

69V-40.220 Application Procedure for Correspondent Mortgage Lender License

69V-40.242 Principal Representative PURPOSE AND EFFECT: During the regular 2008 legislative session, the Florida Legislature passed House Bill 5049. This bill amends Section 494.0033, F.S., to require the Office of Financial Regulation to make available an electronic version of the mortgage broker test by December 31, 2008. Persons required to take the mortgage broker test are required to bear the actual cost for the electronic version of the test; however, the fee may not exceed \$75. House Bill 5049 was signed into law (Chapter 2008-135, Laws of Florida) by Governor Crist. The proposed rules will implement these statutory requirements.

SUBJECT AREA TO BE ADDRESSED: Mortgage Broker Test.

SPECIFIC AUTHORITY: 494.0011, 494.0033, 494.0016, 494.0061, 494.0062, 494.0065, 494.0067 FS.

LAW IMPLEMENTED: 120.60, 120.695, 494.0033, 494.0061, 494.0062, 494.0065, 494.0067 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: Greg Oaks, Bureau Chief, Office of Financial Regulation, The Fletcher Building, 200 East Gaines Street, Tallahassee, Florida 32399, (850)410-9805, greg.oaks@flofr.com. A request for a rule workshop must be in writing and received by the Office of Financial Regulation no later than 5:00 p.m. on October 10, 2008

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

DEPARTMENT OF MILITARY AFFAIRS

RULE NOS.: RULE TITLES: 70-2.001 Application for Educational Assistance Programs 70-2.002 Noncompliance with Educational Assistance Programs

PURPOSE AND EFFECT: Purpose and effect for both Rules 70-2.001 and 70-2.002, F.A.C., is to implement provisions of Section 250.10, F.S. relating to education assistance programs.

SUBJECT AREA TO BE ADDRESSED: Application for Educational Assistance Programs; Noncompliance with Educational Assistance Programs.

SPECIFIC AUTHORITY: 250.10 FS.

LAW IMPLEMENTED: 250.10 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: Lieutenant Colonel Elizabeth C. Masters, (904)823-0131 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."

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE: 59G-6.020 Payment Methodology for Inpatient Hospital Services

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to incorporate changes to the Florida Title XIX Inpatient Hospital Reimbursement Plan payment methodology, effective July 1, 2008, in accordance with House Bill 5001, 2008-09 General Appropriations Act, Specific Appropriations 206, 207, 238, and 239 and House Bill 5085, Section 5, which amended section 409.908, Florida Statutes.

1. The Agency shall implement a recurring methodology in the Title XIX Inpatient Hospital Reimbursement Plan to achieve a \$154,333,435 rate reduction through an additional Medicaid Trend Adjustment. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.

2. The Agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs for two fiscal years effective July 1, 2009. Reimbursement rates for the two fiscal years shall be as provided in the General Appropriations Act.

3. Any hospital will be exempt from the inpatient targets and ceilings if that hospital was identified by the Agency for Health Care Administration as qualifying for the exemption pursuant to Section 409.905(5)(c), Florida Statutes, in fiscal year 2007-08 and did not receive funding in the final General Appropriations Act for Fiscal Year 2007-08.

4. Hospitals will be exempt from the inpatient reimbursement ceilings whose charity care and Medicaid days, as a percentage of total adjusted hospital days, equals or exceeds 11 percent. The Agency shall use the average of the 2002, 2003, and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003 and 2004 that are available. Those hospitals qualifying using audited DSH data received between January 30, 2008, and March 1, 2008, and who were excluded from the LIP Council recommendations may be exempt from the inpatient ceilings.

5. The inpatient reimbursement ceilings will be eliminated for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

6. The inpatient hospital reimbursement ceilings will be eliminated for hospitals whose Medicaid days as a percentage of total hospital days exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2008, and any hospitals that become a designated or provisional trauma center during state fiscal year 2008-2009. The Agency shall use the average of the 2002, 2003 and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003, and 2004 that are available.

7. The inpatient reimbursement ceilings will be eliminated for teaching, specialty, Community Hospital Education Program hospitals and Level III Neonatal Intensive Care Units that have a minimum of three of the following designated tertiary services as regulated under the Certificate of Need Program: pediatric bone marrow transplantation, pediatric open heart surgery, pediatric cardiac catheterization and pediatric heart transplantation. Included in these funds are the annualized amounts to offset the reductions taken against hospitals defined in Section 408.07(45), Florida Statutes, that are not certified trauma centers, as identified in Section 12, Chapter 2007-326, Laws of Florida.

8. A buy back provision will be applied to the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for the following three categories of hospitals. Budget authority up to \$34,484,976 is provided to the first category of hospitals, which are those hospitals that are part of a system that operates a provider service network in the following manner: \$20,000,000 is for Jackson Memorial Hospital;

\$3,968,662 is for hospitals in Broward Health; \$2,376,638 is for hospitals in the Memorial Healthcare System; and \$3,428,386 is for Shands Jacksonville and \$4,711,290 is for Shands Gainesville. In the event the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Budget authority up to \$18,125,729 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid inpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. Budget authority up to \$3,420,570 shall be used for the third category to buy back the additional Medicaid trend adjustment that is being applied to rural hospitals under Specific Appropriation 206 for fiscal year 2008-2009. In the event the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buy back other Medicaid reductions in the inpatient rate for those individual hospitals. For this provision the Agency shall use the 2002, 2003, and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003, and 2004 that are available.

9. Effective July 1, 2008, budget authority up to \$111,355,553 is provided for a buy back provision for state or local government owned or operated hospitals, teaching hospitals as defined in Section 408.07(45) or 395.805, Florida Statutes, which have 70 or more full-time equivalent resident physicians and those hospitals whose Medicaid and charity care days divided by total adjusted days exceeds 25 percent to buy back the Medicaid inpatient trend adjustment shall be applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost. The Agency shall use the average of 2002, 2003, and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003 and 2004 that are available.

10. \$148,382,079 is provided for disproportionate share payments to public hospitals.

11. \$58,231,172 is provided for disproportionate share payments to defined statutory teaching hospitals; prior to the distribution of these funds to the statutorily defined teaching hospitals, \$6,487,220 shall be allocated to Shands Jacksonville Hospital, \$2,660,440 shall be distributed to Tampa General Hospital, and \$1,083,512 shall be distributed to Shands Teaching Hospital.

12. \$12,000,000 is provided for disproportionate share payments to family practice teaching hospitals.

13. \$62,290,337 is provided for disproportionate share payments to mental health programs.

