SUMMARY: This rule is being revised to increase the biomedical waste program fees in order to reduce the program's operating deficit. Fees have not been increased since the implementation of the biomedical waste program, which was in 1992.

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: 381.006, 381.0098 FS.

LAW IMPLEMENTED: 381.0098(4) 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 14, 2008, 9:00 a.m.

PLACE: 4042 Bald Cypress Way, Room 301, Tallahassee, FL 32399

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 7 days before the workshop/meeting by contacting: Gina Vallone-Hood, (850)245-4277 or Gina_Vallone@doh.state.fl.us. 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: Gina Vallone-Hood via mail at HSEC, 4052 Bald Cypress Way, Bin A08, Tallahassee, FL 321399-1710, or by phone number (850)245-4277

THE FULL TEXT OF THE PROPOSED RULE IS:

64E-16.012 Fees.

(1) ~~When the facility will be in operation six (6) months or less before the annual renewal date, the annual fee shall be prorated on a quarterly basis.~~ State-owned and operated biomedical waste facilities are exempt from the permit fee.

(2) Fee schedule.

Generator Permit:	
(application received by October 1)	$85.00 ~~$55.00~~
(application received after October 1)	$105.00 ~~$75.00~~
Treatment Permit:	
(application received by October 1)	$85.00 ~~$55.00~~
(application received after October 1)	$105.00 ~~$75.00~~
Storage Permit:	
(application received by October 1)	$85.00 ~~$55.00~~
(application received after October 1)	$105.00 ~~$75.00~~
Transporter Registration (one vehicle):	
(application received by October 1)	$85.00 ~~$55.00~~
(application received after October 1)	$105.00 ~~$75.00~~
Additional Vehicle	$10.00

No fee or combination of fees shall exceed the maximum amount established by the statute.

(3) All fees collected pursuant to this section shall be placed in a specially designated account within the individual county health department trust fund to be used to meet the cost of administering the biomedical waste program described in this chapter.

Specific Authority 381.006, 381.0098(4) FS. Law Implemented 381.006, 381.0098 FS. History–New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0078, Amended_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Gina Vallone-Hood

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Edith Coulter

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 11, 2008

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

Section III
Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.:	RULE TITLE:
6A-1.09981	Implementation of Florida's System of School Improvement and Accountability

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. 38, September 19, 2008 issue of the Florida Administrative Weekly.

Subsection (11)(a) is amended to read:

6A-1.09981 Implementation of Florida's System of School Improvement and Accountability.

(1) through (10) No change.

(11) Assistance and Intervention for Schools Designated School Performance Grade F or School Performance Grade D. Assistance and intervention plans shall be provided for each school designated School Performance Grade F and School Performance Grade D.

(a) Assistance for Schools Designated School Performance Grade F or School Performance Grade D. Each school designated School Performance Grade F or School

Performance Grade D shall develop its school improvement plan in collaboration with the school advisory council, school board and the Department. The school improvement plan shall take into account the unique demographic characteristics of the school. The school board shall have final approval of the plan. Each school designated School Performance Grade F or School Performance Grade D shall receive specific assistance and interventions, including additional resources if needed, from the district school board as provided in Section 1001.42(16)(c), Florida Statutes. The district's two-year plan of increasing individualized assistance and intervention for each school designated School Performance Grade F or School Performance Grade D shall be approved by the school board. Forms SIP-1, School Improvement Plan, and DIAIP-1, District Improvement, Assistance and Intervention Plan, and School Improvement Reporting Deadelines, ~~The forms, requirements and deadlines for submission of the school improvement plans and two-year district assistance and intervention plans~~ are located on the Department's Bureau of School Improvement website at http://www.flbsi.org/, and are ~~which is~~ hereby incorporated by reference in this rule to become effective with the date of this rule. Assistance shall be provided to each designated school in the district at increasingly intensive levels as long as the school continues to be so designated. For the purpose of documenting compliance with Section 1001.42(16)(c), Florida Statutes, school boards shall provide to the Department annually a copy of the approved assistance and intervention plan for each school designated School Performance Grade F in the district.

(b) through (15) No change.

Specific Authority 1001.02, 1008.22, 1008.33, 1008.345 FS. Law Implemented 1000.03, 1001.42, 1003.63, 1008.33, 1008.34, 1008.345, 1008.36 FS. History–New 10-11-93, Amended 12-19-95, 3-3-97, 1-24-99, 2-2-00, 2-11-02, 12-23-03, 5-15-06, 6-19-08, _____.

DEPARTMENT OF COMMUNITY AFFAIRS

Florida Communities Trust

RULE NOS.:	RULE TITLES:
9K-9.003	General Requirements and Eligibility Standards
9K-9.005	Application Review
9K-9.006	Project Evaluation Criteria
9K-9.008	Grant Contracts
9K-9.011	Title, Acquisition Procedures, Lease Agreements and Transfer of Title

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. 36, September 5, 2008 issue of the Florida Administrative Weekly.

9K-9.003 General Requirements and Eligibility Standards. The following constitutes the general procedures for the Stan Mayfield Working Waterfront Florida Forever grant program of the Florida Communities Trust.

(1) Application Form. Stan Mayfield Working Waterfronts Grant Application Form, form number SMWW-1(eff. ?-??-08), hereinafter Application Form SMWW-1, is prescribed for use with these rules and is incorporated by reference. Applications for funding must be submitted on Application Form SMWW-1. Applicants may only submit one Application Form per Project Site. A copy, or instructions for receiving the Application Form in an electronic format, may be obtained by writing to the, Florida Communities Trust, 2555 Shumard Oak Boulevard, Tallahassee, FL 32399-2100, or by calling (850)922-2207.

(2) through (4) No change.

(5) Working Waterfront Activities. Business activities performed on a project site acquired under this program must derive their primary source of income from services supporting the commercial harvesting of wild or aquacultured marine organisms. Nothing in this rule shall be construed to relieve the Applicant from obtaining proper authorization from the Board of Trustees of Internal Improvement Trust Fund for any structures located on sovereign lands constructed with funds provided by the Florida Communities Trust. ~~Any new structure to be located on sovereignty submerged lands shall comply with the criteria set forth in Chapter 18-21, F.A.C. including but not limited to the requirement that the structure(s) be water dependent.~~

(6) through (9) No change.

Specific Authority 380.507(11), 380.5105(2) FS. Law Implemented 259.105, 380.501-.515 FS. History–New_____.

9K-9.005 Application Review.

(1) Applications received by the Application deadline shall be reviewed and evaluated by Trust staff based on the materials submitted. Eligible Applicants will be notified of the ~~timely~~ receipt and status of their Application(s) via standard mail. Ineligible Applicants shall be notified via certified mail.

(2) through (3) No change.

