.

(3) Any report of a notifiable disease or condition required by this rule, except for cancer, congenital anomalies and HIV/AIDS, shall be reported on the Florida Department of Health Disease Report Form (DOH Form # 2136, 3/06), see subsection 64D-3.048(5), F.A.C., or on a form supplied by the provider that includes the following:

(a) The patient's:

1. First and last name, including middle initial;

2. Address, including city, state and zip code;

3. Telephone number, including area code;

4. Date of birth;

5. Sex;

6. Race;

7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);

8. Pregnancy status if applicable;

9. Social Security number;

10. Third party payer information;

11. Date of onset of symptoms;

12. Diagnosis.

(b) Type of diagnostic tests (for example culture, IgM, serology, Mantoux TB skin test, nucleic acid amplification test or Western Blot);

(c) Type of specimen (for example stool, urine, blood, mucus, etc.);

(d) Date of specimen collection;

(e) Site (for example cervix, eye, etc., if applicable);

(f) Diagnostic test results;

(g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported;

(h) Treatment given;

(i) Name, address and telephone number of the attending practitioner;

(j) Other necessary epidemiological information requested by the county health department director or administrator or their designee.

(4) The practitioner who first authorizes, orders, requests or submits a specimen to a licensed laboratory for testing for any agent listed in Rule 64D-3.029, F.A.C., is responsible for obtaining and providing the information required by subparagraphs 64D-3.031(3)(a)1.-10., F.A.C., at the time the specimen is sent to or received by the laboratory.

(5) Special reporting requirements for HIV and AIDS:

(a) All cases of HIV or AIDS, which meet the Centers for Disease Control and Prevention (CDC) case definitions set forth in CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, see subsection 64D-3.048(6), shall be reported on the Adult (CDC 50.42A), see subsection 64D-3.048(7), F.A.C., or Pediatric (CDC 50.42B), see subsection 64D-3.048(8), F.A.C., HIV/AIDS Confidential Case Report along with the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH 2134, see subsection 64D-3.048(9), F.A.C.

(b) An HIV exposed neonate born to an HIV infected woman shall be reported on the Pediatric HIV/AIDS Confidential Case Report form, CDC 50.42B, see subsection 64D-3.048(8), F.A.C.

(7) Each practitioner who makes a diagnosis of or treats any notifiable disease or condition shall make their patient medical records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 383.06, 384.25(1), 384.33, 392.53(1), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS. History–New .

64D-3.031 Notification by Laboratories.

(1) Each person or designee who is in charge of a public, federal, private, military or hospital laboratory responsible for receiving the initial order to perform serologic, immunologic, microscopic, biochemical, molecular or cultural tests on specimens derived from a human body or an animal or for collecting the specimen shall report or cause to be reported any laboratory test suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., per this rule.

(2) Receipt of a laboratory test order requesting the identification of reportable agents shall be considered by the laboratory as an indication of suspected diagnosis. However, laboratories need only to report suspected cases if indicated in the "suspect immediately" column under laboratories in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C.

(3) To allow follow-up of laboratory findings suggestive of or diagnostic of diseases or conditions in the Table of Notifiable Diseases or Conditions, the form upon which the information will be reported shall be furnished by the laboratory that includes the following information:

(a) The Patient's:

1. First and last name, including middle initial;

2. Address including street city, state and zip code;

3. Phone number, including area code;

4. Date of birth;

5. Sex;

6. Race;

7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);

8. Pregnancy status if applicable;

9. Social Security number;

10. Third party payer information.

(b) The Laboratory:

1. Name, address and telephone number of laboratory performing test;

2. Type of specimen (for example stool, urine, blood, mucus, etc.);

3. Date of specimen collection;

4. Site (for example cervix, eye, etc., if applicable);

5. Date of report;

6. Type of tests performed and results, including reference range, titer when quantitative procedures are performed, and including all available results on speciating, grouping or typing of organisms;

7. Submitting provider's name, address including street, city, zip code and telephone number, including area code.

(4) Laboratories located out of state, licensed under Part 1, Chapter 483, F.S., who collect specimens in Florida or who receive the initial order for testing from a practitioner, blood bank, plasmapheresis center or other health care provider located in Florida, shall report positive findings to the county health department director or administrator or their designee having jurisdiction for the area in which the office of the submitting practitioner or patient's residence is located in the same way as if the findings had been made by a laboratory located in Florida.

(5) Upon the Department's implementation of its Electronic Laboratory Reporting System (ELR) for laboratory findings suggestive of or diagnostic of diseases or conditions, reports will be submitted electronically to the Department using Health Level Seven (HL7) version 2.3.1 format, see subsection 64D-3.048(10), F.A.C.

(a) The Department's ELR System shall include:

1. The initial contact with the reporting laboratory;

2. A content review and testing of the laboratories' HL7 transmissions; and

3. The transition from testing to production for the HL7 laboratory transmissions.

(b) The Department and laboratory will agree on a date of implementation.

(c) Laboratories reporting electronically through ELR and the Department shall agree to a date that the transmission of findings suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Disease or Conditions, Rule 64D-3.029, F.A.C., electronically in HL7 version 2.3.1 format

to the Department is acceptable and considered good faith reporting and the laboratory will no longer be require to submit paper forms pursuant to subsection 64D-3.031(3), F.A.C.

(d) The Department shall ensure access to the laboratory findings suggestive of or diagnostic of disease or conditions listed in the Table of Notifiable Diseases or Conditions to authorized representatives of the department.

(6) This section does not prohibit a laboratory from making a report by telephone, in writing, or facsimile to the county health department having jurisdiction for the area in which the office of the submitting practitioner or the patient's residence is located.

(7) In order to study disease incidence, each laboratory licensed to perform tests for any notifiable disease or condition shall report the test volume for each related diagnostic test performed for the notifiable diseases listed in Rule 64D-3.029, F.A.C.

(a) Reports are to be filed annually on or before April 1 of each year to the Department electronically in a HL7 version 2.3.1 format with the following information:

1. Type of diagnostic test;

2. Patient's date of birth;

3. Patient's sex;

4. Race;

5. Ethnicity (specify if of Hispanic descent or not of Hispanic descent).

(8) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(7), 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25(1), 392.53(1) FS. History–New .

64D-3.032 Notification by Medical Facilities.

(1) The chief administrative officer of each facility licensed under Chapter 395, F.S., or freestanding radiation therapy centers, as defined in Section 408.07(20), F.S., and each Department of Defense or Veterans Administration (VA) facility located in Florida, shall either personally or by appointing an individual from the staff, hereinafter referred to as "reporting individual," report all cases or suspect cases of diseases or positive laboratory finding indicating the presence of a disease or condition listed in Rule 64D-3.029, F.A.C., in all persons admitted to, attended to, or residing in the facility per this rule.

(2) Reporting of a case or suspected case of disease or condition or positive laboratory findings by a facility or center fulfills the requirements of the licensed practitioner and laboratory director to report. It remains the responsibility of the practitioner or laboratory director to ensure that the report is made as stipulated in Rule 64D-3.029, F.A.C.

(3) Each facility that reports a notifiable disease or condition or a positive laboratory finding indicating the presence of a notifiable disease shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 383.06, 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New .

64D-3.033 Notification by Others.

(1) In addition to the individuals required to report under Section 381.0031, F.S., the following persons are required to report suspected rabies exposure to humans as well as conditions that they diagnose or suspect in animals pursuant to subsection 64D-3.039(2), F.A.C.

(a) Animal control officers operating under Section 828.27, F.S.;

(b) Employees or agents of a public or private agency, animal shelter, or other facility that is operated for the collection and care of stray, neglected, abandoned, or unwanted animals;

(c) Animal disease laboratories licensed under Section 585.61, F.S.;

(d) Wildlife officers operating under Section 372.07, F.S.;

(e) Wildlife rehabilitators permitted by the Fish and Wildlife Conservation Commission under Rule 68A-9.008, F.A.C.; and

(f) Florida state park personnel operating under Section 258.007, F.S.

(2) Reports are to be submitted to the county health department having jurisdiction for the area in which the event occurred.

(3) Reports are to be submitted within time frames and by means as specified in subsections 64D-3.029(1) and (3), F.A.C.

