

Section I

Notice of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO.: 12D-7.016
RULE TITLE: Governmental Exemptions

PURPOSE AND EFFECT: The purpose of the draft amendments to Rule 12D-7.016, F.A.C., is to reflect the update by the Federal Aviation Administration (FAA) to the definition of “fixed-base operator” as provided in FAA Order 5190.6B, Change 3.

SUBJECT AREA TO BE ADDRESSED: Update to the definition of “fixed based operator.”

RULEMAKING AUTHORITY: 195.027(1) FS.

LAW IMPLEMENTED: 196.012, 196.199 FS.

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

DATE AND TIME: September 23, 2025, at 10:00 a.m.

PLACE: 1220, Building 2, Capital Circle Office Complex, 2450 Shumard Oak Blvd., Tallahassee, FL 32399. (IF NOT REQUESTED, THIS WORKSHOP WILL NOT BE HELD. If a workshop is requested in writing and not deemed unnecessary, members of the public can also attend electronically via webinar; participants will need to register for the webinar using the following link: <https://attendee.gotowebinar.com/register/847454534307834206>).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mike Cotton at (850)617-8870. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Mike Cotton, Property Tax Oversight Program, telephone (850)617-8870 or email DORPTO@floridarevenue.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

Published on the Department’s website at floridarevenue.com/rules.

Section II

Proposed Rules

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: 59A-3.246
RULE TITLE: Licensed Programs

PURPOSE AND EFFECT: 59A-3.246 outlines requirements for licensed programs within hospitals.

SUMMARY: The Agency is proposing to amend this rule to update language, clarify requirements, and implement provisions of legislation.

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: A SERC has not been prepared by the agency. For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not 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.

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: 395.1055 F.S.

LAW IMPLEMENTED: 395.1055, 395.1065, 395.3038 F.S.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: October 1, 2025, 2:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida, 32308, Building 3, Conference Room B. You may also participate by dialing the Open Voice conference line, 1(888)585-9008, then enter the conference

room number followed by the pound sign, 998-518-088#. The agenda and related materials can be found on the web at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/rulemaking>

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: hqarulecomments@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kelli Fillyaw at (850)412-4402 or email at: hqarulecomments@ahca.myflorida.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

59A-3.246 Licensed Programs.

(1) Adult Diagnostic Cardiac Catheterization Program. All licensed hospitals that establish adult diagnostic cardiac catheterization laboratory services under Section 395.1055 408.0361, F.S., shall operate in compliance with the most recent guidelines of the American College of Cardiology and ~~American Heart Association, including collaborating organizations,~~ regarding the operation of diagnostic cardiac catheterization laboratories. Hospitals are considered to be in compliance with American College of Cardiology ~~and~~ ~~American Heart Association~~ guidelines when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. The applicable guideline is Rao, S. O'Donoghue, M. Ruel, M. et al. 2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2025;151:e771-e862. doi: 10.1161/CIR.0000000000001309 (Guidelines) the 2012 American College of Cardiology Foundation/Society for Cardiovascular Angiography and Interventions Expert Consensus Document on Cardiac Catheterization Laboratory Standards Update. J Am Coll Cardiol 2012; 59:2221-305 (2012 ACC/SCAI Guidelines) which is hereby incorporated by reference and effective at adoption. The copyrighted material is available for public inspection at the Agency for Health Care Administration, Hospital and Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, FL 32308 and the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399. The document is available on the World Wide Web site of the American Heart Association at

~~www.ahajournals.org/journal/circ~~ A copy may be obtained from Elsevier Inc, Reprint Department by email at ~~reprints@elsevier.com~~ or online at ~~<https://www.sciencedirect.com/>~~. Aspects of the guideline related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule. All such licensed hospitals shall have a department, service or other similarly titled unit which shall be organized, directed and staffed, and integrated with other units and departments of the hospitals in a manner designed to assure the provision of quality patient care.

(a) Licensure.

1. A hospital may apply for licensure to provide a license ~~for an~~ adult diagnostic cardiac catheterization laboratory services ~~program~~ by submitting a hospital licensure application as specified in subsection 59A-3.066(2), F.A.C., indicating the addition of an adult diagnostic cardiac catheterization laboratory services program, ~~and attaching License Application Adult Inpatient Diagnostic Cardiac Catheterization Services, AHCA Form 3130-5003, January 2018, incorporated herein by reference~~ and available at ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref 09635>~~. Both of these forms are available at: <https://ahca.myflorida.com/health-quality-assurance/hqa-applications-for-licensure> ~~<http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml>~~. The license application form must be signed by the hospital's Chief Executive Officer or the authorized representative, confirming the hospital's intent and ability to comply with section 395.1055 408.0361(1), F.S.