Specific Authority 380.507(11), 380.5105(2) FS. Law Implemented 259.105, 380.501-.515 FS. History–New_____.

9K-9.006 Project Evaluation Criteria.

The evaluation of Applications shall be based on the criteria set forth in this rule chapter and the information in Application Form SMWW-1. Trust staff shall utilize the information contained in the Application (including exhibits) and all information obtained during its review of the Application, including information obtained during site visits, in drafting an evaluation report and developing a ranking report to present to the Governing Board. At a publicly noticed meeting, the

Governing Board will evaluate the reports and approve the recommended ranking report that will be presented to the Board of Trustees.

The Business Summary shall be evaluated for sufficiency based on information provided in Application Form SMWW-1. Staff from the Department of Agriculture and Consumer Services, and other state agencies as deemed necessary by the Trust, shall review each Business Summary and provide comments to the Trust. Trust staff shall prepare a recommended Business Summary sufficiency determination that takes into consideration comments received from the Department of Agriculture and Consumer Services and other agencies for consideration by the Governing Board. Applications containing a Business Summary deemed insufficient by the Trust will not be considered by the Board of Trustees.

An Application shall receive all the points assigned to a particular criterion if the criterion is met; no partial scores will be given for a criterion. If a criterion does not apply to the proposed Project Site, the Applicant should state "No" in the response to the criterion.

Points shall be awarded when the following criteria are met:

(1) through (2)(b) No change.

(c) The Project Site has sustained ~~significant~~ hurricane damage in the past 5 years such that operating capacity was reduced or normal operations were interrupted for a period of not less than two weeks (5 points).

(3) through (4)(c) No change.

(d) The applicant has committed to major restoration of an existing boat ramp for commercial fishing vessels or to construct a new boat ramp for commercial fishing vessels (4 points).

(5) through (6) No change.

Specific Authority 380.507(11), 380.5105(2) FS. Law Implemented 259.105, 380.501-.515 FS. History–New _____.

9K-9.008 Grant Contracts.

(1) The established time frame for funding approval shall be for a period not to exceed 12 months. Approval shall be evidenced by a fully executed Grant Contract between the Trust and the Recipient. When the established time frame has expired, the project shall be terminated and funds committed to the project shall then be committed to other approved Applications. The Trust shall ~~may~~ extend the Grant Contract beyond the established time frame if significant progress is being made toward the acquisition of the project site or if extenuating circumstances beyond the control of the Applicant warrant an extension of time.

(2) through (4) No change.

Specific Authority 380.507(11), 380.5105(2) FS. Law Implemented 259.105, 380.501-.515 FS. History–New_____.

9K-9.011 Title, Acquisition Procedures, Lease Agreements and Transfer of Title.

This rule chapter and Chapter 9K-10, F.A.C., shall govern in all matters of title, acquisition procedures, lease agreements and transfer of title for lands acquired pursuant to this rule chapter.

Specific Authority 380.507(11), 380.5105(2) FS. Law Implemented 259.105, 380.501-.515 FS. History–New_____.

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-4.320 Therapy Services

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. 25, June 20, 2008 issue of the Florida Administrative Weekly.

This is the second Notice of Change. The first Notice of Change was published in Vol. 34, No. 35, August 29, 2008, issue of the Florida Administrative Weekly. These changes are in response to written material received before and on the date of the final public hearing and comments made at the public hearing.

The rule incorporates by reference the Florida Medicaid Therapy Services Coverage and Limitations Handbook, July 2008. The following revisions were made to the handbook.

Page 1-2, Purpose and Definitions, Physical Therapy, Provider Qualifications and Enrollment. We changed the physical therapy definition back to the definition that is in the current Medicaid Therapy Services Coverage and Limitations Handbook, October 2003. The definition reads, "Physical therapy is a specifically prescribed program to develop, improve or restore neuro-muscular or sensory-motor function, relieve pain, or control postural deviations to attain maximum performance. Physical therapy services include evaluation and treatment of range-of-motion, muscle strength, functional abilities and the use of adaptive and therapeutic equipment. Examples are rehabilitation through exercise, massage, the use of equipment and habilitation through therapeutic activities."

Previous page 1-3, now page 1-2, Purpose and Definitions, Occupational Therapy. We changed the occupational therapy definition back to the definition that is in the current Medicaid Therapy Services Coverage and Limitations Handbook, October 2003. The definition reads, "Occupational therapy is the provision of services that addresses the developmental or

functional needs of a child related to the performance of self-help skills; adaptive behavior; and sensory, motor and postural development. Occupational therapy services include evaluation and treatment to prevent or correct physical and emotional deficits or to minimize the disabling effect of these deficits. Examples are perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment and other techniques related to improving motor development."

Previous page 1-3, now page 1-2, Purpose and Definitions, Speech-Language Pathology. We changed the occupational therapy definition back to the definition that is in the current Medicaid Therapy Services Coverage and Limitations Handbook, October 2003. The definition reads, "Speech-language pathology services involve the evaluation and treatment of speech-language disorders. Services include the evaluation and treatment of disorders of verbal and written language, articulation, voice, fluency, phonology, mastication, deglutition, cognition, communication (including the pragmatics of verbal communication), auditory processing, visual processing, memory, comprehension and interactive communication as well as the use of instrumentation, techniques, and strategies to remediate and enhance the recipient's communication needs, when appropriate. Services also include the evaluation and treatment of oral pharyngeal and laryngeal sensorimotor competencies. Examples are techniques and instrumentation to evaluate the recipient's condition, remedial procedures to maximize the recipient's oral motor functions and communication via augmentative and alternative communication (AAC) systems."

Previous page 1-4, now page 1-3, Purpose and Definitions, Respiratory Therapy. We changed the occupational therapy definition back to the definition that is in the current Medicaid Therapy Services Coverage and Limitations Handbook, October 2003. The definition reads, "Respiratory therapy is treatment of conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Respiratory therapy services include evaluation and treatment related to pulmonary dysfunction. Examples are ventilatory support; therapeutic and diagnostic use of medical gases; respiratory rehabilitation; management of life support systems and bronchopulmonary drainage; breathing exercises and chest physiotherapy."

Page 2-1, Requirements to Receive Services, Introduction. We added the following sentence, "Florida Medicaid covers only the therapy services that are listed on the Procedure Codes and Maximum Fee Schedule in Appendix A."

In addition, the following technical changes were made:

We corrected the page numbers on the Table of Contents and Page 1-1. Purpose and Definitions begins on page 1-1, Prepaid Therapies Program begins on page 1-3, Provider Qualifications begins on page 1-4, and Provider Responsibilities begins on page 1-8.