(4) Reports shall include as much of the following as is available to the reporter:

(a) The animal's:

1. Name;

2. Species;

3. Breed;

4. Sex;

5. Color;

6. Age;

7. Rabies vaccination status;

8. Date of onset of signs;

9. Signs;

10. Ownership status (Owned/feral/wild).

(b) If the animal is owned, the animal owner's:

1. First and last name, including middle initial;

2. Address, including street, city, state and zip code;

3. Telephone number, including area code.

(c) Where relevant, the exposed person's:

1. First and last name, including middle initial;

2. Address, including street, city, state and zip code;

3. Telephone number, including area code;

4. Age;

5. Sex;

6. Date of exposure;

7. The geographic location where the exposure occurred or location of the animal sighting if no person was exposed;

8. Date of onset of symptoms;

9. Name, address and telephone number, including the area code of the reporter; and

10. Any other epidemiological information requested by the Department.

(d) Reports from an Animal Disease Laboratory shall include:

1. The submitting veterinarian's;

a. First and last name, including middle initial;

b. Address, including street, city, state and zip code;

c. Telephone number, including area code.

2. Type of diagnostic tests (for example culture, IgM, serology, Western Blot or culture);

3. Type of specimen (for example feces, urine, blood, mucus, etc.);

4. Date of specimen collection;

5. Site (for example cloaca, eye, etc., if applicable);

6. Diagnostic test results, including titer when quantitative procedures are performed, and including all available results on grouping or typing of organisms.

Specific Authority 381.0031(6) FS. Law Implemented 381.0031(2), (6) FS. History–New _____.

64D-3.034 Cancer Reporting.

(1) Reporting Requirements:

(a) Each facility and laboratory licensed under Chapters 395 and 483, and Section 408.07(20), F.S., respectively and practitioners licensed under Chapters 458, 459, 464, F.S., are required to report to the Florida Cancer Data System as required by Section 385.202, F.S., within six (6) months of each diagnosis and within six (6) months of the date of each treatment.

(b) Each facility shall submit each cancer case report electronically. Those facilities with fewer than 35 cancers annually requiring abstracting may submit paper copies or portions of the medical record, provided the copies contain all of the required information as per paragraph (1)(c).

(c) The data items, coding schemes, definitions, record layouts and reporting procedures are to follow the guidance provided in the Florida Cancer Data System Data Acquisition Manual, see subsection 64D-3.048(11), F.A.C.

(2) Not withstanding subsection (1), each facility, center and laboratory that reports cancer cases to the Florida Cancer Data System shall make its records available for on-site review by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New _____.

64D-3.035 Congenital Anomaly Reporting.

(1) Congenital anomalies include major structural congenital defects, genetic disorders, and other congenital disorders.

(2) Notifiable congenital anomalies include all those diagnosed in:

(a) Infants who are born alive and have the anomaly diagnosed before their first birthday, including infants who at the time of death are so diagnosed; or

(b) Fetuses that are not born alive, but completed 19 weeks of gestation. In the absence of a gestational age estimate, a congenital anomaly in a fetus that is not born alive must be reported if the fetus had a weight of at least 500 grams.

(3) The reporting of congenital anomalies shall apply to each infant or fetus born, expelled or extracted in Florida on July 4, 1999, or later.

(4) A licensed hospital or licensed practitioner as defined in Section 381.0031(1), F.S., shall report information regarding each congenital anomaly.

(a) Each hospital licensed under Chapter 395, F.S., shall report to the Department's Florida Birth Defects Registry each congenital anomaly occurring in an infant admitted to the hospital. If a hospital reports a congenital anomaly to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7, F.A.C., then it need not comply with the reporting requirements of Rule 64D-3.035, F.A.C., for that anomaly.

(b) Each licensed practitioner who diagnoses a congenital anomaly shall report it to the Department's Florida Birth Defects Registry, except if the anomaly occurs in an infant admitted to a hospital licensed under Chapter 395, F.S.

(c) Physician or hospital reports shall be made no sooner than the date of birth, expulsion or extraction, and no later than 60 days after the date on which the diagnosis was made, or the date of the birth, expulsion or extraction, whichever is later, except as indicated in paragraph 64D-3.035(4)(a), F.A.C.

(d) Reports shall be sent to the Florida Department of Health, Division of Environmental Health, Florida Birth Defects Registry, 4052 Bald Cypress Way, Bin A-8, Tallahassee, Florida 32399-1720. Information on reporting formats can be obtained from the Florida Birth Defects Registry at the above address or on-line at: www.fbdr.org.

Specific Authority 381.0011(13), 381.0031(6) FS. Law Implemented 381.0011(7), 381.0031 FS. History–New _____.

64D-3.036 Notifiable Disease Case Report Content is Confidential.

All information contained in laboratory reports, notifiable disease or condition case reports and in related epidemiological investigatory notes is confidential as provided in Section 381.0031(4), F.S., and will only be released as determined as necessary by the State Health Officer or designee for the protection of the public's health due to the highly infectious nature of the disease, the potential for further outbreaks, and/or the inability to identify or locate specific persons in contact with the cases.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (4), (5), 384.25, 392.53 FS. History–New .

64D-3.037 Authority of the DOH County Health Department Director or Administrator and State Health Officer.

(1) The State Health Officer, or the county health department director or administrator or their designee, shall have the authority to give public notice of quarantine as defined in Rule 64D-3.038, F.A.C., and to initiate or terminate conditions of quarantine for purposes of controlling the spread of notifiable diseases or other disease conditions.

(2) The persons in charge of all premises upon which a person or persons or animals are quarantined shall allow access to the county health department director or administrator, the State Health Officer, or either of their designated representatives to assure that provisions of this chapter and orders applicable to the cases involved are observed.

(3) The State Health Officer, or the county health department director or administrator or their designee, shall have the authority to designate a setting as a sensitive situation as defined in subsection 64D-3.028(21), F.A.C., and to initiate or terminate conditions to control the spread of disease in such settings.

(4) The quarantine shall remain in effect until the situation no longer represents a public health hazard as determined by the county health department director or administrator or their designated representative.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 384.33 FS. Law Implemented 154.04, 381.0011(4), 381.003(1), 384.28 FS. History–New .

64D-3.038 Quarantine Orders and Requirements.

(1) Quarantine orders shall be issued by the State Health Officer, or the county health department director or administrator, or their designee in writing; include an expiration date or specify condition(s) for ending of quarantine; and restrict or compel movement and actions by or regarding persons, animals or premises consistent with the protection of public health and accepted health practices except as otherwise governed by subsection (6).

(2) For the purpose of orders regarding quarantine, the term "actions" encompasses isolation, closure of premises, testing, destruction, disinfection, treatment, protocols during movement and preventive treatment, including immunization.

(3) Subjects or objects of quarantine orders shall be accessible at all times to the Department or its designees for purposes related to declaration, enforcement, maintenance, modification or abolition of such orders. The prohibition shall remain in effect until the situation no longer represents a public health hazard as determined by the county health department director or administrator or their designated representative.

(4) Where quarantine is used pursuant to Section 381.00315(1)(b)4., F.S., the subject individual may choose isolation in their domicile and such closure as needed to ensure that isolation, unless the Department determines that the subject individual's domicile is not a practical method of quarantine.

(5) Whenever provisions of this Chapter require laboratory specimens to be submitted for the identification of specific microorganisms in order to determine eligibility for release from quarantine, such examination shall be performed in a laboratory approved by the Department for performing such tests.

(6) For zoonosis control and prevention, any animal determined by the Department to be a significant threat to human health shall be humanely euthanized in accordance with the American Veterinary Medical Association's 2000 Report of the AVMA Panel on Euthanasia, see subsection 64D-3.048(12), F.A.C. Such an order shall be issued in writing.

(7) Transportation or removal of quarantined persons or animals with written orders issued shall be made in accordance with orders issued by the State Health Officer, or the county health department director or administrator or their designee.

(8) Quarantine Disinfection Procedures: Collection of contaminated matter and quarantine disinfection procedures shall be in accordance with orders issued by the State Health Officer, or the county health department director or administrator or their designee.

(a) Concurrent disinfection is required of infectious or potentially infectious secretions or excretions of any quarantined person or animal or of objects contaminated by such secretions and/or excretions.

(b) Terminal disinfection shall be carried out at the termination of the period of quarantine and shall be applied to the quarters vacated.

Specific Authority 381.0011(6)(a), (13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4., 384.28 FS. History–New .

64D-3.039 Diseased Animals.

