

SUBJECT AREA TO BE ADDRESSED: Licensure of Centralized Embalming Facilities.

SPECIFIC AUTHORITY: 497.103, 497.385 FS.

LAW IMPLEMENTED: 497.385 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Douglas Shropshire, Executive Director, Board of Funeral, Cemetery, and Consumer Services, 200 East Gaines Street, Tallahassee, Florida 32399-0361

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

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NOS.:	RULE TITLES:
69O-200.003	Licensing of Companies that Administer and Market Service Agreements
69O-200.004	Qualification to Obtain and Hold a License
69O-200.005	Use of the Statutory Deposit
69O-200.006	Contractual Liability Insurers
69O-200.009	Form Filings
69O-200.011	Disapproval of Forms
69O-200.013	Rate Filings
69O-200.014	Exemption From Financial Examination
69O-200.015	Forms Incorporated by Reference
69O-200.016	New Car Motor Vehicle Service Agreements Issued on Used Cars

PURPOSE AND EFFECT: Incorporates into the existing rules a new category of Motor Vehicle Service Agreement Companies: "Motor Vehicle Manufacturers."

SUBJECT AREA TO BE ADDRESSED: Motor Vehicle Service Agreement Companies.

SPECIFIC AUTHORITY: 634.021, 634.031, 634.041, 634.121, 634.1213, 634.1216, 634.061, 634.252 FS.

LAW IMPLEMENTED: 634.041(12), 637.137(6) FS.

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

DATE AND TIME: February 17, 2009, 9:30 a.m.

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Amy Groszos, Office of Insurance Regulation, E-mail Amy.groszos@flor.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Amy Groszos, Office of Insurance Regulation, E-mail Amy.groszos@flor.com

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

Section II Proposed Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE NO.:	RULE TITLE:
40D-4.091	Publications and Agreements Incorporated by Reference

PURPOSE AND EFFECT: The purpose and effect of the proposed revision of Rule 40D-4.091, F.A.C., is to incorporate by reference changes to Section (9)(j)3. of Appendix IV of the Basis of Review for Environmental Resource Permitting (BOR) that remove the consideration of taxes in the development of cost estimates for the perpetual management of mitigation banks.

SUMMARY: Section (9)(i) of Appendix IV of the BOR requires mitigation bankers to provide financial responsibility sufficient to ensure that funds will be available to the District to perpetually manage the mitigation bank if the banker abandons the bank. Section (9)(j)3. prescribes the elements to be included in the development of cost estimates that provide the basis for determining the amount of that financial responsibility. The current requirements include taxes as one of the elements used to arrive at an appropriate cost estimate.

In 2007 the Legislature amended Section 197.572, Florida Statutes, to provide that when any lands are sold for the nonpayment of taxes or pursuant to any tax lien foreclosure proceeding the title to the lands shall continue to be subject to any easement for conservation purposes. This amendment

renders the inclusion of taxes as an element of the cost estimate for perpetual maintenance of mitigation banks unnecessary. The proposed amendment will delete the consideration of "taxes" as an element of this requirement.

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

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

SPECIFIC AUTHORITY: 373.044, 373.046, 373.113, 373.171, 373.414 FS.

LAW IMPLEMENTED: 373.0361, 373.114, 373.171, 373.403, 373.413, 373.4135, 373.4136, 373.414, 373.4144, 373.416, 373.429, 373.441 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: Karen West, Deputy General Counsel, Southwest Florida Water Management District, 2379 Broad Street, Brooksville, Florida 34604-6899, (352)796-7211 or 1(800)423-1476, extension 4651

THE FULL TEXT OF THE PROPOSED RULE IS:

40D-4.091 Publications and Agreements Incorporated by Reference.

The following documents are hereby incorporated into this chapter and Chapters 40D-40 and 40D-400, F.A.C.:

(1) Environmental Resource Permitting Information Manual Part B, Basis of Review, Environmental Resource Permit Applications within the Southwest Florida Water Management District, ~~June 22, 2008~~. This document is available from the District upon request.