DEPARTMENT OF MANAGEMENT SERVICES

Communications and Information Technology Services

RULE NO.:	RULE TITLE:
60FF-5.002	Rural County Grants

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. 28, July 11, 2008 issue of the Florida Administrative Weekly.

These changes were made to address concerns expressed by the Joint Administrative Procedure Committee. The changes were approved by the Board at its September 18, 2008 meeting. After the changes are made, the rules will read as follows:

1. When changed, paragraph 60FF-5.002(2)(a) shall read as follows:

(a) Each rural county applying for rural county grant funds shall complete and submit W Form 1A, "Application for the E911 Rural County Grant Program," effective 7/1/2008, which is incorporated herein by reference and which may be obtained from the E911 Board office at the following address:

State of Florida E911 Board
ATTN: Administrative Assistant
4050 Esplanade Way
Building 4030 – Suite 160
Tallahassee, Florida 32399-0950.

The applicant must provide the original grant application and nine copies postmarked or delivered to the Board's Office on or before March 1 or October 1 of each year, dependent on the fall or spring application period.

2. When changed, paragraph 60FF-5.002(2)(c) shall read as follows:

(c) Equipment procurement shall be based on the county's purchasing requirements and the applicable State purchasing requirements specified in Chapter 287, F.S., and the requirements of Section 112.061, F.S.

3. When changed, paragraph 60FF-5.002(2)(d) shall read as follows:

(d) Grant applications totaling $25,000.00 or more must be accompanied by at least three written competitive quotes from different vendors. The E911 Board will compare the three quotes to any existing state contract in order to determine appropriate funding. Any county that has made a good faith effort to obtain three competitive quotes and has not been able to obtain the quotes can request E911 Board review based on substantiated proof of request for quotes or posting of the request with documentation of the limited responses. Sole source funding will be considered on a case-by-case basis. Justification for sole source funding should be provided with this application. Sole source funding will be approved if provided in accordance with Chapter 287, F.S., or with provision of a letter from the county's purchasing department

that the project is a sole source procurement based on the county's purchasing requirements. The letter should be provided with this application.

4. When changed, paragraph 60FF-5.002(2)(m) shall read as follows:

(m) The E911 Board will adjust the funds awarded to a rural county based upon eligibility of requested items, published quotes, increased effectiveness of grant funds, minimum system requirements for performing the needed E911 function as specified in the State E911 plan, or documented factors provided in the grant application submission.

5. When changed, the Specific Authority, Law Implemented and History sections shall read as follows:

Specific Authority 365.172(6)(a)11. FS. Law Implemented 365.173(2)(g), 365.172(9)(a), (b), (c) FS. History–New _____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John C. Ford, Chairman, E911 Board, 4030 Esplanade Way, Suite 235M, Tallahassee, Florida 32399-0950

DEPARTMENT OF MANAGEMENT SERVICES

Communications and Information Technology Services

RULE NO.:	RULE TITLE:
60FF-5.003	State Grant Programs

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. 28, July 11, 2008 issue of the Florida Administrative Weekly.

These changes were made to address concerns expressed by the Joint Administrative Procedure Committee. The changes were approved by the Board at its September 18, 2008 meeting. After the changes are made, the rules will read as follows:

1. When changed, paragraph 60FF-5.003(2)(c) shall read as follows:

(c) Equipment procurement shall be based on the county's purchasing requirements and the applicable State purchasing requirements specified in Chapter 287, F.S., and the requirements of Section 112.061, F.S.

2. When changed, paragraph 60FF-5.003(2)(d) shall read as follows:

(d) Grant applications totaling $25,000.00 or more must be accompanied by at least three written competitive quotes from different vendors. The E911 Board will compare the three quotes to any existing state contract in order to determine appropriate funding. Any county that has made a good faith effort to obtain three competitive quotes and has not been able to obtain the quotes can request E911 Board review based on substantiated proof of request for quotes or posting of the request with documentation of the limited responses. Sole source funding will be considered on a case-by-case basis. Justification and documentation for sole source funding should be provided with this application. Sole source funding will be approved if provided in accordance with Chapter 287, Florida Statutes, or with provision of a letter from the county's purchasing department that the project is a sole source procurement based on the county's purchasing requirements. The letter should be provided with the application.

3. When changed, paragraphs 60FF-5.003(2)(f), (g) shall read as follows:

(f) No grant money will be awarded to be used for the purpose of paying county 911 salaries or call takers' salaries.

(g) Two or more counties may apply for a joint grant, but each county must complete and submit W Form 3A as requested and indicated.

4. When changed, paragraph 60FF-5.003(2)(l) shall read as follows:

(l) The E911 Board will adjust the amount awarded to a county based upon the availability of funds, eligibility of requested items, published quotes, increased effectiveness of grant funds, minimum system requirements for performing the needed E911 function as specified in the State E911 plan, or documented factors provided in the grant application submission.

5. When changed, paragraph 60FF-5.003(3)(a) shall read as follows:

(a) Schedule

Counties submit applications: by October 1

E911 Board evaluates applications: October – November

Board votes on applications at regularly scheduled meetings: October – December

Board notification of award and issuance of checks to counties approved for funding is contingent upon legislative funding release.

6. When changed, the Specific Authority, Law Implemented and History sections shall read as follows:

Specific Authority 365.172(6)(a)11. FS. Law Implemented 365.172(6)(a)3.b., 365.173(2)(i), 365.172(9)(a), (b), (c) FS. History–New _____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John C. Ford, Chairman, E911 Board, 4030 Esplanade Way, Suite 235M, Tallahassee, Florida 32399-0950

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Accountancy

RULE NO.:	RULE TITLE:
61H1-27.002	Concentrations in Accounting and Business

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. 32, August 8, 2008 issue of the Florida Administrative Weekly.

The change is in response to a discussion of the rule at a meeting of the Board held on September 15, 2008. The changes are as follows:

1. Subsection (2)(b) shall now read as follows:

39 semester or 58 quarter hours in general business education which shall include not less than the equivalent of 6 semester or 8 quarter hours in business law courses which shall include coverage of the uniform commercial code, contracts and torts. Vocational and clerical type courses will not count either toward the accounting requirement set forth in subsection 61H1-27.002(2), F.A.C., or this general business education requirement. Specialized industry courses will be acceptable as general business courses but not as accounting courses, unless as defined in subsection 61H1-27.002(2), F.A.C., and they have an accounting prefix; further such courses in order to qualify must be certified by the chairman of the school or college's accounting department as qualifying for general business credit. Written or oral communication courses will qualify for the general business requirement if they have a business or accounting prefix or if they are reflected in the catalog in the school or college as relating directly to the school or college's business or accounting requirements. A maximum of 9 semester hours (13 quarter hours) of computer courses and 6 upper division semester hours (8 quarter hours) of statistics courses will be accepted for purposes of meeting the general business requirement.