(1) No person shall bring into this state or offer for sale domestic or feral animals infected with a disease communicable from animals to humans.

(2) Any grouping or clustering of animals having similar diseases, symptoms or syndromes that may indicate the presence of a threat to humans including those for biological agents associated with terrorism shall be reported.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(6), (10), 381.003(1), 381.0031(1), 823.04 FS. History–New .

64D-3.040 Procedures for Control of Specific Communicable Diseases.

(1) Psittacosis (Ornithosis).

(a) All cases and suspected cases of psittacosis in people or birds shall be reported to the county health department director or administrator or their designee.

(b) Birds suspected of being infected or having been associated with infected birds shall not be removed from any premises until the State Health Officer or the county health department director or administrator or their designee, has investigated the situation and issued orders which may include quarantine, laboratory examination or prescribed treatment according to recommendations of the National Association of State Public Health Veterinarians, Inc., published in the Compendium of Measures to Control Chlamydophila psittaci (formerly Chlamydia psittaci) Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), 2006, see subsection 64D-3.048(13), F.A.C.

(2) Rabies Control in Humans

(a) Reporting of Suspected Human Exposure to Rabies – Any person having knowledge of an incident in which a person is bitten by or otherwise exposed to any known or suspected rabid animal shall notify the county health department director or administrator or their designee where the bite occurred immediately by telephone, facsimile, electronic data transfer or other confidential means.

(b) Prevention in Humans – Persons bitten or otherwise exposed to suspect rabid animals shall be evaluated for post-exposure treatment by the county health department director or medical director or their designee according to recommendations of Human Rabies Prevention- United States, 1999, Recommendations of the Advisory Committee on Immunization Practices (ACIP), published in the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Vol. 48, No. RR-1, January 8, 1999, see subsection 64D-3.048(14), F.A.C.

(3) Rabies Control in Animals.

(a) The county health department director or administrator or their designee shall promptly investigate reported bites or exposures by suspected rabid animals.

(b) The county health department director or administrator or their designee shall cause to be captured, confined or seized suspected rabid animals and isolate and quarantine or humanely euthanize and provide for laboratory examination, as outlined in the guidebook, Rabies Prevention and Control in Florida 2005, see subsection 64D-3.048(15), F.A.C. This includes animals involved in human exposure (bite and non-bite) and animals exposed to rabid or suspected rabid animals. Other methods of controlling rabies in domestic or wild animals shall be administered by order of the county health department director or administrator or their designee according to recommendations of the Florida Rabies Advisory Committee.

(c) Upon official request from the health agency of another state or country, the appropriate county health department designee shall provide assistance in locating and placing in quarantine the suspect animal as required for proper completion of investigation of a potential rabies exposure incident.

(d) Epizootic Rabies. The State Health Officer, or the county health department director or administrator or their designee shall declare an area wide quarantine when prevalence of rabies so indicates. The conditions of the quarantine shall control the movement, sale, impoundment or required euthanasia of animals in the quarantine area as specified by departmental policy and procedure guidelines as defined in paragraph 64D-3.040(3)(b), F.A.C.

(4) Shigella and salmonella infections other than enteric disease outbreaks in child care settings, for which see subsection 64D-3.040(5), F.A.C., and Typhoid Fever, for which see subsection 64D-3.040(6), F.A.C.

(a) Sensitive Situations.

1. Persons with laboratory-confirmed or probable cases of Shigella and Salmonella infections (excluding typhoid fever) shall be prohibited from being present in sensitive situations until they are determined by the county health department director or administrator or their designee no longer to be a public health hazard. Release as no longer a public health hazard may be obtained by order of the director/administrator as provided for in subsections 64D-3.040(3),(4), F.A.C., for Salmonella, or by the infected person's submitting a minimum of two (2) stool specimens in satisfactory condition to one of the Department's laboratories or other clinical laboratory acceptable to the Department and meeting the following conditions:

a. The specimens are negative for these organisms.

b. The first specimen shall not be obtained sooner than forty-eight (48) hours after the cessation of any antibiotic therapy for those cases receiving antibiotics.

c. The second and subsequent specimen shall not be obtained sooner than at 24-hour intervals.

2. Persons who are contacts to probable or confirmed cases of shigella and salmonella infections (excluding typhoid fever);

a. Who have symptoms of an enteric illness or who have had such symptoms during the past two (2) weeks shall be presumed to be infected and shall be managed as a case as outlined in subparagraph 64D-3.040(4)(a)1., F.A.C.; or

b. Persons who are contacts to probable or confirmed cases of Shigella and Salmonella infections (excluding typhoid fever) and who do not have symptoms of an enteric illness or who have not had those symptoms during the past two (2) weeks may be permitted to continue in their sensitive situation at the discretion of the county health department director or administrator or their designee.

3. Persons infected with Salmonella (excluding typhoid fever) without symptoms may attend schools or child care settings at the discretion of the county health department director or administrator or their designee, provided adequate sanitary facilities and hygienic practices exist.

(b) Non-sensitive Situations Cases, Contacts, and Carriers of Salmonella or Shigella who are in non-sensitive situations should be counseled regarding disease transmission, food preparation and hand washing practices. Follow-up or release based on stool culture results is not required.

(5) Enteric disease outbreaks in child care settings [for typhoid fever, [see subsection 64D-3.040(6), F.A.C.] In the event of an outbreak in a child care setting of one of these diseases, the county health department director or administrator or their designee shall implement control procedures as defined in "Guidelines for Control of Outbreaks of Enteric Disease in Child Care Settings," see subsection 64D-3.048(16), F.A.C.

(6) Typhoid Fever.

(a) Cases: Enteric isolation procedures are required for all cases during the acute stages of illness. The patient shall be under the supervision of the county health department director or administrator or their designee until bacteriologic cultures are obtained from feces and are negative in no less than three consecutive specimens taken at least 24 hours apart and not earlier than 1 month after onset of illness, provided the patient has been off antibiotic therapy for a period of 1 week. If any one specimen of this series yields typhoid organisms, then at least an additional three negative consecutive specimens of feces taken at least 24 hours apart are required for release of the case.

(b) Household contacts of a typhoid case who may be excreting S. typhi as determined by the county health department director or administrator or their designee and who are involved in food processing, food preparation or food service for public consumption or in any occupation bringing them in contact with children, ill persons, or the elderly or are present in other sensitive situations, as defined in subsection 64D-3.028(21), F.A.C., are prohibited from returning to such occupation or situation until no less than three specimens of feces taken at least 24 hours apart are negative for typhoid organisms. In addition, other appropriate tests may be required at the discretion of the county health department director or administrator or their designee.

(7) Perinatal Hepatitis B.

(a) The following infants shall receive hepatitis B immune globulin and hepatitis B vaccine once they are physiologically stable, preferably within 12 hours of birth, and shall complete the hepatitis B vaccine series according to the recommended vaccine schedule. Testing infants for HBsAg and antibody to hepatitis B surface antigen (anti-HBs) six (6) months after the completion of the hepatitis B vaccine series is recommended to monitor the success or failure of therapy.

1. Infants born to HBsAg-positive mothers;

2. All infants of mothers born in areas of high endemicity for hepatitis B infection. These areas include China, Southeast Asia, Africa, Middle East, Pacific Islands and the Amazon Basin.

3. Alaskan Native infants.

(b) Household members, sexual and needle-sharing partners of HBsAg-positive prenatal/postpartum hepatitis B women should be tested to determine susceptibility to the hepatitis B virus, and, if susceptible should receive the hepatitis B vaccine series.

(8) Vibrio Infections. All food service establishments serving raw oysters shall display, either on menus or on table placards, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

Specific Authority 381.0011(6), (13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25, 384.27 FS. History–New .

64D-3.041 Epidemiological Investigations.

(1) The Department and its authorized representatives, when deemed necessary to protect the public's health, may conduct epidemiological investigations and follow-up to confirm the diagnosis, treatment and causes of any disease or condition to determine appropriate methods of epidemic and communicable disease control. Such investigations shall be considered official duties of the Department and may include, but are not limited to:

(a) Review of pertinent, relevant medical records by authorized representatives of the Department, if necessary to confirm the diagnosis; to investigate causes; to identify other related cases in an area, community, or workplace; to determine if a person with a reportable notifiable disease or condition has received adequate treatment to render themselves non-infectious or if exposed has received prophylaxis, if appropriate. Such review of records may occur without patient consent and shall be conducted at reasonable times and with such notice as is deemed reasonable under the circumstances.

