

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.

RULEMAKING AUTHORITY: 440.40, 440.591 FS.

LAW IMPLEMENTED: 440.40 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: October 11, 2010, 9:00 a.m.

PLACE: Room 104J, Hartman Building, 2012 Capital Circle S.E., 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: Tasha Carter at (850)413-1878 or Tasha.Carter@myfloridacfo.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: Tasha Carter, Chief, Bureau of Compliance, Division of Workers' Compensation, 2012 Capital Circle S.E., Tallahassee, Florida 32399, (850)413-1878

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-6.007 Compensation Notice.

(1) Upon issuance of an insurance policy or certificate of membership in a self-insurance fund or a renewal certificate thereof, the insurer or self-insurance servicing agent shall furnish the employer a sufficient number of typewritten or printed compensation notices, commonly referred to as the "broken arm poster." The compensation notice shall be printed on paper or cardboard stock 11 inches by 17 inches, and have the same form and content as Form DFS-F4-1548 ~~DI4-1548~~, "Workers' Comp Works For You Poster," (Rev. 03/10 ~~12/02~~) or Form DFS-F4-2026, "Compensación por accidentes de trabajo labora para usted Poster," (Rev. 03/10), which are ~~is~~ incorporated herein by reference. As an alternative to having the Anti-Fraud Reward Program language in the poster itself, the employer may elect to attach the Anti-Fraud Reward Program Notice to the poster on a separate piece of paper, with the same form and content ~~content~~ as Form DFS-L2-1549 ~~DI4-1549~~, "Anti-Fraud Reward Program Notice," (Rev. 12/02), which is incorporated herein by reference.

(2) through (4) No change.

(5) Printers, insurers, self-insurers or self-insurance ~~insurer~~ funds may obtain an electronic version of the art work for the compensation notices from the Division's website at <http://www.myfloridacfo.com/WC/>

~~The Florida Division of Workers' Compensation
Customer Service Center
200 East Gaines Street
Tallahassee, FL 32399-4227~~

(6) For a transitional period of 90 days from the effective date of this rule, an insurer or self-insurance servicing agent may use the "broken arm" posters identified and adopted in subsection 69L-6.007(1), F.A.C., or the corresponding poster(s) in effect prior to the adoption of this rule. After the completion of the 90 day transitional period, only the posters adopted in this rule may be used.

Rulemaking Specific Authority 440.40, 440.591 FS. Law Implemented 440.40 FS. History-New 11-20-79, Amended 4-15-81, 1-2-86, Formerly 38F-6.07, Amended 2-2-00, Formerly 38F-6.007, Amended 3-26-03, Formerly 4L-6.007, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Tasha Carter, Chief, Bureau of Compliance

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Alex Sink, Chief Financial Officer

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 26, 2010

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 11, 2010

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF TRANSPORTATION

RULE NO.: 14-85.022 RULE TITLE: Permits

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 36, No. 27, July 9, 2010 issue of the Florida Administrative Weekly.

In response to comments from the Joint Administrative Procedures Committee, paragraph 14-85.022(2)(a), F.A.C., is being amended to clarify the cap on Logo permit fees and is modified as follows:

(a) The following charts show the groupings for both AADT and population. Annual fees for participation in the Logo Sign Program are computed based upon the Annual Average Daily Traffic (AADT) at each interchange, the population of the area surrounding the interchange, market conditions, and the costs of the program. The following charts show the groupings for both AADT and population:

AADT Grouping		
>	<=	Group
0	30,000	0
30,000	75,000	1
75,000	175,000	2
175,000		3

Population Grouping		
>=	<	Group
0	5,000	1
5,000	50,000	2
50,000	200,000	3
200,000	500,000	4
500,000		5

The following chart shows the weighted values assigned to each factor:

Fee Formula Factors		
AADT	230 600	
Population	400	
Cost	1000	

The fee for each interchange is computed as follows:

(AADT Group x AADT Factor) + (Population Group x Population Factor) + Cost Factor

Under no circumstances shall calculated fee exceed \$3500.00 for an interchange in an urban area, or \$2500.00 for an interchange outside an urban area.

EXAMPLE: For an interchange with an AADT of 60,000 and a population of 75,000, the fee is computed as follows:

AADT Group = 1

Population Group = ~~2~~ 3

$(1 \times \del{230} 600) + (\del{2} 3 \times 400) + 1000 = \del{\$2,030} \$2,800$

The fees calculated above are for a mainline logo sign and ramp logo signs in both directions of the interstate. At interchanges where the configuration only allows access to the business in a single direction, one mainline logo sign and one ramp logo sign will be provided and the fee will be one-half (1/2) that computed for both directions.