(2) through (5) No change.

Specific Authority 373.044, 373.046, 373.113, 373.171, 373.414 FS. Law Implemented 373.0361, 373.114, 373.171, 373.403, 373.413, 373.4135, 373.4136, 373.414, 373.4144, 373.416, 373.429, 373.441 FS. History—New 4-2-87, Amended 3-1-88, 9-11-88, 10-1-88, 4-1-91, 11-16-92, 1-30-94, 10-3-95, 12-26-95, 5-26-96, 7-23-96, 4-17-97, 4-12-98, 7-2-98, 12-3-98, 7-28-99, 8-3-00, 9-20-00, 6-12-01, 10-11-01, 2-27-02, 7-29-02, 3-26-03, 7-23-03, 8-3-03, 3-11-04, 6-7-04, 2-1-05, 6-30-05, 10-19-05, 2-8-06, 5-2-06, 7-1-07, 9-25-07(1), 9-25-07(4), 11-26-07, 5-12-08, 5-20-08, 6-22-08,_____.

APPENDIX 4

BASIS OF REVIEW FOR THE ESTABLISHMENT AND USE OF MITIGATION BANKS

(1) through (8) No change.

(9) Financial Responsibility.

(a) through (i) No change.

(j) Cost estimates.

1. through 2. No change.

3. The cost estimate for the perpetual management of the mitigation bank shall be based on the costs of maintaining and operating any structures, controlling nuisance or exotic species, fire management, consultant fees, monitoring activities and reports, ~~taxes~~ and any other costs associated with perpetual management. The amount of financial responsibility shall equal the cost of perpetual management for the bank, or for banks constructed in phases, for all phases for which credits have been released.

NAME OF PERSON ORIGINATING PROPOSED RULE: H. Clark Hull, Jr., Environmental Resource Permitting Director, Southwest Florida Water Management District, 2379 Broad Street, Brooksville, Florida 34604-6899, (352)796-7211 or 1(800)423-1476. Email clark.hull@swfwmd.state.fl.us

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Southwest Florida Water Management District Governing Board

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 30, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 23, 2009

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

RULE NO.: 59C-1.0355
RULE TITLE: Hospice Programs

PURPOSE AND EFFECT: The administrative rule related to Certificate of Need for Hospice programs has been determined to require revision to incorporate the data reports from the Department of Health Office of Vital Statistics and the Office of the Governor Population Estimates. While this revision is a change that will recognize a process that has ben in place for some time, it will require that a rule promulgation be initiated.

SUMMARY: Rule is revised to correct listings of data reports from the Department of Health Office of Vital Statistics and the Office of the Governor Population Estimates. Additional corrections are included to bring the rule current with statute changes.

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

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

SPECIFIC AUTHORITY: 408.15(8), 408.034(3), (5) FS.

LAW IMPLEMENTED: 408.034(3), 408.035, 408.036(1)(d), 408.043(2), 400.606(4), (5) 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:

DATE AND TIME: February 24, 2009, 1:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room B, Tallahassee, Florida 32308

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 24 hours before the workshop/meeting by contacting: Calvin J. Vice, Sr., PhD, (850)488-8672. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Calvin J. Vice, Sr., PhD, (850)488-8672

THE FULL TEXT OF THE PROPOSED RULE IS:

59C-1.0355 Hospice Programs.

(1) Agency Intent. This rule implements the provisions of subsection 408.034(3), paragraphs 408.036(1)(d) ~~and (e)~~, and subsection 408.043(2), Florida Statutes. It is the intent of the agency to ensure the availability of hospice programs as defined in this rule to all persons requesting and eligible for hospice services, regardless of ability to pay. This rule regulates the establishment of new hospice programs, the construction of freestanding inpatient hospice facilities as defined in this rule, and a change in licensed bed capacity of a freestanding inpatient hospice facility. A separate certificate of need application shall be submitted for each service area defined in this rule.