2. Subsection (3)(b) shall now read as follows:

24 semester or 36 quarter hours in general business education which shall include not less than the equivalent of 6 semester or 8 quarter hours in business law courses which shall include coverage of the uniform commercial code, contracts and torts. Vocational and clerical type courses will not count either toward the accounting requirement set forth in subsection 61H1-27.002(2), F.A.C., or this general business education requirement. Specialized industry courses will be acceptable as general business courses but not as accounting courses unless as defined in subsection 61H1-27.002(2), F.A.C., and they have an accounting prefix; further such courses in order to qualify must be certified by the chairman of the school or college's accounting department as qualifying for general business credit. Written or oral communication courses will qualify for the general business requirement if they have a business or accounting prefix or if they are reflected in the catalog in the school or college as relating directly to the school or college's business or accounting requirements. A maximum of 9 semester hours (13 quarter hours) of computer courses and 6 upper division semester hours (8 quarter hours) of statistics courses will be accepted for purposes of meeting the general business requirement.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Veloria Kelly, Division Director, Board of Accountancy, 240 N. W. 76th Dr., Suite A, Gainesville, Florida 32607

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.:	RULE TITLE:
64B-3.006	Diagnostic Testing

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 40, October 3, 2008 issue of the Florida Administrative Weekly.

The above-proposed rule was noticed in the August 22, 2008, issue of the Florida Administrative Weekly, Vol. 34, No. 34, on pages 4349 and 4350. The purpose and effect was inadequate. The purpose and effect is to implement Chapter 2007-324, 520, effective January 1, 2008, which requires the Department to list diagnostic tests that are not permitted under the personal injury protection statute.

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

Division of Disease Control

RULE NOS.:	RULE TITLES:
64D-3.029	Diseases or Conditions to be Reported
64D-3.030	Notification by Practitioners
64D-3.031	Notification by Laboratories

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. 26, June 27, 2008 issue of the Florida Administrative Weekly.

64D-3.029 Diseases or Conditions to Be Reported.

(1) Diseases or conditions listed in subsection (3) below are of public health significance identified by the Department as of the date of these rules which must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see

Rules 64D-3.030-64D-3.033, F.A.C.), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient's residence is located consistent with the specific section and time frames in subsection (3) below relevant to the practitioners, hospitals and laboratories, respectively. Reporters are not prohibited from reporting diseases ~~and/~~or conditions not listed by rule.

(2) Definitions to be used with subsection (3) below: (No change.)

(a) "Notifiable Diseases or Conditions" – The definitions of ~~"case" and~~ "suspected case" and "confirmed case" for reportable diseases or conditions are set forth in "Surveillance Case Definitions for Select Reportable Diseases in Florida," August 2008, incorporated by reference, available online at: http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefAug2008.pdf. ~~www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm. For any disease or condition for which Florida surveillance case definitions do not exist, the CDC case definitions set forth in Nationally Notifiable Infectious Diseases, Definition of Terms Used in Case Classification, incorporated by reference, available online at: www.cdc.gov/epo/dphsi/casedef/definition_of_terms.htm should be used. Also see the footnotes to subsection (3).~~

(b) "Suspect Immediately" – A notifiable condition or urgent public health importance. Report without delay upon the occurrence of any of the following: Initial suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after hours duty official at (850)245-4401. (No change.)

(c) "Immediately" – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: An indicative or confirmatory test, findings indicative thereof, or diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after hours duty official at (850)245-4401. (No change.)

(d) "Next Business Day" – Report before the closure of the County Health Department's next business day following suspicion or diagnosis. (No change.)

(e) "Other" – Report consistent with the instruction in and footnotes to subsection (3) below. (No change.)

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

Practitioner Reporting					Laboratory Reporting					
	Timeframes						Timeframes			
Notifiable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed in this Rule that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism. ~~Any disease outbreak in a community, hospital or other institution or a foodborne or waterborne outbreak~~	X	X			Detection in one or more specimens of etiological agents of a disease or condition not listed in this Rule that is of urgent public health significance. ~~Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak~~		X	X		
~~Any grouping or clustering of patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism~~	~~X~~	~~X~~			~~Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism.~~		~~X~~	~~X~~		
Acquired Immune Deficiency Syndrome (AIDS)				2 Weeks	Not Applicable					
Amebic Encephalitis		X			Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba spp.			X		
Anthrax	X	X			*Bacillus anthracis*	X	X	X		
Arsenic*2			X		Laboratory results as specified in the surveillance case definition for arsenic poisoning *2				X	
Botulism, foodborne	X	X			*Clostridium botulinum* or botulinum toxin	X	X	X		
Botulism, infant			X		*Clostridium botulinum* or botulinum toxin	X			X	

Botulism, other (includes wound and unspecified)	X	X			*Clostridium botulinum* or botulinum toxin	X	X	X		
Brucellosis	X	X			*Brucella abortus, B. melitensis, B. suis, B. canis*	X	X	X		
California serogroup virus neuroinvasive and non-neuroinvasive disease			X		California encephalitis ~~virus~~, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus viruses	X			X	
Campylobacteriosis			X		*Campylobacter* species				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) *3 ~~*2~~				6 Months	Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 Months
Carbon monoxide poisoning			X		A volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood				X	
CD-4	Not Applicable				CD-4 absolute count and percentage of total lymphocytes *4 ~~*3~~					3 days
Chancroid			X		*Haemophilus ducreyi*				X	
Chlamydia			X		*Chlamydia trachomatis*				X	
Chlamydia in pregnant women and neonates			X		*Chlamydia trachomatis*				X	
Chlamydia in children < 12 years of ag *5e ~~*4~~			X		*Chlamydia trachomatis*				X	
Cholera	X	X			*Vibrio cholerae*	X	X	X		
Ciguatera fish poisoning (Ciguatera)			X		Not Applicable					
~~*Clostridium perfringens*, epsilon toxin (disease due to)~~			~~X~~		~~*Clostridium perfringens*, epsilon toxin~~				~~X~~	
Congenital anomalies *6 ~~*5~~				6 Months	Not Applicable					
Conjunctivitis in neonates < 14 days old			X		Not Applicable					
Creutzfeld-Jakob disease (CJD) *7 ~~*6~~			X		14-3-3 protein from CSF or any brain pathology suggestive of CJD *7 ~~*6~~				X	
Cryptosporidiosis			X		*Cryptosporidium parvum*				X	
Cyclosporiasis			X		*Cyclospora cayetanensis*	X			X	
Dengue			X		Dengue virus	X			X	
Diphtheria	X	X			*Corynebacterium diphtheriae*	X	X	X		
Eastern equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Eastern equine encephalitis virus	X			X	
Ehrlichiosis/Anaplasmosis ~~Ehrlichiosis, human granulocytic (HGE)~~			X		*Anaplasma phagocytophilum, Ehrlichia chaffeensis, or E. ewingii* ~~*Ehrlichia phagocytophilia*~~.	X			X	
~~Ehrlichiosis, human monocytic (HME)~~			~~X~~		~~*Ehrlichia chaffeensis*~~				~~X~~	
Ehrlichiosis/Anaplasmosis – undetermined or unspecified ~~Ehrlichiosis, human other or unspecified agent~~			X -		*Ehrlichia or Anaplasma* species, other	X			X	