14. \$2,444,444 is provided for specialty disproportionate share programs.

15. Deletion of the phrase "For cost reports received on or after October 1, 2003" and the word "these" as it relates to the cost reporting receipt provision from the Inpatient Hospital Reimbursement Plan.

SUMMARY: Effective July 1, 2008, in accordance with House Bill 5001, 2008-09 General Appropriations Act, Specific Appropriations 206, 207, 238, and 239 and House Bill 5085, Section 5, which amended Section 409.908, Florida Statutes, the Agency for Health Care Administration will modify the inpatient hospital reimbursement rates and disproportionate share payments.

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: 409.919 FS.

LAW IMPLEMENTED: 409.908 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 28, 2008, 9:00 a.m. – 11:00 a.m.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Edwin Stephens, Medicaid Program Analysis, 2727 Mahan Drive, Mail Stop 21, Tallahassee, Florida 32308, (850)414-2759 or stephene@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-6.020 Payment Methodology for Inpatient Hospital Services.

Reimbursement to participating inpatient hospitals for services provided shall be in accord with the Florida Title XIX Inpatient Hospital Reimbursement Plan, Version ~~XXXIII~~ ~~XXXX~~, Effective Date ~~July 1, 2008~~ ~~January 1, 2008~~ and incorporated herein by reference. A copy of the Plan as revised may be obtained by writing to the Office of the Deputy Secretary for Medicaid, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Mail Stop 8, Tallahassee, Florida 32308.

Specific Authority 409.919 FS. Law Implemented 409.908, 409.917 FS. History—New 10-31-85, Formerly 10C-7.391, Amended 10-1-86, 1-10-89, 11-19-89, 3-26-90, 8-14-90, 9-30-90, 9-16-91, 4-6-92, 11-30-92, 6-30-93, Formerly 10C-7.0391, Amended 4-10-94, 8-15-94, 1-11-95, 5-13-96, 7-1-96, 12-2-96, 11-30-97, 9-16-98, 11-10-99, 9-20-00, 3-31-02, 1-8-03, 7-3-03, 2-1-04, 2-16-04, 2-17-04, 8-10-04, 10-12-04, 4-19-06, 12-11-06, 3-4-08, 6-10-08, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Edwin Stephens

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 18, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 27, 2008

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-6.030
RULE TITLE: Payment Methodology for Outpatient Hospital Services

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to incorporate changes to the Florida Title XIX Outpatient Hospital Reimbursement Plan payment methodology, effective July 1, 2008, in accordance with House Bill 5001, 2008-09 General Appropriations Act, Specific Appropriation 211 and House Bill 5085, Section 5, which amended Section 409.908, Florida Statutes.

1. The Agency shall implement a recurring methodology in the Title XIX Outpatient Hospital Reimbursement Plan to achieve a \$36,403,451 rate reduction through an additional Medicaid Trend Adjustment. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.
2. The Agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs for two fiscal years effective July 1, 2009. Reimbursement rates for the two fiscal years shall be as provided in the General Appropriations Act.
3. Outpatient reimbursement ceilings for hospitals will be eliminated for those hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent. The Agency shall use the average of the 2002, 2003 and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed

three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003, and 2004 that are available.

4. Outpatient reimbursement ceilings will be eliminated for hospitals that have a minimum of ten licensed Level II Neonatal Intensive Care Beds and are located in Trauma Services Area 2.

5. Outpatient hospital reimbursement ceilings will be eliminated for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are designated or provisional trauma centers. This provision shall apply to all hospitals that are designated or provisional trauma centers on July 1, 2008, or become a designated or provisional trauma center during Fiscal Year 2008-2009.

The Agency shall use the average of the 2002, 2003, and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003 and 2004 that are available.

6. A buy back provision for the Medicaid trend adjustment will be applied against the Medicaid outpatient rates for the following three categories of hospitals. Budget authority up to \$3,515,024 is provided to the first category of hospitals, which are those hospitals that are part of a system that operate a provider service network in the following manner: \$831,338 is for hospitals in Broward Health; \$823,362 is for hospitals in the Memorial Healthcare System; and \$601,863 to Shands Jacksonville and \$1,258,461 to Shands Gainesville. In the event that the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, the excess funds will be used to buy back other Medicaid reductions in the outpatient rate. Budget authority up to \$5,203,232 shall be used for the second category to buy back the Medicaid trend adjustment that is being applied against the Medicaid outpatient rates for those hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent. In the event the above amounts exceed the amount of the Medicaid trend adjustment applied to each hospital, the excess funds will be used to buy back other Medicaid reductions in the inpatient rate. Budget authority up to \$2,170,197 shall be used for the third category to buy back the additional Medicaid trend adjustment that is being applied to rural hospitals under Specific Appropriation 211 for Fiscal Year 2008-2009. In the event that the funds under this category exceed the amount of the Medicaid trend adjustment, then any excess funds will be used to buyback other Medicaid reductions in the outpatient rate for those individual hospitals. For this provision the Agency shall use the average of 2002, 2003 and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed

three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003 and 2004 that are available.

7. Effective July 1, 2008, budget authority up to \$19,906,103 is provided for a buy back provision for state or local government owned or operated hospitals, teaching hospitals as defined in Section 408.07 (45) or 395.805, Florida Statutes, which have 70 or more full-time equivalent resident physicians and those hospitals whose Medicaid and charity care days divided by total adjusted days exceeds 25 percent to buy back the Medicaid outpatient trend adjustment shall be applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost. The Agency shall use the 2002, 2003 and 2004 audited DSH data available as of March 1, 2008. In the event the Agency does not have the prescribed three years of audited DSH data for a hospital, the Agency shall use the average of the audited DSH data for 2002, 2003 and 2004 that are available.

8. Deletion of the phrase "For cost reports received on or after October 1, 2003" and the word "these" from the this cost report receipt provision of the Outpatient Hospital Reimbursement Plan.

SUMMARY: Effective July 1, 2008, in accordance with House Bill 5001, 2008-09 General Appropriations Act, Specific Appropriations 211 and House Bill 5085, Section 5, which amended Section 409.908, Florida Statutes, the Agency for Health Care Administration will modify the outpatient hospital reimbursement rates and ceilings.

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: 409.919 FS.

LAW IMPLEMENTED: 409.908 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 28, 2008, 9:00 a.m. – 11:00 a.m.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Edwin Stephens, Medicaid Program Analysis, 2727 Mahan Drive, Mail Stop 21, Tallahassee, Florida 32308, (850)414-2759 or stephene@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-6.030 Payment Methodology for Outpatient Hospital Services.