2. An authorized representative of a hospital providing ~~Hospitals with~~ adult diagnostic cardiac catheterization services ~~programs~~ must renew this licensed program ~~their licenses~~ at the time of the hospital licensure renewal by completing the subsection entitled Adult Cardiovascular Services on the hospital licensure application specified in subsection 59A-3.066(2), F.A.C., ~~providing the information in section 408.0361(1), F.S.~~ Failure to renew the hospital's license or failure to complete the subsection entitled Adult Cardiovascular Services, thereby not attesting to meeting the requirements, ~~update the information in section 408.0361(1), F.S.,~~ shall cause the licensed program license to expire.

3. Hospitals licensed to provide adult diagnostic cardiac catheterization services, and not Level I or Level II adult cardiovascular services may provide the services to patients 15 to 17 years of age provided the physician in charge of the procedure is a pediatric cardiologist or an adult cardiologist with specialized training in adult congenital heart disease.

(b) Definitions. ~~The following definitions shall apply specifically to all adult diagnostic cardiac catheterization programs, as described in this subsection:~~

1. ~~“Diagnostic Cardiac Catheterization” means a procedure requiring the passage of a catheter into one or more cardiac chambers of the left and right heart, with or without coronary arteriograms, for the purpose of diagnosing congenital or acquired cardiovascular diseases, or for determining measurement of blood pressure flow; and also includes the selective catheterization of the coronary ostia with injection of contrast medium into the coronary arteries.~~

2. ~~“Adult” means a person fifteen years of age or older.~~

(b)(e) Therapeutic Cardiac Catheterization Procedures. An adult diagnostic cardiac catheterization program established pursuant to Section 395.1055 ~~408.0361~~, F.S., shall not provide therapeutic services, such as percutaneous coronary intervention or stent insertion, intended to treat an identified condition or the administering of intra-coronary drugs, such as thrombolytic agents.

(c)(d) Diagnostic Cardiac Catheterization Procedures. Procedures performed in the adult diagnostic cardiac catheterization laboratory shall include the following:

1. through 9. No change.

(d)(e) Support Equipment. A crash cart containing the necessary medication and equipment for ventilatory support shall be located in each cardiac catheterization procedure room. A listing of all crash cart contents shall be readily available. At the beginning of each shift, the crash cart shall be checked for intact lock; the defibrillator ~~defibrillator~~ and corresponding equipment shall be checked for function and operational capacity. A log shall be maintained indicating review.

(e)(f) Radiographic Cardiac Imaging Systems. A quality improvement program for radiographic imaging systems shall include patient and operator safety, measures of image quality, dynamic range, and modulation transfer function. Documentation indicating the manner in which this requirement will be met shall be available for the Agency’s review.

(g) through (h) renumbered (f) through (g) No change.

(h)(i) Quality Improvement Program. A quality improvement program for the adult diagnostic cardiac catheterization program laboratory shall include an assessment of proficiency in diagnostic coronary procedures and integrated in the hospital wide program described in Rule 59A-3.271, F.A.C., as described in the 2012 ACC/SCAI Guidelines. Essential data elements for the quality improvement program include the individual physician procedural volume and major complication rate; the institutional procedural complication rate; patient clinical and demographic information; verification of data accuracy; and procedures for patient, physician and staff confidentiality. Documentation indicating the manner in which this requirement will be met shall be available for the Agency’s review.

(i)(j) Emergency Services.

1. All hospitals providing adult diagnostic cardiac

catheterization ~~program~~ services, except hospitals licensed as a Level II adult cardiovascular services provider, shall have written transfer agreements developed specifically for diagnostic cardiac catheterization patients with one or more hospitals licensed as a Level II adult cardiovascular services provider. Written agreements must be in place with a ground ambulance service capable of advanced life support and Intra-Aortic Balloon Pump (IABP) transfer. Agreements may include air ambulance service, but must have ground ambulance backup. A transport vehicle must be on-site to begin transport within 30 ~~20~~ minutes of a request and have a transfer time within 60 minutes. Transfer time is defined as the number of minutes between the recognition of an emergency as noted in the hospital’s internal log and the patient’s arrival at the receiving hospital. Transfer and transport agreements must be reviewed and tested once every 6 months, with appropriate documentation maintained, including the hospital’s internal log or emergency medical services data.

