

## Section I

### Notice of Development of Proposed Rules and Negotiated Rulemaking

#### DEPARTMENT OF EDUCATION

##### State Board of Education

RULE NO.:      RULE TITLE:

6A-6.0952      Family Empowerment Scholarship Program  
PURPOSE AND EFFECT: To set limits on when eligible scholarship students can receive all four quarterly scholarship payments in a year. The limits will be dependent on when the Department receives a request for funding from a Scholarship Funding Organization (SFO). In addition, other amendments to improve the scholarship will be considered.

SUBJECT AREA TO BE ADDRESSED: Family Empowerment Scholarship Program

RULEMAKING AUTHORITY: 1002.394(17), F.S.

LAW IMPLEMENTED: 1002.394, F.S.

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

DATE AND TIME: August 22, 2025, 11:00 a.m. – 12:00 Noon, ET or until conclusion of business, whichever is earlier.

PLACE:      Via      GoToWebinar.      Register      at  
<https://attendee.gotowebinar.com/register/8984832338823454810>

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Adam Emerson; Executive Director, Independent Education and Parental Choice, (850)245-0502, [adam.emerson@fldoe.org](mailto:adam.emerson@fldoe.org). To comment on this rule development or to request a rule development workshop, please go to <https://web02.fldoe.org/rules> or contact: Chris Emerson, Director, Office of Executive Management, [Christian.Emerson@fldoe.org](mailto:Christian.Emerson@fldoe.org).

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

#### DEPARTMENT OF HEALTH

##### Genetic Counselors

RULE NO.:      RULE TITLE:

64B34-1.001      Documentation for Licensure

PURPOSE AND EFFECT: To update the applications for licensure as a genetic counselor and temporary licensure as a genetic counselor to require criminal background screening of applicants and licensees, and to add an application for licensure by endorsement as a genetic counselor to comply with statutory requirements.

SUBJECT AREA TO BE ADDRESSED: Applications for licensure as a genetic counselor, license by endorsement, and temporary licensure as a genetic counselor.

RULEMAKING AUTHORITY: 456.004(5), 456.0145(5), 483.914(1), F.S.

LAW IMPLEMENTED: 456.0135(1), 456.0145(2), 483.914, F.S.

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 REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Ashleigh Irving, Executive Director, (850)245-4462 or [Ashleigh.Irving@FIHealth.gov](mailto:Ashleigh.Irving@FIHealth.gov).

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

## Section II

### Proposed Rules

#### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

##### Division of Administration

RULE NO.:      RULE TITLE:

5A-16.003      Procedure for Conducting Vehicle Inspection

PURPOSE AND EFFECT: The proposed change is necessary to incorporate a new Agricultural Inspection Station, Agricultural Inspection Pads, and mobile or roving officers of the Office of Agricultural Law Enforcement into the rule governing the manner in which regulatory inspections are conducted and which vehicles are subject to inspection.

SUMMARY: The proposed rulemaking will add definitions for Agricultural Inspection Stations; Agricultural Inspection Pads; and, mobile or roving Agricultural Law Enforcement Officers and update the procedures for regulatory inspections. The proposed rulemaking will also incorporate a new publication titled Florida Agricultural Inspection Stations, which includes a summary, map, and location listing of all agricultural inspection stations in Florida.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department's economic analysis of the adverse impact or potential regulatory costs of the proposed rule did not exceed any of the criteria established in Section 120.541(2)(a), Florida Statutes. As part of this analysis, the Department relied upon the fact that there are no anticipated fees associated with the revised rulemaking. Additionally, no interested party submitted additional information regarding the economic impact.

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

RULEMAKING AUTHORITY: 570.07(23), 570.15(1), (2), (5), FS.

LAW IMPLEMENTED: 570.15, FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: L. Allen Beard, Esq., Senior Attorney, Office of Agricultural Law Enforcement, 2005 Apalachee Parkway, Suite B, Tallahassee, Florida 32399 / (850) 545-0698 / allen.beard@fdacs.gov.

THE FULL TEXT OF THE PROPOSED RULE IS:

### **5A-16.003 Procedure for Conducting Vehicle Inspection.**

(1) Definitions. For purposes of this rule, the following definitions shall apply:

(a) "Agricultural Inspection Station" means a location identified in Florida Agricultural Inspection Stations, FDACS-P-02247 (06/2025), which is hereby adopted and incorporated by reference. Copies of this document may be obtained from the Department of Agriculture and Consumer Services, Office of Agricultural Law Enforcement, 2005 Apalachee Parkway, Suite B, Tallahassee, Florida 32399-6500 or accessed online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-18468>.

(b) "Agricultural Inspection Pad" means a paved side pad located parallel to a state road without a fixed inspection station and which is used to establish temporary agricultural inspection sites.

(c) "Mobile" or "roving" officer means an officer of the Office of Agricultural Law Enforcement assigned to patrol the streets and highways of the state whose primary purpose is the interdiction of any of the following nonconforming products: any food product; any agricultural, horticultural, or livestock

product; or any article or product with respect to which any authority is conferred by law on the Department.

(d) "Vehicle" means any object identified in s. 570.15(1)(a)1.f.-i., F.S., which is used or could be used for the transportation within the state of any food product; any agricultural, horticultural, or livestock product; or any article or product with respect to which any authority is conferred by law on the Department.

(e)(1) "Inspection" means for those vehicles designated in Section 570.15(1)(a), F.S.: ~~(a)~~ The examination of documents including but not limited to bill of lading, proof of ownership, certificate of inspection, and similar or related documents.

(2) All vehicles within this state are subject to inspection.

(a) The inspection of the following vehicles includes examination of the cargo of the vehicle:

(b) ~~In addition to paragraph (1)(a) of this rule, inspection also includes examination of the cargo of the following vehicles:~~

1. through 6. No change.

(b) With respect to other vehicles not identified in subparagraphs (2)(a)1.-6., the following neutral criteria will be adhered to for conducting inspections of such vehicles and cargo:

~~1.7. Every 20th other such vehicle at Agricultural Inspection Stations 6A, 6B, 9A, 9B, 16A, and 16B, and 19 with every 10th other such vehicle at remaining inspection stations.~~

~~2.a. Agricultural~~ Inspection Stations 1 and 14 shall calculate the every 10th vehicle count by maintaining two separate counts, one for the northbound ramp and one for the southbound ramp.

3. Every 10th other such vehicle at Agricultural Inspection Station 20.

~~4.b. Agricultural~~ Inspection Stations 2, 3, 4, 5, 7, 8, 10, 10A, 11, 12, 13, 15, 17 and 18 shall calculate the every 10th vehicle count by maintaining a combined count for the ~~northbound and southbound~~ lanes in both directions.

5. Every 10th vehicle at an Agricultural Inspection Pad, by maintaining a combined count for the lanes in both directions at the temporary inspection location.

6. Every 10th other such vehicle stopped by a mobile or roving officer of the Office of Agricultural Law Enforcement while being operated upon the streets and highways of the state. Each mobile or roving officer shall calculate the every 10th vehicle count individually for his or her shift.

(3)(2) The following vehicles unless carrying agricultural products, horticultural products, aquaculture, products derived from aquaculture, livestock, products derived from livestock, or other commodities over which the Department exercises regulatory authority shall be exempt from inspection and shall

not be included in the count specified in paragraph (2)(b) ~~(1)(b)7.~~ of this rule:

(a) through (k) No change.

~~(4)(3)~~ All vehicles approved by the Department to participate in the Commercial Carrier Pre-clearance Program, with the exception of those vehicles described in subparagraph (2)(a)4. ~~(1)(b)4.~~ and subparagraph (2)(a)5. ~~(1)(b)5.~~ of this rule, shall be exempt from the requirement to enter agricultural inspection stations for inspection and shall not be included in the count specified in paragraph (2)(b) ~~(1)(b)7.~~ of this rule.

~~(5)(4)~~ All vehicles so designated in Section 570.15, F.S., entering agricultural inspection stations with the exception of those vehicles designated in subsection (3) ~~(2)~~, shall be inspected in accordance with subsection (2) ~~(4)~~.

(6) All vehicles so designated in Section 570.15, F.S., being operated upon the streets and highways of the state with the exception of those vehicles designated in subsection (3), shall be inspected in accordance with subsection (2).

~~(7)(5)~~ No change.

~~(8)(6)~~ No change.

*Rulemaking Authority 570.07(23), 570.15(1), (2), (5) FS. Law Implemented 570.15 FS. History—New 6-20-84, Amended 2-3-85, Formerly 5E-12.03, Amended 10-8-87, Formerly 5E-12.003, Amended 1-26-05, \_\_\_\_\_.*

NAME OF PERSON ORIGINATING PROPOSED RULE:

Division Director, Colonel Lee Adams

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Commissioner of Agriculture Wilton Simpson

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 23, 2025

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: 8/1/25

## DEPARTMENT OF CHILDREN AND FAMILIES

### Substance Abuse Program

RULE NOS.: RULE TITLES:

65D-30.002 Definitions

65D-30.004 Common Licensing Standards

65D-30.0142 Clinical and Operational Standards for Medication-Assisted Treatment for Opioid Use Disorders

PURPOSE AND EFFECT: Adds standards for mobile medication assisted treatment units. Amendments will incorporate updated federal regulatory requirements for methadone medication-assisted treatment programs.

SUMMARY: Amendments include: (1) updates definition, (2) amends CF 1649 to change from an Affidavit to an Attestation of Good Moral Character (3) adds common licensing standards for Mobile Methadone Medication-Assisted Treatment Units,

(4) align requirements for methadone medication-assisted treatment programs with federal requirements.

### SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

A SERC has not been prepared.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department used a checklist to conduct an economic analysis and determine if there is an adverse impact or regulatory costs associated with this rule that exceeds the criteria in section 120.541(2)(a), F.S. Based upon this analysis, the Department has determined that the proposed rule is not expected to require legislative ratification.

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

RULEMAKING AUTHORITY: 397.321(5), 397.4014, 397.410(1) FS.

LAW IMPLEMENTED: 397.311, 397.321, 397.410, 397.4014, 397.4073, 397.4075, 397.4103, 397.4104, 397.411, 397.427 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Elizabeth Floyd. Elizabeth can be reached at Elizabeth.Floyd@myflfamilies.com or (850)488-2381.

THE FULL TEXT OF THE PROPOSED RULE IS:

### 65D-30.002 Definitions.

(1) through (43) No change.

(44) “Mobile Methadone Medication Assisted Treatment Unit” means a vehicle lawfully used at a location other than the providers site ~~which behavioral health services are provided.~~

(45) through (87) No change.

*Rulemaking Authority 397.321(5) FS. Law Implemented 397.311, 397.321(1), 397.410 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05, 8-29-19, 6-19-23, 10-20-24. Amended*

**65D-30.004 Common Licensing Standards.**

(1) through (3) No change.

(4) Personnel Policies. Personnel policies shall clearly address recruitment and selection of prospective employees, promotion and termination of staff, code of ethical conduct, sexual harassment, confidentiality of individual records, attendance and leave, employee grievance, non-discrimination, abuse reporting procedures, and the orientation of staff to the agency's universal infection control procedures. The code of ethical conduct shall prohibit employees and volunteers from engaging in sexual activity with individuals receiving services for a minimum of two (2) years after the last professional contact with the individual. Providers shall also have a drug-free workplace policy for employees and prospective employees.

(a) No change.

(b) Background Screening Requirements.

1. through 2. No change.

3. Individuals subject to screening in this subsection shall be re-screened within five (5) years from the date of their last screening results and every five (5) years thereafter. At the time of the initial screening, and with every re-screening, an Attestation Affidavit of Good Moral Character, form CF 1649, (June 2025) (April 2021), which is incorporated by reference and available at <http://flrules.org/Gateway/reference.asp?No=Ref-18473> ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-15275>~~, shall be submitted by individuals who are subject to level 2 background screenings.

4. No change.

(c) through (d) No change.

(5) through (7) No change.

(8) State Approval Regarding Prescription Medication. In instances where the provider utilizes prescription medication, medications shall be purchased, handled, dispensed, administered, and stored in compliance with the State of Florida Board of Pharmacy requirements for facilities ~~which hold Modified Class II Institutional Permits~~ and in accordance with Chapter 465, F.S. This shall be implemented in consultation with a state-licensed consultant pharmacist and approved by the medical director. The provider shall ensure that policies implementing this subsection are reviewed and signed and dated annually by a state-licensed consultant pharmacist.

(a) through (b) No change.

(9) through (19) No change.

(20) Telehealth Services.

(a) Providers shall maintain policies and procedures outlining how they will provide services through telehealth as described in subsection 65D-30.003(1), F.A.C. to the extent the service would be delivered if provided through an in-person service delivery with a provider.

~~(b) Providers delivering services through telehealth shall provide the service to the same extent the service would be delivered if provided through an in-person service delivery with a provider.~~

(c) through (e) are redesignated (b) through (d) No change.

(21) No change.

(22) Overdose Prevention.

(a) All licensed providers of clinical treatment services must develop overdose prevention plans. All staff must have a working knowledge of the overdose prevention plan. Overdose prevention plans shall include:

1. No change.

2. Information about Naloxone, ~~a~~ the medication that reverses opioid overdose, including how to use Naloxone and where and how to access it.