(2) Definitions.

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

(b) "Approved Hospice Program." A hospice program for which the agency has issued an intent to grant a certificate of need, or has issued a certificate of need, and that is not yet licensed as of 3 weeks prior to publication of the fixed need pool.

(c) "Contractual Arrangement." An arrangement for contractual services, as described in subsection 400.6085, Florida Statutes.

(d) "Fixed Need Pool." The fixed need pool defined in subsection 59C-1.002(19)(20), Florida Administrative Code. The agency shall publish a fixed need pool for hospice programs twice a year.

(e) "Freestanding Inpatient Hospice Facility." For purposes of this rule, a facility that houses inpatient beds licensed exclusively to the hospice program but does not house any inpatient beds licensed to a hospital or nursing home.

(f) "Hospice Program." A program described in subsections 400.601(3)(2), 400.602(1)(5), 400.609, and 400.6095(1), Florida Statutes, that provides a continuum of

palliative and supportive care for the terminally ill patient and his family. Hospice services must be available 24 hours a day, 7 days a week, and must be available to all terminally ill persons and their families without regard to age, gender, national origin, sexual orientation, disability, diagnosis, cost of therapy, ability to pay, or life circumstances.

(g) "Inpatient Bed." Inpatient beds located in a freestanding inpatient hospice facility, a hospital, or a nursing home and available for hospice inpatient care.

(h) "Local Health Council." The council referenced in Section 408.033(1), Florida Statutes.

(i) "Planning Horizon." The date by which a proposed new hospice program is expected to be licensed. For purposes of this rule, the planning horizon for applications submitted between January 1 and June 30 is July 1 of the year 1 year subsequent to the year the application is submitted; the planning horizon for applications submitted between July 1 and December 31 is January 1 of the year 2 years subsequent to the year the application is submitted.

(j) "Residential Facility." For purposes of this rule, a facility operated by a licensed hospice program to provide a residence for hospice patients, as defined in Section 400.601(5)(4), F.S. A residential facility is not subject to regulation under this rule. Provided, however, that a proposal to convert such a residence to a freestanding inpatient hospice facility is subject to regulation under this rule.

(k) "Service Area." The geographic area consisting of a specified county or counties, as follows:

1. Service Area 1 consists of Escambia, Okaloosa, Santa Rosa, and Walton Counties.

2. Service Area 2A consists of Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties.

3. Service Area 2B consists of Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla Counties.

4. Service Area 3A consists of Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwanee, and Union Counties.

5. Service Area 3B consists of Marion County.

6. Service Area 3C consists of Citrus County.

7. Service Area 3D consists of Hernando County.

8. Service Area 3E consists of Lake and Sumter Counties.

9. Service Area 4A consists of Baker, Clay, Duval, Nassau, and St. Johns Counties.

10. Service Area 4B consists of Flagler and Volusia Counties.

11. Service Area 5A consists of Pasco County.

12. Service Area 5B consists of Pinellas County.

13. Service Area 6A consists of Hillsborough County.

14. Service Area 6B consists of Hardee, Highlands, and Polk Counties.

15. Service Area 6C consists of Manatee County.

16. Service Area 7A consists of Brevard County.

17. Service Area 7B consists of Orange and Osceola Counties.

18. Service Area 7C consists of Seminole County.

19. Service Area 8A consists of Charlotte and DeSoto Counties.

20. Service Area 8B consists of Collier County.

21. Service Area 8C consists of Glades, Hendry and Lee Counties.

22. Service Area 8D consists of Sarasota County.

23. Service Area 9A consists of Indian River County.

24. Service Area 9B consists of Martin, Okeechobee, and St. Lucie Counties.

25. Service Area 9C consists of Palm Beach County.

26. Service Area 10 consists of Broward County.

27. Service Area 11 consists of Dade and Monroe Counties.

(l) "Terminally Ill." As defined in subsection 400.601(10)(9), Florida Statutes, terminally ill refers to a medical prognosis that a patient's life expectancy is 1 year or less if the illness runs its normal course.