2. No change.

(k) renumbered (j) No change.

~~(l) Enforcement. Enforcement of these rules shall follow procedures established in rule 59A-3.253, F.A.C.~~

(k)(m) In case of conflict between the provisions of this rule and the 2025 ~~2012 ACC/SCAI~~ Guidelines, the provisions of this part shall prevail.

(2) Level I Adult Cardiovascular Services.

(a) Licensure.

1. A hospital may apply for licensure to provide a license ~~for a~~ Level I adult cardiovascular services ~~program~~ by submitting a hospital licensure application as specified in subsection 59A-3.066(2), F.A.C., indicating the addition of a Level I adult cardiovascular diagnostic cardiac catheterization services program, ~~and attaching License Application Level I Adult Cardiovascular Services, AHCA Form 3130-8010, January 2018, incorporated herein by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-09636>. This form is~~ Both of these forms are available at: <https://ahca.myflorida.com/health-quality-assurance/hqa-applications-for-licensure> <http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml>. The hospital licensure application ~~and AHCA Form 3130-8010, January 2018,~~ must be signed by the hospital’s Chief Executive Officer or the authorized representative, confirming that for the most recent 12-month period, the hospital has provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has discharged or transferred a minimum of 300 patients with the principal diagnosis of ischemic heart disease (defined by ICD-10-CM codes I20-I25).

a. Reportable cardiac catheterizations ~~catheterization procedures~~ are defined as single sessions with a patient in the

hospital's cardiac catheterization procedure room(s), irrespective of the number of specific procedures performed during the session.

b. Reportable cardiac catheterizations ~~catheterization procedures~~ shall be limited to those provided and billed for by the Level I licensure applicant and shall not include procedures performed at the hospital by physicians who have entered into block leases or joint venture agreements with the applicant.

2. The request shall confirm the hospital's intent and ability to comply with the following publications, herein incorporated by reference and effective at adoption. The publications are applicable to this section and will be referred to as the Guidelines: 2012 ACC/SCAI Guidelines and the 2014 Update on Percutaneous Coronary Intervention Without Onsite Surgical Backup: Dehmer et al., SCAI/ACC/AHA Expert Consensus Document, Circulation. 2014; 129:2610-2626 (2014 SCAI/ACC/AHA Update), which is hereby incorporated by reference and effective at adoption. The copyrighted material is available for public inspection at the Agency for Health Care Administration, Hospital and Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, FL 32308 and the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399. A copy may be obtained from Elsevier Inc, Reprint Department by email at reprints@elsevier.com or online at <https://www.sciencedirect.com/>. Requests shall confirm the hospital's intent and ability to comply with the guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.

a. Grines CL, BoxLC, Mamas MA, et al. SCAI Expert Consensus Statement on Percutaneous Coronary Intervention Without On-Site Surgical Backup. *J Soc Cardiovasc Angiogr Interv.* 2023 Jan 30;2(2):100560. The copyrighted material is available for public inspection at the Agency for Health Care Administration, Hospital and Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, FL 32308 and the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399. This document is available on the World Wide Web site of the Journal of the Society for Cardiovascular Angiography and Interventions at <https://www.jscai.org>.

b. Rao, S, O'Donoghue, M, Ruel, M. et al. 2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation.* 2025;151:e771-e862. doi: 10.1161/CIR.0000000000001309. The copyrighted material is available for public inspection at the Agency for Health Care Administration, Hospital and Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, FL 32308 and the Department of

State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399. The document is available on the World Wide Web site of the American Heart Association at www.ahajournals.org/journal/circ.

c. Lawton JS, Tamis-Holland JE, Bangalore S, et al. 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation.* 2022;145:e18-e114. doi: 10.1161/CIR.0000000000001038. The copyrighted material is available for public inspection at the Agency for Health Care Administration, Hospital and Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, FL 32308 and the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399. The document is available on the World Wide Web site of the American Heart Association at www.ahajournals.org/journal/circ.

3. The request shall confirm the hospital's intent and ability to comply with the Guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.

3. through 4. renumbered 4. through 5. No change.