Encephalitis, other (non-arboviral)			X		Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic virus				X	
Enteric disease due to *Escherichia coli* O157:H7		X			*Escherichia coli* O157:H7	X		X		
Enteric disease due to other pathogenic *Escherichia coli* *8 ~~*7~~		X			*Escherichia coli* *8 ~~*7~~			X		
Giardiasis (acute)			X		*Giardia* species				X	
Glanders	X	X			*Burkholderia mallei*,	X	X	X		
Gonorrhea			X		*Neisseria gonorrhoeae*				X	
Gonorrhea in children < 12 years of age *5 ~~*4~~			X		*Neisseria gonorrhoeae*				X	
Gonorrhea in pregnant women and neonates			X		*Neisseria gonorrhoeae*				X	
Gonorrhea (Antibotic Resistant)			X		*Neisseria gonorrhoeae* *9 ~~*8~~				X	
Granuloma Inguinale			X		*Calymmatobacterium granulomatis*				X	
Haemophilus influenzae, meningitis and invasive disease	X	X			*Haemophilus influenzae*	X	X	X		
Hansen disease (Leprosy)			X		*Mycobacterium leprae*				X	
Hantavirus infection		X			Hantavirus	X		X		
Hemolytic uremic syndrome		X			Not Applicable					
Hepatitis A *10 ~~*9~~		X			Hepatitis A *10 ~~*9~~			X		
Hepatitis B, C, D, E and G Virus *10 ~~*9~~			X		Hepatitis B, C, D, E and G Virus *10 ~~*9~~				X	
Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old			X		Hepatitis B surface antigen (HBsAg)				X	
Herpes simplex virus (HSV) in infants up to 60 days old ~~six (6) months of age~~ with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth *11 ~~*10~~			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *11 ~~*10~~				X	
HSV – anogenital in children < 12 years of age *5*11 ~~*4*10~~			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *11 ~~*10~~				X	

Human immunodeficiency virus (HIV)				2 Weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results *12*13. ~~*11~~					3 days
Human immunodeficiency virus (HIV) Exposed Newborn – infant < 18 months of age born to a HIV infected woman			X		All HIV test results (e.g., positive or negative immunoassay, positive or negative virologic tests) for those < 18 months of age					3 days
Human papillomavirus ~~papilloma virus~~ (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years of age *5 ~~*4~~			X		HPV DNA				X	
HPV – anogenital in children <12 years of age *5 ~~*4~~			X		HPV DNA				X	
Human papillomavirus ONLY physicians licensed as pathologists need report as directed under Laboratory Reporting*14 → ~~HPV cancer associated strains*12~~			X		1) Positive test for any high risk human papillomavirus (HPV) type (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 59, 68, etc)*15 2) Abnormal cervical and anogenital cytologies consistent with "Bethesda 2001 Terminology"*15 3) Abnormal histologies including*15: a. cervical vaginal intraepithelial neoplasia (CIN 1, 2, or 3) b. vulvar intraepithelial neoplasia (VIN 1, 2, or 3) c. vaginal intraepithelial neoplasia (VAIN 1, 2, or 3) d. anal intraepithelial neoplasia (AIN 1, 2, or 3) ~~DNA typing of HPV strains 16, 18, 31, 33, 35, 36, 45~~ ~~Abnormal histologies consistent with Bethesda 2001 Terminology *13~~				X	

Influenza due to novel or pandemic strains	X	X			Isolation of influenza virus from humans of a novel or pandemic strain	X	X	X		
Influenza-associated pediatric mortality in persons aged < 18 years		X			Influenza virus – associated pediatric mortality in persons aged <18 years (if known)	X		X		
Lead poisoning *16 ~~*14~~			X		All blood lead test results*16 ~~tests with detectable blood lead values *14~~				X	
Legionellosis			X		*Legionella* species				X	
Leptospirosis			X		*Leptospira interrogans*				X	
Listeriosis		X			*Listeria monocytogenes*			X		
Lyme disease			X		*Borrelia burgdorferi*				X	
Lymphogranuloma Venereum (LGV)			X		*Chlamydia trachomatis*				X	
Malaria			X		*Plasmodium falciparum, P. vivax, P. ovale, P. malariae*	X			X	
Measles (Rubeola)	X	X			Measles virus *17 ~~*15~~	X	X	X		
Melioidosis	X	X			*Burkholderia pseudomallei*	X	X	X		
Meningitis, bacterial, cryptococcal and mycotic (other than meningococcal or *H. influenzae* or pneumococcal)			X		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X	
Meningococcal Disease, includes meningitis and meningococcemia	X	X			*Neisseria meningitidis* (serogroup needed)	X	~~X~~	X		
Mercury poisoning			X		Laboratory results as specified in the surveillance case definition for mercury poisoning				X	
Mumps			X		Mumps virus				X	
Neurotoxic shellfish poisoning		X			Laboratory results as specified in the surveillance case definition for Neurotoxic shellfish poisoning			X		
Pertussis		X			*Bordetella pertussis*			X		
Pesticide-related illness and injury			X		Laboratory results as specified in the surveillance case definition for pesticide related illness and injury				X	
Plague	X	X			*Yersinia pestis*	X	X	X		
Poliomyelitis, paralytic and non-paralytic	X	X			Poliovirus	X	X	X		
Psittacosis (Ornithosis)			X		*Chlamydophila psittaci* (formerly known as *Chlamydia psittaci*)	X			X	
Q Fever			X		*Coxiella burnetii*	X			X	
Rabies, animal		X			Rabiesvirus		X	X		
Rabies, human		X			Rabiesvirus		X	X		
Rabies, possible exposure *18 ~~*16~~	X	X			Not Applicable					
Ricin toxicity	X	X			Ricin toxin (from *Ricinus communis* castor beans)	X	X	X		