(3) General Provisions.

(a) Quality of Care. Hospice programs shall comply with the standards for program licensure described in Chapter 400, Part IV ~~VI~~, Florida Statutes, and Chapter ~~58A-2~~ ~~59A-2~~, Florida Administrative Code. Applicants proposing to establish a new hospice program shall demonstrate how they will meet the standards.

(b) Conformance with Statutory Review Criteria. A certificate of need for the establishment of a new hospice program, construction of a freestanding inpatient hospice facility, or change in licensed bed capacity of a freestanding inpatient hospice facility, shall not be approved unless the applicant meets the applicable review criteria in Sections 408.035 and 408.043(2), F.S., and the standards and need determination criteria set forth in this rule. Applications to establish a new hospice program shall not be approved in the absence of a numeric need indicated by the formula in paragraph (4)(a) of this rule, unless other criteria in this rule and in Sections 408.035 and 408.043(2), F.S., outweigh the lack of a numeric need.

(4) Criteria for Determination of Need for a New Hospice Program.

(a) Numeric Need for a New Hospice Program. Numeric need for an additional hospice program is demonstrated if the projected number of unserved patients who would elect a hospice program is 350 or greater. The net need for a new hospice program in a service area is calculated as follows:

$$(HPH) - (HP) \geq 350$$

where:

(HPH) is the projected number of patients electing a hospice program in the service area during the 12 month period beginning at the planning horizon. (HPH) is the sum of $(U65C \times P1) + (65C \times P2) + (U65NC \times P3) + (65NC \times P4)$

where:

U65C is the projected number of service area resident cancer deaths under age 65, and P1 is the projected proportion of U65C electing a hospice program.

65C is the projected number of service area resident cancer deaths age 65 and over, and P2 is the projected proportion of 65C electing a hospice program.

U65NC is the projected number of service area resident deaths under age 65 from all causes except cancer, and P3 is the projected proportion of U65NC electing a hospice program.

65NC is the projected number of service area resident deaths age 65 and over from all causes except cancer, and P4 is the projected proportion of 65NC electing a hospice program.

The projections of U65C, 65C, U65NC, and 65NC for a service area are calculated as follows:

$$U65C = (u65c/CT) \times PT$$

$$65C = (65c/CT) \times PT$$

$$U65NC = (u65nc/CT) \times PT$$

$$65NC = (65nc/CT) \times PT$$

where:

u65c, 65c, u65nc, and 65nc are the service area's current number of resident cancer deaths under age 65, cancer deaths age 65 and over, deaths under age 65 from all causes except cancer, and deaths age 65 and over from all causes except cancer.

CT is the service area's current total of resident deaths, excluding deaths with age unknown, and is the sum of u65c, 65c, u65nc, and 65nc.

PT is the service area's projected total of resident deaths for the 12-month period beginning at the planning horizon.

"Current" deaths means the number of deaths during the most recent calendar year for which data are available from the Department of Health and ~~Rehabilitative Services~~' Office of Vital Statistics at least 3 months prior to publication of the fixed need pool.

"Projected" deaths means the number derived by first calculating a 3-year average resident death rate, which is the sum of the service area resident deaths for the three most recent calendar years available from the Department of Health and ~~Rehabilitative Services~~' Office of Vital Statistics at least 3 months prior to publication of the fixed need pool, divided by the sum of the July 1 estimates of the service area population for the same 3 years. The resulting average death rate is then multiplied by the projected total population for the service area at the mid-point of the 12-month period which begins with the applicable planning horizon. Population estimates for each year will be the most recent population estimates ~~published by~~

from the Office of the Governor at least 3 months prior to publication of the fixed need pool. The following materials are incorporated by reference within this rule: Department of Health Office of Vital Statistics death statistics received annually in October and the Office of the Governor Population Estimates received annually in September.