Reimbursement to participating outpatient hospitals for services provided shall be in accordance with the Florida Title XIX Outpatient Hospital Reimbursement Plan, Version XVIII ~~XVII~~ Effective date: July 1, 2008 ~~January 1, 2008~~ and incorporated herein by reference. A copy of the Plan as revised may be obtained by writing to the Office of the Deputy Secretary for Medicaid, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Mail Stop 8, Tallahassee, Florida 32308.

Specific Authority 409.919 FS. Law Implemented 409.908 FS. History--New 10-31-85, Amended 12-31-85, Formerly 10C-7.401, Amended 10-1-86, 3-26-90, 9-30-90, 10-13-91, 7-1-93, Formerly 10C-7.0401, Amended 4-10-94, 9-18-96, 9-6-99, 9-20-00, 12-6-01, 11-10-02, 2-16-04, 10-12-04, 7-4-05, 4-19-06, 12-11-06, 3-4-08, 6-10-08,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Edwin Stephens

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 18, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 27, 2008

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-6.090 RULE TITLE: Payment Methodology for County Health Departments

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to incorporate changes to the Florida Title XIX Payment Methodology for County Health Departments Reimbursement Plan (the Plan) effective July 1, 2008. In accordance with House Bill 5001, 2008-09 General Appropriations Act, Specific Appropriation 229, and House Bill 5085, Section 5, which amended Section 409.908, Florida Statutes, the Florida Title XIX Payment Methodology for County Health Departments Reimbursement Plan will be amended as follows:

1. As a result of modifying the reimbursement for county health department rates, the Agency shall implement a recurring methodology in the Title XIX County Health Department Reimbursement Plan to achieve a \$7,426,780 recurring rate reduction. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit

cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.

2. The Agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs for two fiscal years effective July 1, 2009. Reimbursement rates for the two fiscal years shall be as provided in the General Appropriations Act.

SUMMARY: Effective July 1, 2008, in accordance with House Bill 5001, 2008-09 General Appropriations Act, Specific Appropriation 229, and House Bill 5085, Section 5, which amended section 409.908, Florida Statutes, the Agency for Health Care Administration will modify the reimbursement rates for County Health Departments.

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: 409.919 FS.

LAW IMPLEMENTED: 409.908 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 28, 2008, 11:00 a.m. – 12:00 Noon

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Edwin Stephens, Medicaid Program Analysis, 2727 Mahan Drive, Mail Stop 21, Tallahassee, Florida 32308 or stephene@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-6.090 Payment Methodology for County Health Departments.

Reimbursement to participating county health departments for services provided shall be in accordance with the Florida Title XIX County Health Departments Reimbursement Plan Version ~~V IV~~ July 1, 2008 ~~November 21, 2004~~ and incorporated herein by reference. A copy of the Plan as revised may be obtained by writing to the Deputy Secretary for Medicaid, 2727 Mahan Drive, Building 3, Mail Stop 8, Tallahassee, Florida 32308.

Specific Authority 409.919 FS. Law Implemented 409.908 FS. History--New 6-3-93, Formerly 10P-6.090, Amended 7-21-02, 11-21-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Edwin Stephens
NAME OF AGENCY HEAD WHO APPROVED THE
PROPOSED RULE: Holly Benson
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: September 18, 2008
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: June 27, 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 Acupuncture

RULE NO.: 64B1-4.0012 RULE TITLE: English Proficiency Requirement for Licensure

PURPOSE AND EFFECT: The Board proposes the rule amendment to include language for web based testing scores.

SUMMARY: The rule amendment will include language for web based testing scores.

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: 457.104, 457.105(2)(a) FS.

LAW IMPLEMENTED: 457.105(2)(a) 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: Christy Robinson, Executive Director, Board of Acupuncture/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B1-4.0012 English Proficiency Requirement for Licensure.

(1) Applicants who have passed the national written examination in any language other than English shall demonstrate their ability to communicate in English by earning a passing score on either the Test of English as a Foreign Language examination (hereinafter TOEFL) or the Test of Spoken English examination (hereinafter TSE), as administered by the Educational Testing Services. As used

throughout this section, a passing score for the TOEFL is defined as a scaled score of 500 or greater for paper; ~~or~~ 173 or greater for computer; or 45 or greater for internet. A passing score for the TSE is defined as a scaled score of 50 or greater. It shall be the individual responsibility of such applicants to apply for and schedule either the TOEFL examination or the TSE examination, and to obtain their official score report from the testing services prior to applying for licensure. These applicants shall submit a copy of their official score report with their application.

(2) No change.

Specific Authority 457.104, 457.105(2)(a) FS. Law Implemented 457.105(2)(a) FS. History--New 8-28-01, Amended 5-31-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Board of Acupuncture

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 20, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 27, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: 64B3-3.003 RULE TITLE: Curriculum Requirements for Clinical Laboratory Personnel Training Programs

PURPOSE AND EFFECT: The purpose of this notice is to amend Rule 64B3-3.003, F.A.C., to account for the fact that Section 229.565, F.S. and Rule 64B3-7.007, F.A.C., no longer exist.

SUMMARY: The proposed rule accounts for the fact that Section 229.565, F.S. and Rule 64B3-7.007, F.A.C., no longer exist.

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: 483.805(4), 483.811(2) FS.

LAW IMPLEMENTED: 483.800, 483.809, 483.811 FS.

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

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 days before the workshop/meeting by contacting: Joe Baker, Jr., Executive Director, Board of

Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257. 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: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-3.003 Curriculum Requirements for Clinical Laboratory Personnel Training Programs.

(1) No change.

(2) All programs not accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS), the Council on Accreditation of Allied Health Education Programs (CAAHEP), or the Accrediting Bureau of Health Education Schools (ABHES) except for those in the categories of cytology, cytogenetics, histocompatibility, embryology or andrology shall adopt the curriculum frameworks for Health Science Education set forth by standards defined in the Florida Department of Education at <http://www.fldoe.org/workforce/dwdframe/> Program Standards as designated in Section 229.565, F.S., for the categories in which training occurs as follows:

(a) For the categories of clinical chemistry, hematology, immunohematology, microbiology, and serology/immunology, the associate degree medical laboratory technology program standards or the certificate medical laboratory technology program standards.

(b) For the category of histology, the histologic technology standards.