6.5. All providers of Level I adult cardiovascular services programs shall operate in compliance with subsection 59A-3.246(1), F.A.C. and, the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update regarding the operation of adult diagnostic cardiac catheterization laboratories and the provision of percutaneous coronary intervention. Level I adult cardiovascular services may be provided to adult patients. Level I adult cardiovascular services may be provided to patients 15 to 17 years of age provided the physician in charge of the procedure is a pediatric cardiologist or an adult cardiologist with specialized training in adult congenital heart disease.

7.6. ~~The applicable guidelines are the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update.~~ Aspects of the Guidelines guideline related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule. Aspects of the Guidelines guideline related to the provision of elective percutaneous coronary intervention only in hospitals authorized to provide cardiovascular ~~open heart~~ surgery are not applicable to this rule.

8.7. Hospitals are considered to be in compliance with the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. Hospitals must ~~also~~ document an ongoing quality improvement plan designed to analyze data, correct errors, identify system improvements and ongoing improvement in patient care and delivery of services. Hospitals

must participate in submission of data to the American College of Cardiology's National Cardiovascular Data Registry or the American Heart Association's Get with the Guidelines-Coronary Artery Disease registry to ensure that the Level I cardiac catheterization program and the percutaneous coronary intervention program meet or exceed national quality and outcome benchmarks in which the hospital participates reported by the American College of Cardiology National Cardiovascular Data Registry. Hospitals providing Level I adult cardiovascular services must have available upon request of the Agency the number of diagnostic and therapeutic adult cardiac catheterizations performed during the most recent 12-month period.

~~8. Level I adult cardiovascular service providers shall report to the American College of Cardiology National Cardiovascular Data Registry in accordance with the timetables and procedures established by the Registry. All data shall be reported using the specific data elements, definitions and transmission format as set forth by the American College of Cardiology National Cardiovascular Data Registry. By submitting data to the American College of Cardiology National Cardiovascular Data Registry in the manner set forth herein, each hospital shall be deemed to have certified that the data submitted for each time period is accurate, complete and verifiable. The licensee of each hospital licensed to provide Level I adult cardiovascular services shall:~~

~~a. Execute the required agreements with the American College of Cardiology National Cardiovascular Data Registry to participate in the data registry;~~

~~b. Stay current with the payment of all fees necessary to continue participation in the American College of Cardiology National Cardiovascular Data Registry;~~

~~c. Release the data reported by the American College of Cardiology National Cardiovascular Data Registry to the Agency;~~

~~d. Use the American College of Cardiology National Cardiovascular Data Registry data sets and use software approved by the American College of Cardiology for data reporting;~~

~~e. Ensure that software formats are established and maintained in a manner that meets American College of Cardiology National Cardiovascular Data Registry transmission specifications and encryption requirements. If necessary, each hospital shall contract with a vendor approved by the American College of Cardiology National Cardiovascular Data Registry for software and hardware required for data collection and reporting;~~

~~f. Implement procedures to transmit data via a secure website or other means necessary to protect patient privacy to the extent required by the American College of Cardiology National Cardiovascular Data Registry;~~

~~g. Ensure that all appropriate data is submitted on every patient that receives medical care and is eligible for inclusion in the American College of Cardiology National Cardiovascular Data Registry;~~

~~h. Maintain an updated and current institutional profile with the American College of Cardiology National Cardiovascular Data Registry;~~

~~i. Ensure that data collection and reporting will only be performed by trained, competent staff and that such staff shall adhere to the American College of Cardiology National Cardiovascular Data Registry standards;~~

~~j. Submit corrections to any data submitted to the American College of Cardiology National Cardiovascular Data Registry as discovered by the hospital or by the American College of Cardiology National Cardiovascular Data Registry. Such corrections shall be submitted within thirty days of discovery of the need for a correction or within such other time frame as set forth by the American College of Cardiology National Cardiovascular Data Registry. Data submitted must be at a level that the American College of Cardiology National Cardiovascular Data Registry will include the data in national benchmark reporting; and~~

~~k. Designate an American College of Cardiology National Cardiovascular Data Registry site manager that will serve as a primary contact between the hospital and the American College of Cardiology National Cardiovascular Data Registry with regard to data reporting.~~

~~9. Notwithstanding guidelines to the contrary in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update all providers of Level I adult cardiovascular services programs may provide emergency and elective percutaneous coronary intervention procedures. Aspects of the guidelines related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule.~~

~~10. Hospitals with Level I adult cardiovascular services programs are prohibited from providing the following procedures:~~

~~a. though b. No change.~~

~~c. Any rotational or other atherectomy devices, or~~

~~d. Treatment of chronic total occlusions.~~

11. An authorized representative of hospitals with Level I adult cardiovascular services must renew this licensed program at the time of the hospital licensure renewal by completing the subsection entitled Adult Cardiovascular Services on the hospital licensure application specified in subsection 59A-3.066(2), F.A.C. Hospitals with Level I adult cardiovascular services programs must renew their licenses at the time of the hospital licensure renewal, providing the information in two through five above. Failure to renew the hospital's license or failure to complete the subsection entitled Adult Cardiovascular Services, thereby attesting to meeting at least the minimum

requirements, update the information in two through five above shall cause the licensed program license to expire.