(b) Perform interviews with an infected person or persons knowledgeable about the case to collect pertinent and relevant information about the cause(s) of or risk factors for the notifiable disease or condition.

(c) Conduct notification services by authorized Department representatives to inform persons who may have been in such association with an infected person or animal or a contaminated environment and who have had opportunity to acquire the infection. These will include, but are not limited to: household contacts, sexual partners, correctional facilities inmates and employees, patrons, employees and/or owners of business establishments, preschool staff and students, school staff and students, and other individuals who may have been in an infected persons' social, business or environmental network.

(d) Medical examination and/or testing of persons exposed to or at risk of the notifiable disease or condition.

(e) Obtain from public or private businesses or institutions the identities and locating information of persons, travelers, passengers or transportation crews with a similar or common potential exposure to the infectious agent as a reported case (such exposure may be current or have occurred in the past).

(f) Interview or administer questionnaires confidentially to any resident of a community or any agent, owner, operator, employer, employee or client of a public or private business or institution, that is either epidemiologically associated with an outbreak, or with the reported case or has had similar exposure as the reportable case.

(g) Collect environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or notifiable disease or condition.

(h) Enter a place of employment for the purpose of conducting epidemiological investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records and materials within the place of employment which are relevant, pertinent and necessary to the investigation of an outbreak of notifiable diseases or conditions during regular working hours or at other reasonable times with such notice as is reasonable under the circumstances.

(2) All information gathered in the course of an epidemiological investigation and follow-up shall be confidential and subject to the provisions of Sections 381.0031(4), 384.29, and 392.65, F.S.

Specific Authority 381.0011(7), 381.0011(13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1) (c), 384.26, 392.54 FS. History–New _____.

64D-3.042 STD Testing Related to Pregnancy.

(1) Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows:

(a) At initial examination related to her current pregnancy; and again.

(b) At 28 to 32 weeks gestation.

(2) Exceptions to the testing outlined in subsection (1) above are as follows:

(a) A woman, who tested positive for hepatitis B surface antigen (HbsAg) during the initial examination related to her current pregnancy; need not be re-tested at 28-32 week's gestation.

(b) A woman, with documentation of HIV infection or AIDS need not be re-tested during the current pregnancy.

(3) Women who appear at delivery or within 30 days postpartum with:

(a) No record of prenatal care, or;

(b) Prenatal care with no record of testing;

(c) Prenatal care with no record of testing after the 27th week of gestation shall be considered at a high risk for sexually transmissible diseases and shall be tested for hepatitis B surface antigen (HbsAg), HIV and syphilis prior to discharge.

(4) Emergency Departments of hospitals licensed under Chapter 395, F.S. may satisfy the testing requirements under this rule by referring any woman identified as not receiving prenatal care after the 12th week of gestation in writing to the county health department having jurisdiction over the area in which the emergency department is located.

(5) Prior to any testing required by this rule, practitioners shall:

(a) Notify the woman which tests will be conducted;

(b) Inform the woman of her right to refuse any or all tests;

(c) Place a written statement of objection signed by the women each time she refuses required testing in her medical record specifying which tests were refused. If the women refuses to sign the statement, the provider shall document the refusal in the medical record. No testing shall occur for the infections specified in the refusal statement of objection.

(6) Women who had a serologic test for syphilis during pregnancy that was reactive, regardless of subsequent tests that were non-reactive shall be tested as soon as possible at or following delivery.

(7)(a) Specimens shall be submitted to a laboratory licensed under Part 1 Chapter 483, F.S., to perform tests for chlamydia, gonorrhea, hepatitis B surface antigen (HbsAg), HIV and syphilis.

(b) The practitioner submitting the specimens for testing to a licensed laboratory shall state that these specimens are from a pregnant or postpartum woman.

(8) Practitioners required by law to prepare birth and stillbirth certificates shall document on the certificate if chlamydia, gonorrhea, hepatitis B, HIV, syphilis infections or genital herpes or genital human papilloma virus were present and/or treated during this pregnancy.

(9) Nothing in this rule shall prohibit a practitioner from testing these women for other sexually transmissible diseases in accordance to prevailing national standards, community disease distribution or the professional judgment of the practitioner.

Specific Authority 381.001(13), 381.003(2), 382.003(7), 382.008(6), 382.013(5), 384.25, 384.33 FS. Law Implemented 38.0011(4), 381.003(c), 381.004(3)(c), 384.26, 384.31 FS. History–New .

64D-3.043 Tuberculosis Treatment and Follow-up.

(1) An individualized treatment plan shall be prescribed by providers licensed under Chapter 458, 459 or 464 F.S., for each person in their care who has suspected or confirmed active Tuberculosis.

(a) The treatment plan must be consistent with current standards of medical practice and include information regarding:

1. Provisions for treatment to cure;

2. Provisions for follow-up;

3. Delivery of treatment, e.g., directly observed therapy if appropriate;

4. A case management approach as defined by Department guidelines.

(b) The treatment plan must be documented on TB Medical Report and Treatment Plan, DH Form 1173, 02/98, see subsection 64D-3.048(17), F.A.C.

(2) The county health department director, administrator or their designee shall document the case management approach as defined in Department guidelines "Tuberculosis (TB) Case Management/Team Approach," see subsection 64D-3.048(18), F.A.C.

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

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

64D-3.044 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control.

(1) In addition to the criteria listed in Section 392.61(4), F.S., the factors used to determine the distribution of funds for each county will be the number of reported Tuberculosis cases in a county during the most recent 5 year period for which complete annualized morbidity data is available.

(2) Any additional grant funding provided by state or federal agencies for specific projects in specifically identified areas of the state will not result in the formula in subsection (1) being adjusted.

Specific Authority 381.0011(4), (13), 381.003(2), 392.61(4), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.61(4) FS. History–New .

64D-3.045 Execution of Certificate for Involuntary Hold for Tuberculosis.

(1) Pursuant to the provisions of Section 392.565, F.S., when the treating physician determines that a request for an Order for Involuntary Hold is warranted, the treating physician shall immediately telephone the Medical Executive Director of A.G. Holley State Hospital at (561)582-5666, who is the State Health Officer's designee as defined in this rule, to report the facts of the situation and to determine if the person meets the criteria for involuntary hold.

(2) The treating physician shall complete the form, "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing," DH Form 1201, see subsection 64D-3.048(19), F.A.C. The certificate shall state that the person appears to meet the requirements specified in Section 392.565, F.S., as well as the following criteria:

(a) The person has active Tuberculosis or is reasonably suspected of having active Tuberculosis and poses a threat to the public health as evidenced by the following:

1. The person is not taking medications as prescribed; or

2. The person is not following the recommendations of the treating physician; or

3. The person is not seeking treatment for signs and symptoms compatible with Tuberculosis; or

4. The person evidences a disregard for the health of the public; and

(b) The person has been counseled, pursuant to the requirements of Section 392.56(2)(b), F.S.;

(c) All other less restrictive means of obtaining compliance have been exhausted; and

(d) No other less restrictive alternative is available.

(3) The treating physician shall send the completed "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing" by facsimile to the Medical Executive Director of A.G. Holley State Hospital.

(4) If the Medical Executive Director agrees that the person meets the criteria for involuntary hold, the designee of the State Health Officer shall sign an "Order for Involuntary Hold," DH Form 1202, see subsection 64D-3.048(20), F.A.C.

(5) Facsimile copies of the certificates for involuntary hold shall satisfy the filing requirement for petitions under Sections 392.55 or 392.56, F.S.

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

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, and Kindergarten through 12, and Adult Education Classes.

(1) Immunization and Documentation Requirements –

(a) A student may attend a public or non-public school, grades preschool through 12 or an adult education class if younger than 21, if prior to admittance, attendance or transfer, they present one of the following for inspection for validity by an authorized school official:

1. DH Form 680 Florida Certification of Immunization, see paragraph 64D-3.048(21)(a), F.A.C.

2. Documentation of receipt of or exemption from must be noted for the following immunizations: diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella, mumps, varicella and hepatitis B. The manner and frequency of administration of the immunizations shall conform to recognized standards of medical practice.