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."

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NOS.: RULE TITLES:
 59A-4.103 Licensure, Administration and Fiscal Management

- 59A-4.106 Facility Policies
- 59A-4.107 Physician Services
- 59A-4.1075 Medical Director
- 59A-4.108 Nursing Services
- 59A-4.109 Resident Assessment and Care Plan
- 59A-4.110 Dietary Services
- 59A-4.112 Pharmacy Services
- 59A-4.118 Medical Records
- 59A-4.122 Physical Environment
- 59A-4.123 Risk Management and Quality Assurance
- 59A-4.1235 Liability Claims
- 59A-4.126 Disaster Preparedness
- 59A-4.128 Evaluation of Nursing Homes and Licensure Status
- 59A-4.1285 Respite Care
- 59A-4.1288 Exception
- 59A-4.1295 Additional Standards for Homes That Admit Children 0 Through 20 Years of Age
- 59A-4.130 Fire Prevention, Fire Protection, and Life Safety
- 59A-4.133 Plans Submission and Review and Construction Standards
- 59A-4.134 Plans Submission and Fee Requirements
- 59A-4.150 Geriatric Outpatient Nurse Clinic
- 59A-4.165 Nursing Home Guide
- 59A-4.166 Nursing Home Consumer Satisfaction Survey

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 36, No. 34, August 27, 2010 issue of the Florida Administrative Weekly has been withdrawn.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NOS.: RULE TITLES:
 59A-4.103 Licensure, Administration and Fiscal Management

- 59A-4.106 Facility Policies
- 59A-4.107 Physician Services
- 59A-4.1075 Medical Director
- 59A-4.108 Nursing Services
- 59A-4.109 Resident Assessment and Care Plan
- 59A-4.110 Dietary Services
- 59A-4.112 Pharmacy Services
- 59A-4.118 Medical Records
- 59A-4.122 Physical Environment
- 59A-4.123 Risk Management and Quality Assurance
- 59A-4.1235 Liability Claims
- 59A-4.126 Disaster Preparedness

- 59A-4.128 Evaluation of Nursing Homes and Licensure Status
- 59A-4.1285 Respite Care
- 59A-4.1288 Exception
- 59A-4.1295 Additional Standards for Homes That Admit Children 0 Through 20 Years of Age
- 59A-4.130 Fire Prevention, Fire Protection, and Life Safety
- 59A-4.133 Plans Submission and Review and Construction Standards
- 59A-4.134 Plans Submission and Fee Requirements
- 59A-4.150 Geriatric Outpatient Nurse Clinic
- 59A-4.165 Nursing Home Guide
- 59A-4.166 Nursing Home Consumer Satisfaction Survey

NOTICE OF PUBLIC HEARING

The Agency for Health Care Administration announces an additional hearing regarding the above rule, as noticed in Vol. 35, No. 22, June 5, 2009 Florida Administrative Weekly.

DATE AND TIME: September 28, 2010, 10:00 a.m. – 12:00 Noon

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

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency for Health Care Administration will examine and discuss the proposed rule amendments to incorporate changes in the authorizing statute and revise technical errors and update references in Chapter 59A-4, F.A.C., for the Minimum Standards for Nursing Homes.

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 48 hours before the workshop/meeting by contacting: Jacquie Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308. 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).

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

- | | |
|-------------------|------------------------|
| RULE NOS.: | RULE TITLES: |
| 59A-8.002 | Definitions |
| 59A-8.003 | Licensure Requirements |
| 59A-8.004 | Licensure Procedure |
| 59A-8.0095 | Personnel |

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 36, No. 28, July 16, 2010 issue of the Florida Administrative Weekly.

The change is in response to written comments submitted by the staff of the Joint Administrative Procedures Committee.

59A-8.002 Definitions.

~~(36) “Temporary basis”, as used in the definition of “staffing” in s.400.462, F.S., means short term, such as for employee absences, short term skill shortages, or seasonal workloads.~~

Rulemaking Authority 400.497 FS. Law Implemented ~~400.462, 400.487 FS. History—New 4-19-76, Formerly 10D-68.02, Amended 4-30-86, 8-10-88, 5-30-90, 5-27-92, Formerly 10D-68.002, Amended 4-27-93, 10-27-94, 1-17-00, 7-18-01, 9-22-05, 8-15-06, 3-29-07,~~

59A-8.003 Licensure Requirements.