(b) through (c) No change.

(d) Providers may distribute information about how individuals can obtain additional emergency opioid overdose reversal kits at no cost from other community-based providers in the county through the Department's Overdose Prevention Program or any other free distribution programs. Providers must offer overdose prevention information, as described in subparagraphs (22)(a)1. and 2. of this rule, to individuals placed on a waitlist to receive treatment services.

(23) Mobile Methadone Medication-Assisted Treatment Units.

(a) General Requirements. Licensed treatment providers may deliver services at an off-site location or from a mobile methadone medication-assisted treatment unit owned and operated by the provider under the provider's existing license.

(b) Before operating a mobile methadone medication-assisted treatment unit, licensed providers must submit an application for licensure, form CF-MH 4024, which is incorporated by reference in Rule 65D-30.0036, for a mobile medication-assisted treatment unit and pay applicable fees.

(c) The Department will review the submitted application and determine if the application is approved or denied.

(d) For security breaches such as theft and loss, the provider must follow reporting requirements in accordance with 42 CFR Part 8.12(4)(i)(4) and submit a report to the Department's Incident Reporting and Analysis System (IRAS) in accordance with 65D-30 (17), F.A.C.

*Rulemaking Authority 397.321(5), 397.4014, 397.410(1) FS. Law Implemented 397.321, 397.4014, 397.4073, 397.4075, 397.410, 397.4103, 397.4104, 397.411 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05, 8-29-19, 5-10-23. Amended \_\_\_\_\_.*

**65D-30.0142 Clinical and Operational Standards for Medication-Assisted Treatment for Opioid Use Disorders.**

(1) General Requirements for Methadone Medication-Assisted Treatment Programs.

(a) Methadone Medication-Assisted Treatment Program Sponsor. The methadone medication-assisted treatment sponsor, as defined in Rule subsection 65D-30.002(42), F.A.C., of a new provider shall be a licensed health professional and shall have worked in the field of substance use treatment at least five (5) years. The sponsor is responsible for the program operation and assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

(b) Medical Director. The medical director of a provider shall be a licensed physician and have a minimum of two (2) years' experience treating substance use disorders.

(c) ~~Special Permit and Consultant Pharmacist.~~

~~1. Special Permit.~~

~~a. All providers shall obtain a special pharmacy permit from the State of Florida Board of Pharmacy. New applicants shall be required to obtain a special pharmacy permit prior to licensure by the Department.~~

~~b. Providers obtaining a special pharmacy permit shall hire a consultant pharmacist licensed by the state of Florida.~~

2. through 3. are redesignated 1. through 2. No change.

(d) All licensed pProviders shall develop policies and procedures for the treatment of pregnant women as outlined in 42 CFR 8.12(f)(3).

1. Prior to the initial dose, each woman female shall be fully informed of the risks of taking and not taking methadone during pregnancy, including possible adverse effects on the mother or fetus. If the medication is not taken, risk includes withdrawal syndrome which has been associated with fetal demise. The individual shall sign and date a statement acknowledging this information. Pregnant women shall be seen by the physician or their qualified designee as clinically advisable. The physician or qualified medical designee must document in the clinical record that the pregnant woman individual was informed of the risks in this paragraph.

~~2. Pregnant individuals shall be informed of the opportunity and need for prenatal care by referral to publicly or privately funded health care providers. The provider shall establish a documented system for referring individuals to prenatal care.~~

~~3. In the event there are no publicly funded prenatal referral resources to serve those who are indigent, or if the individual refuses the services, the provider shall offer her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service. The nature of prenatal support shall be documented in the clinical record.~~

4. When the individual is referred for prenatal services, the practitioner to whom she is referred shall be notified that she is

~~undergoing methadone medication-assisted treatment and provided treatment plans addressing pregnancy and post-partum care. Documentation of referral shall be kept in the clinical record. If a pregnant individual refuses referral and prenatal instruction and counseling, the provider shall obtain a signed statement from the individual acknowledging that she had the opportunity for the prenatal care but declined.~~

~~5. The physician shall sign or countersign and date all entries related to prenatal care.~~

6. is redesignated 2. No change.

(e) Minimum Responsibilities of the Physician. Physicians must adhere to best practice standards for an individual receiving methadone medication-assisted treatment. Best practices are evidence-based practices which are subject to scientific evaluation for effectiveness and efficacy. Best practice standards may be established by entities such as the Substance Abuse and Mental Health Services Administration, national trade associations, accrediting organizations recognized by the Department, or comparable authorities in substance use treatment. In addition, the responsibilities of the physician include the following:

1. through 4. No change.

5. The initial assessment for methadone medication-assisted treatment must be conducted in accordance with 42 CFR 8.12(f)(2). ~~shall be conducted in person. Each subsequent assessment shall be conducted, either in person or via telehealth, with each individual at least annually, including evaluation of the individual's physical/medical status, progress in treatment, and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol. The assessment shall be conducted by a physician or a P.A. or A.P.R.N. under the supervision of a physician. The protocol shall include criteria and the conditions under which the assessment would be conducted more frequently.~~

(f) Central Registry.

1. Providers shall register and participate in the Department-approved electronic registry system for individuals receiving methadone medication-assisted treatment services. The registry is used to prevent the enrollment of individuals at more than one (1) provider and to facilitate continuity of care in the event of program closure and guest dosing verification. ~~The registry shall be implemented in compliance with 42 Code of Federal Regulations, §2.13.~~ The provider must submit to information gathering activities by the Department SOTA for state planning purposes.

2. through 5. No change.

(g) Wait lists.

1. Providers must maintain wait list data for individuals seeking care but unable to enroll within 24 hours of first contact

requesting initiation of methadone medication assisted treatment.

2. When an opening is available, providers must make at least one ~~(1)~~ attempt to contact the next prospective individual on the waiting list and maintain a system of documenting attempts. Documentation shall include at a minimum: date of attempted contact, individual's name, date of birth, address, and contact information.

3. Priority must be given to pregnant women ~~woman~~ and HIV-positive individuals.

(h) Operating Hours and Holidays.

1. No change.

2. All providers shall be open Monday through Saturday. Providers shall have medicating hours and counseling hours that accommodate individuals, including two ~~(2)~~ hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m.

3. Providers are required to medicate on Sundays according to the needs of the individual. This includes ~~individuals on Phase 1~~, individuals on a 30 to 180-day detoxification regimen, and individuals who need daily observation. Providers shall develop policies and procedures for Sunday coverage.

4. No change.

5. When holidays are observed, all individuals shall be given a minimum of a seven ~~(7)~~-day notice of any changes to the hours of operation.

6. When applying for a license, providers shall inform the respective program offices of their intended holidays. In no case shall two ~~(2)~~ or more holidays occur in immediate succession unless the provider is granted an exemption by the state and federal authority. ~~Take home doses~~ ~~Take-out privileges~~ shall be available to all eligible individuals during holidays, if clinically advisable. Services shall be accessible to individuals for whom take-home medication is not clinically advisable. Individuals who fall into this category shall receive a minimum of seven ~~(7)~~ days notification regarding arrangements and exact hours of operation.

(2) Maintenance Treatment Standards for Methadone Medication-Assisted Treatment Programs.

(a) Eligibility Criteria for Methadone-Assisted Treatment Programs ~~Standards for Placement~~.

1. An individual, including children under 18 years of age, may be treated only if the physician, or their qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., determines the individual meets one of the criteria that is appropriately documented in the individual's clinical record. ~~Determining Addiction and Placement.~~

~~a. An individual aged 18 or over shall be placed in treatment only if the physician, or their qualified designee identified in accordance with the medical protocol established~~

~~in subsection 65D-30.004(7), F.A.C., determines that the individual is currently physiologically addicted to opioid drugs and became physiologically addicted at least one (1) year before placement in methadone medication assisted treatment.~~

~~b. A one (1) year history of addiction means that individuals seeking placement in methadone medication-assisted treatment were physiologically addicted to opioid drugs at least one (1) year before placement and were addicted continuously or episodically for most of the year immediately prior to placement with a provider.~~

~~c. In the event the exact date of physiological addiction cannot be determined, the physician or their qualified designee may admit the individual to treatment if, by the evidence presented and observed, and utilizing reasonable clinical judgment, the physician or their qualified designee concludes that the individual was physiologically addicted during the year prior to placement. Such observations shall be recorded in the clinical record by the physician or their qualified designee.~~

~~d. through e. are redesignated 2. through 3. No change.~~

~~2. through 3. are redesignated 4. through 5. No change.~~

~~(b) No change.~~

~~(c) Exemption from Minimum Standards for Placement.~~

~~1. An individual who has resided in a penal or chronic-care institution for one ~~(1)~~ month or longer may be placed in treatment within 14 days before release or within 6 months after release from such institution. This can occur without documented evidence to support findings of physiological addiction, providing the individual would have been eligible for placement before incarceration or institutionalization, and in the reasonable clinical judgment of the physician or their qualified designee, methadone medication-assisted treatment is medically justified.~~

~~2. through 3. No change.~~

~~(d) Pregnant women individuals.~~

~~1. Pregnant women individuals, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs, may be placed in methadone medication-assisted treatment. For such individuals, evidence of current physiological addiction to opioid drugs is not needed if a physician or their qualified designee certifies the pregnancy and, in utilizing reasonable clinical judgment, finds treatment to be medically justified.~~

~~2. Pregnant women individuals may be placed on a medication-assisted treatment regimen using a medication other than methadone only upon the written order of a physician who determines this to be the best choice of therapy for that individual.~~

~~3. No change.~~

~~(e) Readmission to Treatment.~~

~~1. Up to 2 years after discharge or detoxification for opioid use disorders, and individual who has been previously involved~~

in methadone medication-assisted treatment may be readmitted without evidence to support findings of current physiological addiction. This can occur if the provider is able to document prior maintenance treatment of six (6) months or more and the physician or their qualified designee, utilizing reasonable clinical judgment, finds readmission to treatment to be medically justified.

2. No change.

(f) No change.

(g) Methadone Take-home Medications Privileges.

1. through 3. No change.

4. The requirement of time in treatment and participation is a minimum reference point after which an individual may be eligible for take-home medications privileges. The time in treatment reference is not intended to mean that an individual in treatment for a particular length of time has a right to take-home methadone. Regardless of time in treatment, the physician, state or federal authorities with cause, may deny or rescind the request for take-home medications privileges of an individual.

5. In the event of a disaster that prompts a program-wide exemption authorized by SAMHSA and the Department SOTA in advance, providers must make appropriate arrangements for unstable individuals to obtain their medication.

(h) Take-home Medication Doses Phases. ~~To be considered for take home privileges, all individuals shall be in compliance with criteria as stated in 42 CFR 8.12(i)(2).~~

1. ~~To be considered for take-home medications, all individuals shall be in compliance with criteria as stated in 42 CFR 8.12(i)(2). Differences in the nature of abuse potential in opioid treatment medications determine the course of treatment and subsequent take home privileges available to the individual based on progress, participation, and circumstances. The assessment and decision approving all take homes shall be documented in the individual's clinical record, signed and dated by the physician.~~

2. ~~Take home privileges shall be limited to the following:~~

a. ~~During the first 90 days of treatment, the take home supply is limited to a single dose each week. The individual shall ingest all other doses under appropriate medical supervision.~~

b. ~~In the second 90 days of treatment, the take home supply is limited to two doses per week.~~

c. ~~In the third 90 days of treatment, the take home supply is limited to three doses per week.~~

d. ~~In the remaining months of the first year, an individual may be given a maximum of six day supply of take home medication.~~

e. ~~After one year of continuous treatment, an individual may be given a maximum two week supply of take home medication.~~

~~f. After two years of continuous treatment, an individual may be given a maximum of one month supply of take home medication, but must make monthly visits.~~

3. is redesignated 2. No change.

(i) Transferred Individuals and Take-Home Medication Doses Privileges.

1. Any individual who transfers from one (1) provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment and compliance with program requirements is received from the previous provider prior to implementing transfer. The physician at the previous provider shall also document that the individual met all criteria for their current phase and are at least on Phase I.

2. No change.

(j) Transfer Information. When an individual transfers from one (1) provider to another, the referring provider shall release the following information:

1. through 6. No change.

7. A written summary of the individual's last three (3) months of treatment;

8. through 9. No change.

(k) Exemptions from Take-Home Medication Dosing Requirements Privileges and Phasing Requirements.

1. Exemptions for Disability or Illness.

a. If an individual is found to have a physical disability which interferes with the individual's ability to conform to the applicable mandatory schedule, the individual may be permitted a temporary or permanently reduced schedule by the physician and, at the discretion of the Department SOTA and federal authorities, provided the individual is also found to be responsible in handling opioid treatment medication, is making progress in treatment, and is providing drug screens free of illicit substances.