(b) Staffing. All staff participating as members of the catheterization team, including physicians, nurses, and technical catheterization laboratory staff shall maintain Advanced Cardiac Life Support certification, and must participate in a 24-hour-per-day, 365 day-per-year call schedule.

1. through 3. No change.

4. Technical catheterization laboratory staff shall be credentialed as Registered Cardiovascular Invasive Specialists ~~Specialist~~ or shall complete a hospital based education and training program at a hospital providing Level I or Level II adult cardiovascular services. This training program shall include a minimum of 500 hours proctored clinical experience, ~~including participation in a minimum of 120 interventional cardiology procedures~~ and didactic education components of hemodynamics, pharmacology, arrhythmia recognition, radiation safety, and interventional equipment.

5. Nursing staff within the adult coronary ~~Coronary~~ care unit ~~nursing staff~~ must be trained and experienced with invasive hemodynamic monitoring, operation of temporary pacemaker, management of Intra-Aortic Balloon Pump (IABP), management of in-dwelling arterial/venous sheaths and identifying potential complications such as abrupt closure, recurrent ischemia and access site complications.

(c) Emergency Services. All providers of Level I adult cardiovascular ~~program~~ services shall have written transfer agreements developed specifically for emergency transfer of interventional cardiology patients with one or more hospitals licensed as a Level II adult cardiovascular services provider. Written agreements must be in place with a ground ambulance service capable of advanced life support and IABP transfer. Agreements may include air ambulance service, but must have ground ambulance backup. A transport vehicle must be on-site to begin transport within 30 minutes of a request and have a transfer time within 60 minutes. Transfer time is defined as the number of minutes between the recognition of an emergency as noted in the hospital's internal log and the patient's arrival at the receiving hospital. Transfer and transport agreements must be reviewed and tested once every 6 months, with appropriate documentation maintained, including the hospital's internal log or emergency medical services data.

(d) No change.

(e) Physical Plant Requirements. Each provider of Level I adult cardiovascular services must comply with the ~~The~~ Florida Building Code regarding ~~contains~~ the physical plant requirements for cardiac catheterization laboratories operated by a licensed hospital.

~~(f) Enforcement.~~

1. ~~Enforcement of these rules shall follow procedures~~

established in rule 59A-3.253, F.A.C.

2. ~~Unless in the view of the Agency there is a threat to the health, safety or welfare of patients, Level I adult cardiovascular services programs that fail to meet provisions of this rule shall be given 15 days to develop a plan of correction that must be accepted by the Agency.~~

3. ~~Failure of the hospital with a Level I adult cardiovascular services program to make improvements specified in the plan of correction shall result in the revocation of the program license. The hospital may offer evidence of mitigation and such evidence could result in a lesser sanction.~~

~~(f)(g)~~ In case of conflict between the provisions of this rule and the ~~guidelines in the 2012 ACC/SCAI Guidelines, and the 2014 SCAI/ACC/AHA Update~~ the provisions of this part shall prevail.

(3) Level II Adult Cardiovascular Services.

(a) Licensure.

1. A hospital may apply for licensure to provide a license ~~for a~~ Level II adult cardiovascular services ~~program~~ by submitting a hospital licensure application as specified in subsection 59A-3.066(2), F.A.C., indicating the addition of a Level II adult cardiovascular cardiac catheterization ~~cardiac catheterization~~ services program, ~~and attaching License Application Level II Adult Cardiovascular Services, AHCA Form 3130-8011, January 2018, incorporated herein by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-09637>. This form is~~ Both of these forms are available at: <https://ahca.myflorida.com/health-quality-assurance/hqa-applications-for-licensure> <http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml>. The hospital licensure application ~~and AHCA Form 3130-8011, January 2018, and~~ must be signed by the hospital's Chief Executive Officer or the authorized representative, confirming that for the most recent 12-month period, the hospital has provided a minimum of 1,100 adult inpatient and outpatient cardiac catheterizations, of which at least 400 must be therapeutic ~~cardiac~~ catheterizations, or, for the most recent 12-month period, has discharged at least 800 patients with the principal diagnosis of ischemic heart disease (defined by ICD-10-CM codes I20-I25). Reportable cardiac catheterizations ~~catheterization procedures~~ shall be limited to those provided and billed for by the Level II licensure applicant and shall not include procedures performed at the hospital by physicians who have entered into block leases or joint venture agreements with the applicant.