(2) Specific immunization requirements by grade, in addition to those in paragraph (1)(a), which must be documented prior to admittance, attendance or transfer:

(a) Preschool – Completion of Haemophilus influenzae type b vaccination.

(b) Preschool or kindergarten effective with the 2001/2002 school year – completion of varicella vaccination. Each subsequent year thereafter the next highest grade will be included in the requirement so that students transferring into Florida schools are added to the varicella immunized cohort.

1. 7th Grade – Completion of a tetanus-diphtheria booster.

2. Additional Documentation Requirements for Exemptions:

3. For exemption from the rubeola immunization the practitioner must include with DH Form 680, see paragraph 64D-3.048(21)(a), F.A.C., documentation on their own stationery of the physician's request for exemption, asserting that the student had an illness comprised of a generalized rash lasting three or more days, a fever of 101 degrees Fahrenheit or greater, a cough, and/or coryza, and/or conjunctivitis and, in the physician's opinion, has had the ten-day measles (rubeola) or serologic evidence of immunity to measles.

(c) Forms are to be fully executed by a practitioner licensed under Chapters 458, 459, 460, F.S., or their authorized representative (where permitted in the particular certification) per instructions for the appropriate school year as provided in the Immunization Guidelines – Florida Schools, Child Care Facilities and Family Day Care Homes, see paragraph 64D-3.048(21)(e), F.A.C.

(d) DH Form 681, Religious Exemptions for Immunizations, see paragraph 64D-3.048(21)(b), F.A.C.; must be issued and signed by the local county health department medical director or designee.

(e) Otherwise required immunizations not performed must be accounted for under the Temporary or Permanent Medical Exemptions, DH Form 680, Parts B and C, see paragraph 64D-3.048(21)(a), F.A.C.

(3) Documentation Requirements for Schools:

(a) The original of the form(s) required under paragraph (1)(a) shall remain in the student's cumulative health record.

(b) Antigen doses by dates of immunization shall be transferred as data elements through the Florida Automated System for Transferring Education Records (FASTER).

(c) Compliance Reporting.

1. Each public and nonpublic school with a kindergarten and/or seventh grade shall submit an annual compliance report. The report shall be completed on DH Form 684, Immunization Annual Report of Compliance for Kindergarten and Seventh Grade, see paragraph 64D-3.048(21)(c), F.A.C. The report shall include the immunization status of all children who were attending kindergarten and seventh grades at the beginning of the school year. The report shall be forwarded to the county health director/administrator no later than October 1 of each school year where the data will be compiled on DH Form 685, the Kindergarten and Seventh Grade Annual Report of Compliance County Summary, see paragraph 64D-3.048(21)(d), F.A.C., or electronically generated by the Department of Education.

2. After consultation with the Department of Education, the Department of Health shall require compliance reports from public and nonpublic schools and preschools for selected grades (K-12 and preschool) in special situations of vaccine preventable disease outbreak control or identified need for monitoring through surveys for immunization compliance levels. Such reports shall include the status of all children who were attending school at the beginning of the school year. Reports shall be forwarded to the county health department director/administrator within a specified period as determined by the Department.

(4) Homeless, Transfers and Juvenile Justice – A temporary exemption to requirements of subsection (2) above not to exceed 30 days may be issued by an authorized school official for any of the following consistent with the definitions in Section 1003.01, F.S.:

(a) A homeless child.

(b) A transfer student.

(c) A student who enters a juvenile justice education program or school.

(5) Notwithstanding subsection (2), the Department may:

(a) Designate any required immunization as unnecessary or hazardous according to recognized standards of medical practice.

(b) Upon determination that a shortage of vaccine exists, approve issuance of temporary medical exemption with extended expiration dates by practitioners or authorized school officials until such time as, in the Department's opinion, vaccine will be available in sufficient quantity for such deferred vaccinations to be completed.

(6) Florida SHOTS (State Health Online Tracking System) Opt Out Provision – Parents or guardians may elect to decline participation in the Florida immunization registry, Florida SHOTS, by submitting to the Department of Health a completed DH Form 1478, Florida SHOTS Notification and Opt Out Form, see paragraphs 64D-3.048(2)(f), (g) and (h), F.A.C. The immunization records of children whose parents choose to opt-out will not be shared with other entities that are allowed by law to have access to the child's immunization record via authorized access to Florida SHOTS.

(7) Florida SHOTS Private Provider Participation – Any health care practitioner licensed in Florida under Chapters 458, 459 or 464, F.S., may request authorization to access Florida SHOTS by filling out a DH Form 1479, Authorized Private Provider User Agreement for Access to Florida SHOTS (Florida State Health Online Tracking System), see paragraph 64D-3.048(2)(i), F.A.C. The DH Form 1479 will be returned to the Department of Health for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the Department of Health. The authorized user and the applicable licensing authority or agency shall notify the Department of Health, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

(8) Florida SHOTS School and Licensed or Registered Child Care Facility Participation – Any public or nonpublic school, or licensed or registered child care facility may request authorization to access Florida SHOTS by completing a DH Form 2115, Authorized School, and Licensed or Registered Child Care Facility User Agreement for Access to Florida SHOTS, see paragraph 64D-3.048(21)(j), F.A.C. The DH Form 2115 will be returned to the Department of Health for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the Department of Health. The authorized user and the applicable licensing authority or agency shall notify the Department of Health, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

Specific Authority 381.0011(13), 381.003(1), (2), 381.005(2), 1003.22 FS. Law Implemented 381.0011(4), 381.003(1), 381.005(1)(i), 1003.22 FS. History–New _____.

64D-3.047 Enforcement and Penalties.

(1) Any practitioner, hospital or laboratory who is subject to the provisions of this rule who fails to report a disease or condition as required by this rule or otherwise fails to act in accordance with this rule is guilty of a misdemeanor of the second degree, and, upon conviction thereof, shall be fined not more than five hundred dollars ($500.00) as provided in Sections 775.082 or 775.083, F.S. Each violation is considered a separate offense.

(2) All violations by practitioners, hospitals or laboratories shall be reported to the appropriate professional licensing authorities and public financing programs.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 384.34(4) FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.34 FS. History–New _____.

64D-3.048 List of Documents Incorporated by Reference. The following recommendations, guidelines, definitions and forms are adopted by reference:

(1) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in "Control of Communicable Diseases Manual," 18th Edition, Editor David L. Heymann, American Public Health Association, ISBN 0-87553-034-6.

(2) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in "Red Book: Report of the Committee on Infectious Disease," 26th Edition, Editor Larry K. Pickering, American Academy of Pediatrics, ISBN 1-58110-095-7.

(3) The definition of "case" and "suspected case" set forth in "Surveillance Case Definitions for Select Reportable Diseases in Florida," is available online at: www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm.

(4) The definition of "case" and "suspected case" set forth in Nationally Notifiable Infectious Diseases, Definition of Terms Used in Case Classification, is available online at: www.cdc.gov/epo/dphsi/casedef/definition_of_terms.htm.

(5) Florida Department of Health Disease Report Form (DOH Form 2136, 03/06), is available at the Department of Health, Division of Disease Control, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399-1714.

(6) CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, published in Morbidity and Mortality Weekly Report (MMWR) Vol. 48 [RR-13, December 10, 1999], is available online at: www.cdc.gov/mmwr/PDF/RR/RR4813.pdf.

(7) Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 01/2003, is available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

(8) Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, is available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

(9) Addendum for Adult HIV/AIDS Confidential Case Report, Form DH 2134, is available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

(10) CDC Implementation Guide for Transmission of Laboratory-Based Reporting of Public Health Information using Version 2.3.1 of the Health Level Seven (HL7) Standard Protocol is available at the Department of Health, ELR Project, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1715.

(11) Florida Cancer Data System Data Acquisition Manual (2005, or current year edition) is available at: http://fcds.med.miami.edu/inc/downloads.shtml.

(12) The American Veterinary Medical Association's 2000 Report of the AVMA Panel on Euthanasia is available from the Florida Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720.

(13) Compendium of Measures to Control Chlamydophila psittaci (formerly Chlamydia psittaci) Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), 2006, is available from the Department of Health, Division of Environmental Health, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1720.

(14) Human Rabies Prevention – United States, 1999, Recommendations of the Advisory Committee on Immunization Practices (ACIP), published in Morbidity and Mortality Weekly Report (MMWR) Vol. 48 [No. RR-1, January 8, 1999], is available online at: www.cdc.gov/mmwr/PDF/rr/rr4801.pdf.