2. Temporary Reduced Schedule of Attendance

a. through b. No change.

c. The necessity for an exemption from a mandatory schedule is to be based on the reasonable clinical judgment of the physician or qualified designee. Such determination of necessity shall be recorded in the clinical record by the physician or their qualified designee who shall sign and date these entries. An individual shall not be given more than a 28 14 day supply of methadone at any one time unless an exemption is granted by the state methadone authority and by the federal government. The state and federal authorities shall review exemption requests and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

3. No change.

4. Other Travel.

a. Any exemption that is granted to an individual regarding travel shall be documented in the clinical record. Such

documentation shall include tickets prior to a trip, copies of boarding passes, copies of fuel receipts, lodging receipts, or other verification of the individual's arrival at the approved destination. If travel is due to medical treatment, documentation shall include a physician's note or related documentation from the physician or qualified designee. Generally, special take-homes shall not exceed ~~28~~ 27 doses at one (1) time. Request for take-homes medication in excess of ~~28~~ 27 doses must be submitted for approval through SAMHSA/CSAT Opioid Treatment Program Extranet for federal and state approval. The state and federal authorities shall review these requests for take-homes medication in excess of ~~28~~ 27 doses and render a decision in accordance with the criteria identified in 42 CFR 8.12(i)(1) and (2).

b. No change.

(l) Random Drug Screening.

1. Individuals in the first six (6) months of treatment shall be required to submit to at least one (1) monthly random drug screen.

2. Individuals who are on Phase III or higher shall be required to submit to a minimum of eight (8) random drug screens per year of an individual's treatment plan.

3. All drug screens shall be conducted by direct observation, or by another accurate method of monitoring in order to reduce the risk of falsification of results. Each specimen shall be analyzed for opioids, methadone, buprenorphine, amphetamines, benzodiazepines, fentanyl, and cocaine. If there is a history of prescription opioid analgesic abuse, an expanded toxicology panel that includes these opioids shall administered. Additional testing is based on individual patient need and local drug use patterns and trends.

4. The physician or their qualified designee shall review all positive drug screens from illicit substances in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

(m) through (o) No change.

(p) Withdrawal from Maintenance.

1. through 2. No change.

3. An individual being withdrawn from treatment shall be closely supervised during withdrawal. A dosage reduction schedule shall be mutually agreed upon ~~established~~ by the physician or qualified designee and the individual and documented in the clinical record. The treatment must be reduced at an identified pace determined by a medical physician or medical designee to minimize risk for the individual. In the event withdrawal is clinically inadvisable, justification must be kept in the clinical record, signed and dated by the physician or qualified designee and the individual.

(q) Services.

1. No change.

2. Counseling.

a. Each individual receiving methadone medication-assisted treatment shall be provided access to substance use disorder counseling and psychoeducation in accordance with 42 CFR 8.12(f)(5). ~~receive regular counseling. A minimum of one (1) counseling session per week shall be provided to individuals through the first 90 days. A minimum of two (2) counseling sessions per month shall be provided to individuals who have been in treatment for at least 91 days and up to one (1) year. A minimum of one (1) counseling session per month shall be provided to individuals who have been in treatment for longer than one (1) year.~~

b. A counseling session shall be at least 30 minutes in duration, conducted in a private setting room, and shall be documented in the clinical record.

c. No change.

~~(r) Overdose Prevention.~~

~~1. All licensed providers must develop overdose prevention plans. Overdose prevention plans must be shared with individuals upon admission and discharge from medication-assisted treatment, regardless of the reason for discharge. Plans must also be shared with individuals placed on a waitlist to receive treatment services. Overdose prevention plans shall include, at a minimum:~~

~~a. Education about the risks of overdose, including having a lower tolerance for opioids once the individual is no longer on medication-assisted treatment;~~

~~b. Information about Naloxone, the medication that reverses opioid overdose, including where and how to access Naloxone in the county of residence;~~

~~c. For providers who maintain an emergency overdose prevention kit, a developed and implemented plan to have staff trained in the prescribed use and the availability of the kit for use during all program hours of operation.~~

(3) Medication Units for Methadone Medication-Assisted Treatment Programs.

(a) A provider that currently holds a state license ~~and who has either exceeded site capacity or has a significant proportion of individuals in treatment with a travel burden,~~ may apply to the Department SOTA to establish a medication unit. ~~The provider must be in compliance with the Department and applicable regulating agencies. The licensed provider and medication unit must be owned by the same provider.~~

1. Medication units include both mobile units and brick and mortar facilities and serve as an extension of the provider's licensed clinic.

2. The provider must be in compliance with the Department's licensing regulations.

(b) A medication unit's services shall comply with the requirements 42 CFR 8.2 and 42 CFR 8.11(h)(i).

(c) Providers interested in establishing a medication unit must submit an application, that is incorporated by reference



and available in Rule 65D-30.0036, F.A.C. ~~a written proposal to the Department through the Department's statewide electronic system specific to licensure, which can be accessed at <https://www.myflfamilies.com/services/licensing/samh> state authority for review and approval. Applications Proposals must include the following for consideration of approval:~~

1. Description of proposed medication unit. Include description of target population, geographical catchment area, physical location/address, proposed capacity, and hours of operation;

~~2. Justification of need for medication unit. Provide explanation on why currently licensed facilities are insufficient and how the proposed medication unit addresses unmet need;~~

3. through 5. are redesignated 2. through 4. No change.

~~6. Plans to secure proper zoning before medication unit opening; and~~

7. is redesignated 5. No change.

~~8. An affirmative statement that the primary full-service program agrees to retain responsibility for care;~~

~~9. An affirmative statement that the medication unit is limited to administering and dispensing the narcotic treatment medications and collecting samples for drug screening or analysis.~~

(d) Medication units must open within two (2) years of receiving approval. Providers who are delayed for a reason other than a natural disaster may petition the Department for a rule waiver pursuant to Section 120.542, F.S.

(e) Emergency Operations of a Mobile Unit for Methadone. Providers shall develop a written plan for disaster preparedness and include plans to secure, operate, and staff the mobile methadone unit.

(4) Medication-Assisted Treatment for Opioid Use Disorder provided outside registered Opioid Treatment Programs. Best Practices. All licensed providers shall comply with best practices as defined in paragraph (4)(e) of this rule.

(a) Buprenorphine Products. Qualified medical personnel licensed to practice in the state of Florida and meeting all federal requirements can prescribe buprenorphine to individuals under their license. Medical personnel shall comply with federal regulations related to buprenorphine products.

(b) Naltrexone Products. Naltrexone can be prescribed by any healthcare provider who is licensed to prescribe medications. Healthcare providers must meet all federal requirements and shall conform to federal regulations related to naltrexone products.

(c) Providers shall adhere to the prevailing federal and state requirements regarding the use of opioid treatment medications in the maintenance treatment of women who are or become pregnant during the course of treatment.

(5) Other Medications.

~~(a) Buprenorphine Products.~~ Qualified medical personnel licensed to practice in the state of Florida and meeting all federal requirements can prescribe buprenorphine to individuals under their license. Medical personnel shall comply with federal regulations related to buprenorphine products.

~~(b) Naltrexone Products.~~ Naltrexone can be prescribed by any healthcare provider who is licensed to prescribe medications. Healthcare providers must meet all federal requirements and shall conform to federal regulations related to naltrexone products.

~~(c) Providers shall adhere to the prevailing federal and state requirements regarding the use of opioid treatment medications in the maintenance treatment of individuals who are or become pregnant during the course of treatment.~~

This rule shall remain in effect for a period of five years after its effective date and shall be reviewed by the Department for its continued necessity at least 90 days before its expiration.

~~(6) This rule will be reviewed and repealed, modified, or renewed through the rulemaking process five years from the effective date.~~

*Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.410, 397.427 FS. History—New 8-10-20, Amended 5-19-22. Amended*

NAME OF PERSON ORIGINATING PROPOSED RULE:  
William Hardin and Courtney Smith

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Taylor N. Hatch

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 25, 2025

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 18, 2025

## DEPARTMENT OF CHILDREN AND FAMILIES Substance Abuse Program

RULE NOS.: RULE TITLES:

65D-30.0035 Required Fees

65D-30.0036 Licensure Application and Renewal

PURPOSE AND EFFECT: Amendments will update the licensure requirements in the licensure application and the fees required to apply for a license.

SUMMARY: Amendments include: (1) updates required fees for components, (2) amends CF-MH Form 4024, Application for Licensing to Provide Substance Abuse Treatment Services.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

A SERC has not been prepared.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department used a checklist to conduct an economic analysis and determine if there is an adverse impact or regulatory costs associated with this rule that exceeds the criteria in section 120.541(2)(a), F.S. Based upon this analysis, the Department has determined that the proposed rule is not expected to require legislative ratification.

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

RULEMAKING AUTHORITY: 397.321(5), 397.4014 FS.

LAW IMPLEMENTED: 397.321(6), 397.407, 397.4014, 397.403, 397.410, 397.4014, 397.411 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Elizabeth Floyd. Elizabeth can be reached at Elizabeth.Floyd@myflfamilies.com or (850)488-2381.

THE FULL TEXT OF THE PROPOSED RULE IS:

#### **65D-30.0035 Required Fees.**

(1) Licensing Fees. Applicants for a license to operate a licensed service component shall be required to pay a fee upon submitting an application to the regional office. The fees paid by privately-funded providers shall exceed fees paid by publicly-funded providers, as required in Section 397.407(1), F.S. ~~Applicants shall be allowed a reduction, hereafter referred to as a discount, in the amount of fees owed the Department. The discount shall be based on the number of facilities operated by a provider.~~ The fee schedules are listed by component as follows:

<b>Publicly-Funded Providers</b>	
<b>Service Component</b>	<b>Fee (\$)</b>
Addictions Receiving Facility ( <u>Adult</u> )	325
Addictions Receiving Facility ( <u>Juvenile</u> )	325
<u>Detoxification</u>	325
<u>Outpatient Methadone Detoxification</u>	325
<u>Inpatient Methadone Detoxification</u>	325
<u>Outpatient Detoxification</u>	325
<u>Inpatient Detoxification</u>	325
Intensive Inpatient Treatment	325
Residential <u>Treatment I</u>	300

<u>Residential Treatment II</u>	300
<u>Residential Treatment III</u>	300
<u>Residential Treatment IV</u>	300
Day or Night Treatment with Community Housing	250
Day or Night Treatment	250
Intensive Outpatient Treatment	250
Outpatient Treatment	250
Methadone Medication-Assisted Treatment for Opioid Addiction	350
Aftercare	200
<u>General Intervention</u>	200
<u>Treatment Alternatives for Safer Communities</u>	200
<u>Employee Assistance Program</u>	200
<u>Case Management</u>	200
<u>Prevention Indicated</u>	200
<u>Prevention Selective</u>	200
<u>Prevention Universal Direct</u>	200
Applications to provide overlay services <u>or medication assisted treatment mobile units</u> should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	
Relocation Fee – The relocation fee is based on the fee charged for the component(s) being relocated. The relocation fee will be waived if due to a natural disaster.	

<b>Schedule of Discounts</b>	
<b>Number of Licensed Facilities</b>	<b>Discount</b>
2-5	10%
6-10	15%
11-15	20%
16-20	25%
20+	30%

<b>Privately-Funded Providers</b>	
<b>Service Component</b>	<b>Fee (\$)</b>
Addictions Receiving Facility ( <u>Adult</u> )	375
Addictions Receiving Facility ( <u>Juvenile</u> )	375
<u>Detoxification</u>	375
<u>Outpatient Methadone Detoxification</u>	375
<u>Inpatient Methadone Detoxification</u>	375
<u>Outpatient Detoxification</u>	375
<u>Inpatient Detoxification</u>	375
Intensive Inpatient Treatment	350
Residential <u>Treatment I</u>	350
<u>Residential Treatment II</u>	350
<u>Residential Treatment III</u>	350
<u>Residential Treatment IV</u>	350

Day or Night Treatment with Community Housing	300
Day or Night Treatment	300
Intensive Outpatient Treatment	300
Outpatient Treatment	300
Methadone Medication-Assisted Treatment for Opioid Addiction	400
Aftercare	250
General Intervention	250
Treatment Alternatives for Safer Communities	250
Employee Assistance Program	250
Case Management	250
Prevention Indicated	250
Prevention Selective	250
Prevention Universal Direct	250
Applications to provide overlay services <u>or medication assisted treatment mobile units</u> should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	
Relocation Fee – The relocation fee is based on the fee charged for the component(s) being relocated. The relocation fee will be waived if due to a natural disaster.	

Schedule of Discounts	
Number of Licensed Facilities	Discount
2-5	5%
6-10	10%
11-15	15%
16-20	20%
20+	25%

(2) The licensure fee must be included with all applications as required in Section 397.407, F.S. ~~Applications will not be processed if the fee is not received within 30 business days of the submission of the application.~~

*Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.407 FS. History—New 8-29-19. Amended \_\_\_\_\_.*

#### **65D-30.0036 Licensure Application and Renewal.**

(1) Application for Licensing. Applications for any license described in this rule chapter shall be submitted initially and annually thereafter to the Department along with the required licensing fee. A renewal application is subject to the provisions of s. 397.407(8). Applications for renewal submitted less than 60, but more than 30 calendar days, prior to the expiration of the regular license, will be processed. Late fees will be applied to all renewal applications submitted after 60 days. If the application for renewal is not received by the Department prior to the expiration of the regular license, the application will be returned to the applicant, including any fees. In addition to requirements pursuant to Section 397.403, F.S., and unless

otherwise specified, all applications for licensure shall include the following:

(a) A standard application for licensing, using CF-MH Form 4024, (August 2025) ~~(September 2024)~~, titled “Application for Licensing to Provide Substance Abuse Treatment Services,” which is incorporated by reference and available at <http://flrules.org/Gateway/reference.asp?No=Ref-18474>

~~<https://www.flrules.org/Gateway/reference.asp?No=Ref-17086>~~

In lieu of a standard application, the applicant may complete an online process through the Department’s statewide electronic system specific to licensure, which can be accessed at <https://www.myflfamilies.com/services/licensing/samh>.