~~(c) For the category of radioassay at the technologist level, the associate degree nuclear medicine technician program standards.~~

~~(d) For the category of blood gas analysis at the technologist level, the associate degree cardiopulmonary function/ cardiovascular technologist program standards.~~

(3)(a) through (10)(g) No change.

(11) Technologist level programs shall additionally cover all pertinent topics listed in ~~Rule 64B3-7.007, F.A.C., and~~ the following competencies:

(a) through (g) No change.

Specific Authority 483.805(4), 483.811(2) FS. Law Implemented 483.800, 483.809, 483.811 FS. History—New 5-9-95, Amended 12-4-95, 4-24-96, Formerly 59O-3.003, Amended 3-19-98, 9-20-98, 1-11-99, 10-30-02, 7-18-04, 2-23-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Laboratory Personnel

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 10, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: 64B3-6.003
RULE TITLE: Personnel Licensure – Temporary Permit

PURPOSE AND EFFECT: The purpose of this notice is to amend the rule governing temporary permits for clinical laboratory personnel.

SUMMARY: The proposed rule (1) clarifies the requirements for obtaining a temporary permit; and (2) amends the provisions pertaining to applicants who fail or do not appear for an examination.

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: 483.805(4) FS.

LAW IMPLEMENTED: 456.013, 483.813, 483.815, 483.823 FS.

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

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 days before the workshop/meeting by contacting: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257. 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: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin # C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-6.003 Personnel Licensure – Temporary Permit.

(1) The Department shall issue one temporary license to an applicant who has applied and satisfied all Department application requirements for licensure and has been accepted to

take a Board approved national examination ~~met the qualification requirements for initial examination~~ for a period not to exceed one year.

(2) An applicant who fails an examination shall no longer be permitted to work and shall not receive a second temporary license to be employed at that licensure level. ~~Such applicants may, however, apply to retake the examination but shall requalify as specified in Rule 64B3-7.004, F.A.C.~~

(3) An applicant who does not appear to take an examination shall not receive a second temporary license to be employed and the temporary license currently held shall be invalid as of that date. ~~Such applicant may, however, retake the examination upon reapplication and requalification.~~

Specific Authority 483.805(4) FS. Law Implemented 456.013, 483.813, 483.815, 483.823 FS. History--New 6-6-85, Formerly 10D-41.71, Amended 7-4-89, Formerly 10D-41.071, 61F3-6.003, Amended 8-1-95, Formerly 59O-6.003, Amended 8-27-97, 9-16-03, 4-13-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Clinical Laboratory Personnel
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 11, 2008
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: RULE TITLE:
64B3-7.005 Security and Monitoring Procedures for Licensure Examination

PURPOSE AND EFFECT: The purpose of this notice is to delete Rule 64B3-7.005, F.A.C.

SUMMARY: Rule 64B3-7.005, F.A.C., will be repealed.

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: 456.017 FS.

LAW IMPLEMENTED: 456.017, 483.809(2) FS.

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

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 days before the workshop/meeting by contacting: Joe Baker, Jr., Executive Director, Board of

Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257. 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: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-7.005 Security and Monitoring Procedures for Licensure Examination.

~~The Board adopts by reference Rule 64B-1.010, F.A.C., of the Department of Health as its rule governing licensure examination security and monitoring.~~

Specific Authority 456.017, 483.809(2) FS. Law Implemented 456.017, 483.809(2) FS. History--New 12-5-95, Formerly 59O-7.005, Repealed_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Clinical Laboratory
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 10, 2008
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: RULE TITLE:
64B3-10.005 Scope of Practice Relative to Specialty of Licensure

PURPOSE AND EFFECT: The purpose of this notice is to amend Rule 64B3-10.005, F.A.C., in order to correct two references to other rules

SUMMARY: The proposed rule corrects internal references to two other rules.

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: 483.805(4) FS.

LAW IMPLEMENTED: 483.813, 483.823, 483.825 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 Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-10.005 Scope of Practice Relative to Specialty of Licensure.

(1) through (11) No change.

(12) The purpose of the specialty of cytology is to process and interpret cellular material derived from the human body delineating data regarding human cytopathological disease. Cytology includes:

(a) Review and interpretation of gynecological cytology preparations in accordance with the provisions of Rule ~~64B3-13.003(2)(j), F.A.C.; Chapter 64B3-7, F.A.C.~~

(b) through (15) No change.

(16) In the specialties of clinical chemistry, hematology, immunohematology, microbiology and serology/immunology, clinical laboratory personnel licensed at the technician level may perform testing identified within the scope of each specialty in subsections 64B3-10.005(3)(~~7~~)(~~5~~) F.A.C., in any specialty for which they hold licensure if the tests are classified as highly complex pursuant to 42 CFR 493.17 as published on October 1, 2007, incorporated by reference herein, only when under the direct supervision of a licensed technologist, supervisor, or director unless the technician meets the minimum qualifications contained in 42 CFR 493.1489 as published on October 1, 2007, incorporated by reference herein, and the requirements contained in Rule 64B3-5.004, F.A.C.

(17) through (19) No change.

Specific Authority 483.805(4) FS. Law Implemented 483.813, 483.823, 483.825 FS. History—New 2-7-95, Amended 3-28-95, 7-12-95, 12-4-95, Formerly 59O-10.005, Amended 3-19-98, 1-28-99, 11-24-99, 2-15-01, 2-20-02, 10-30-02, 4-27-04, 2-23-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Laboratory Personnel

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 10, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: 64B3-12.001
RULE TITLE: Disciplinary Guidelines

PURPOSE AND EFFECT: To correct/update several of this Rule's internal statutory references.

SUMMARY: The proposed rule corrects/updates several of this Rule's internal statutory references.

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: 456.079, 483.805(4) FS.

LAW IMPLEMENTED: 456.072, 456.079, 483.825 FS.

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

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 days before the workshop/meeting by contacting: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257. 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: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-12.001 Disciplinary Guidelines.

(1) through (2) No change.

(a) Section 483.825(1)(a) or 456.072(~~1~~)(~~2~~)(h), F.S.: Attempting to obtain, obtaining, or renewing a license or registration under this part by bribery – from a minimum fine of \$500 and/or up to two years of probation to a maximum of revocation. After the first offense, from a minimum fine of \$5,000 up to a maximum fine of \$10,000 and/or revocation.

1. through (b) No change.