(15) Rabies Prevention and Control in Florida, 2005, is available from the Department of Health, Division of Environmental Health, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1720.

(16) "Guidelines for Control of Outbreaks of Enteric Disease in Child Care Settings," dated March 2000, is available online at: www.doh.state.fl.us/disease%5Fctrl/epi/surv/enteric.pdf.

(17) TB Medical Report and Treatment Plan, DH Form 1173, 2/98, is available online at: www.doh.state.fl.us/disease%5Fctrl/tb/tbforms/dohpdfforms/1173/DH1173-TBTxPlan02-98.pdf.

(18) "Tuberculosis (TB) Case Management/Team Approach," 4/98, is available from the Department of Health, Bureau of TB and Refugee Health, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1720.

(19) "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing," DH Form 1201, 01/98, is available at the local county health department or by contacting the A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561)582-5666.

(20) "Order for Involuntary Hold," DH Form 1202, 01/98, is available at A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561)582-5666.

(21) Immunization Forms and Guidelines:

FORM #	EFFECTIVE DATES	TITLE	FORMS AND GUIDELINES AVAILABILITY
(a) DH 680	(July 2001)	Florida Certification of Immunization	DOH county health departments (DOH CHDs), or physicians' offices
(b) DH 681	(February 2002)	Religious Exemption From Immunization (English/ Spanish/ Haitian-Creole Version)	DOH CHDs
(c) DH 684	(November 1996)	Immunization Annual Report of Compliance for Kindergarten and Seventh Grade	DOH CHDs
(d) DH 685	(November 1996)	Kindergarten and Seventh Grade Annual Report of Compliance County Summary	DOH CHDs

(e) DH 150-615	(July 2002)	Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes, Effective July 2002	Available online at: www.doh.state.fl.us/disease_ctrl/immune/schoolguide.pdf
(f) DH 1478	(November 2000)	Florida SHOTS Notification and Opt Out Form (English Version)	DOH Bureau of Immunization 4052 Bald Cypress Way Bin # A-11 Tallahassee, FL 32399-1719
(g) DH 1478S	(November 2000)	Florida SHOTS Notification and Opt Out Form (Spanish Version)	DOH Bureau of Immunization 4052 Bald Cypress Way Bin # A-11 Tallahassee, FL 32399-1719
(h) DH 1478H	(February 2002)	Florida SHOTS Notification and Opt Out Form (Haitian-Creole Version)	DOH Bureau of Immunization 4052 Bald Cypress Way Bin # A-11 Tallahassee, FL 32399-1719
(i) DH 1479	(November 2000)	Authorized Private Provider User Agreement for Access to Florida SHOTS (Florida State Health Online Tracking System)	DOH Bureau of Immunization 4052 Bald Cypress Way Bin # A-11 Tallahassee, FL 32399-1719
(j) DH 2115	(November 2000)	Authorized School and Licensed or Registered Child Care Facility User Agreement For Access to Florida SHOTS (Florida State Health Online Tracking System)	DOH Bureau of Immunization 4052 Bald Cypress Way Bin # A-11 Tallahassee, FL 32399-1719

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 384.34(4), 1003.22 FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.34, 1003.22 FS. History–New .

NAME OF PERSON ORIGINATING PROPOSED RULE: Karla Schmitt

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

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

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 22, 2005

DEPARTMENT OF FINANCIAL SERVICES

Division of Agent and Agency Services

RULE NOS.:	RULE TITLES:
69B-231.010	Purpose
69B-231.020	Scope
69B-231.030	Definitions
69B-231.040	Calculating Penalty
69B-231.070	Prosecutorial Discretion
69B-231.080	Penalties for Violation of Section 626.611
69B-231.090	Penalties for Violation of Section 626.621
69B-231.100	Penalties for Violation of Subsection 626.9541(1)
69B-231.110	Penalties for Violation of Other Specific Provisions of the Florida Insurance Code
69B-231.120	Penalties for Violation of Other Insurance Code Provisions
69B-231.130	Penalties for Violation of Department Rules
69B-231.140	Penalties for Violation of Department Orders
69B-231.150	Criminal Proceedings
69B-231.160	Aggravating/Mitigating Factors

PURPOSE AND EFFECT: The purpose of the proposed rule development is to update the rules that govern suspension and revocation of licenses of insurance agents, customer representatives, service representatives and adjusters. The rules are updated by adding new regulations adopted by the Florida Legislature and deleting laws that have been repealed. The rules are also updated by increasing penalties for violating

certain laws in order to reflect the Department's experience in dealing with the frequency and severity of these violations. The purpose of other changes is to clarify the rules.

SUMMARY: The amendment to Rule 69B-231.010, F.A.C., adds a reference to the Department's authority that is contained in Section 626.201, F.S. Rule 69B-231.020, F.A.C., is amended to clarify which licenses are subject to the rule chapter and which are not. Rule 69B-231.030, F.A.C., is amended to correct a cross-reference. Rule 69B-231.040, F.A.C., is amended to provide that the Department may, rather than shall, impose a fine and probation in lieu of a suspension or revocation in certain circumstances. This corresponds to the law being implemented. Rule 69B-231.070, F.A.C., is amended to add specific authority and laws implemented. Rule 69B-231.080, F.A.C., is amended to increase the length of license suspension for violations of certain provisions of 626.611, F.S. Rule 69B-231.090, F.A.C., is amended to increase the length of license suspension for violations of certain provisions of Section 626.621, F.S. Rule 69B-231.100, F.A.C., is amended to increase the length of license suspension for violations of certain unfair and deceptive insurance practices and to add penalties for churning by life insurance agents and for use of financial institution names or logos in advertising by insurance agents. Rule 69B-231.110, F.A.C., is amended to increase the length of license suspension for violations certain other provisions of the Florida Insurance Code and to repeal penalties for violating the primary agent law which has been repealed. Rules 69B-231.120, F.A.C., and 69B-231.130, F.A.C., contain technical changes. Rule 69B-231.140, F.A.C., is amended to provide a penalty for willful violations of a Department order. Rule 69B-213.150, F.A.C., is amended to provide that revocation of a license is immediate upon a conviction of a felony and to eliminate unnecessary provisions relating to foreign crimes. The amendments to Rule 69B-213.160, F.A.C., are technical.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: 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: 624.308(1), 626.207(2) FS.

LAW IMPLEMENTED: 624.307(1), 626.308, 626.207(2), 626.611, 626.621, 626.631, 626.641, 626.681, 626.691, 626.9521, 626.9541, 626.9561, 626.9571, 626.9581 FS.

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

DATE AND TIME: July 10, 2006, 1:30 p.m. – 3:00 p.m.

PLACE: Room 142, Larson Building, 200 E. Gaines Street, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Barry Lanier, Chief of the Bureau of Investigations, Division of Agent and Agency Services, Department of Financial Services, 200 E. Gaines Street, Room 412, Larson Building, Tallahassee, FL 32399-0319, (850)413-5601

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 Serica Johnson, (850)413-4241.

THE FULL TEXT OF THE PROPOSED RULES IS:

PENALTY GUIDELINES FOR INSURANCE REPRESENTATIVES

69B-231.010 Purpose.

The purpose of this rule chapter is to implement the Department's duty under Sections 624.307(1) and 626.207(2), F.S., to enforce Sections 626.611, 626.621, 626.631, 626.641, 626.681, 626.691, F.S., by establishing standards for penalties described in those statutory sections, and interpreting provisions in those sections as they relate to penalties imposed upon licensees specified in Rule 69B-231.020, F.A.C.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), ~~626.611, 626.621, 626.631, 626.641, 626.681, 626.691~~ FS. History–New 7-13-93, Amended 9-23-02, Formerly 4-231.010, Amended _____.

69B-231.020 Scope.

(1) This rule chapter shall apply to all resident and nonresident insurance agents, customer representatives, ~~solicitors,~~ adjusters and service representatives ~~claims investigators~~ licensed under Chapter 626, F.S., who are subject to discipline under Sections 626.611 and 626.621, F.S.

(2) This rule chapter does not apply to insurance agencies, title insurance agencies, title insurance agents, insurance administrators, surplus lines agents, bail bond agents or managing general agents.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, ~~626.681, 626.691~~ FS. History–New 7-13-93, Amended 8-15-00, 9-23-02, Formerly 4-231.020, Amended _____.