2. The request shall confirm ~~to~~ the hospital's intent and ability to comply with ~~applicable guidelines in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update including guidelines~~ for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and

safety.

3. The request shall confirm to the hospital's intent and ability to comply with physical plant requirements regarding cardiac catheterization laboratories and operating rooms found in the Florida Building Code.

4. All providers of Level II adult cardiovascular services ~~programs~~ shall operate in compliance with subsections (1) and (2) of this rule and the ~~applicable~~ Guidelines of the American College of Cardiology/American Heart Association regarding the operation of diagnostic cardiac catheterization laboratories, the provision of percutaneous coronary intervention and the provision of coronary artery bypass graft surgery. Level II adult cardiovascular services may be provided to adult patients. Level II adult cardiovascular services may be provided to patients 15 to 17 years of age provided the physician in charge of the procedure is a pediatric cardiologist or an adult cardiologist with specialized training in adult congenital heart disease.

~~a. The applicable guidelines are the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update; and~~

~~b. Aspects of the Guidelines related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule.~~

5. Hospitals are considered to be in compliance with the ~~guidelines in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update~~ when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. Hospitals must also document an ongoing quality improvement plan designed to analyze data, correct errors, identify system improvements and ongoing improvement in patient care and delivery of services. Hospitals must participate in submission of data to the American College of Cardiology's National Cardiovascular Data Registry or the American Heart Association's Get with the Guidelines-Coronary Artery Disease registry and participate in the clinical outcome reporting systems operated by the Society of Thoracic Surgeons to ensure that the Level II eardiae catheterization program, the percutaneous coronary intervention program and the cardiac surgical program meet or exceed national quality and outcome benchmarks in which the hospital participates reported by the American College of Cardiology National Cardiovascular Data Registry and the Society of Thoracic Surgeons. Hospitals providing Level II adult cardiovascular services must have available upon request of the Agency the number of diagnostic and therapeutic adult cardiac catheterizations performed during the most recent 12-month period.

~~6. In addition to the requirements set forth in subparagraph (2)(a)7. of this rule, each hospital licensed to provide Level II adult cardiovascular services programs shall participate in the Society of Thoracic Surgeons National Database. By~~

~~submitting data to the Society of Thoracic Surgeons National Database and the American College of Cardiology National Cardiovascular Data Registry in the manner set forth herein, each hospital shall be deemed to have certified that the data submitted for each time period is accurate, complete and verifiable. The licensee of each hospital licensed to provide Level II adult cardiovascular services shall:~~

~~a. Report to the Society of Thoracic Surgeons National Database in accordance with the timetables and procedures established by the Database. All data shall be reported using the specific data elements, definitions and transmission format as set forth by the Society of Thoracic Surgeons;~~

~~b. Stay current with the payment of all fees necessary to continue participation in the Society of Thoracic Surgeons National Database;~~

~~c. Release the data reported by the Society of Thoracic Surgeons National Database to the Agency;~~

~~d. Use the Society of Thoracic Surgeons National Database and use software approved by the Society of Thoracic Surgeons for data reporting;~~

~~e. Ensure that software formats are established and maintained in a manner that meets Society of Thoracic Surgeons transmission specifications and encryption requirements. If necessary, each hospital shall contract with a vendor approved by the Society of Thoracic Surgeons National Database for software and hardware required for data collection and reporting;~~

~~f. Implement procedures to transmit data via a secure website or other means necessary to protect patient privacy. To the extent required by the Society of Thoracic Surgeons National Database;~~

~~g. Ensure that all appropriate data is submitted on every patient who receives medical care and is eligible for inclusion in the Society of Thoracic Surgeons National Database;~~

~~h. Each hospital licensed to provide Level II adult cardiovascular services shall maintain an updated and current institutional profile with the Society of Thoracic Surgeons National Database;~~