The projected values of P1, P2, P3, and P4 are equal to current statewide proportions calculated as follows:

$$P1 = (Hu65c/Tu65c)$$

$$P2 = (H65c/T65c)$$

$$P3 = (Hu65nc/Tu65nc)$$

$$P4 = (H65nc/T65nc)$$

where:

Hu65c, H65c, Hu65nc, and H65nc are the current 12-month statewide total admissions of hospice cancer patients under age 65, hospice cancer patients age 65 and over, hospice patients under age 65 admitted with all other diagnoses, and hospice patients age 65 and over admitted with all other diagnoses. The current totals are derived from reports submitted under subsection (9) of this rule.

Tu65c, T65c, Tu65nc, and T65nc are the current 12-month statewide total resident deaths for the four categories used above.

(HP) is the number of patients admitted to hospice programs serving an area during the most recent 12-month period ending on June 30 or December 31. The number is derived from reports submitted under subsection (9) of this rule.

350 is the targeted minimum 12-month total of patients admitted to a hospice program.

(b) Licensed Hospice Programs. Regardless of numeric need shown under the formula in paragraph (4)(a), the agency shall not normally approve a new hospice program for a service area unless each hospice program serving that area has been licensed and operational for at least 2 years as of 3 weeks prior to publication of the fixed need pool.

(c) Approved Hospice Programs. Regardless of numeric need shown under the formula in paragraph (4)(a), the agency shall not normally approve another hospice program for any service area that has an approved hospice program that is not yet licensed.

(d) Approval Under Special Circumstances. In the absence of numeric need identified in paragraph (4)(a), the applicant must demonstrate that circumstances exist to justify the approval of a new hospice. Evidence submitted by the applicant must document one or more of the following:

1. That a specific terminally ill population is not being served.
2. That a county or counties within the service area of a licensed hospice program are not being served.

3. That there are persons referred to hospice programs who are not being admitted within 48 hours ~~(excluding cases where a later admission date has been requested)~~. The applicant shall indicate the number of such persons.

(e) Preferences for a New Hospice Program. The agency shall give preference to an applicant meeting one or more of the criteria specified in subparagraphs 1. through 5.:

1. Preference shall be given to an applicant who has a commitment to serve populations with unmet needs.

2. Preference shall be given to an applicant who proposes to provide the inpatient care component of the hospice program through contractual arrangements with existing health care facilities, unless the applicant demonstrates a more cost-efficient alternative.

3. Preference shall be given to an applicant who has a commitment to serve patients who do not have primary caregivers at home; the homeless; and patients with AIDS.

4. In the case of proposals for a hospice service area comprised of three or more counties, preference shall be given to an applicant who has a commitment to establish a physical presence in an underserved county or counties.

5. Preference shall be given to an applicant who proposes to provide services that are not specifically covered by private insurance, Medicaid, or Medicare.

(5) Consistency with Plans. An applicant for a new hospice program shall provide evidence in the application that the proposal is consistent with the needs of the community and other criteria contained in local health council plans and the State Health Plan. The application for a new hospice program shall include letters from health organizations, social services organizations, and other entities within the proposed service area that endorse the applicant's development of a hospice program.

(6) Required Program Description. An applicant for a new hospice program shall provide a detailed program description in its certificate of need application, including:

- (a) Proposed staffing, including use of volunteers.
- (b) Expected sources of patient referrals.
- (c) Projected number of admissions, by payer type, including Medicare, Medicaid, private insurance, self-pay, and indigent care patients for the first 2 years of operation.
- (d) Projected number of admissions, by type of terminal illness, for the first 2 years of operation.
- (e) Projected number of admissions by two age groups, under 65 and 65 or older, for the first 2 years of operation.
- (f) Identification of the services that will be provided directly by hospice staff and volunteers and those that will be provided through contractual arrangements.
- (g) Proposed arrangements for providing inpatient care (e.g., construction of a freestanding inpatient hospice facility; contractual arrangements for dedicated or renovated space in hospitals or nursing homes).