69B-231.030 Definitions.

The following definitions shall apply for purposes of this rule chapter.

(1) through (3) No change.

(4) "Crimes involving moral turpitude" means each felony crime identified in subsection 69B-211.042(21)~~(23)~~, F.A.C., and each felony crime not identified in subsection 69B-211.042(21), F.A.C., that is substantially similar to a crime identified in subsection 69B-211.042(21), F.A.C.

(5) through (9) No change.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, ~~626.681, 626.691~~ FS. History–New 7-13-93, Amended 9-23-02, Formerly 4-231.030, Amended _____.

69B-231.040 Calculating Penalty.

(1) through (2) No change.

(3) Final Penalty.

(a) The final penalty which will be imposed against a licensee under these rules shall be the total penalty, as adjusted to take into consideration any aggravating or mitigating factors; ~~provided however~~

(b) T~~t~~he Department may ~~shall~~ convert the total penalty to an administrative fine and probation if the licensee has not previously been subjected to an administrative penalty and the current action does not involve ~~in the absence of~~ a violation of Section 626.611, F.S.; ~~if warranted upon~~

(c) T~~t~~he Department~~'s~~ will consider~~ation of~~ the factors set forth in rule subsection 69B-231.160(1), F.A.C., in determining whether to convert the total penalty to an administrative fine and probation.

(d) In the event that the final penalty would exceed a suspension of twenty-four (24) months, the final penalty shall be revocation.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, 626.641, 626.681, 626.691 FS. History–New 7-13-93, Formerly 4-231.040, Amended _____.

69B-231.070 Prosecutorial Discretion.

(1) No change.

(2) Stipulated Disposition. The provisions of this rule are not intended and shall not be construed to limit the ability of the Department to informally dispose of disciplinary actions by stipulation, agreed settlement or consent order whether or not the Department has initiated administrative charges.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, 626.681, 626.691, 626.9521, 626.9561, 626.9571, 626.9581 FS. History–New 7-13-93, Formerly 4-231.070, Amended _____.

69B-231.080 Penalties for Violation of Section 626.611.

If it is found that the licensee has violated any of the following subsections of Section 626.611, F.S., for which compulsory suspension or revocation of license(s) and appointment(s) is required, the following stated penalty shall apply:

(1) Section 626.611(1), F.S. – revocation ~~surrender of license~~

(2) Section 626.611(2), F.S.

(a) Suspension 12 months if, had the license application been accurate, the application would have been granted, based on the statutes and Department licensing rules applicable to the application at the time the Department issued the license, and the documentation in the applicant's file at the time the Department issued the license.

(b) Revocation if, had the license application been accurate, the application would have been denied, based on the statutes and Department licensing rules applicable to the application at the time the Department issued the license.

(3) Section 626.611(3), F.S. – revocation ~~surrender of license~~

(4) Section 626.611(4), F.S. – suspension 6 ~~3~~ months

(5) Section 626.611(5), F.S. – suspension 9 ~~6~~ months

(6) Section 626.611(6), F.S. – suspension 9 ~~6~~ months

(7) through (9) No change.

(10) Section 626.611(10), F.S. – suspension 12 ~~9~~

(11) Section 626.611(11), F.S. – suspension 6 months. This provision does not apply if the facts constitute a violation of section 626.753, F.S.

(12) through (14) No change.

(15) Section 626.611(15), F.S. – suspension 12 ~~3~~

(16) No change.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), ~~626.611, 626.621, 626.681, 626.691~~ FS. History–New 7-13-93, Amended 9-23-02, Formerly 4-231.080, Amended _____.

69B-231.090 Penalties for Violation of Section 626.621.

If it is found that the licensee has violated any of the following subsections of Section 626.621, F.S., for which suspension or revocation of license(s) and appointment(s) is discretionary, the following stated penalty shall apply:

(1) Section 626.621(1), F.S. – revocation ~~suspension 3 months~~

(2) through (5) No change.

(6) Section 626.621(6), F.S. – see ~~suspension 6 months or~~ Rule 69B-231.100, F.A.C.

(7) through (11) No change.

(12) Section 626.621(12), F.S. – suspension 6 ~~3~~ months

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), ~~626.611,~~ 626.621, ~~626.681, 626.691~~ FS. History–New 7-13-93, Formerly 4-231.090, Amended _____.

69B-231.100 Penalties for Violation of Subsection 626.621(6) ~~626.9541(1)~~.

If a licensee is found to have violated subsection 626.621(6), F.S., by engaging in unfair methods of competition or in unfair or deceptive acts or practices as defined in any of the following paragraphs of subsection 626.9541(1), F.S., the following stated penalty shall apply:

(1) through (4) No change.

(5) Section 626.9541(1)(e), F.S. – suspension 6 months; except that the penalty for a violation of Section 626.9541(1)(e)1. shall be a suspension of 12 months.

(6) through (10) No change

(11) Section 626.9541(1)(k), F.S. – suspension 9 ~~6~~ months

(12) Section 626.9541(1)(l), F.S. – suspension 9 ~~6~~ months

(13) Section 626.9541(1)(m), F.S. – suspension 3 ~~2~~ months

(14) through (26) No change.

(27) Section 626.9541(1)(aa), F.S. – suspension 9 months

(28) Section 626.9541(1)(bb), F.S. – suspension 3 months

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), ~~626.611,~~ 626.621, ~~626.681, 626.691,~~ 626.9541(1) FS. History–New 7-13-93, Formerly 4-231.100, Amended _____.

69B-231.110 Penalties for Violation of Other Specific Provisions of the Florida Insurance Code.

If the licensee is found to have violated any of the following provisions of the Insurance Code, the following stated penalty shall apply:

(1) Section 624.318(2) ~~626.041(2)~~, F.S. – suspension 3 months

~~(2) Section 626.051(2), F.S. – suspension 3 months~~

~~(3) Section 626.062(2), F.S. – suspension 3 months~~

(2)~~(4)~~ Section 626.112(2), F.S. – suspension 3 months

(3)~~(5)~~ Section 626.342(1), F.S. – suspension 3 months

(4)~~(6)~~ Section 626.441, F.S. – suspension 6 months

(5) Section 626.536, F.S. – administrative fine of $500

(6)~~(7)~~ Section 626.541 F.S. – suspension 2 months

(7)~~(8)~~ Section 626.551, F.S. – administrative fine of not more than $250 for the first violation; administrative fine of not less than $500 for the second violation; administrative fine of not less than $500 and suspension for 2 months for the third and subsequent violations.

(8)~~(9)~~ Section 626.561(1), F.S. – suspension 9 months

(9)~~(10)~~ Section 626.561(2), F.S. – suspension 3 ~~2~~ months

(10)~~(11)~~ Section 626.572, F.S. – suspension 3 months

(11)~~(12)~~ Section 626.591 ~~626.592(1)~~, F.S. – suspension 6 ~~3~~ months

~~(13) Section 626.592(4), F.S. – suspension 6 months~~

~~(14) Section 626.592(5), F.S. – suspension 9 months~~

~~(15) Section 626.592(6), F.S. – suspension 6 months~~

~~(16) Section 626.592(7), F.S. – suspension 3 months~~

(12) Section 626.593, F.S. – suspension 3 months

(13)~~(17)~~ Section 626.601(2), F.S. – suspension 3 ~~2~~ months

(14)~~(18)~~ Section 626.631(1), F.S. – revocation

(15)~~(19)~~ Section 626.641(4), F.S. – revocation

(16) Section 626.7315, F.S. – suspension 3 months

(17)~~(20)~~ Section 626.741(3), F.S. – suspension 3 months

(18) ~~(21)~~ Section 626.741(4), F.S. – suspension 6 months

(19)~~(22)~~ Section 626.747, F.S. – suspension 3 months

(20)~~(23)~~ Section 626.748, F.S. – suspension 2 months

(21)~~(24)~~ Section 626.752, F.S. – suspension 3 months

(22)~~(25)~~ Section 626.753, F.S. – revocation

(23) Section 626.7845, F.S. – suspension 3 months

(24)~~(26)~~ Section 626.792(3), F.S. – suspension 3 months

(25)~~(27)~~ Section 626.792(6), F.S. – revocation

(26)~~(28)~~ Section 626.793, F.S. – suspension 2 months

(27)~~(29)~~ Section 626.794, F.S. – suspension 6 months

(28)~~(30)~~ Section 626.798, F.S. – suspension 9 ~~6~~ months

(29) Section 626.8305, F.S. – suspension 3 months

(30)~~(31)~~ Section 626.835(3), F.S. – suspension 3 months

(31)~~(32)~~ Section 626.835(6), F.S. – revocation

(32)~~(33)~~ Section 626.837, F.S. – suspension 6 months

(33)~~(34)~~ Section 626.8373, F.S. – suspension 6 months

(34)~~(35)~~ Section 626.838, F.S. – suspension 6 months

(35)~~(36)~~ Section 626.901(1), F.S. – suspension 6 months

(36)~~(37)~~ Section 626.901(2), F.S. – suspension 12 months

(37) Section 627.4554, F.S. – suspension 12 months

(38) Section 627.901, F.S. – suspension 3 months

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, 626.681, 626.691 FS. History–New 7-13-93, Formerly 4-231.110, Amended _____.