(1) The issuance of an initial license shall be based upon compliance with Chapter 400, Part III, F.S., and this rule as evidenced by a signed and notarized, complete and accurate home health agency application, as referenced in subsection 59A-8.004(1), F.A.C., and the results of a survey conducted by the AHCA:an accrediting organization pursuant to Section 400.471, F.S., ~~and 59A-8.002.~~

(2) An application for renewal of the current license must be submitted to AHCA at least 60 days prior to the date of expiration of the license, pursuant to Section 408.806(2), F.S. It is the responsibility of the home health agency to submit an application within the specified time frames whether or not they receive separate notification from AHCA of the impending expiration of the license. Home health agencies that apply for renewal of their licenses will be surveyed by AHCA or an accrediting organization as defined in 59A-8.002, pursuant to Sections 408.811 and 400.471, F.S., ~~based on the extent of compliance on previous surveys and complaint investigations with these rules and state laws.~~ Home health agencies will be surveyed on an unannounced basis at least every 36 months. Area offices may do follow up surveys to check on correction of deficiencies at any time on an unannounced basis. An exit conference will be conducted to report the findings and to receive additional information or clarification concerning the survey.

(11) The initial, change of ownership and renewal fee for home health licensure is ~~\$1,705 \$1,660.~~

59A-8.004 Licensure Procedure.

(1) An application for licensure, initial, change of ownership, or renewal, shall be made on a form prescribed by the AHCA in ~~paragraph Chapter~~ 59A-35.060(1)(m), F.A.C. This form may be obtained at the AHCA web site, http://ahca.myflorida.com/licensing_cert.shtml, and then under “Home Health Agency”.

(2) The applicant shall identify its legal name, its business name, and the names and addresses of corporate officers and directors, the name and address of each person having at least a 5% equity interest in the entity and other information as required in Section 408.806, F.S. For initial and change of

ownership applications and corporate name changes, a current certificate of status or authorization pursuant to Section 607.0128 Chapter 607, F.S., is required.

(3) If the applicant is a partnership, the name and address of each partner, its legal name, and the business name and address must be identified. For initial and change of ownership applications and partnership name changes, a current certificate of status or authorization for limited partnerships, pursuant to Section 620.1209 Chapter 620, F.S., is required. For initial and change of ownership applications and for name changes for general partnerships, a current certificate of status or authorization or an affidavit of fictitious name must be submitted.

(6) For initial applications, including changes of ownership, the applicant must submit proof of financial ability to operate, pursuant to Sections 400.471, 408.810 and 408.8065, F.S. The compliance is demonstrated by completion of AHCA Form 3100-0009 pursuant to Rule Chapter 59A-35.062, F.A.C. Applications for changes of ownership and applications for initial licensure from agencies that failed to renew their licenses before expiration are not required to submit Schedule 1 of AHCA Form 3100-0009.

(8) An applicant for renewal of licenses shall not be required to provide proof of financial ability to operate, unless the applicant has demonstrated financial inability to operate, as defined in subsection 59A-8.002(14)(16), F.A.C. If a licensee has shown signs of financial instability at any time, pursuant to Section 408.810(8), F.S., AHCA shall require proof of financial ability to operate, by submitting schedules 2 through 7 of AHCA Form 3100-0009, described in subsection (6) above, and documentation of correction of the financial instability, to include evidence of the payment of any bad checks, delinquent bills or liens. If complete payment cannot be made, evidence must be submitted of partial payment along with a plan for payment of any liens or delinquent bills. If the lien is with a government agency or repayment is ordered by a federal, state, or district court, an accepted plan of repayment must be provided.

59A-8.0095 Personnel.

(1) Administrator.

(b) If an agency changes administrator or alternate administrator the agency shall notify AHCA Home Care Unit office in Tallahassee prior to or on the date of the change. Notification shall consist of submission of the person's name, professional resume, and professional license, if applicable; ~~and a copy of the Affidavit of Good Moral Character.~~ The administrator also must submit level 2 screening, pursuant to subsection 59A-8.004(9), F.A.C., or inform the Home Care Unit that level 2 screening was previously submitted.