(h) Proposed number of inpatient beds that will be located in a freestanding inpatient hospice facility, in hospitals, and in nursing homes.

(i) Circumstances under which a patient would be admitted to an inpatient bed.

(j) Provisions for serving persons without primary caregivers at home.

(k) Arrangements for the provision of bereavement services.

(l) Proposed community education activities concerning hospice programs.

(m) Fundraising activities.

(7) Construction of a Freestanding Inpatient Hospice Facility. The agency will not normally approve a proposal for construction of a freestanding inpatient hospice facility unless the applicant demonstrates that the freestanding facility will be more cost-efficient than contractual arrangements with existing hospitals or nursing homes in the service area. The application shall include the following:

(a) A description of any advantages that the hospice program will achieve by constructing and operating its own inpatient beds.

(b) Existing contractual arrangements for inpatient care at hospitals and nursing homes; or, in the case of a proposed new hospice program, contacts made with hospitals and nursing homes regarding contractual arrangements for inpatient care.

(c) Anticipated sources of funds for the construction.

~~(8) Change in Licensed Bed Capacity of a Freestanding Inpatient Hospice Facility. A hospice program proposing to change the licensed bed capacity of its freestanding inpatient hospice facility shall indicate in its application:~~

~~(a) The annual occupancy rate for the freestanding inpatient hospice facility beds for the most recent 12-month period preceding the application submission.~~

~~(b) The extent to which the number of contracted beds in hospitals and nursing homes will be modified as a result of the change in licensed capacity of the freestanding inpatient hospice facility.~~

~~(8)(9) Semi-Annual Utilization Reports. Each hospice program shall report utilization information to the agency or its designee on or before July 20 of each year and January 20 of the following year. The July report shall indicate the number of new patients admitted during the 6-month period composed of the first and second quarters of the current year, the census on the first day of each month included in the report, and the number of patient days of care provided during the reporting period. The January report shall indicate the number of new patients admitted during the 6-month period composed of the third and fourth quarters of the prior year, the census on the first day of each month included in the report, and the number of patient days of care provided during the reporting period. The following detail shall also be provided.~~

~~(a) For the number of new patients admitted:~~

1. The 6-month total of admissions under age 65 and age 65 and over by type of diagnosis (e.g., cancer; AIDS).

2. The number of admissions during each of the 6 months covered by the report, by service area of residence.

(b) For the patient census on April 1 or October 1, as applicable, the number of patients receiving hospice care in:

1. A private home.

2. An adult congregate living facility.

3. A hospice residential unit.

4. A nursing home.

5. A hospital.

~~(9)(10) Grandfathering Provisions. A hospice program licensed as of the effective date of this rule is authorized to continue to serve all counties in the service area where its principal place of business is located. A hospice program whose certificate of need or current license permits hospice services in a county or counties in an adjacent service area may continue to serve those adjacent counties. Any expansion to provide service to other counties in an adjacent service area is subject to regulation under this rule.~~

Specific Authority 408.15(8), 408.034(3), (5) FS. Law Implemented 408.034(3), 408.035, 408.036(1)(~~d~~)(~~e~~), (~~e~~), (~~f~~), 408.043(2), 400.606(4), (5) FS. History—New 4-17-95, Amended 7-30-95,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Calvin J. Vice, Sr., PhD

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Holly Benson, Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 14, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 19, 2008

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

Board of Podiatric Medicine

RULE NO.: RULE TITLE:

64B18-11.001

Application for Licensure

PURPOSE AND EFFECT: The Board proposes the rule amendment in order to incorporate the application form for licensure.

SUMMARY: The application form for licensure will be incorporated into the rule.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared. The Board determined the proposed rule will not have an impact on small business.

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

SPECIFIC AUTHORITY: 461.005 FS.

LAW IMPLEMENTED: 456.017(1)(c), 461.006 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Podiatric Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B18-11.001 Application for Licensure.