69B-231.120 Penalties for Violation of Other Insurance Code Provisions.

If the licensee is found to have violated a provision of the Insurance Code, the stated penalty, unless otherwise prescribed in these rules or in the code provision violated, shall be a six (6) month suspension if the violation was willful, or shall be a three (3) month suspension if the violation was nonwillful.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, ~~626.681, 626.691~~ FS. History–New 7-13-93, Formerly 4-231.120, Repromulgated _____.

69B-231.130 Penalties for Violation of Department Rules.

If the licensee is found to have violated a Department rule, the stated penalty, unless otherwise prescribed in these rules or in the specific rule violated, shall be a six (6) month suspension if the violation was willful, or shall be a three (3) month suspension if the violation was nonwillful.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, ~~626.681, 626.691~~ FS. History–New 7-13-93, Formerly 4-231.130, Repromulgated _____.

69B-231.140 Penalties for Violation of Department Orders.

If a licensee is found to have violated a Department order, the stated penalty shall be a six (6) month suspension if the violation was willful, or shall be a three (3) month suspension if the violation was nonwillful, unless the penalty is prescribed in the order itself; except that if a licensee or an affiliated party transacts insurance in violation of an order of suspension, the penalty shall be revocation of license(s) and appointment(s) if the violation was willful, or shall be an additional suspension of three (3) months if the violation was nonwillful.

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, 626.681, 626.691 FS. History–New 7-13-93, Formerly 4-231.140, Amended _____.

69B-231.150 Criminal Proceedings.

~~(1) If it is found that a licensee has violated either Section 626.611(14) or 626.621(8), F.S., the following stated penalty shall apply:~~

(1)~~(a)~~ If a ~~the~~ licensee is convicted by a court of a violation of the Insurance Code or a felony (regardless of whether or not such felony is related to an insurance license), the penalty shall be immediate revocation.

(2)~~(b)~~ If a ~~the~~ licensee is not convicted of, but has been found guilty of or has pleaded guilty or nolo contendere to, a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States of America or of any state thereof or under the law of any other country, which is a crime involving ~~involves~~ moral turpitude and is a crime involving breach of trust or dishonesty, the penalty shall be revocation.

(3)~~(c)~~ If a ~~the~~ licensee is not convicted of, but has been found guilty of or has pleaded guilty or nolo contendere to, a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States of America or of any state thereof or under the law of any other country, which is a crime involving ~~involves~~ moral turpitude or is a crime involving breach of trust or dishonesty, the penalties are as follows:

(a)~~1.~~ If the conduct directly relates to activities involving the business of insurance ~~an insurance license~~, the penalty shall be revocation ~~a 24 month suspension~~.

(b)~~2.~~ If the conduct indirectly relates to the business of insurance or involves dishonesty or breach of trust, such as theft of money or property, or mishandling or misappropriation of money, the penalty shall be a 12 month suspension.

(c)~~3.~~ If the conduct is not related to the business of insurance and does not involve dishonesty or breach of trust ~~license~~, the penalty shall be a 6 month suspension.

(4)~~(d)~~ If a ~~the~~ licensee is not convicted of, but has been found guilty of or has pleaded guilty or nolo contendere to, a felony or a crime punishable by imprisonment of 1 year or more under the laws of the United States of America or of any state thereof or under the law of any other country, which is not a crime involving ~~does not involve~~ moral turpitude and is not a crime involving breach of trust or dishonesty, the penalties are as follows:

(a)~~1.~~ If the conduct directly relates to the business of insurance ~~activities involving an insurance license~~, the penalty shall be a 24-month suspension.

(b)~~2.~~ If the conduct indirectly relates to the business of insurance ~~involves dishonesty or breach of trust~~ such as theft of money or property, or mishandling or misappropriation of money, the penalty shall be a 12-month suspension.

(c)~~3.~~ If the conduct is not related to the business of insurance ~~license~~, the penalty shall be a 3-month suspension.

~~(2) Foreign Law Enforcement Records. In the event that a law enforcement record includes convictions, charges, or arrests outside the United States, the Department shall consider the following factors to reduce, eliminate, or apply a waiting period:~~

~~(a) Whether the crime in the criminal record would be a crime under the laws of the United States or any state within the United States;~~

~~(b) The degree of penalty associated with the same or similar crimes in the United States; and~~

~~(c) The extent to which the foreign justice system provided safeguards similar to those provided criminal defendants under the Constitution of the United States.~~

Specific Authority 624.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), ~~626.601,~~ 626.611, 626.621, 626.631, 626.631(1), ~~626.681, 626.691~~ FS. History–New 7-13-93, Amended 9-23-02, Formerly 4-231.150, Amended _____.

69B-231.160 Aggravating/Mitigating Factors.

The Department shall consider the following aggravating and mitigating factors and apply them to the total penalty in reaching the final penalty assessed against a licensee under this rule chapter. After consideration and application of these factors, the Department shall, if warranted by the Department's consideration of the factors, either decrease or increase the penalty to any penalty authorized by law.

(1) For penalties other than those assessed under Rule 69B-231.150, F.A.C.:

(a) Willfulness of licensee's conduct;

(b) Degree of actual injury to victim;

(c) Degree of potential injury to victim;

(d) Age or capacity of victim;

(e) Timely restitution;

(f) Motivation of licensee ~~agent~~;

(g) Financial gain or loss to licensee ~~agent~~;

(h) Cooperation with the Department;

(i) Vicarious or personal responsibility;

(j) Related criminal charge; disposition;

(k) Existence of secondary violations in counts;

(l) Previous disciplinary orders or prior warning by the Department; and

(m) Other relevant factors.

(2) No change.

Specific Authority 626.308, 626.207(2) FS. Law Implemented 624.307(1), 624.308, 626.207(2), 626.611, 626.621, 626.631, 626.681, 626.9541 FS. History–New 7-13-93, Formerly 4-231.160, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Philip Fountain, Assistant Director, Division of Agent and Agency Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Mary Alice Palmer, Director, Division of Agent & Agency Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 7, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 19, 2006

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE NO.:	RULE TITLE:
69L-6.028	Procedures for Imputing Payroll and Penalty Calculations

PURPOSE AND EFFECT: The purpose and effect of the amendment to the rule is to clarify that the department will not recalculate the employer's imputed payroll when the employer has provided business records sufficient for the department to determine the employer's payroll after forty-five days from the date the employer received a written request to produce business records, and that the imputed weekly payroll for each employee, corporate officer, sole proprietor, or partner shall be based upon the highest rated workers' compensation classification code of the employer, unless the employer's business records demonstrate the assignment of an alternative classification code.

SUMMARY: 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.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: 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: 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 DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: July 11, 2006, 2:00 p.m.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Andrew Sabolic, 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) through (2) No change.

(a) through (c) No change.

(d) The imputed weekly payroll for each employee, corporate officer, sole proprietor, or partner shall be assigned to the highest rated workers' compensation classification code associated with the employer's business activities, unless the employer's business records demonstrate the assignment of an alternative workers' compensation classification code.

(3) If subsequent to imputation of weekly payroll pursuant to subsection (2) herein, but before and only until 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) No change.

Specific Authority 440.107(9), 440.591 FS. Law Implemented 440.107(5)(2002), 440.107(7)(e) FS. History–New 7-12-05, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Andrew Sabolic, Bureau Chief, Bureau of Compliance

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Workers' Compensation, Assistant Director

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 7, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 17, 2006