(b) through (h) No change.

(2) through (7) No change.

*Rulemaking Authority 397.321(5), 397.4014 FS. Law Implemented 397.321(6), 397.4014, 397.403, 397.407, 397.410, 397.4014, 397.411 FS. History—New 8-29-19, Amended 11-22-22, 1-1-24, 10-20-24. Amended \_\_\_\_\_.*

NAME OF PERSON ORIGINATING PROPOSED RULE:

Courtney Smith

NAME OF AGENCY HEAD WHO APPROVED THE

PROPOSED RULE: Taylor N. Hatch

DATE PROPOSED RULE APPROVED BY AGENCY

HEAD: June 25, 2025

DATE NOTICE OF PROPOSED RULE DEVELOPMENT

PUBLISHED IN FAR: July 31, 2025

## Section III Notice of Changes, Corrections and Withdrawals

### **DEPARTMENT OF HEALTH**

#### **Board of Chiropractic Medicine**

RULE NO.: RULE TITLE:

64B2-11.002 Application for Licensure Endorsement

#### **NOTICE OF CORRECTION**

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 51 No. 118, June 18, 2025 issue of the Florida Administrative Register.

In the Law Implemented: Section 456.0135, F.S. should be added.

Law Implemented 456.0135, 456.0145 FS.

Dayle DeCastro Mooney, Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin # C07, Tallahassee, Florida 32399-3257, or by telephone: (850)488-0595 or by electronic mail –

[Dayle.Mooney@myfloridalicense.com](mailto:Dayle.Mooney@myfloridalicense.com)

## Section IV Emergency Rules

### DEPARTMENT OF THE LOTTERY

RULE NO.:      RULE TITLE:

53ER25-41      Game Number 1603, TRIPLE RED 777's

SUMMARY OF THE RULE: This emergency rule describes Game Number 1603, TRIPLE RED 777's, for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game, determination of winners, estimated odds of winning, and value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Minerva Simpson, Attorney, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

THE FULL TEXT OF THIS EMERGENCY RULE IS:

53ER25-41 Game Number 1603, TRIPLE RED 777's.

(1) Name of Game. Game Number 1603, TRIPLE RED 777's.

(2) Game Number 1603, TRIPLE RED 777's is a Scratch-Off lottery game (also known as an instant lottery game).

(3) Price. TRIPLE RED 777's lottery tickets sell for \$5.00 per ticket.

(4) TRIPLE RED 777's lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning TRIPLE RED 777's lottery ticket, the ticket must meet the applicable requirements of Emergency Rule 53ER23-20, Payment of Prizes.

(5) Play symbols and play symbol captions that may appear in the YOUR NUMBERS play area are below. A YOUR NUMBER play symbol and play symbol caption may be either

a red or black color, except for the **7** **77** **777** play symbols and play symbol captions, which will only appear in red.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>9</b>	<b>10</b>
ONE	TWO	THREE	FOUR	FIVE	SIX	EIGHT	NINE	TEN
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>18</b>	<b>19</b>	<b>20</b>
ELEVN	TWELV	THRTN	FORTN	FIFTN	SIXTN	EGHTN	NINTN	TWNTY
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>28</b>	<b>29</b>	<b>30</b>
THYONE	THYTWO	THYTHR	THYFOR	THYFIV	THYSIX	THYEGT	THYNIN	THYTRY
<b>31</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>7</b>	<b>77</b>	<b>777</b>		
THYONE	THYTWO	THYTHR	THYFOR	WIN	DOUBLE	TRIPLE		

(6) Play symbols and play symbol captions that may appear in the WINNING NUMBERS play area are below. A

WINNING NUMBER play symbol and play symbol caption may be either a red or black color.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>9</b>	<b>10</b>
ONE	TWO	THREE	FOUR	FIVE	SIX	EIGHT	NINE	TEN
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>18</b>	<b>19</b>	<b>20</b>
ELEVN	TWELV	THRTN	FORTN	FIFTN	SIXTN	EGHTN	NINTN	TWNTY
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>28</b>	<b>29</b>	<b>30</b>
THYONE	THYTWO	THYTHR	THYFOR	THYFIV	THYSIX	THYEGT	THYNIN	THYTRY
<b>31</b>	<b>32</b>	<b>33</b>	<b>34</b>					
THYONE	THYTWO	THYTHR	THYFOR					

(7) Prize symbols and prize symbol captions that may appear in the YOUR NUMBERS play area:

<b>\$5.00</b>	<b>\$10.00</b>	<b>\$20.00</b>	<b>\$30.00</b>	<b>\$50.00</b>	<b>\$100</b>
FIVE	TEN	TWENTY	THIRTY	FIFTY	ONE HUN
<b>\$200</b>	<b>\$500</b>	<b>\$2,500</b>	<b>\$10,000</b>	<b>\$1,000,000</b>	
TWO HUN	FIVE HUN	THYFIV HUN	TEN THOU	\$40K/YR/25YRS	

(8) Legends:

**WINNING NUMBERS      YOUR NUMBERS**

(9) Determination of Winners. A ticket having a play symbol and corresponding play symbol caption in the YOUR NUMBERS play area that matches a play symbol and corresponding play symbol caption in the WINNING NUMBERS play area shall entitle the player to the prize shown for that symbol. (The number and color must match.) A ticket

**7** having a red WIN play symbol and corresponding play symbol caption in the YOUR NUMBERS play area shall entitle the

player to the prize shown. A ticket having a red DOUBLE play symbol and corresponding play symbol caption in the YOUR NUMBERS play area shall entitle the player to two (2) times

the prize shown. A ticket having a red TRIPLE play symbol and corresponding play symbol caption in the YOUR NUMBERS play area shall entitle the player to three (3) times the prize shown.

(10) \$1,000,000 Prize; Payment Options.

(a) A winner of a \$1,000,000 prize may choose one of two payment options for receiving his/her prize: One-Time Cash Payment or Annual Payments. At the time a ticket is validated, the terminal will produce a claim instructions ticket. The winner has sixty (60) days from the date of ticket validation to file a claim choosing the One-Time Cash Payment. If a winner does not choose the One-Time Cash Payment within the sixty (60) day timeframe, the Annual Payments method will be applied. Once the winner files a claim and exercises his/her chosen option, the election of that option shall be final. The Annual Payments method will also be final when it is applied due to a winner not making his/her payment election within sixty (60) days after ticket validation.

(b) A winner of a \$1,000,000 prize who elects the One-Time Cash Payment shall receive a single cash payment of \$584,000.00, less applicable federal income tax withholding.

(c) A winner of a \$1,000,000 prize who elects the Annual Payment option, or has it applied, shall receive \$40,000.00 per year for twenty-five (25) years, less applicable federal tax withholding.

(11) Odds of winning, value, and number of prizes:

GAME PLAY	WIN	ODDS OF 1 IN	NUMBER OF WINNERS IN 136.65 POOLS OF 120,000 TICKETS PER POOL
\$5	\$5	8.57	1,913.003
\$5 (RED 77)	\$10	20.00	819,911
\$5 x 2	\$10	42.86	382,592
\$10	\$10	42.86	382,580
\$5 x 4	\$20	300.07	54,648
\$5 (RED 77) + \$5	\$20	150.05	109,288
\$5 (RED 77) x 2	\$20	149.94	109,368
\$5 (RED 77) + \$10	\$20	149.91	109,390
\$20	\$20	300.00	54,661
\$5 (RED 77) + \$10 (RED 77)	\$30	684.00	23,974
\$10 (RED 77)	\$30	684.83	23,945
\$5 (RED 77) x 3	\$30	687.33	23,858
\$10 + (\$5 (RED 77) x 2)	\$30	684.37	23,961
\$30	\$30	1,201.78	13,645
\$5 x 10	\$50	1,995.89	8,216
\$10 x 5	\$50	2,987.47	5,489
\$5 (RED 77) + (\$10 (RED 77) x 2)	\$50	521.47	31,446
\$10 (RED 77) + \$10 (RED 77)	\$50	749.91	21,867
\$50	\$50	11,995.79	1,367
(\$5 x 10) + (\$10 x 5)	\$100	2,403.73	6,822
\$50 (RED 77)	\$100	4,004.45	4,095
(\$10 (RED 77) x 2) + (\$10 (RED 77) x 2)	\$100	1,501.12	10,924
\$20 x 5	\$100	4,005.43	4,094
\$20 (RED 77) + (\$5 (RED 77) x 4)	\$100	1,331.57	12,315
(\$20 x 2) + \$5 (RED 77) + \$50	\$100	3,001.14	5,464
\$100	\$100	11,934.67	1,374
(\$10 x 10) + (\$20 x 5)	\$200	23,974.04	684
\$20 x 10	\$200	23,869.34	687
\$50 (RED 77) + (\$10 (RED 77) x 2) + \$5 (RED 77)	\$200	6,015.50	2,726
(\$10 x 10) + \$50 (RED 77)	\$200	6,004.48	2,731
\$100 (RED 77)	\$200	24,009.14	683
\$200	\$200	23,834.65	688
(\$20 x 10) + (\$50 x 4) + \$100	\$500	7,941.04	2,065
\$50 x 10	\$500	11,943.36	1,373

\$200 (RED 77) + (\$10 x 10)	\$500	5,986.94	2,739
(\$50 x 6) + \$100 (RED 77)	\$500	4,815.93	3,405
\$100 (RED 77) + \$200	\$500	5,986.94	2,739
\$500	\$500	12,048.67	1,361
(\$200 x 10) + (\$100 x 5)	\$2,500	118,827.83	138
\$500 (RED 77) + \$500 (RED 77)	\$2,500	119,695.18	137
\$500 (RED 77) + \$200 (RED 77) + (\$100 (RED 77) x 3) + \$500	\$2,500	117,972.95	139
\$2,500	\$2,500	120,575.29	136
\$10,000	\$10,000	683,260.00	24
\$1,000,000 (\$40K/YR/25YRS)*	\$1,000,000*	4,099,560.00	4

\*Prize amount if taken in annual payments. If a winner takes a one-time cash payment, the amount will be in accordance with subsection (10), above.

(12) The overall odds of winning some prize in Game Number 1603 are 1 in 3.92. All prizes are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sales or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(13) For reorders of Game Number 1603, the odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(14) Payment of prizes for TRIPLE RED 777's lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes. A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011 or [flrules.org](http://flrules.org).

*Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 8-11-25.*

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF THE STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: 8/11/2025

## DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER25-42  
 RULE TITLE: Game Number 1604, \$500,000 CASH BLOWOUT!

SUMMARY OF THE RULE: This emergency rule describes Game Number 1604, "\$500,000 CASH BLOWOUT!," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Minerva Simpson, Attorney,

Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

THE FULL TEXT OF THIS EMERGENCY RULE IS:

53ER25-42 Game Number 1604, \$500,000 CASH BLOWOUT!.

(1) Name of Game. Game Number 1604, \$500,000 CASH BLOWOUT!.

(2) Game Number 1604, \$500,000 CASH BLOWOUT! is a Scratch-Off lottery game (also known as an instant lottery game).

(3) Price. \$500,000 CASH BLOWOUT! lottery tickets sell for \$50.00 per ticket.

(4) \$500,000 CASH BLOWOUT! lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning \$500,000 CASH BLOWOUT! lottery ticket, the ticket must meet the applicable requirements of Emergency Rule 53ER23-20, Payment of Prizes.