(1) Any person desiring to be licensed as a podiatric physician shall apply to the Board of Podiatric Medicine. The application shall be made on the Application for Podiatric Examination Initial Licensure form DH-MQA 1138 (revised 12/08), hereby adopted and incorporated by reference, that can be obtained from the Board of Podiatric Medicine's website at <http://www.doh.state.fl.us/mqa/podiatry/index.html>.

(2) An application file for licensure is not complete unless and until it contains verification of a passing score from examination of the National Board of Podiatric Medical Examiners, including Part I, Part II, and the PMLexis Examination. Such verification must be received by the Board office directly from the provider of the National Board of Podiatric Medical Examiners examination.

Specific Authority 461.005 FS. Law Implemented 456.017(1)(c), 461.006 FS. History--New 1-29-80, Amended 12-9-82, Formerly 21T-11.01, Amended 10-14-86, 1-26-88, 6-20-88, 7-3-89, 6-24-92, Formerly 21T-11.001, Amended 7-6-94, Formerly 61F12-11.001, Amended 1-1-96, 7-15-96, Formerly 59Z-11.001, Amended 9-3-98, 2-8-00, 4-22-08,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Podiatric Medicine

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Podiatric Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 12, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 31, 2008

DEPARTMENT OF HEALTH

Board of Podiatric Medicine

RULE NO.:	RULE TITLE:
64B18-12.008	Registration Fee for Dispensing Practitioners

PURPOSE AND EFFECT: The Board proposes the rule amendment in order to incorporate the Dispensing Practitioner Registration form.

SUMMARY: The Dispensing Practitioner Registration form will be incorporated into the rule.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared. The Board determined the proposed rule will not have an impact on small business.

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

SPECIFIC AUTHORITY: 461.005, 465.0276 FS.

LAW IMPLEMENTED: 456.0276 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Podiatric Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B18-12.008 Registration Fee for Dispensing Practitioners.

A podiatric physician who dispenses medicinal drugs for human consumption for a fee or remuneration of any kind, whether direct or indirect, must register with the Board using the Dispensing Practitioner Registration form DH-MQA 1141 (revised 12/08), hereby adopted and incorporated by reference, that can be obtained from the Board of Podiatric Medicine's website at <http://www.doh.state.fl.us/mqa/podiatry/index.html>, and pay a fee of \$100.00 at the time of such registration and upon each renewal of licensure.

Specific Authority 461.005, 465.0276 FS. Law Implemented 465.0276 FS. History--New 2-27-94, Formerly 61F12-12.010, Amended 1-1-96, Formerly 59Z-12.008, Amended_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Podiatric Medicine

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Podiatric Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 12, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 31, 2008

DEPARTMENT OF HEALTH**Board of Podiatric Medicine**

RULE NO.: RULE TITLE:
64B18-14.012 Address of Record

PURPOSE AND EFFECT: The Board proposes the rule promulgation in order to provide instruction for licensees who have a change of address.

SUMMARY: The rule provides instruction for licensees who have a change of address.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared. The Board determined the proposed rule will not have an impact on small business.

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

SPECIFIC AUTHORITY: 456.035, 463.005(1) FS.

LAW IMPLEMENTED: 456.035 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Podiatric Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B18-14.012 Address of Record.

It shall be the duty of each licensee to provide to the Department of Health written notification by certified mail of the licensee's current mailing address and place of practice within 15 business days upon change thereof. The term "place of practice" means the address(es) of the physical location(s) where the licensee practices podiatric medicine.

Specific Authority 456.035, 463.005(1) FS. Law Implemented 456.035 FS. History-New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Podiatric Medicine

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Podiatric Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 12, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 31, 2008

FINANCIAL SERVICES COMMISSION**OIR – Insurance Regulation**

RULE NO.: RULE TITLE:
69O-175.008 Unfair Discrimination in Private
Passenger Motor Vehicle Insurance
Rates – Based on History of
Accidents

PURPOSE AND EFFECT: To clarify that imposing additional premium on an existing or new insured based upon not-at-fault accidents is a violation of Section 626.9541(1)(o)3.a., F.S.