Rocky Mountain spotted fever			X		*Rickettsia rickettsii*	X			X	
Rubella, including congenital	X	X			Rubella virus *17 ~~*15~~	X	X	X		
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease			X		St. Louis encephalitis virus	X			X	
Salmonellosis			X-		*Salmonella* species by species serogroup and serotype				X	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin				X	
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease	X	X			SARS–associated Coronavirus (SARS-CoV)	X	X	X		
Shigellosis			X		*Shigella* species by species serogroup				X	
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
Staphylococcus aureus - community associated mortality *19			X		*Staphylococcus aureus* – community associated mortality *20	X				
Not Applicable					*Staphylococcus aureus* isolated from a normally sterile site *21				X	
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA,VRSA)		X			*Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition. *22	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		
Streptococcal disease, invasive, Group A			X		*Streptococcus pyogenes*, Group A, isolated from a normally sterile site (does not include throat specimens)				X	
Streptococcus pneumoniae, invasive disease	Not Applicable				*Streptococcus pneumoniae* isolated from a normally sterile site *23				X	
Streptococcus pneumoniae, invasive disease in children < 5 years, drug sensitive and resistant			X		*Streptococcus pneumoniae* isolated from a normally sterile site *23				X	
Syphilis			X		*Treponema pallidum*				X	
Syphilis in pregnant women and neonates		X			*Treponema pallidum*			X		
Tetanus			X		*Clostridium tetani*				X	
Toxoplasmosis, acute			X		*Toxoplasma gondii*				X	
Trichinellosis (Trichinosis)			X		*Trichinella spiralis*				X	
Tuberculosis (TB) *24 ~~*17~~			X		*Mycobacterium tuberculosis* complex *24 ~~*17~~				X	
Tularemia	X	X			*Francisella tularensis*	X	X	X		
Typhoid fever		X			*Salmonella typhi*	X		X		

Typhus fever (outbreak) ~~(epidemic)~~	X	X			*Rickettsia prowazekii*	X	X	X		
Typhus fever (endemic)			X		*Rickettsia typhi, R. felis*	X			X	
Vaccinia disease	X	X			Vaccinia virus	X	X	X		
Varicella (ChickenPox) *25 ~~*18~~			X		Varicella virus				X	
Varicella mortality			X		Varicella virus				X	
Venezuelan equine encephalitis virus neuroinvasive and non-neuroinvasive	X	X			Venezuelan equine encephalitis virus	X	X	X		
Vibriosis (Vibrio infections, other than Cholera)			X		All non-cholera *Vibrio* species including, *V. alginolyticus, V. damsela, V. fluvialis, V. furnissii, V. hollisae, V. mimicus, V. parahaemolyticus, V. vulnificus*	X			X	
Viral hemorrhagic fevers	X	X			Ebola, Marburg, Lassa, Machupo viruses	X	X	X		
West Nile virus neuroinvasive and non-neuroinvasive disease			X		West Nile virus	X			X	
Western equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X		Western equine encephalitis virus	X			X	
Yellow fever	X	X			Yellow fever virus	X		X		

*1 – Submission of isolates or specimens for confirmation: (No change.)

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

b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, Bureau of Laboratories, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

c. For the address of your closest regional Florida Department of Health laboratory location, contact 1(866)352-5227. This location will receive isolates or specimens and maintain a record to indicate the date that these specimens were submitted to the laboratory.

d. Laboratories shall submit isolates or specimens to the Florida Department of Health, Bureau of Laboratories for confirmation or additional characterization of the organism for any notifiable disease as requested by the county health department director or administrator or their designee. Some additional information regarding such requests can be found in the document "Surveillance Case Definitions for Select Reportable Diseases in Florida".

e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designated in the Table of Notifiable Diseases or Conditions to be Reported in this Rule.

*2 – Special reporting requirements for Arsenic: Test results should only be reported if the test occurred 72 hours after the patient's consumption of seafood.

*3~~*2~~ – Notification within six months of diagnosis and within six months of each treatment.

Exceptions are located in Rule 64D-3.007, F.A.C.

*4~~*3~~ – All CD4s, with or without confirmed HIV infection.

*5~~*4~~ – Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of a STD case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuit to Section 39.201, F.S.

*6~~*5~~ – Exceptions are located in Rule 64D-3.035, F.A.C.

*7~~*6~~ – Practitioners should contact the Department of Health, Bureau of Epidemiology at (850)245-4401 to arrange appropriate autopsy and specimen collection.

*8~~*7~~ – Non-O:157:H7, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains.

*9~~*8~~ – Special reporting requirements for Antibotic Resistant *Neisseria gonorrhoeae*:

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

*10~~*9~~ – Special reporting requirements for Hepatitis:

a. Positive results should be accompanied by any hepatitis testing conducted: and

b. All serum aminotransferase levels.

*11~~*10~~ – A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.

*12~~*11~~ – Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):

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

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

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

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

*13 – If a genotype is performed, the fasta files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.

~~*12 – Practitioners need only to report the presence of cancer associated strains, not abnormal cytologies to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A 19, Tallahassee, Florida 32399 1712, (850)245 4303.~~

*14 – Practitioners need not report, unless licensed as a pathologist.

~~*13 – Special reporting requirements for abnormal histologies:~~

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

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

*15 – Special reporting requirements for laboratories and pathologists:

a. Report to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1716, (850)245-4303.

b. Paper reports are not required. In accordance with paragraph 64D-3.031(5)(b), F.A.C., once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.

*16~~*14~~ – Special reporting requirements for reporting blood lead tests:

a. All blood lead tests are considered evidence of a suspected case and are to be reported to the Florida Department of Health, Bureau of Community Environmental Health, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1712, (850)245-4277. This reporting requirement pertains to: 1) laboratories and, 2) practitioners that conduct on site blood lead analysis (i.e., practitioners that use portable lead care analyzers or other devices to perform blood lead analysis).

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

*17~~*15~~ – IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG results.

*18~~*16~~ – Includes a bite or other significant exposure to a human or domestic animal (including all pets and livestock) by an animal:

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

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

*19 – As specified in the surveillance case definition for mortality in a person infected with community associated *Staphylococcus aureus*. For *S. aureus* mortality cases, a *S. aureus* culture shall be sent to the Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500. When pneumonia was present, a suitable respiratory specimen for viral testing should be submitted if available.

*20 – Laboratories that have an isolate from a patient known to have died from community associated Staphylococcus aureus must submit isolates to Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500.

*21 – Special reporting requirements for *Staphylococcus aureus*:

a. Antibiotic sensitivities must be included.

b. Paper reports are not required. In accordance with paragraph 64D-3.031(5)(b), F.A.C., once Electronic Laboratory Reporting is initiated with the Department, all reports should be made electronically.

*22 – Special reporting requirements for *Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA):

a. Antibiotic sensitivities must be included.

*23 – Special reporting requirements for *Streptococcus pneumoniae:*

a. Antibiotic sensitivities must be included.