Rulemaking Authority 400.497 FS. Law Implemented 400.462, ~~400.471~~, 400.476, 400.487, 400.488, 400.497 FS. History—New 1-20-97, Amended 1-17-00, 7-18-01, 9-22-05, 8-15-06, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NOS.:	RULE TITLES:
59A-26.001	Purpose and Intent
59A-26.002	Definitions
59A-26.003	License Required
59A-26.004	Classification of Deficiencies
59A-26.005	Licensure Procedure, Fees and Exemptions
59A-26.006	Responsibilities for Operation
59A-26.007	Fiscal Standards
59A-26.0075	Fiscal Prohibitions, Kickbacks and Referrals
59A-26.008	Admission Policies and Requirements
59A-26.009	Personnel Standards
59A-26.010	Training, Habilitation, Active Treatment Professional, and Special Programs and Services
59A-26.011	Dietary Services
59A-26.012	Dental Services
59A-26.013	Psychological Services
59A-26.014	Drugs and Pharmaceutical Services
59A-26.015	Administration of Medications to ICF/DD Residents by Unlicensed Medication Assistants
59A-26.016	Requirements for Administration of Medication to Residents by Unlicensed Medication
59A-26.017	Training and Validation Required for Unlicensed Medication Assistants
59A-26.018	Plant Maintenance and Housekeeping
59A-26.019	Fire Protection, Life Safety, Systems Failure and External Emergency Communication
59A-26.020	Plans Submission and Fees Required
59A-26.021	Physical Plant Codes and Standards for ICF/DD
59A-26.022	Construction and Physical Environment Standards
59A-26.023	Disaster Preparedness

NOTICE OF PUBLIC HEARING

The Agency for Health Care Administration announces an additional hearing regarding the above rule, as noticed in Vol. 35, No. 29, July 24, 2009 Florida Administrative Weekly.

DATE AND TIME: September 27, 2010, 2:00 p.m.

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

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency will examine and discuss changes to licensing rules and minimum standards of program quality and adequacy of care pertaining to Intermediate Care Facilities for the Developmentally Disabled, Chapter 59A-26, F.A.C.

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 48 hours before the workshop/meeting by contacting: Kimberly Smoak, Agency for Health Care Administration, 2727 Mahan Drive, Building 2, Mailstop #9-A, Tallahassee, FL 32308. 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).

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 ENVIRONMENTAL PROTECTION

RULE NO.:	RULE TITLE:
62-304.600	Tampa Bay Basin TMDLs NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 36, No. 17, April 30, 2010 issue of the Florida Administrative Weekly.

Please note, a previous Notice of Change was published for this rule in the Vol. 36, No. 28, July 16, 2010 issue and the Vol. 36, No 32, August 13, 2010 issue of the Florida Administrative Weekly.

62-304.600 Tampa Bay Basin TMDLs.

(1) through (8) No change.

(9) Cross Canal (North). The fecal coliform TMDL for Cross Canal (North) is 400 counts/100mL, and is allocated as follows:

(a) through (b) No change.

(c) The LA for nonpoint sources is to address anthropogenic sources in the basin such that in-stream concentrations meet the fecal coliform criteria which, based on the measured concentrations from the 2005 to 2007 period, will require a 59 ~~84~~ percent reduction of sources contributing to exceedances of the criteria, and

(d) through (e) No change.

(10) Double Branch. The fecal coliform TMDL for Double Branch is 43 counts/100mL, and is allocated as follows:

(a) No change.

(b) The WLA for discharges subject to the Department's NPDES Municipal Stormwater Permitting Program is to address anthropogenic sources in the basin such that in-stream concentrations meet the fecal coliform criteria which, based on the measured concentrations from the 2000 to 2007 period, will require a 85 ~~84~~ percent reduction of sources contributing to exceedances of the criteria,

(c) The LA for nonpoint sources is to address anthropogenic sources in the basin such that in-stream concentrations meet the fecal coliform criteria which, based on the measured concentrations from the 2000 to 2007 period, will require a 85 ~~84~~ percent reduction of sources contributing to exceedances of the criteria, and

(d) through (e) No change.

(11) through (17) No change.

Rulemaking Authority 403.061, 403.067 FS. Law Implemented 403.061, 403.062, 403.067 FS. History--New_____.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Agency for Persons with Disabilities

RULE NOS.:	RULE TITLES:
65G-11.001	DD Waiver Waitlist Prioritization
65G-11.002	Wait List Prioritization Criteria
65G-11.003	Wait List Prioritization Procedure

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 36, No. 20, May 21, 2010 issue of the Florida Administrative Weekly.