(5) Play symbols and play symbol captions that may appear in the YOUR NUMBERS play area:

1 ONE	2 TWO	3 THREE	4 FOUR	6 SIX	7 SEVEN	8 EIGHT	9 NINE		
11 ELEVN	12 TWELV	13 THRTN	14 FORTN	15 FIFTN	16 SIXTN	17 SVNTN	18 EGHTN	19 NINTN	
21 THYONE	22 THYTWO	23 THYTHR	24 THYFOR	25 THYFIV	26 THYSIX	27 THYSVN	28 THYEGT	29 THYNIN	30 THIRTY
31 THYONE	32 THYTWO	33 THYTHR	34 THYFOR	35 THYFIV	36 THYSIX	37 THYSVN	38 THYEGT	39 THYNIN	40 FRTY
41 FRYONE	42 FRYTWO	43 FRYTHR	44 FRYFOR	45 FRYFIV	46 FRYSIX	47 FRYSVN	48 FRYEGT	49 FRYNIN	50 FRYTY
51 FTYONE	52 FTYTWO	53 FTYTHR	54 FTYFOR	55 FTYFIV	56 FTYSIX	57 FTYSVN	58 FTYEGT	59 FTYNIN	60 SIXTY
61 STYONE	62 STYTWO	63 STYTHR	64 STYFOR	65 STYFIV					
☆ WIN	5X 5TIMES	10X 10TIMES	20X 20TIMES	50X 50TIMES	100X 100TIMES	500X 500TIMES	WINALL		

(6) Play symbols and play symbol captions that may appear in the WINNING NUMBERS play area:

1	2	3	4	6	7	8	9		
ONE	TWO	THREE	FOUR	SIX	SEVEN	EIGHT	NINE		
11	12	13	14	15	16	17	18	19	
ELEVN	TWELV	THRTN	FORTN	FIFTN	SIXTN	SVNTN	EGHTN	NINTN	
21	22	23	24	25	26	27	28	29	30
THYONE	THYTWO	THYTHR	THYFOR	THYFIV	THYSIX	THYSVN	THYEGT	THYNIN	THIRTY
31	32	33	34	35	36	37	38	39	40
THYONE	THYTWO	THYTHR	THYFOR	THYFIV	THYSIX	THYSVN	THYEGT	THYNIN	FRTY
41	42	43	44	45	46	47	48	49	
FRYONE	FRYTWO	FRYTHR	FRYFOR	FRYFIV	FRYSIX	FRYSVN	FRYEGT	FRYNIN	
51	52	53	54	55	56	57	58	59	60
FTYONE	FTYTWO	FTYTHR	FTYFOR	FTYFIV	FTYSIX	FTYSVN	FTYEGT	FTYNIN	SIXTY
61	62	63	64	65					
STYONE	STYTWO	STYTHR	STYFOR	STYFIV					


(7) Prize symbols and prize symbol captions that may appear in the YOUR NUMBERS play area:

\$1.00	\$2.00	\$5.00	\$10.00	\$20.00	\$50.00
ONE	TWO	FIVE	TEN	TWENTY	FIFTY
\$100	\$200	\$500	\$1,000	\$5,000	\$500,000
ONE HUN	TWO HUN	FIVE HUN	ONE THOU	FIVE THOU	FIVHUN THOU

(8) Legends:


WINNING NUMBERS	YOUR NUMBERS
\$100 BONUS	\$500 BONUS
	\$1,000 BONUS







(9) \$100 BONUS Spot symbols and symbol captions are

below. A ticket having a  symbol and symbol caption in the \$100 BONUS Spot shall entitle the player to a \$100 cash prize.


				
BOWTIE	CORN	SHOE	APPLE	HAT
				
WIN\$100				

(10) \$500 BONUS Spot symbols and symbol captions are

below. A ticket having a  symbol and symbol caption in the \$500 BONUS Spot shall entitle the player to a \$500 cash prize.

				
CHERRIES	COAT	CROWN	MITTEN	CHEST
				
WIN\$500				

## (11) \$1,000 BONUS Spot symbols and symbol captions

are below. A ticket having a  WIN\$1K symbol and symbol caption in the \$1,000 BONUS Spot shall entitle the player to a \$1,000 cash prize.



CHECK



GUITAR



CASE



PURSE




WALLET




WIN\$1K

## (12) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the YOUR NUMBERS play area that matches a play symbol and corresponding play symbol caption in the WINNING NUMBERS play area shall entitle the player

to the prize shown for that symbol. A ticket having a  WIN symbol and symbol caption in the YOUR NUMBERS play area shall entitle the player to the prize shown. A ticket having

a  WINALL symbol and symbol caption in the YOUR NUMBERS play area shall entitle the player to all thirty-five (35) prizes shown.

(b) A ticket having a multiplier symbol and corresponding multiplier symbol caption, shown in the table below, shall entitle the player to the corresponding prize multiplied by the multiplier indicated in the table.

Symbol and Symbol Caption	Multiply the Prize Shown for the Corresponding Symbol/Symbol Caption by:
<b>5X</b> 5TIMES	<u>5</u>
<b>10X</b> 10TIMES	<u>10</u>
<b>20X</b> 20TIMES	<u>20</u>
<b>50X</b> 50TIMES	<u>50</u>
<b>100X</b> 100TIMES	<u>100</u>
<b>500X</b> 500TIMES	<u>500</u>

(13) Odds of winning, value, and number of prizes in Game Number 1604:

			NUMBER OF WINNERS IN 220,710 POOLS OF 120,000 TICKETS PER POOL
GAME PLAY	WIN	ODDS OF 1 IN	
\$100	\$10 0	149.8 9	176,696
\$50 x 2	\$10 0	150.0 4	176,516
\$10 x 10	\$10 0	49.98	529,905
\$10 (10X)	\$10 0	49.99	529,857
\$20 x 5	\$10 0	75.01	353,080
\$20 (5X)	\$10 0	75.01	353,068
\$2 (50X)	\$10 0	75.06	352,846
(\$10 x 5) + \$50	\$10 0	49.97	530,037
\$10 (5X) x 2	\$10 0	37.51	706,055
\$5 (20X)	\$10 0	50.01	529,635
\$100 (BONUS)	\$10 0	30.01	882,583
\$200	\$20 0	300.6 3	88,098
\$10 (20X)	\$20 0	300.4 0	88,166
\$20 (10X)	\$20 0	299.9 2	88,308

<u>\$50 x 4</u>	<u>\$20</u>	<u>299.6</u>	<u>88.3</u>
	<u>0</u>	<u>1</u>	<u>98</u>
<u>(\$20 x 3) + (\$10 x 4) + (\$50 x 2)</u>	<u>\$20</u>	<u>300.0</u>	<u>88.2</u>
	<u>0</u>	<u>3</u>	<u>76</u>
<u>\$100 x 2</u>	<u>\$20</u>	<u>299.8</u>	<u>88.3</u>
	<u>0</u>	<u>4</u>	<u>32</u>
<u>\$100 (BONUS) + (\$50 x 2)</u>	<u>\$20</u>	<u>299.9</u>	<u>88.2</u>
	<u>0</u>	<u>7</u>	<u>94</u>
<u>\$100 (BONUS) + \$100</u>	<u>\$20</u>	<u>300.0</u>	<u>88.2</u>
	<u>0</u>	<u>7</u>	<u>63</u>
<u>\$100 (BONUS) + \$20 (5X)</u>	<u>\$20</u>	<u>300.2</u>	<u>88.2</u>
	<u>0</u>	<u>9</u>	<u>00</u>
<u>\$100 (BONUS) + \$10 (10X)</u>	<u>\$20</u>	<u>299.7</u>	<u>88.3</u>
	<u>0</u>	<u>3</u>	<u>63</u>
<u>\$500</u>	<u>\$50</u>	<u>6,012.</u>	<u>4.40</u>
	<u>0</u>	<u>56</u>	<u>5</u>
<u>\$100 x 5</u>	<u>\$50</u>	<u>1,495.</u>	<u>17.7</u>
	<u>0</u>	<u>50</u>	<u>10</u>
<u>(\$20 x 15) + (\$10 x 20)</u>	<u>\$50</u>	<u>149.9</u>	<u>176.</u>
<u>(BLOWOUT)</u>	<u>0</u>	<u>2</u>	<u>667</u>
<u>(\$10 x 23) + (\$20 x 6) + (\$5 (5X) x 6)</u>	<u>\$50</u>	<u>299.5</u>	<u>88.4</u>
	<u>0</u>	<u>4</u>	<u>21</u>
<u>\$1 (500X)</u>	<u>\$50</u>	<u>1,197.</u>	<u>22.1</u>
	<u>0</u>	<u>56</u>	<u>16</u>
<u>\$20 (20X) + \$100</u>	<u>\$50</u>	<u>1,200.</u>	<u>22.0</u>
	<u>0</u>	<u>22</u>	<u>67</u>
<u>\$10 (50X)</u>	<u>\$50</u>	<u>1,196.</u>	<u>22.1</u>
	<u>0</u>	<u>48</u>	<u>36</u>
<u>\$100 (BONUS) + \$20 (20X)</u>	<u>\$50</u>	<u>600.1</u>	<u>44.1</u>
	<u>0</u>	<u>5</u>	<u>31</u>
<u>\$5 (100X)</u>	<u>\$50</u>	<u>1,198.</u>	<u>22.1</u>
	<u>0</u>	<u>38</u>	<u>01</u>
<u>\$500 (BONUS)</u>	<u>\$50</u>	<u>1,200.</u>	<u>22.0</u>
	<u>0</u>	<u>44</u>	<u>63</u>
<u>\$1,000</u>	<u>\$1,</u>	<u>61,16</u>	<u>433</u>
	<u>000</u>	<u>7.02</u>	
<u>\$500 x 2</u>	<u>\$1,</u>	<u>40,00</u>	<u>662</u>
	<u>000</u>	<u>8.04</u>	
<u>(\$20 x 30) + (\$100 x 3) + (\$50 x 2)</u>	<u>\$1,</u>	<u>1,499.</u>	<u>17.6</u>
<u>(BLOWOUT)</u>	<u>000</u>	<u>23</u>	<u>66</u>
<u>\$100 (BONUS) + \$500 (BONUS) + \$200 + \$20 (10X)</u>	<u>\$1,</u>	<u>2,402.</u>	<u>11.0</u>
	<u>000</u>	<u>30</u>	<u>25</u>
<u>\$5 (100X) + \$500 (BONUS)</u>	<u>\$1,</u>	<u>8,023.</u>	<u>3,30</u>
	<u>000</u>	<u>42</u>	<u>1</u>
<u>\$50 (20X)</u>	<u>\$1,</u>	<u>11,96</u>	<u>2,21</u>
	<u>000</u>	<u>8.06</u>	<u>3</u>
<u>\$20 (50X)</u>	<u>\$1,</u>	<u>11,93</u>	<u>2,21</u>
	<u>000</u>	<u>5.70</u>	<u>9</u>
<u>\$100 (10X)</u>	<u>\$1,</u>	<u>11,91</u>	<u>2,22</u>
	<u>000</u>	<u>4.22</u>	<u>3</u>

<u>\$2 (500X)</u>	<u>\$1,</u>	<u>12,09</u>	<u>2,19</u>
	<u>000</u>	<u>3.75</u>	<u>0</u>
<u>\$1,000 (BONUS)</u>	<u>\$1,</u>	<u>11,97</u>	<u>2,21</u>
	<u>000</u>	<u>8.89</u>	<u>1</u>
<u>\$5,000</u>	<u>\$5,</u>	<u>121.4</u>	<u>218</u>
	<u>000</u>	<u>92.29</u>	
<u>(\$500 x 5) + (\$100 x 20) + (\$50 x 10) (BLOWOUT)</u>	<u>\$5,</u>	<u>7,963.</u>	<u>3,32</u>
	<u>000</u>	<u>11</u>	<u>6</u>
<u>\$200 (10X) + \$1,000 (BONUS) + \$500 (BONUS) + (\$50 (10X) x 3)</u>	<u>\$5,</u>	<u>15,02</u>	<u>1,76</u>
	<u>000</u>	<u>2.87</u>	<u>3</u>
<u>\$1,000 (BONUS) + \$500 (BONUS) + \$100 (BONUS) + (\$50 (10X) x 6) + (\$20 (5X) x 4)</u>	<u>\$5,</u>	<u>30,19</u>	<u>877</u>
	<u>000</u>	<u>9.91</u>	
<u>\$1,000 (5X)</u>	<u>\$5,</u>	<u>122.0</u>	<u>217</u>
	<u>000</u>	<u>52.17</u>	
<u>\$500 (10X)</u>	<u>\$5,</u>	<u>121.4</u>	<u>218</u>
	<u>000</u>	<u>92.29</u>	
<u>\$100 (50X)</u>	<u>\$5,</u>	<u>119,3</u>	<u>222</u>
	<u>000</u>	<u>03.24</u>	
<u>\$50 (100X)</u>	<u>\$5,</u>	<u>120,3</u>	<u>220</u>
	<u>000</u>	<u>87.82</u>	
<u>\$500,000</u>	<u>\$50</u>	<u>264.8</u>	<u>100</u>
	<u>0,0</u>	<u>53.20</u>	
	<u>00</u>		

(14) The overall odds of winning some prize in Game Number 1604 are 1 in 4.08. All prizes are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sales or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(15) For reorders of Game Number 1604, the odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(16) Payment of prizes for \$500,000 CASH BLOWOUT! lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes. A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011 or at flrules.org.

*Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History- New 8-11-2025.*

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF THE STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: 8/11/2025



**DEPARTMENT OF THE LOTTERY**

RULE NO.: RULE TITLE:

53ER25-43 Game Number 1614, WIN IT ALL!

SUMMARY OF THE RULE: This emergency rule describes Game Number 1614, WIN IT ALL!, for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game, determination of winners, estimated odds of winning, and value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Minerva Simpson, Attorney, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

THE FULL TEXT OF THIS EMERGENCY RULE IS:

53ER25-43 Game Number 1614, WIN IT ALL!.(1) Name of Game. Game Number 1614, WIN IT ALL!.(2) Game Number 1614, WIN IT ALL! is a Scratch-Off lottery game (also known as an instant lottery game).(3) Price. WIN IT ALL! lottery tickets sell for \$2.00 per ticket.

(4) WIN IT ALL! lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning WIN IT ALL! lottery ticket, the ticket must meet the applicable requirements of Emergency Rule 53ER23-20, Payment of Prizes.