*24~~*17~~ – Special reporting requirements for Tuberculosis:

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

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

*25~~*18~~ – Special reporting requirements for Varicella (chickenpox) – Besides the information required to be reported in subsection 64D-3.030(3), F.A.C., practitioners shall also provide date of vaccination.

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

Editorial Note: History–Formerly 10D-3.62, 10D-3.062, and 64D-3.002.

64D-3.030 Notification by Practitioners.

(1) Each practitioner licensed under Chapters 458, 459, 460, 462, 464, 467 and 474, F.S., and medical examiner appointed pursuant to Chapter 406, F.S., who diagnoses, treats or suspects a case, or who suspects an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., including in persons who at the time of death were so affected, shall report or cause to be reported all such diagnoses or suspicions per this rule. Reporting of specimen results by a laboratory to a county health department director, administrator or designee does not nullify the practitioner's obligation to report said disease or condition. (No change.)

(2) Any request for laboratory test identification shall be considered a suspicion of disease. However, practitioners need only to report suspected cases if indicated in the "suspect immediately" column under practitioners in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C. (No change.)

(3) Any report of a notifiable disease or condition required by this rule, except for cancer, congenital anomalies and HIV/AIDS, shall be reported on the Florida Department of Health Disease Report Form (DH Form 2136, 3/06), incorporated by reference, available at the Department of Health, Division of Disease Control, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399-1714, or on a form supplied by the provider that includes the following: (No change.)

(a) The patient's: (No change.)

1. First and last name, including middle initial; (No change.)

2. Address, including city, state and zip code; (No change.)

3. Telephone number, including area code; (No change.)

4. Date of birth; (No change.)

5. Sex; (No change.)

6. Race; (No change.)

7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent); (No change.)

8. Pregnancy status if applicable; (No change.)

9. Social Security number; (No change.)

10. Date of onset of symptoms; (No change.)

11. Diagnosis. (No change.)

(b) Type of diagnostic tests (for example culture, IgM, serology, Mantoux TB skin test, nucleic acid amplification test or Western Blot); (No change.)

(c) Type of specimen (for example stool, urine, blood, mucus, etc.); (No change.)

(d) Date of specimen collection; (No change.)

(e) Site (for example cervix, eye, etc., if applicable); (No change.)

(f) Diagnostic test results including: reference range, titer when quantitative procedures are performed, and all available results concerning additional characterization of the organism;

(g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported; (No change.)

(h) Treatment given; (No change.)

(i) Name, address and telephone number of the attending practitioner; (No change.)

(j) Other necessary epidemiological information as well as additional specimen collection or laboratory testing requested by the county health department director or administrator or their designee.

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

(5) Special reporting requirements for HIV and AIDS: (No change.)

(a) All cases of HIV or AIDS, which meet the Centers for Disease Control and Prevention (CDC) case definitions set forth in CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, published in Morbidity and Mortality Weekly Report (MMWR) Vol. 48 [RR-13, December 10, 1999], incorporated by reference, available online at: www.cdc.gov/mmwr/PDF/RR/RR4813.pdf, shall be reported on the Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 03/2007, ~~01/2003~~ incorporated by reference, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference, along with the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH Form 2134, (09/08), ~~(December 2006),~~ incorporated by reference. All forms are available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715, (850)245-4334.

(b) HIV exposed newborns shall be reported on the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference in paragraph 64D-3.030(5)(a),~~(b),~~ F.A.C.

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

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

Editorial Note: History–Formerly 10D-3.097, 64D-3.016 and 64D-3.022.

64D-3.031 Notification by Laboratories.

(1) Each person or designee who is in charge of a public, federal, private, military or hospital laboratory responsible for receiving the initial order to perform serologic, immunologic, microscopic, biochemical, molecular or cultural tests on specimens derived from a human body or an animal or for collecting the specimen shall report or cause to be reported any laboratory test suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., per this rule. (No change.)

(2) Receipt of a laboratory test order requesting the identification of reportable agents shall be considered by the laboratory as an indication of suspected diagnosis. However, laboratories need only to report suspected cases if indicated in the "suspect immediately" column under laboratories in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C. (No change.)

(3) To allow follow-up of laboratory findings suggestive of or diagnostic of diseases or conditions in the Table of Notifiable Diseases or Conditions, the form upon which the information will be reported shall be furnished by the laboratory that includes the following information: (No change.)

(a) The Patient's: (No change.)

1. First and last name, including middle initial; (No change.)

2. Address including street city, state and zip code; (No change.)

3. Phone number, including area code; (No change.)

4. Date of birth; (No change.)

5. Sex; (No change.)

6. Race; (No change.)

7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent); (No change.)

8. Pregnancy status if applicable; (No change.)

9. Social Security number; (No change.)

(b) The Laboratory (No change.)

1. Name, address and telephone number of laboratory performing test; (No change.)

2. Type of specimen (for example stool, urine, blood, mucus, etc.); (No change.)

3. Date of specimen collection; (No change.)

4. Site (for example cervix, eye, etc., if applicable); (No change.)

5. Date of report; (No change.)

6. Type of tests performed and results, including reference range, titer when quantitative procedures are performed, and including all available results on speciating, grouping or typing of organisms; (No change.)

7. Submitting provider's name, address including street, city, zip code and telephone number, including area code; (No change.)

8. National Provider Identification (NPI) Number.

(4) Laboratories located out of state, licensed under Part 1, Chapter 483, F.S., who collect specimens in Florida or who receive the initial order for testing from a practitioner, blood bank, plasmapheresis center or other health care provider

located in Florida, shall report in the same way as if the findings had been made by a laboratory located in Florida. (No change.)

(5) Upon the Department's implementation of its Electronic Laboratory Reporting System (ELR) for laboratory findings suggestive of or diagnostic of diseases or conditions, reports will be submitted electronically to the Department using Health Level Seven (HL7) version 2.3.1 format or ASCII delimited flat files which reflect comparable content to HL7 version 2.3.1. utilized by the Department of Health. The CDC Implementation Guide, Health Level Seven Specifications for Electronic Laboratory-Based Reporting of Public Health Information, October 1997, ~~for Transmission of Laboratory Based Reporting of Public Health Information~~, using version 2.3.1 of the Health Level Seven (HL7) Standard Protocol, incorporated by reference, is available online at: http://www.cdc.gov/nedss/ELR/HL7Spec.pdf. ~~the Department of Health, ELR Project, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1715.~~

(a) The Department's ELR System shall include: (No change.)

1. The initial contact with the reporting laboratory; (No change.)

2. A content review and testing of the laboratories' HL7 transmissions; and (No change.)

3. The transition from testing to production for the HL7 laboratory transmissions. (No change.)

(b) The Department and laboratory will agree on a date of implementation (No change.)