~~i. Each hospital licensed to provide Level II adult cardiovascular services shall ensure that data collection and reporting will only be performed by trained, competent staff and that such staff shall adhere to Society of Thoracic Surgeons National Database standards;~~

~~j. Submit corrections to any data submitted to the Society of Thoracic Surgeons National Database as discovered by the hospital or by the Society of Thoracic Surgeons National Database. Such corrections shall be submitted within thirty days of discovery of the need for a correction or within such other time frame as set forth by the Society of Thoracic Surgeons National Database. Data submitted must be at a level that the Society of Thoracic Surgeons National Database will include~~

the data in national benchmark reporting; and

k. ~~Designate a Society of Thoracic Surgeons National Database site manager that will serve as a primary contact between the hospital and the Society of Thoracic Surgeons National Database with regard to data reporting.~~

6.7. An authorized representative of hospitals with Level II adult cardiovascular services must renew this licensed program at the time of the hospital licensure renewal by completing the subsection entitled Adult Cardiovascular Services on the hospital licensure application specified in subsection 59A-3.066(2), F.A.C. Hospitals with Level II adult cardiovascular services programs must renew their licenses at the time of the hospital licensure renewal, providing the information in two through four above. Failure to renew the hospital's license or failure to complete the subsection entitled Adult Cardiovascular Services, thereby attesting to meeting at least the minimum requirements, update the information in two through four above shall cause the licensed program license to expire.

(b) Staffing. All staff participating as members of the catheterization team, including physicians, nurses, and technical catheterization laboratory staff shall maintain Advanced Cardiac Life Support certification, and must participate in a 24-hour-per-day, 365 day-per-year call schedule.

1. No change.

2. All interventional ~~At initial licensure and licensure renewal, interventional~~ cardiologists shall perform a minimum of 50 coronary interventional procedures per year averaged over a 2-year period which includes at least 11 primary cardiology interventional procedures per year or be confirmed by an internal ~~the~~ review process described in this subsection in subparagraph 59A-3.246(4)(b)3., F.A.C.

3. No change.

4. Technical catheterization laboratory staff shall be credentialed as Registered Cardiovascular Invasive Specialists ~~Specialist~~ or shall complete a hospital-based education and training program at a hospital providing Level I or Level II adult cardiovascular services. This training program shall include a minimum of 500 hours proctored clinical experience, ~~including participation in a minimum of 120 interventional cardiology procedures~~ and didactic education components of hemodynamics, pharmacology, arrhythmia recognition, radiation safety, and interventional equipment.

5. No change.

(c) No change.

(d) Physical Plant Requirements. Each provider of Level II adult cardiovascular services must comply with the ~~The~~ Florida Building Code regarding ~~contains~~ the physical plant requirements for cardiac catheterization laboratories and operating rooms for cardiac surgery operated by a licensed hospital.

(e) Enforcement.

1. ~~Enforcement of these rules shall follow procedures established in rule 59A-3.253, F.A.C.~~

2. ~~Unless in the view of the Agency there is a threat to the health, safety or welfare of patients, Level II adult cardiovascular services programs that fail to meet provisions of this rule shall be given 15 days to develop a plan of correction that must be accepted by the Agency.~~

3. ~~Failure of the hospital with a Level II adult cardiovascular services program to make improvements specified in the plan of correction shall result in the revocation of the program license. The hospital may offer evidence of mitigation and such evidence could result in a lesser sanction.~~

(c)(f) ~~In case of conflict between the provisions of this rule and the guidelines in the 2012 ACC/SCAI Guidelines and the 2014 SCAI/ACC/AHA Update, the provisions of this part shall prevail.~~

(4) Stroke centers. Hospitals providing acute stroke ready center, primary stroke center, thrombectomy-capable stroke center, or comprehensive stroke center services shall have the services available 24 hours per day, 7 days per week.

(a) Licensure. A hospital may apply for designation as an acute stroke ready center, primary stroke center, thrombectomy-capable stroke center, or comprehensive stroke center by submitting a hospital licensure application as specified in subsection 59A-3.066(2), F.A.C., and attaching documentation verifying stroke center certification through: License Application Stroke Center Affidavit, AHCA Form 3130-8009, January 2018, incorporated herein by reference and available ~~at~~ <http://www.flrules.org/Gateway/reference.asp?No=Ref 09638>. ~~The application and affidavit are available at: <http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml> and must be signed by the hospital's Chief Executive Officer, attesting that the stroke program meets:~~

1. Center for Improvement in Healthcare Quality; The ~~criteria for one of the designations as specified in this rule, or~~

2. Is certified as a stroke center by The Joint Commission, the Health Facilities Accreditation Program, or DNV GL Healthcare;

3. Health Facilities Accreditation Program; or

4. The Joint Commission.

(b) Documentation must include a copy of a certificate identifying the level of stroke services provided and the effective and expiration dates of the certification. Screening. Organized medical staff shall establish specific procedures for screening patients that recognize that numerous conditions, including cardiac disorders, often mimic stroke in children. Organized medical staff shall ensure that transfer to an appropriate facility for specialized care is provided to children and young adults with known childhood diagnoses.