(c) Section 483.825(1)(c) or ~~456.072(1)(aa)~~, F.S.: Demonstrating incompetence or making consistent errors in the performance of clinical laboratory examinations or procedures or erroneous reporting – from a minimum fine of \$300 and/or two years probation to a maximum fine of \$5,000 and/or six months suspension. For a second offense, from a

minimum fine of \$750 and one year of probation to a maximum fine of \$10,000 and/or revocation. After the second offense, a fine of \$10,000 and or revocation.

(d) through (f) No change.

(g) Section 483.825(1)(g), 483.825(1)(w), 456.072(1)(b) or 456.072(1)(dd)(ee), F.S.

1. through (j) No change.

(k) Section 483.825(1)(k) ~~or~~ 456.072(1)(w), or 456.072(1)(x), F.S.: Failing to report to the Board in writing within 30 days of conviction, adjudication of incompetency, or if disciplinary action has been taken against one's license as clinical laboratory personnel in another state, territory or country – from a minimum fine of \$750 and/or a letter of concern up to a maximum fine of \$5,000 and/or three months suspension followed by probation. After the first offense, from a minimum fine of \$3,000 up to a maximum fine of \$10,000 and/or revocation.

(l) Section 483.825(1)(l), or 456.072(1)(aa), 456.072(1)(z), 456.072(1)(y) or F.S.: Being unable to perform or report clinical laboratory examination with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition or testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using the drug ~~use of drugs~~ – from a minimum referral for a PRN evaluation up to revocation for non-compliance. After the first offense, from a minimum referral for a PRN evaluation up to maximum of revocation and/or a \$3,000 fine.

(m) through (v) No change.

(w) Section 483.825(1)(v)(~~tt~~) or 456.072(1)(v)(~~tt~~) F.S.: Engaging or attempting to engage in sexual misconduct – from a minimum reprimand and/or referral for PRN evaluation up to a maximum fine of \$10,000 and/or revocation. After the first offense, from a minimum year of probation and fine of \$1,500 to a maximum fine of \$10,000 and/or revocation.

(x) No change.

(y) Section 456.072(1)(hh)(~~gg~~), F.S.: Being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant, as described in Section 456.076, F.S., for failure to comply without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug-treatment or alcohol treatment program – from a minimum fine of \$500 to \$1000 and suspension until compliant up to revocation.

(3) through (4) No change.

(5) Letters of Guidance. The provisions of this rule cannot and shall not be construed to limit the authority of the probable cause panel of the Board to direct the Department to send a letter of guidance pursuant to Section 456.073(4)(~~3~~), F.S., in any case for which it finds such action appropriate.

(6) No change.

Specific Authority 456.079, 483.805(4) FS. Law Implemented 456.072, 456.079, 483.825 FS. History–New 8-3-93, Formerly 61F3-12.001, Amended 2-7-95, 5-3-95, 12-4-95, Formerly 59O-12.001, Amended 3-19-98, 9-20-98, 10-6-02, 2-23-06, 3-20-08, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Clinical Laboratory Personnel

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 10, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: RULE TITLE

64B3-12.002 Citations

PURPOSE AND EFFECT: The purpose of this notice is to amend the language in subsections (3)(a), (3)(b), and (3)(e).

SUMMARY: The proposed rule amends the language in subsections (3)(a), (3)(b), and (3)(e).

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: 456.077(1), 456.077(2), 483.805(4) FS.

LAW IMPLEMENTED: 456.077(1), 456.077(2), 456.077(3) FS.

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

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 days before the workshop/meeting by contacting: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257. 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: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-12.002 Citations.

(1) through (2) No change.

(3) The Board designates the following offenses as citation violations, which shall result in a penalty of \$250:

(a) Failure to pay one of the licensure renewal fees set forth in Rule 64B3-9.004, F.A.C. renew license during which time the person continues to practice for up to 60 days in violation of Rule 64B3-8.001, F.A.C.

(b) Attempting to pay any of the fees set forth in Chapter 64B3-9, F.A.C. by tendering a check payable to the Board of Clinical Laboratory Personnel or to the Department of Health that is dishonored by the institution upon which it is drawn. Issuing a bad check to the Department in violation of Rule Chapter 64B3-9, F.A.C.

(c) through (d) No change.

(e) Failure to pay any of the required fees set forth in and/or fines in a timely manner as required by Rule Chapter 64B3-9, F.A.C.

(f) through (7) No change.

Specific Authority 456.077(1), (2), ~~(3)~~, 483.805(4), ~~483.827~~ FS. Law Implemented 456.077(1), (2), ~~(3)~~ 483.827 FS. History--New 8-3-93, Formerly 61F3-12.002, 59O-12.002, Amended 4-10-01, 9-9-02, 2-24-04, 12-6-07, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Laboratory Personnel

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 10, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: 64B3-12.004
RULE TITLE: Mediation Offenses

PURPOSE AND EFFECT: The purpose of this amendment is to change the language in subsection 64B3-12.004(3), F.A.C.

SUMMARY: The proposed rule amends the language in subsection 64B3-12.004(3), F.A.C.

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: 456.078, 483.805(4) FS.

LAW IMPLEMENTED: 456.078 FS.

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

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 days before the workshop/meeting by contacting: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257. 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: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-12.004 Mediation Offenses.

(1) through (2) No change.

(3) Attempting to pay any of the fees set forth in Chapter 64B3-9, F.A.C. by tendering a check payable to the Board of Clinical Laboratory Personnel or to the Department of Health that is dishonored by the institution upon which it is drawn. Issuing a bad check to the Department in violation of Rule Chapter 64B3-9, F.A.C.

(4) through (5) No change.

Specific Authority 456.078, 483.805(4) FS. Law Implemented 456.078 FS. History--New 9-21-94, Formerly 59O-12.004, Amended 1-28-99, 2-24-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Laboratory Personnel

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 10, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: 64B3-12.005
 RULE TITLE: Notice of Noncompliance

PURPOSE AND EFFECT: The purpose of this amendment is to change the wording of subsection 64B3-12.005(3), F.A.C.

SUMMARY: proposed rule amends the language in subsection 64B3-12.005(3), F.A.C.

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: 456.073(3), 483.805(4) FS.

LAW IMPLEMENTED: 120.695, 456.073(3) FS.

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

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 days before the workshop/meeting by contacting: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257. 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: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-12.005 Notice of Noncompliance.

(1) through (2) No change.