(5) Play symbols and play symbol captions that may appear in the YOUR NUMBERS play area:

<b>1</b> ONE	<b>2</b> TWO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX	<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN
<b>11</b> ELEVEN	<b>12</b> TWELVE	<b>13</b> THIRTEEN	<b>14</b> FOURTEEN	<b>15</b> FIFTEEN	<b>16</b> SIXTEEN	<b>17</b> SEVENTEEN	<b>18</b> EIGHTEEN	<b>19</b> NINETEEN	<b>20</b> TWENTY
<b>21</b> TWENTYONE	<b>22</b> TWENTYTWO	<b>23</b> TWENTYTHREE	<b>24</b> TWENTYFOUR	<b>25</b> TWENTYFIVE	<b>26</b> TWENTYSIX	<b>27</b> TWENTYSEVEN	<b>28</b> TWENTYEIGHT	<b>29</b> TWENTYNINE	<b>30</b> THIRTY



(6) Play symbols and play symbol captions that may appear in the WINNING NUMBERS play area and/or the WIN IT ALL NUMBER play area:

<b>1</b> ONE	<b>2</b> TWO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX	<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN
<b>11</b> ELEVEN	<b>12</b> TWELVE	<b>13</b> THIRTEEN	<b>14</b> FOURTEEN	<b>15</b> FIFTEEN	<b>16</b> SIXTEEN	<b>17</b> SEVENTEEN	<b>18</b> EIGHTEEN	<b>19</b> NINETEEN	<b>20</b> TWENTY
<b>21</b> TWENTYONE	<b>22</b> TWENTYTWO	<b>23</b> TWENTYTHREE	<b>24</b> TWENTYFOUR	<b>25</b> TWENTYFIVE	<b>26</b> TWENTYSIX	<b>27</b> TWENTYSEVEN	<b>28</b> TWENTYEIGHT	<b>29</b> TWENTYNINE	<b>30</b> THIRTY

(7) Prize symbols and prize symbol captions that may appear in the YOUR NUMBERS play area:

<b>\$1.00</b> ONE	<b>\$2.00</b> TWO	<b>\$4.00</b> FOUR	<b>\$5.00</b> FIVE	<b>\$10.00</b> TEN	<b>\$20.00</b> TWENTY	<b>\$40.00</b> FORTY
<b>\$50.00</b> FIFTY	<b>\$100</b> ONE HUNDRED	<b>\$500</b> FIVE HUNDRED	<b>\$1,000</b> ONE THOUSAND	<b>\$10,000</b> TEN THOUSAND	<b>\$50,000</b> FIFTY THOUSAND	

(8) Legends:WINNING  
NUMBERS

YOUR NUMBERS

WIN IT  
ALL  
NUMBER

(9) Determination of Winners. A ticket having a play symbol and corresponding play symbol caption in the YOUR NUMBERS play area that matches a play symbol and corresponding play symbol caption in the WINNING NUMBERS play area shall entitle the player to the prize

shown for that symbol. A ticket having a symbol and symbol caption in the YOUR NUMBERS play area shall entitle the player to two (2) times the prize shown. A ticket having a play symbol and corresponding play symbol caption in the YOUR NUMBERS play area that matches the play symbol and corresponding play symbol caption in the WIN IT ALL NUMBER play area shall entitle the player to all ten (10) prizes shown.

(10) Odds of winning, value, and number of prizes:

GAME PLAY	WI N	ODDS OF 1 IN	NUM BER OF WIN NERS IN POOL S OF 180,0 00 TICK ETS PER POOL
<u>\$2</u>	<u>\$2</u>	<u>10.00</u>	<u>1,230,831</u>
<u>\$2 x 2</u>	<u>\$4</u>	<u>49.99</u>	<u>246,198</u>
<u>\$2 (MONEYBAG)</u>	<u>\$4</u>	<u>25.00</u>	<u>492,301</u>
<u>\$4</u>	<u>\$4</u>	<u>50.00</u>	<u>246,175</u>
<u>\$5</u>	<u>\$5</u>	<u>75.00</u>	<u>164,110</u>
<u>\$5 (MONEYBAG)</u>	<u>\$10</u>	<u>249.89</u>	<u>49,255</u>
<u>\$1 x 10 (WIA)</u>	<u>\$10</u>	<u>250.19</u>	<u>49,195</u>
<u>\$5 x 2</u>	<u>\$10</u>	<u>249.97</u>	<u>49,238</u>
<u>\$2 x 5</u>	<u>\$10</u>	<u>250.07</u>	<u>49,219</u>
<u>\$10</u>	<u>\$10</u>	<u>249.92</u>	<u>49,248</u>

<u>\$2 x 10 (WIA)</u>	<u>\$20</u>	<u>749.91</u>	<u>16,41</u> <u>3</u>
<u>\$10 x 2</u>	<u>\$20</u>	<u>750.78</u>	<u>16,39</u> <u>4</u>
<u>\$10 (MONEYBAG)</u>	<u>\$20</u>	<u>749.09</u>	<u>16,43</u> <u>1</u>
<u>\$10 + \$5 (MONEYBAG)</u>	<u>\$20</u>	<u>749.18</u>	<u>16,42</u> <u>9</u>
<u>\$20</u>	<u>\$20</u>	<u>751.05</u>	<u>16,38</u> <u>8</u>
<u>\$4 x 10 (WIA)</u>	<u>\$40</u>	<u>781.48</u>	<u>15,75</u> <u>0</u>
<u>\$5 (MONEYBAG) + (\$5 x 2) + \$10 (MONEYBAG)</u>	<u>\$40</u>	<u>1,788.21</u>	<u>6,883</u>
<u>\$20 (MONEYBAG)</u>	<u>\$40</u>	<u>3,616.88</u>	<u>3,403</u>
<u>\$40</u>	<u>\$40</u>	<u>8,984.12</u>	<u>1,370</u>
<u>(\$5 x 4) + (\$4 x 5) + \$10 (WIA)</u>	<u>\$50</u>	<u>1,389.98</u>	<u>8,855</u>
<u>\$5 x 10 (WIA)</u>	<u>\$50</u>	<u>1,386.22</u>	<u>8,879</u>
<u>\$10 x 5</u>	<u>\$50</u>	<u>4,480.62</u>	<u>2,747</u>
<u>\$20 (MONEYBAG) + \$5 (MONEYBAG)</u>	<u>\$50</u>	<u>3,585.28</u>	<u>3,433</u>
<u>(\$2 x 5) + (\$5 x 2) + (\$10 x 3) (WIA)</u>	<u>\$50</u>	<u>1,394.70</u>	<u>8,825</u>
<u>\$10 (MONEYBAG) + (\$10 x 3)</u>	<u>\$50</u>	<u>1,787.95</u>	<u>6,884</u>
<u>\$50</u>	<u>\$50</u>	<u>9,070.19</u>	<u>1,357</u>
<u>\$10 x 10 (WIA)</u>	<u>\$10</u> <u>0</u>	<u>2,275.51</u>	<u>5,409</u>
<u>\$50 (MONEYBAG)</u>	<u>\$10</u> <u>0</u>	<u>4,521.77</u>	<u>2,722</u>
<u>(\$5 x 4) + (\$10 x 4) + (\$20 x 2) (WIA)</u>	<u>\$10</u> <u>0</u>	<u>2,255.50</u>	<u>5,457</u>
<u>\$20 x 5</u>	<u>\$10</u> <u>0</u>	<u>5,986.50</u>	<u>2,056</u>
<u>\$100</u>	<u>\$10</u> <u>0</u>	<u>18,127.0</u> <u>3</u>	<u>679</u>
<u>\$50 x 10 (WIA)</u>	<u>\$50</u> <u>0</u>	<u>30,167.2</u> <u>8</u>	<u>408</u>
<u>\$100 x 5</u>	<u>\$50</u> <u>0</u>	<u>95,412.7</u> <u>9</u>	<u>129</u>
<u>\$500</u>	<u>\$50</u> <u>0</u>	<u>175,832.</u> <u>14</u>	<u>70</u>
<u>\$100 x 10 (WIA)</u>	<u>\$1,0</u> <u>00</u>	<u>186,488.</u> <u>64</u>	<u>66</u>
<u>(\$50 x 8) + \$100 + \$500 (WIA)</u>	<u>\$1,0</u> <u>00</u>	<u>170,947.</u> <u>92</u>	<u>72</u>
<u>\$500 (MONEYBAG)</u>	<u>\$1,0</u> <u>00</u>	<u>173,355.</u> <u>63</u>	<u>71</u>

<u>\$1,000</u>	<u>\$1,0</u> <u>00</u>	<u>181,003.</u> <u>68</u>	<u>68</u>
<u>\$1,000 x 10 (WIA)</u>	<u>\$10,</u> <u>000</u>	<u>1,538,53</u> <u>1.25</u>	<u>8</u>
<u>\$10,000</u>	<u>\$10,</u> <u>000</u>	<u>3,077,06</u> <u>2.50</u>	<u>4</u>
<u>\$50,000</u>	<u>\$50,</u> <u>000</u>	<u>2,051,37</u> <u>5.00</u>	<u>6</u>

(11) The overall odds of winning some prize in Game Number 1614 are 1 in 4.41. All prizes are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sales or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(12) For reorders of Game Number 1614, the odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(13) Payment of prizes for WIN IT ALL! lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes. A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011 or flrules.org.  
*Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 8-11-25.*

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF THE STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.  
EFFECTIVE DATE: 8/11/2025

#### DEPARTMENT OF THE LOTTERY

RULE NO.: RULE TITLE:  
53ER25-44 PICK WINSday Promotion  
SUMMARY OF THE RULE: This emergency rule sets forth the provisions for the PICK WINSday Promotion.  
THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Minerva A. Simpson, Attorney, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

THE FULL TEXT OF THIS EMERGENCY RULE IS:

#### 53ER25-44 PICK WINSday Promotion.

(1) From August 13 and ending September 17, 2025 (11:59:59 p.m., ET) (“Promotion Period”), the Florida Lottery will conduct the PICK WINSday Promotion (“Promotion”). PICK games are PICK 2™, PICK 3™, PICK 4™, and PICK 5™ (hereafter, collectively “PICK”).

(2) How to Participate - Coupon for \$5.00 Prize.

(a) For each Wednesday during the Promotion Period and for every N<sup>th</sup> PICK ticket purchased throughout the State of Florida on a Wednesday, a Coupon for a \$5.00 cash prize will be issued. The Coupon will print at the time of purchase.

Dates of the Wednesdays during the Promotion Period: August 13, 20, 27 and September 3, 10, 17, 2025.

(b) A sum of \$1,000,000 has been allocated for the \$5.00 cash prizes. If this sum is reached before the end of the Promotion Period, Coupons will not be further awarded. If this sum has not been reached by the end of the Promotion Period, any remaining portion will not otherwise be awarded.

(3) The redemption deadline for all Coupons issued during this Bonus Play is November 18, 2025 (11:59:59 p.m., ET), subject to retailer and Florida Lottery office operating hours. Coupons cannot be redeemed by mail. Coupons mailed to the Lottery will not be submitted for redemption and will not be returned. Coupons not redeemed by the redemption deadline will not be redeemable, and players will not be otherwise compensated.

(4) Advance Play purchases made prior to the start of the Promotion Period, continuation tickets, canceled tickets, and purchases that are part of GROUPER®/GROUPER® Super Sampler are not eligible. Advance Play purchases made during the Promotion Period are eligible.

(5) Taxes. Any federal, state, and/or local taxes and/or other costs and fees will be the responsibility of the player.

(6) Other Restrictions and Provisions.

(a) Players must be at least 18 years of age.

(b) All players and ticket purchases are subject to the provisions of Chapter 24, Florida Statutes, and rules promulgated thereunder. Copies of current rules can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011 or at flrules.org.

(c) Persons prohibited by Section 24.116, F.S., from purchasing a Florida Lottery ticket are not eligible to participate in this Promotion.

(d) If there is a conflict with a provision set forth in this Rule and any promotional materials, including, but not limited to, point of sale, television, radio, and print advertising, and other promotional media/materials, the terms of this Rule shall prevail.

Rulemaking Authority 24.105(9), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9), 24.115 FS. History—New 8-13-2025.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF THE STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: 8/13/2025

NOTE: The full text of Emergency Rules that are currently in effect can be viewed by going to <https://flrules.org/Notice/emergencyRules.asp>.

## Section V Petitions and Dispositions Regarding Rule Variance or Waiver

DEPARTMENT OF LAW ENFORCEMENT  
Criminal Justice Standards and Training Commission

RULE NO.: RULE TITLE:

11B-27.002 Certification, Employment or Appointment, Reactivation, and Terminating Employment or Appointment of Officers

NOTICE IS HEREBY GIVEN that on August 06, 2025, the Department of Law Enforcement, received a petition for a permanent waiver of subsection 11B-27.002(4), F.A.C., by Robert Ford. Petitioner is seeking a waiver of Rule 11B-27.002(4) and wishes to waive that portion of the rule that states: “An individual who fails to comply with the requirements in paragraph (4)(a) of this rule section, for the discipline in which the training was completed, within four years of the date of beginning such training, shall as a condition for obtaining employment, comply with the following: 1. Successfully complete a Commission-approved Basic Recruit Training Program pursuant to Rule 11B-35.002, F.A.C., or qualify for an exemption from a Commission-approved Basic Recruit Training Program, pursuant to Section 943.131(2), F.S., to include demonstration of proficiency in the High-Liability Basic Recruit Training Courses pursuant to Rule 11B-35.0024, F.A.C.; and if applicable, completion of the Special Operations Forces Tracing Program, pursuant to Rule 11B-35.009, F.A.C., and 2. Achieve a passing score on the State Officer Certification Examination.” Petitioner requests a permanent waiver of the rule to allow employment and certification outside of four years from Commission-approved Basic Recruit Training Program. A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Florida Department of Law Enforcement, P.O. Box 1489 Tallahassee, FL, 32302 or by telephone at (850)410-7676.