65G-11.001(9) is amended:

(9) "Wait list Priority Checklist" is the tool completed at the time an eligible individual applies for waiver-funded services and provides an indication of the category that the individual will be placed on the wait list. This checklist identifies services needed and current services received and requests information about the individual's current and short-term life situation, condition and circumstances. The checklist is reviewed on an annual basis and is updated when the Agency is notified that the individual's needs and circumstances have changed. The Wait list Prioritization Checklist, APD Form WL-01, August 2010, is hereby incorporated by reference and may be accessed on the APD website at: <http://apdcares.org/customers/waitlist/docs/wait-list-categorization-checklist.xls>.

Rulemaking Authority 393.065(7) FS. Law Implemented 393.065(5) FS. History--New_____.

65G-11.002 is amended:

(1) In accordance with Chapter 393, F.S., beginning July 1, 2010, the Agency will assign a category of priority for the wait list by collecting information about the individual's needs

and the status of the individual’s caregiver if applicable. If funding is available, the Agency shall offer waiver enrollment to individuals on the waitlist in the order of the categories, category 1 being the top category. Within categories 3 through 7 each category, the date the individual was determined eligible for the wait list shall determine the order for receiving waiver services.

(5) Category 3 includes the following individuals:

(a) Individuals for whom the caregiver has a condition or circumstance that is expected to render the caregiver unable to provide care within the next twelve months and other caregivers are unable, unwilling or unavailable to provide care. The evaluation of the caregiver’s condition or circumstance should consider the level of care necessitated by the client’s needs and the caregiver’s ability to provide that level of care. The condition or circumstance that renders the caregiver unable must be documented by a physician’s statement if it is a medical condition and must explain the reason the current caregiver can no longer provide the individual’s care. If the caregiver is paid by any source for their services to the individual there is a rebuttable presumption that another paid provider could be substituted and therefore that another caregiver is available to provide care. The client may present evidence to show that this presumption is not correct under their particular circumstances. Circumstances that are not medical in nature must be described and signed by the caregiver and notarized. This documentation will be provided to the Area Office for a determination of eligibility for Category 3.

Rulemaking Authority 393.065(7) FS. Law Implemented 393.065(5) FS. History--New_____.

65G-11.003 No change.

DEPARTMENT OF FINANCIAL SERVICES

Financial Services Commission

RULE NOS.:	RULE TITLES:
69M-236.001	Purpose
69M-236.002	Definitions
69M-236.003	Methodology
69M-236.004	Limitations and Exclusions
69M-236.005	Data Sources

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 36, No. 32, August 13, 2010 issue of the Florida Administrative Weekly. The notices of rule development for these rules were published on July 2 and 31, 2009, and not on July 17, 2009.

**Section IV
Emergency 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.”

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER10-38
 RULE TITLE: The Price is Right® Second Chance Drawing

SUMMARY: The Department of the Lottery will conduct a The Price is Right® Second Chance Drawing between June 8, 2010 and November 24, 2010, in which special prizes will be awarded.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, Capitol Complex, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER10-38 The Price is Right® Second Chance Drawing.
(1) Beginning Tuesday, June 8, 2010, players can enter their non-winning THE PRICE IS RIGHT® Florida Lottery Scratch-off tickets in The Price is Right® Second Chance Drawing on the Florida Lottery Web site to win a trip to Las Vegas to participate in The Price Is Right® Live! Experience Game.

(2) Six (6) Second Chance Drawings will be held between July 7 and November 24, 2010 from entries received by midnight the night before each drawing. Entries will be good for one drawing only. The draw dates are:

Drawing	Draw Date	From Entries Received
1	Wednesday, July 7, 2010	June 8 – July 6, 2010
2	Wednesday, August 4, 2010	July 7 – August 3, 2010
3	Wednesday, September 1, 2010	August 4 – August 31, 2010
4	Wednesday, September 29, 2010	September 1 – September 28, 2010
5	Wednesday, October 27, 2010	September 29 – October 26, 2010
6	Wednesday, November 24, 2010	October 27 – November 23, 2010

(3) In each of the six (6) The Price is Right® Second Chance Drawings, four (4) grand prize winners will win a trip to Las Vegas to participate in The Price is Right® Live! Experience Game for a chance to play for merchandise prizes