(3) Attempting to pay any of the fees set forth in Chapter 64B3-9, F.A.C. by tendering a check payable to the Board of Clinical Laboratory Personnel or to the Department of Health that is dishonored by the institution upon which it is drawn. ~~Issuing a bad check to the Department in violation of Rule Chapter 64B3-9, F.A.C.~~

Specific Authority ~~120.695,~~ 456.073(3), 483.805(4) FS. Law Implemented 120.695, 456.073(3) FS. History—New 12-4-95, Formerly 59O-12.00, Amended 2-24-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Laboratory Personnel

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 10, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 12, 2008

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-13.005
 RULE TITLE: Continuing Education for Biennial Renewal

PURPOSE AND EFFECT: The proposed rule amendments are intended to address the addition of medical ethics credit for attendance at a Board meeting.

SUMMARY: The proposed rule amendments add receiving medical ethics credit to the rule regarding attendance at Board of Medicine meetings.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared. The Board has determined that the proposed rule amendments 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: 456.013(6), (7), 456.031(4), 458.309, 458.319 FS.

LAW IMPLEMENTED: 456.013(6), (7), 456.031(1)(a), (3), 456.033, 458.319(4) 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, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-13.005 Continuing Education for Biennial Renewal.

(1) No change.

(2)(a) For purposes of this rule, risk management means the identification, investigation, analysis, and evaluation of risks and the selection of the most advantageous method of correcting, reducing or eliminating identifiable risks.

(b) Five hours of continuing medical education in the subject area of risk management or medical ethics may be obtained by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine in compliance with the following:

1. through 2. No change.

3. The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management or medical ethics for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose. A member of the Board of Medicine may obtain 10 hours of continuing medical education per biennium in the subject area of risk management or medical ethics for attendance at the disciplinary portion of Board meetings.

(3) through (11) No change.

Specific Authority 456.013(6), (7), 456.031(4), 458.309, 458.319 FS. Law Implemented 456.013(6), (7), 456.031(1)(a), (3), 456.033, 458.319(4) FS. History—New 9-7-86, Amended 11-17-87, 11-15-88, 1-31-90, 9-15-92, Formerly 21M-28.002, Amended 12-5-93, Formerly 61F6-28.002, Amended 3-1-95, 1-3-96, 1-26-97, Formerly 59R-13.005, Amended 5-18-99, 2-7-01, 6-4-02, 10-8-03, 5-4-04, 5-20-04, 4-5-05, 4-25-06, 12-26-06, 1-16-08, 5-6-08,_____.

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

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 15, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 5, 2008

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: 690-138.005 RULE TITLE: Examination of Insurers

PURPOSE AND EFFECT: To set forth procedures for examinations performed by non employees.

SUMMARY: This rule implements subsection 624.316(2)(e), F.A.C., by setting out criteria for the specialists, a process by which an expert who wishes to be contracted with to undertake such exams can apply to do them, and the process by which the specialist is compensated.

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: 624.316 FS.

LAW IMPLEMENTED: 624.316 (2)(e) 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: November 12, 2008, 9:30 a.m.

PLACE: 143 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: Robin Westcott, Office of Insurance Regulation, E-mail robin.westcott@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: Robin Westcott, Office of Insurance Regulation, E-mail robin.westcott@flor.com

THE FULL TEXT OF THE PROPOSED RULE IS:

690-138.005 Examination of Insurers.

(1) through (3) No change.

(4) Section 624.316(2)(e), Florida Statutes, allows the Office to conduct examinations of an insurer by contracting for with the consent of the insurer utilizing the services of an independent Certified Public Accountant, an actuary, ~~or~~ a reinsurance specialist, an investment specialist, information technology specialist, reinsurance specialist or any combination of these individuals, as the particular circumstances of the examination require. An examination performed pursuant to this subsection must meet the requirements of subsection (1).

(a) ~~For purposes of this subsection, An~~ An actuary meeting the criteria established in Rule 690-138.043 or 690-170.031, F.A.C., will qualify to conduct an examination under this subsection.

(b)1. ~~For purposes of this subsection, a~~ A reinsurance specialist shall be qualified to conduct an examination under this subsection if that contractor person can demonstrate competency by education and experience to perform such an examination. Competency by education and experience shall be demonstrated if any one of the following is true:

a. An individual qualifies as an actuary pursuant to either Rule 690-138.043 or 690-170.031, F.A.C., and has at least one years' experience with the kind of reinsurance which will be the subject of the examination.

b. An individual has a bachelor's degree from an accredited college or university and four years of professional experience in insurance/reinsurance accounting or in reinsurance transactions. A master's degree from an accredited college or university in accounting, insurance, or risk management can substitute for one year of the required experience. Professional experience as described above can substitute on a year-for-year basis for the required education.

c. An individual is in good standing with the Society of Financial Examiners and is certified by that organization to be eligible to hold the title of Certified Financial Examiner.

2. In selecting a person as a reinsurance specialist the Office shall consider the individual's experience, knowledge, skill, and abilities as they relate to the needs of the examination to be performed. This consideration shall include the individual's experience with the kind of insurance which is the subject of the examination; knowledge of accounting principles, practices and procedures; ability to prepare financial statements to reflect the reinsurance transactions; ability to provide professional and technical assistance; understanding of risk transfer as defined in the NAIC Examiners Handbook and the NAIC Accounting Practices and Procedures and Annual Statement Instruction Manuals, as adopted in Rule 69O-137.001, F.A.C.; and the ability to evaluate claims experience, both reported and incurred but not reported, relevant to the type of insurance which is the subject of the examination.

~~(c) For purposes of this subsection, a certified public accountant (CPA) may include an individual holding a CPA designation, a CPA firm or an examination firm that has a CPA in its employment. The individual CPA or firm shall demonstrate competency by education and experience to perform such an examination. Regardless of education or experience, no independent certified public accountant, or actuary, or reinsurance specialist shall be qualified to conduct examinations under this subsection if such person:~~

~~1. Has been found guilty of, or has pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year or more under the law of the United States or any state thereof or under the law of any other country, which involves moral turpitude, without regard to whether a judgement of conviction has been entered by the court having jurisdiction in such case; or~~

~~2. Has been found to have violated the insurance laws of this state with respect to any previous reports submitted to this Office; or~~

~~3. Has failed to detect or disclose material information in previous reports filed with this Office or other state officials having jurisdiction or regulatory authority in insurance matters or another state; or~~

~~4. Has performed any work for a regulated entity who has had delinquency proceedings initiated against it within three years after said work was performed without adequate explanation to the Office of how such work was not related to the cause of the delinquency proceedings; or~~

~~5. Is prohibited under Section 624.310, Florida Statutes, from engaging in insurance related activities in this state.~~

(d)1. An investment specialist shall be qualified to conduct an examination under this subsection if that contractor can demonstrate competency by education and experience to

perform such an examination in that capacity. Competency by education and experience shall be demonstrated if any one of the following is true:

a. An individual has a bachelor's degree from an accredited college or university and four years of professional experience in the capacity for which the contractor is to perform. A master's degree from an accredited college or university in accounting, or finance can substitute for one year of the required experience. Professional experience as described above can substitute on a year-for-year basis for the required education.

b. An individual is in good standing with the Society of Financial Examiners and is certified by that organization to be eligible to hold the title of Certified Financial Examiner.