AGENCY FOR HEALTH CARE ADMINISTRATION  
Medicaid

RULE NO.: RULE TITLE:

59G-13.070 Developmental Disabilities Individual Budgeting Waiver Services

NOTICE IS HEREBY GIVEN that on July 11, 2025, the Agency for Health Care Administration, received a petition for Variance from or Waiver of Rule 59G-13.070 (“Petition”) on behalf of the Petitioner, Ronald Rodriguez. Rule 59G-13.070 of the Florida Administrative Code (“Rule”) applies to all

providers of Developmental Disabilities Individual Budgeting Waiver services who are enrolled in the Florida Medicaid program (and requires that all providers of Developmental Disabilities Individual Budgeting Waiver services enrolled in the Florida Medicaid program be in compliance with the provisions of the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, June 2018 (“Handbook”). Petitioner seeks a variance from or waiver of limited provisions of the Rule, which incorporates the Handbook by reference. Petitioner seeks a variance from or waiver of the Handbook provisions on pages 2-75, Supported Living – Place of Service, “supported living coaching cannot be provided in the same home with a legally responsible family member except during transition from the family home into supported living.” Interested persons or agencies may submit written comments on the Petition within fourteen (14) days after publication of this notice.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Douglas D. Sunshine, B.C.S., Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #3, Tallahassee, Florida 32308, [Douglas.Sunshine@ahca.myflorida.com](mailto:Douglas.Sunshine@ahca.myflorida.com) (850)412-3689.

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#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

Beaches and Coastal Systems

RULE NOS.:RULE TITLES:

62B-33.002 Definitions

62B-33.0051 Coastal Armoring and Related Structures

The Department of Environmental Protection hereby gives notice: An order was issued on August 1, 2025, granting Port Royal Beach Club’s Petition for a Variance. The Petition was received on May 12, 2025. Notice of receipt of the Petition was published in the Florida Administrative Register on May 16, 2025. The petition requested a variance from subparagraph 62B-33.002(12)(b)(1), subsection 62B-33.002(39), and subparagraph 62B-33.0051(1)(a)1, F.A.C., regarding armoring protections for eligible structures. No public comment was received. The Order, file number 25-0820, granted the variance based on a demonstration by the Petitioner that the purpose of the underlying statute is met and that a strict application of the rule would result in substantial hardship to Petitioner.

A copy of the Order or additional information may be obtained by contacting: Doug Aarons, Florida Department of Environmental Protection, 2600 Blair Stone Road, Mail Station 3522, Tallahassee, Florida 32399-2400; telephone (850)245-7672; e-mail [douglas.aarons@floridadep.gov](mailto:douglas.aarons@floridadep.gov), during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays.

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#### DEPARTMENT OF HEALTH

The Department of Health, Office of Medical Marijuana Use hereby gives notice: that on August 4, 2025, the Department of Health, Office of Medical Marijuana Use, received a “Notice of Withdrawal of Petition for Variance from Emergency Rule 64ER22-10, F.A.C.,” seeking to withdraw Hart’s Plant Nursery, Inc.’s “Amended Petition for Variance from Emergency Rule 64ER22-10” filed on June 23, 2025.

The Petition was published in Volume 51, Issue 66 of the Florida Administrative Register on April 4, 2025; the Amended Petition was published in Volume 51, Issue 127 of the Florida Administrative Register on July 1, 2025. Emergency Rule 64ER22-10, Florida Administrative Code, provides renewal application requirements and forms for Medical Marijuana Treatment Centers seeking to renew their license with the Department. During the pendency of the Petition, the Petitioner agreed to waive the 90-day timeframe. On August 6, 2025, the Department entered an Order Closing Agency Clerk’s File based on the Notice of Withdrawal.

A copy of the Order or additional information may be obtained by contacting: Shena Grantham, Department of Health, Office of General Counsel, 4052 Bald Cypress Way, Bin A-02, Tallahassee, Florida 32399 or by email at [Shena.Grantham@flhealth.gov](mailto:Shena.Grantham@flhealth.gov).

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#### DEPARTMENT OF HEALTH

The Department of Health, Office of Medical Marijuana Use hereby gives notice: that on August 4, 2025, the Department of Health, Office of Medical Marijuana Use, received a “Notice of Withdrawal of Petition for Variance from Emergency Rule 64ER22-10, FAC – Green Dragon Florida, LLC,” seeking to withdraw the petition filed on February 4, 2025.

The Petition was published in Volume 51, Issue 33 of the Florida Administrative Register on February 18, 2025. Emergency Rule 64ER22-10, Florida Administrative Code, provides renewal application requirements and forms for Medical Marijuana Treatment Centers seeking to renew their license with the Department. During the pendency of the Petition, the Petitioner agreed to waive the ninety (90) day timeframe. On August 6, 2024, the Department entered an Order Closing Agency Clerk’s File based on the representations made in the Notice of Withdrawal.

A copy of the Order or additional information may be obtained by contacting: Shena Grantham, Department of Health, Office of General Counsel, 4052 Bald Cypress Way, Bin A-02, Tallahassee, Florida 32399 or by email at [Shena.Grantham@flhealth.gov](mailto:Shena.Grantham@flhealth.gov).

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## Section VI

### Notice of Meetings, Workshops and Public Hearings

#### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

##### Division of Administration

The Florida Agricultural Legacy Learning Center, Inc. Board of Trustees announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, August 20, 2025, 1:00 p.m.

PLACE: 7900 Old Kings Road N, Palm Coast, FL 32137

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting is to discuss general business.

A copy of the agenda may be obtained by contacting: Kara Hoblick O: (386)446-7630 C: (386)527-1467

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 2 days before the workshop/meeting by contacting: Kara Hoblick O: (386)446-7630 C: (386)527-1467. 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).

For more information, you may contact: Kara Hoblick O: (386)446-7630 C: (386)527-1467

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#### REGIONAL PLANNING COUNCILS

##### Central Florida Regional Planning Council

The Heartland Regional Transportation Planning Organization (HRTPO) announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, August 20, 2025, 10:00 a.m.

PLACE: Career Source Heartland, 5901 U.S. Hwy 27 South, Suite 1, Sebring, FL 33870

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular meeting of the Technical Advisory Committee (TAC) to the Heartland Regional Transportation Planning Organization (HRTPO).

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or income. Persons who require special accommodations under the Americans with Disabilities Act or persons who require translation services (free of charge) should contact the CFRPC Title VI/Nondiscrimination Coordinator, Indihra Chambers, (863)534-7130 extension 127, or via Florida Relay Service 711, or by email: [ichambers@cfrpc.org](mailto:ichambers@cfrpc.org) at least three (3) days before the meeting/workshop.

La participación pública es solicitada sin distinción de raza, color, origen nacional, sexo, edad, discapacidad, religión o

situación familiar. Las personas que requieren asistencia bajo la Ley sobre Estadounidenses con Discapacidades (ADA) o la traducción de idiomas, de forma gratuita deben ponerse en contacto con la Coordinadora de Título VI / No Discriminación/ADA, Indihra Chambers, CFRPC a (863)534-7130 extensión 127, oa través de el Transmisión de la Florida 711, o por correo electronico [ichambers@cfrpc.org](mailto:ichambers@cfrpc.org) al menos tres (3) días antes del evento o reunion.

A copy of the agenda may be obtained by contacting: Marybeth Soderstrom, Transportation Director, at 1(863)534-7130, ext. 134 or at [msoderstrom@cfrpc.org](mailto:msoderstrom@cfrpc.org)

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 3 days before the workshop/meeting by contacting: Marybeth Soderstrom, Transportation Director, at 1(863)534-7130, ext. 134 or at [msoderstrom@cfrpc.org](mailto:msoderstrom@cfrpc.org). 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Marybeth Soderstrom, Transportation Director, at 1(863)534-7130, ext. 134 or at [msoderstrom@cfrpc.org](mailto:msoderstrom@cfrpc.org)

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#### REGIONAL PLANNING COUNCILS

##### Treasure Coast Regional Planning Council

The Treasure Coast Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: September 19, 2025, 9:30 a.m.

PLACE: Indian River State College Chastain Campus, Wolf High-Technology Center, 2400 SE Salerno Road, Stuart, Florida 34997

Remote participation is available:

<https://meet.goto.com/268592461>

By Phone: +1(646)749-3122 / Access Code: 268-592-461

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Treasure Coast Regional Planning Council will hold its monthly Board Meeting.

A copy of the agenda may be obtained by contacting: Liz Gulick at (772)221-4060 or [lgulick@tcrpc.org](mailto:lgulick@tcrpc.org)

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: Liz Gulick at (772)221-4060 or [lgulick@tcrpc.org](mailto:lgulick@tcrpc.org). 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Liz Gulick at (772)221-4060 or [lgulick@tcrpc.org](mailto:lgulick@tcrpc.org)

#### WATER MANAGEMENT DISTRICTS

##### St. Johns River Water Management District

The St. Johns River Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, August 11, 2025, 9:30 a.m.

PLACE: 2205 Front Street, Melbourne, FL 32901

GENERAL SUBJECT MATTER TO BE CONSIDERED: Celebration of the Completion of the Crane Creek / M-1 Canal Flow Restoration Project.

NOTE: One or more Governing Board members may attend.

A copy of the agenda may be obtained by contacting: St. Johns River Water Management District, Attention Ashley Evitt, 4049 Reid Street, Palatka, FL 32177, or by email at [aevitt@sjrwmd.com](mailto:aevitt@sjrwmd.com), or by visiting the District's website at [sjrwmd.com](http://sjrwmd.com).

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: Civil Rights Coordinator at (386)329-4500. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

#### AGENCY FOR HEALTH CARE ADMINISTRATION

##### Medicaid

The Medicaid Drug Utilization Review Board announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday September 11, 2025, 1:30 p.m.

PLACE: Virtual. Zoom Webinar Only

Please click the link below to join the webinar:

Join from PC, Mac, iPad, or Android:

<https://primetherapeutics.zoom.us/j/87274245747>

Phone one-tap:

+16694449171,,87274245747# US

+16699009128,,87274245747# US (San Jose)

Join via audio:

+1(669)444-9171 US

+1(669)900-9128 US (San Jose)

+1(719)359-4580 US

+1(253)205-0468 US

+1(253)215-8782 US (Tacoma)

+1(346)248-7799 US (Houston)

+1(360)209-5623 US

+1(386)347-5053 US

+1(507)473-4847 US

+1(564)217-2000 US

+1(646)558-8656 US (New York)

+1(646)931-3860 US

+1(689)278-1000 US

+1(301)715-8592 US (Washington DC)

+1(305)224-1968 US

+1(309)205-3325 US

+1(312)626-6799 US (Chicago)

Webinar ID: 872 7424 5747

International numbers available:

<https://primetherapeutics.zoom.us/j/kcRu4l8rY0>

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting involves review and approval of drug use criteria and standards for both prospective and retrospective drug use review, application of criteria and standards in the DUR activities; review and report results of drug use reviews; recommend and evaluate educational intervention programs.

The number of speakers is limited, and selection is made by lottery system. All interested parties must submit details on their speaker to Prescribed Drug Services no later than August 25, 2025.

Public testimony requests for the September 11, 2025 DUR Board meeting will be OPEN from 6:00 a.m., ET on August 11, 2025, through Monday, August 25, 2025, 5:00 p.m. Those selected for public testimony must be present during the Webinar to speak. You will be notified of your selection status by 12:00 noon, ET on Tuesday, August 26, 2025.