(c) Laboratories reporting electronically through ELR and the Department shall agree to a date that the transmission of findings suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Disease or Conditions, Rule 64D-3.029, F.A.C., electronically in HL7 version 2.3.1 format to the Department is acceptable and considered good faith reporting and the laboratory will no longer be required to submit paper forms pursuant to subsection 64D-3.031(3), F.A.C; (No change.)

(d) The Department shall ensure access to the laboratory findings suggestive of or diagnostic of disease or conditions listed in the Table of Notifiable Diseases or Conditions to authorized representatives of the department. (No change.)

(7)(a) In order to study disease incidence, each laboratory licensed to perform tests for any notifiable disease or condition shall report the test volume for each related diagnostic test performed for the notifiable diseases listed in Rule 64D-3.029, F.A.C. (No change.)

(6) This section does not prohibit a laboratory from making a report by telephone, in writing, or facsimile to the county health department having jurisdiction for the area in which the office of the submitting practitioner or the patient's residence is located. (No change.)

(b) Reports are to be filed annually on or before April 1 of each year to the Department electronically in a format agreed upon by the department and the laboratory with the following information: (No change.)

1. Type of diagnostic test; (No change.)

2. Patient's date of birth; (No change.)

3. Patient's sex; (No change.)

4. Race; (No change.)

5. Ethnicity (specify if of Hispanic descent or not of Hispanic descent). (No change.)

(8) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives. (No change.)

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

Editorial Note: History–Formerly 10D-3.66, 10D-3.066, 64D-3.003, 64D-3.017 and 64D-3.023

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE NOS.:	RULE TITLES:
65C-16.003	Case Reviews
65C-16.005	Evaluation of Applicants
65C-16.013	Determination of Maintenance Subsidy Payments
65C-16.017	Florida Adoption Reunion Registry
65C-16.018	Adoption Benefits for Qualifying Employees of State Agencies

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. 23, June 6, 2008 issue of the Florida Administrative Weekly.

65C-16.003 Case Reviews.

(2)(b) Quarterly Case Staffings. Staff responsible for planning for children in need of adoption will meet together as a team to collectively discuss ~~staff~~ and assess the needs of waiting children and available families. The teams will meet as often as necessary to assure that permanency needs are met. ~~Each waiting child is to be staffed at least quarterly.~~ The team will meet at least quarterly for each waiting child, 65C-16.004 Recruitment, Screening and Application Process/Adoptive Applicants.

(3) The recruitment activities shall reflect the ethnic and racial diversity of children needing adoptive placement pursuant to the Indian Child Welfare Act and Multi-Ethnic Placement Act.

(5) An application to adopt must be made on form CF-FSP 5071, PDF 08~~4~~/2008, Adoptive Home Application, which is incorporated by reference and ~~which~~ includes necessary identifying information and information required by statute. If a community based provider chooses to use its own form, that form must contain all of the elements of CF-FSP 5071, PDF 08~~4~~/2008, which is incorporated by reference. A copy of the form is available upon request by contacting the Office of Family Safety, at 1317 Winewood Blvd., Tallahassee, FL.

65C-16.005 Evaluation of Applicants.

(3)(m) All adoptive parent applicants must disclose to the department or community based care provider any prior or pending local, state or national criminal proceedings in which they have been involved. ~~Affidavit of Good Moral Character. All adoptive parent applicants must complete an affidavit of good moral character (Form CF-1649, Affidavit of Good Moral Character), hereby incorporated by reference, attesting to their own good moral character. A copy of the form is available upon request by contacting the Office of Family Safety, at 1317 Winewood Blvd., Tallahassee, FL. Foster parents who are adopting a foster child in their home and who have completed this affidavit as a part of their licensing requirements need not complete it again;~~

(3)(o) Use of References. A minimum of five written references will be required. At least two of the references will be non-relatives. References must be obtained from persons who either: 1) have had the opportunity to observe the applicants in situations that may give some indication for their capacity for parenthood, or 2) who as a result of their relationship to the applicant, possess or should possess documentation or knowledge of the applicant's capacity for parenthood. ~~deviant behavior or immoral character.~~ References should be obtained from employers of applicants and from schools or day care providers who have had an opportunity to know the family.

65C-16.013 Determination of Maintenance Subsidy Payments.

(9) The adoption assistance agreement (Form CF FSP 5079~~1~~, PDF 08/2008, Adoption Assistance Agreement), hereby incorporated by reference, must be signed and dated by all parties prior to the finalization of the adoption. A copy of the form is available upon request by contacting the Office of Family Safety, at 1317 Winewood Blvd., Tallahassee, FL. The effective date of the agreement is the date of placement in the adoptive home, or in the case of adoption by the current caregiver, on the date the memorandum of agreement to adopt is signed. Payments may not be made for any months in which there is no adoption assistance agreement in place.

65C-16.017 Florida Adoption Reunion Registry.

(3)(a) Any person may register by completing and submitting the application for registry services (Form CF 1490, PDF 08/2008, Application for Registry Services), hereby incorporated by reference, indicating to whom they consent to release identifying information about themselves. A copy of the form is available upon request by contacting the Office of Family Safety, at 1317 Winewood Blvd., Tallahassee, FL.

(6)(a) Any registrant may change the name, address or telephone number associated with their registration, may limit or restrict their consent to release information, or may completely withdraw from the registry at any time using Form CF 1491 PDF 08/2008, Application to Update Information on File with Adoption Registry, hereby incorporated by reference. A copy of the form is available upon request by contacting the Office of Family Safety, at 1317 Winewood Blvd., Tallahassee, FL.

(10) CF1490, PDF 08/2008, ~~09/2000~~ Applications for Registry Services, and CF1491, PDF 08/2008, ~~09/2000~~ Application to Update Information on File with Adoption Registry, which are incorporated by reference, are available upon request from the Department's Office of Family Safety, Interstate Compact Office at 1317 Winewood Blvd., Tallahassee, FL.

65C-16.018 Adoption Benefits for Qualifying Employees of State Agencies.

(9) The Department shall hold an annual open enrollment period for submission of applications between the first business day of August and the last business day of October. To apply for this benefit, the applicant shall fully complete and submit the State of Florida Application for Adoption Benefit Form, CF-FSP 5327, Sep. 2008, which is hereby incorporated by reference, and is available online at http://www.dcf.state.fl.us/adoption/adoptbenefitsprogram.shtml.

Section IV
Emergency Rules

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE NO.: RULE TITLE:

5FER08-2 Volatility Standards for Gasoline

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: As a result of the effects on the supply and distribution of fuel caused by tropical storms and hurricanes during August and September, extreme and unusual circumstances exist that will prevent the distribution of an adequate fuel supply to consumers in specified Florida counties. On September 11, 2008, the United States Environmental Protection Agency (EPA) issued a fuel