SUMMARY: The rule clarifies that insurers may not use not-at-fault accidents that occurred prior to the insured becoming insured with the particular insurer in determining the premium due.

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

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or 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), 626.9611 FS.

LAW IMPLEMENTED: 624.307(1), 626.9541(1)(o)3.a. 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:

DATE AND TIME: February 18, 2009, 12:00 noon

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Michael Milnes, P&C Product Review, Office of Insurance Regulation, E-mail Michael.milnes@flor.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Michael Milnes, P&C Product Review, Office of Insurance Regulation, E-mail Michael.milnes@flor.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-175.008 Unfair Discrimination in Private Passenger Motor Vehicle Insurance Rates – Based on History of Accidents.

(1) No insurer or person authorized to engage in the business of insurance in the State of Florida shall use any motor vehicle accidents which may have occurred at any time in the past except for the 36 months immediately preceding the

effective date of the new or renewal policy as a basis for imposing or requesting an additional premium for or for refusing to renew any policy, contract, or certificate of motor vehicle liability, personal injury protection, medical payment, or collision insurance, or any combination thereof. Notwithstanding the above, the imposition of or the request for an additional premium due to at fault motor vehicle accidents referred to in this rule may be imposed on a policy, contract, or certificate of motor vehicle liability, personal injury protection, medical payment, or collision insurance, or any combination thereof in a manner consistent with the processing procedures of an insurer and may not remain in effect in excess of 36 months.

(2)(a) No insurer or person authorized to engage in the business of insurance in the State of Florida shall use any motor vehicle accident which may have occurred at any time in the past as the sole basis for imposing or requesting an additional premium for or for refusing to renew any policy, contract, or certificate of motor vehicle liability, personal injury protection, medical payment, or collision insurance, or any combination thereof unless that insurer's file contains information from which the insurer in good faith determines that the insured was substantially at fault in the accident.

(b) The term "imposing or requesting additional premium" means that the premium charged by the insurer as consideration in exchange for indemnifying the insured is greater than such premium would have been if that motor vehicle accident had not taken place or the insured had not been substantially at fault in that accident. The term "accident" means any unexpected and unforeseen event that is definite in time and place.

Specific Authority 624.308(1), 626.9611 FS. Law Implemented 624.307(1), 626.9541(1)(o)3.a. FS. History--New 8-1-90, Formerly 4-43.007, 4-175.008, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Michael Milnes, P&C Product Review, Office of Insurance Regulation, E-mail Michael.milnes@flor.com

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Financial Services Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 13, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 17, 2008

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE NOS.:	RULE TITLES:
5F-11.001	Definitions
5F-11.022	Marking of Containers
5F-11.026	Unsafe Container or System
5F-11.029	Inspection of DOT Cylinders
5F-11.047	Connecting or Disconnecting Cylinders, Tanks, or Systems; Notice to Owner; Transportation
5F-11.080	Administrative Penalties and Enforcements – Purpose
5F-11.081	Aggravating and Mitigating Factors
5F-11.082	Default Final Orders
5F-11.083	Repeat Violations
5F-11.084	Notice of Noncompliance; Failure to Correct
5F-11.085	Accident Related Violations
5F-11.086	Hazardous Acts
5F-11.087	Specific Violations; Enforcement Actions
5F-11.088	Violations; Enforcement Actions

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in the Vol. 34, No. 6, February 8, 2008 (Notice of Proposed Rulemaking) and Vol. 34, No. 27, July 3, 2008 (Notice of Change) issues of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF COMMUNITY AFFAIRS

Division of Community Planning

RULE NO.:	RULE TITLE:
9J-5.026	Rural Land Stewardship Area (RSLA)

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 42, October 17, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF COMMUNITY AFFAIRS

Division of Community Planning

RULE NO.:	RULE TITLE:
9J-11.023	Procedure for the Designation of a Rural Land Stewardship Area