All interested parties can request a 2-minute speaker slot by completing the online form at: <https://forms.office.com/g/meBuZY6B1Z>

A copy of the agenda may be obtained by contacting: <https://ahca.myflorida.com/medicaid/prescribed-drugs/pharmacy-meeting-notices>

For more information, you may contact: Marquetta.Howard-Chambers@ahca.myflorida.com

#### AGENCY FOR HEALTH CARE ADMINISTRATION

##### Medicaid

The Medicaid Pharmaceutical and Therapeutics Committee announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, September 12, 2025, 8:30 a.m. - 12:30 p.m. Eastern Standard Time

PLACE: Zoom Webinar Only

Join from PC, Mac, iPad, or Android:

<https://primetherapeutics.zoom.us/j/86841051738>

Phone one-tap:

+13462487799,,86841051738# US (Houston)

+16694449171,,86841051738# US

Join via audio:

+1(346)248-7799 US (Houston)

+1(669)444-9171 US

+1(669)900-9128 US (San Jose)

+1(719)359-4580 US

+1(253)205-0468 US

+1(253)215-8782 US (Tacoma)

+1(689)278-1000 US

+1(301)715-8592 US (Washington DC)

+1(305)224-1968 US

+1(309)205-3325 US

+1(312)626-6799 US (Chicago)

+1(360)209-5623 US

+1(386)347-5053 US

+1(507)473-4847 US

+1(564)217-2000 US

+1(646)558-8656 US (New York)

+1(646)931-3860 US

Webinar ID: 868 4105 1738

Join from an H.323/SIP room system:

H.323:

144.195.19.161 (US West)

206.247.11.121 (US East)

Meeting ID: 868 4105 1738

SIP: 86841051738@zoomcrc.com

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Medicaid Pharmaceutical and Therapeutics Committee meeting involves recommendations for inclusion or exclusion to the preferred drug list are made at this meeting

Public testimony requests for the September 12, 2025, Medicaid Pharmaceutical and Therapeutic Committee meeting will be OPEN from 6:00 a.m., ET on August 11, 2025, through Monday, September 25, 2025, 5:00 p.m. Those selected for public testimony must be present during the Webinar to speak. You will be notified of your selection status by 12:00 noon, ET on Tuesday, August 26, 2025.

All interested parties can request a 2-minute speaker slot by completing the online form at:

<https://forms.office.com/g/dZkXgR3gDL>

A copy of the agenda may be obtained by contacting: <https://ahca.myflorida.com/medicaid/prescribed-drugs/pharmacy-meeting-notice>

For more information, you may contact: Marquetta.Howard-Chambers@ahca.myflorida.com

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Department of Environmental Protection announces a public meeting to which all persons are invited.

DATE AND TIME: September 10, 2025, 4:00 p.m. – 7:00 p.m.

PLACE: W.H. Stuart Center, 1702 Highway 17 South, Bartow Florida 33830.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of this public meeting is to obtain public comment on the draft underground injection control permit (File No. 0445518-001-UC/1EX, WACS ID 108230) for Mosaic Fertilizer, LLC (Mosaic). The draft permit proposes to authorize the construction of a Class V, Group 9, exploratory well and associated monitor well at the Mosaic New Wales Facility, located at 3095 Highway 640, Mulberry, Florida 33860, in Polk County. The proposed exploratory well is designed to be constructed to a total depth of 8,000 feet below land surface. Injection or disposal of wastewater is not authorized under this draft permit. The information from the exploratory well and associated monitor well would be used to provide additional information to evaluate the suitability of the subsurface geology and confinement for potential underground injection activities. Any underground injection of wastewater would require a separate permit authorization. Mosaic submitted its application for the exploratory well and associated monitor well on February 16, 2024, and the draft permit was issued on August 5, 2025. The Notice of Draft Permit was published in the Tampa Bay Times on August 8, 2025.

During this open-house style public meeting, representatives of both the department and Mosaic will be available to answer questions and provide information about the draft permit and the proposed exploratory well. All comments made by interested persons during the public comment period provided in accordance with Rule 62-528.315, Florida Administrative Code (F.A.C.), shall be considered in making the final decision and shall be answered as provided in Rule 62-528.330, F.A.C.

A copy of the agenda may be obtained by contacting: Richard Lobinske, Florida Department of Environmental Protection, Underground Injection Control Program by U.S. mail at 2600 Blair Stone Road, MS 3520, Tallahassee FL, 32399; by phone at (850)245-8655; or by email at [app@dep.state.fl.us](mailto:app@dep.state.fl.us).

Public participation is solicited without regard to race, color, religion, sex, pregnancy, national origin, age, handicap, or marital status. Persons who require special accommodations under the American with Disabilities Act (ADA) or persons who require translation services (free of charge) are asked to contact DEP's Limited English Proficiency Coordinator at (850)245-2118 or [LEP@FloridaDEP.gov](mailto:LEP@FloridaDEP.gov) at least ten (10) days before the meeting. If you have a hearing or speech impairment, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (voice).

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Department of Environmental Protection announces a public meeting to which all persons are invited.

DATE AND TIME: September 9, 2025, 4:00 p.m. – 7:00 p.m.

PLACE: W.H. Stuart Center, 1702 Highway 17 South, Bartow Florida 33830.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of this public meeting is to obtain public comment on the draft underground injection control permit (File No. 0446685-001-UC/1EX, WACS ID 108263) for Mosaic Fertilizer, LLC (Mosaic). The draft permit proposes to authorize the construction of a Class V, Group 9, exploratory well and associated monitor well at the Mosaic Central Polk Facility, located at 2501 Bonnie Mine Road, Bartow, Florida 33830, in Polk County. The proposed exploratory well is designed to be constructed to a total depth of 8,000 feet below land surface. Injection or disposal of wastewater is not authorized under this draft permit. The information from the exploratory well and associated monitor well would be used to provide additional information to evaluate the suitability of the subsurface geology and confinement for potential underground injection activities. Any underground injection of wastewater would require a separate permit authorization. Mosaic submitted its application for the exploratory well and associated monitor well on March 15, 2024, and the draft permit was issued on August 5, 2025. The Notice of Draft Permit was published in the Lakeland Ledger on August 8, 2025.

During this open-house style public meeting, representatives of both the department and Mosaic will be available to answer questions and provide information about the draft permit and the proposed exploratory well. All comments made by interested persons during the public comment period provided in accordance with Rule 62-528.315, Florida Administrative Code (F.A.C.), shall be considered in making the final decision and shall be answered as provided in Rule 62-528.330, F.A.C.

A copy of the agenda may be obtained by contacting: Richard Lobinske, Florida Department of Environmental Protection, Underground Injection Control Program by U.S. mail at 2600 Blair Stone Road, MS 3520, Tallahassee FL, 32399; by phone at (850)245-8655; or by email at [app@dep.state.fl.us](mailto:app@dep.state.fl.us).

Public participation is solicited without regard to race, color, religion, sex, pregnancy, national origin, age, handicap, or marital status. Persons who require special accommodations under the American with Disabilities Act (ADA) or persons who require translation services (free of charge) are asked to contact DEP's Limited English Proficiency Coordinator at (850)245-2118 or [LEP@FloridaDEP.gov](mailto:LEP@FloridaDEP.gov) at least ten (10) days before the meeting. If you have a hearing or speech impairment, please contact the agency using the Florida Relay Service, (800)955-8771 (TDD) or (800)955-8770 (voice).

#### DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

The Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling announces a public meeting to which all persons are invited.

DATE AND TIME: August 21, 2025, 8:30 a.m., ET

PLACE: Embassy Suites Miami International Airport, 3974 NW South River Drive, Miami, FL 33142.

GENERAL SUBJECT MATTER TO BE CONSIDERED: General board business involving discussion and actions, including, but not limited to general board business, licensure applications, rules, and disciplinary matters.

A copy of the agenda may be obtained by contacting: the board office at (850)245-4292 or by visiting our website at <https://floridasmentalhealthprofessions.gov/meeting-information/>.

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: Kieran Compagnone, Program Operations Administrator by phone at (850)558-9601, by email at [Kieran.Compagnone@flhealth.gov](mailto:Kieran.Compagnone@flhealth.gov), or by mail at 4052 Bald Cypress Way, Bin C-08, Tallahassee, FL 32399. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Kieran Compagnone, Program Operations Administrator by phone at (850)558-9601, by email at [Kieran.Compagnone@flhealth.gov](mailto:Kieran.Compagnone@flhealth.gov), or by mail at 4052 Bald Cypress Way, Bin C-08, Tallahassee, FL 32399.

#### DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

The Florida Board of Osteopathic Medicine announces a public meeting to which all persons are invited.

DATE AND TIME: August 22, 2025, 9:00 a.m., ET.

PLACE: Aloft Jacksonville Tapestry Park, 4812 Deer Lake Drive West, Jacksonville, FL 32246

GENERAL SUBJECT MATTER TO BE CONSIDERED: The general business of the Board.

A copy of the agenda may be obtained by contacting: <https://floridasosteopathicmedicine.gov/meeting-information/>.

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: <https://floridasosteopathicmedicine.gov/meeting->



information/. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact:  
<https://floridasosteopathicmedicine.gov/meeting-information/>.

#### CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, INC.

The Center for Independent Living in Central Florida, Inc. announces a public meeting to which all persons are invited.

DATE AND TIME: August 15, 2025, 12:00 noon

PLACE: 720 N Denning Dr. Winter Park FL 32789

GENERAL SUBJECT MATTER TO BE CONSIDERED: 50th Anniversary Committee Mtg.

A copy of the agenda may be obtained by contacting: Maria Diaz (407)961-5541

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: Maria Diaz (407)961-5541. 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).

#### FLORIDA SPORTS FOUNDATION

The Florida Sports Foundation announces a public meeting to which all persons are invited.

DATE AND TIME: September 24, 2025, 9:00 a.m.

PLACE: Microsoft Teams

Meeting ID: 220 089 094 215 0

Passcode: Cs39Ws3k

GENERAL SUBJECT MATTER TO BE CONSIDERED: Quarterly Board of Director Meeting

A copy of the agenda may be obtained by contacting: LaToya Smithwick - [lsmithwick@playinflorida.com](mailto:lsmithwick@playinflorida.com)

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 3 days before the workshop/meeting by contacting: LaToya Smithwick - [lsmithwick@playinflorida.com](mailto:lsmithwick@playinflorida.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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the

proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: LaToya Smithwick - [lsmithwick@playinflorida.com](mailto:lsmithwick@playinflorida.com)

### Section VII Notice of Petitions and Dispositions Regarding Declaratory Statements

NONE

### Section VIII Notice of Petitions and Dispositions Regarding the Validity of Rules

Notice of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

### Section IX Notice of Petitions and Dispositions Regarding Non-rule Policy Challenges

NONE

### Section X Announcements and Objection Reports of the Joint Administrative Procedures Committee

NONE

### Section XI Notices Regarding Bids, Proposals and Purchasing

NONE

## Section XII Miscellaneous

### DEPARTMENT OF STATE

Index of Administrative Rules Filed with the Secretary of State Pursuant to subparagraphs 120.55(1)(b)7. – 8., F.S., the below list of rules were filed in the Office of the Secretary of State between 3:00 p.m., Friday, August 1, 2025, and 3:00 p.m., Thursday, August 7, 2025.

Rule No.	File Date	Effective Date
53ER25-40	8/5/2025	8/6/2025
53ER25-41	8/7/2025	8/11/2025
53ER25-42	8/7/2025	8/11/2025
53ER25-43	8/7/2025	8/11/2025
53ER25-44	8/7/2025	8/13/2025
59G-4.002	8/4/2025	8/24/2025
64B5-2.0141	8/5/2025	8/25/2025
64B5-2.0142	8/5/2025	8/25/2025
64B5-2.0144	8/5/2025	8/25/2025
64B5-2.0146	8/5/2025	8/25/2025
64B5-7.003	8/4/2025	8/24/2025
64B5-7.0035	8/4/2025	8/24/2025
64B5-7.005	8/4/2025	8/24/2025
64B5-7.007	8/4/2025	8/24/2025
64B5-9.011	8/1/2025	8/21/2025
64B5-14.003	8/4/2025	8/24/2025
64B8-30.003	8/1/2025	8/21/2025
64B8-31.003	8/1/2025	8/21/2025
64B11-2.002	8/7/2025	8/27/2025
64B11-2.003	8/7/2025	8/27/2025
64B15-6.003	8/1/2025	8/21/2025
64B15-7.003	8/1/2025	8/21/2025
64B15-12.003	8/1/2025	8/21/2025
69A-73.001	8/4/2025	8/24/2025
69A-73.002	8/4/2025	8/24/2025
69A-73.003	8/4/2025	8/24/2025
69A-73.004	8/4/2025	8/24/2025
69A-73.005	8/4/2025	8/24/2025
69G-20.0021	8/1/2025	8/21/2025
69L-30.008	8/7/2025	8/27/2025

### LIST OF RULES AWAITING LEGISLATIVE APPROVAL SECTIONS 120.541(3), 373.139(7) AND/OR 373.1391(6), FLORIDA STATUTES

Rule No.	File Date	Effective Date
14-10.0043	4/11/2025	**/**/****
60FF1-5.009	7/21/2016	**/**/****
64B8-10.003	12/9/2015	**/**/****
65C-9.004	3/31/2022	**/**/****

### AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

#### RECEIPT OF EXPEDITED APPLICATION

The Agency for Health Care Administration received the following CON application for expedited review:

CON #10882Received: 8/6/2025

County: St. JohnsDistrict: 4-3

Applicant/Facility/Project: PruittHealth – 4-3, LLC

Project Description: Transfer CON #10762 from PruittHealth – Ponte Vedra, LLC to the applicant to establish a 120-bed community nursing home

### DEPARTMENT OF FINANCIAL SERVICES

Division of Consumer Services

Department of Financial Services

RULE NO.: RULE TITLE:

69J-7.001 My Safe Florida Home Program

#### NOTICE OF WITHDRAWAL

Notice is hereby given that the Waiver from Winsome Martin, as noticed in Vol.51, No.136, July 15, 2025, Florida Administrative Register has been withdrawn by Winsome Martin.

## Section XIII Index to Rules Filed During Preceding Week

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.