2. In selecting a person as an investment specialist the Office shall consider the individual's experience, knowledge, skill, and abilities as they relate to the needs of the examination to be performed.

~~(d) The agreement of the insurer to perform an examination under this subsection is not required if the Office reasonably suspects criminal misconduct on the part of the insurer.~~

(e)1. An information technology specialist shall be qualified to conduct an examination under this subsection if that contractor can demonstrate competency by education and experience to perform such an examination in that capacity. Competency by education and experience shall be demonstrated if the individual has a bachelor's degree from an accredited college or university and four years of professional experience in the capacity for which the contractor is to perform. A master's degree from an accredited college or university in information technology or a similar field can substitute for one year of the required experience. Professional experience as described above can substitute on a year-for-year basis for the required education.

2. In selecting a person as an information technology specialist the Office shall consider the individual's experience, knowledge, skill, and abilities as they relate to the needs of the examination to be performed.

~~(e)1. In the event that the Office and the insurer agree to conduct an examination utilizing the services of an independent Certified Public Accountant, an actuary, or a reinsurance specialist, or any combination of these, the Office shall submit a list of three firms in each of the specialties required by the particular circumstances of the examination to be performed (the term "firm" shall also include individuals) acceptable to the Office, from which the insurer shall select the firm or firms to conduct the examination.~~

~~2. The acceptability of a firm to the Office shall be determined based on consideration of the firm's professional competence, objectivity, and cost.~~

3. ~~Consent of the insurer shall be demonstrated by written confirmation from an officer of that insurer which indicates agreement that an examination be performed by the firm, and acknowledgement that the firm is acceptable to the insurer.~~

4. ~~All payments for an examination under this subsection shall be made directly to the firm in accordance with the rates and terms agreed to by the Office, the insurer, and the firm performing the examination.~~

~~(f) The firm selected by the office to perform the examination shall have no conflicts of interest that might affect its ability to independently perform its responsibilities on the examination. In the event that the examination is conducted without the consent of the insurer, pursuant to Section 624.316(2)(e), Florida Statutes, the insurer must pay all reasonable charges of the examining firm if the examination finds impairment, insolvency (as that term is defined in Section 631.011, Florida Statutes), or criminal misconduct on the part of the insurer. In the event that the examination is conducted without the consent of the insurer and no impairment, insolvency, or criminal misconduct is found, then all reasonable charges of the examining firm shall be borne by the Office.~~

~~(g) The rates charged to the insurer being examined under the contract shall be consistent with rates charged by other firms in a similar profession and shall be comparable with the rates charged for comparable examinations.~~

~~(h) Contractors may submit a curriculum vitae detailing their experience and qualifying credentials to the Office, as well as a proposed hourly rate for services to be performed. The acceptability of a contractor to the Office shall be determined based on consideration of the firm's professional competence, objectivity, and that the rates charged are consistent with rates charged by other firms in a similar profession providing comparable services. Once a contractor has been accepted by the Office, they will be placed on a list of eligible examination contractors.~~

~~(i) In selecting contractors to conduct a specific examination, the Office shall consider the contractor's experience, knowledge, skill, and abilities as they relate to the needs of the examination to be performed. This consideration shall include the contractor's experience with the kind of insurance which is the subject of the examination.~~

~~(j) After a contractor has been selected for a specific examination the Office shall enter into a contract with the contractor, detailing the scope of work for the engagement. The contract shall include a provision that the contractor has no conflict of interest that might affect its ability to independently perform its responsibilities.~~

~~(k) The contractor shall submit all requests for payment to the Office on a form prescribed by the contract.~~

(l) Upon receipt and review of the contractor's request for payment, the Office will invoice the insurer being examined and the insurer shall make payment to the Office pursuant to Section 624.316(2)(e)3., Florida Statutes and Section 624.320(2), Florida Statutes.

(m) Upon receipt of the payment from the insurer being examined, the Office will make payment to the contractor.

Specific Authority 624.308(1), 624.316(2) FS. Law Implemented 624.307(1), 624.316, 624.3161, 624.320, 624.321(1), 624.424 FS. History—New 6-9-93, Amended 11-23-94, 4-4-99, Formerly 4-138.005, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Robin Westcott, Office of Insurance Regulation, E-mail robin.westcott@flor.com

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Robin Westcott, Office of Insurance Regulation, E-mail robin.westcott@flor.com

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 9, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 27, 2007

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: 690-164.040
RULE TITLE: Determining Reserve Liabilities for Preneed Life Insurance

PURPOSE AND EFFECT: The purpose of this rule is to recognize the inadequacy of the 2001 Commissioners Standard Ordinary Life Valuation Mortality Table for use in determining the minimum standard of valuation and the minimum standard nonforfeiture value, and to require the continued use of the 1980 Commissioners Standard Ordinary Life Valuation Mortality Table for use in determining the minimum standard of valuation and the minimum standard nonforfeiture value.

SUMMARY: This rule calls for adopting the 1980 Commissioner's Standard Ordinary Life Valuation Mortality Tables (1980 CSO) for use in determining reserve value and non-forfeiture value of pre-need life insurance, rather than using the new 2001 Commissioners' Ordinary Standard Life Valuation Mortality Tables (2001 CSO). The rule allows use of the 2001 CSO for pre-need life insurance policies issued before January 1, 2012, but only after the insurance company submits documentation demonstrating they have adequate reserves.

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: 625.121(5)(a), (3), 627.476(9)(h), (5) FS.

LAW IMPLEMENTED: 625.121(5)(a), (3), 627.476(9)(h), (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 (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: November 5, 2008, 9:30 a.m.

PLACE: 142 Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Kerry Krantz, Office of Insurance Regulation, E-mail kerry.krantz@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: Kerry Krantz, Office of Insurance Regulation, E-mail kerry.krantz@flor.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-164.040 Determining Reserve Liabilities for Preneed Life Insurance.

(1) Authority. This rule is adopted by the commission pursuant to Sections 625.121(5)(a), (3) and 627.476(9), Florida Statutes.

(2) Scope. This rule applies to preneed life insurance policies and certificates as defined in subsection four (4) of this rule, and similar policies and certificates.

(3) Purpose. The purpose of this rule is to recognize the inadequacy of the 2001 Commissioners Standard Ordinary Life Valuation Mortality Table for use in determining the minimum standard of valuation and the minimum standard nonforfeiture value, and to require the continued use of the 1980 Commissioners Standard Ordinary Life Valuation Mortality Table for use in determining the minimum standard of valuation and the minimum standard nonforfeiture value.

(4) Definitions.

(a) The term "2001 CSO Mortality Table" means the 2001 Commissioners Standard Ordinary Life Valuation Mortality Table, consisting of separate rates of mortality for male and female lives, developed by the American Academy of Actuaries CSO Task Force from the Valuation Basic Mortality Table developed by the Society of Actuaries Individual Life Insurance Valuation Mortality Task Force, and adopted by the NAIC in December 2002. The 2001 CSO Mortality Table is included in the Proceedings of the NAIC (2nd Quarter 2002). Unless the context indicates otherwise, the "2001 CSO Mortality Table" includes both the ultimate form of that table

and the select and ultimate form of that table and includes both the smoker and nonsmoker mortality tables and the composite mortality tables. It also includes both the age-nearest-birthday and age-last-birthday bases of the mortality tables.

(b) The term "Ultimate 1980 CSO" means the Commissioners' 1980 Standard Ordinary Life Valuation Mortality Tables (1980 CSO) without ten-year (10-year) selection factors, incorporated into the 1980 amendments to the NAIC Standard Valuation Law approved in December 1983.

(c) For the purposes of this rule, preneed insurance is any life insurance policy or certificate that is issued in combination with, in support of, with an assignment to, or as a guarantee for a prearrangement agreement for goods and services to be provided at the time of and immediately following the death of the insured. Goods and services may include, but are not limited to embalming, cremation, body preparation, viewing or visitation, coffin or urn, memorial stone, and transportation of the deceased. The status of the policy or contract as preneed insurance is determined at the time of issue in accordance with the policy form filing.

(5) Minimum Valuation Mortality Standards. For preneed insurance contracts, as defined in paragraph (4)(c), and similar policies and contracts, the minimum mortality standard for determining reserve liabilities and non-forfeiture values for both male and female insureds shall be the Ultimate 1980 CSO.

(6) Minimum Valuation Interest Rate Standards.

(a) The interest rates used in determining the minimum standard for valuation of preneed life insurance shall be the calendar year statutory valuation interest rates as defined in Section 625.121(6), F.S.

(b) The interest rates used in determining the minimum standard for nonforfeiture values for preneed life insurance shall be the calendar year statutory nonforfeiture interest rates as defined in Section 627.476(9)(i), F.S.

(7) Minimum Valuation Method Standards.

(a) The method used in determining the minimum standard for valuation of preneed life insurance shall be the method as defined in Section 625.121(5), F.S.

(b) The method used in determining the minimum standard for nonforfeiture values for preneed life insurance shall be the method as defined in Section 627.476(9), F.S.

(8) Transition Rules.

(a) For preneed insurance policies issued on or after the effective date of this rule and before January 1, 2012, the 2001 CSO may be used as the minimum standard for reserves and minimum standard for non-forfeiture benefits for both male and female insureds.

(b) If an insurer elects to use the 2001 CSO as a minimum standard for any policy issued on or after the effective date of this rule and before January 1, 2012, the insurer shall provide, as a part of the actuarial opinion memorandum submitted in

support of the company's asset adequacy testing, an annual written notification to the domiciliary commissioner. The notification shall include:

1. A complete list of all preneed policy forms that use the 2001 CSO as a minimum standard;

2. A certification signed by the appointed actuary stating that the reserve methodology employed by the company in determining reserves for the preneed policies issued after the effective date and using the 2001 CSO as a minimum standard, develops adequate reserves (For the purposes of this certification, the preneed insurance policies using the 2001 CSO as a minimum standard cannot be aggregated with any other policies.); and

3. Supporting information regarding the adequacy of reserves for preneed insurance policies issued after the effective date of this rule and using the 2001 CSO as a minimum standard for reserves.

(c) Preneed insurance policies issued on or after January 1, 2012, must use the Ultimate 1980 CSO in the calculation of minimum nonforfeiture values and minimum reserves.

(9) Effective Date. This rule is applicable to preneed life policies and certificates as defined in subsection (2) issued on or after January 1, 2009.

Specific Authority 625.121(5)(a), (3), 627.476(9) FS. Law Implemented 625.121(5)(a), (3), 627.476(9)(h), (5) FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kerry Krantz, Office of Insurance Regulation, E-mail kerry.krantz@flor.com

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Mary Beth Senkewicz, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 22, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 13, 2008

Section III Notices of Changes, Corrections and Withdrawals

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 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

Division of Medical Quality Assurance

RULE NO.: 64B-3.006
 RULE TITLE: Diagnostic Testing
NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 34, August 22, 2008 issue of the Florida Administrative Weekly. The wrong date for notice of the rule development was indicated. The rule development was noticed in the Florida Administrative Weekly on January 4, 2008.

The foregoing change does not affect the substance of the proposed rule. The person to be contacted regarding the above change is: Larry McPherson, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253.

DEPARTMENT OF HEALTH

Board of Nursing

RULE NO.: 64B9-4.002
 RULE TITLE: Requirements for Certification
NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 12, March 21, 2008 issue of the Florida Administrative Weekly has been withdrawn.

FISH AND WILDLIFE CONSERVATION COMMISSION

Freshwater Fish and Wildlife

RULE NO.: 68A-9.008
 RULE TITLE: Permits for Physically Disabled
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. 34, No. 33, August 15, 2008 issue of the Florida Administrative Weekly.

Subsection (4) of the proposed rule has been amended to read:

(4) Mobility-impaired ~~quota hunt~~ permits. ~~As specified by subsection 68A-5.005(1), F.A.C., applicants for mobility-impaired hunts shall submit an application on forms furnished by the Commission, only via U.S. mail or by a commercially established messenger or courier service, or by online computer services, to the address specified on the application. In addition to the application forms specified, No~~ ~~no~~ person shall be eligible for issuance of a mobility-impaired quota permit unless the person has obtained a mobility-impaired identification card. A mobility-impaired identification card may be obtained by submitting a completed