(c) Documentation verifying continued certification must be attached to each subsequent license renewal application. ~~Acute Stroke Ready Centers (ASR). An ASR shall have an acute stroke team available 24 hours per day, 7 days per week, capable of responding to patients who are in the emergency department or an inpatient unit within 15 minutes of being called.~~

~~1. An ASR team shall consist of a physician and one or more of the following:~~

- ~~a. A registered professional nurse;~~
- ~~b. An advanced registered nurse practitioner; or~~
- ~~c. A physician assistant.~~

~~2. Each ASR team member must receive 4 or more hours of education related to cerebrovascular disease annually.~~

~~3. An ASR shall fulfill the educational needs of its acute stroke team members, emergency department staff, and prehospital personnel by offering ongoing professional education at least twice per year.~~

~~4. An ASR shall designate a physician with knowledge of cerebrovascular disease to serve as the ASR medical director. The medical director shall be responsible for implementing the stroke services protocols. The qualifications for the medical director shall be determined by the hospital's governing board.~~

~~5. An ASR shall have the following services available 24 hours per day, 7 days per week:~~

- ~~a. A dedicated emergency department;~~
- ~~b. Clinical laboratory services as specified in paragraph 59A 3.255(6)(g), F.A.C.;~~
- ~~c. Diagnostic imaging to include head computed tomography (CT) and magnetic resonance imaging (MRI);~~
- ~~d. Administration of intravenous thrombolytic;~~
- ~~e. Reversal of anticoagulation;~~
- ~~f. Neurologist services, available in person or via telemedicine; and~~
- ~~g. A transfer agreement with a primary stroke center or comprehensive stroke center.~~

~~(d) Primary Stroke Centers (PSC). A PSC shall have an acute stroke team available 24 hours per day, 7 days per week, capable of responding to patients who are in the emergency department or an inpatient unit within 15 minutes of being called.~~

~~1. A PSC team shall consist of a physician and one or more of the following:~~

- ~~a. A registered professional nurse;~~
- ~~b. An advanced registered nurse practitioner; or~~
- ~~c. A physician assistant.~~

~~2. Each acute stroke team member must receive 8 or more hours of education related to cerebrovascular disease annually.~~

~~3. A PSC shall fulfill the educational needs of its acute stroke team members, emergency department staff, and prehospital personnel by offering ongoing professional~~

~~education at least twice per year.~~

~~4. A PSC shall designate a physician with knowledge of cerebrovascular disease to serve as the PSC medical director. The medical director shall be responsible for implementing the stroke services protocols. The qualifications for the medical director shall be determined by the hospital's governing board.~~

~~5. A PSC shall have the following services available 24 hours per day, 7 days per week:~~

- ~~a. A dedicated emergency department;~~
- ~~b. Clinical laboratory services as specified in paragraph 59A 3.255(6)(g), F.A.C.;~~
- ~~c. Diagnostic imaging to include head computed tomography (CT), CT angiography (CTA), brain and cardiac magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), and transthoracic and/or transesophageal echocardiography;~~
- ~~d. Administration of intravenous thrombolytic;~~
- ~~e. Reversal of anticoagulation; and~~
- ~~f. Neurologist services, available in person or via telemedicine.~~

~~6. The following services may be available on site or via a transfer agreement:~~

- ~~a. Neurosurgical services within 2 hours of being deemed clinically necessary;~~
- ~~b. Physical, occupational, or speech therapy; and~~
- ~~c. Neurovascular interventions for aneurysms, stenting of carotid arteries, carotid endarterectomy, and endovascular therapy.~~

~~7. Quality Improvement and Clinical Outcomes Measurement.~~

~~a. The PSC shall develop a quality improvement program designed to analyze data, correct errors, identify system improvements and ongoing improvement in patient care and delivery of services.~~

~~b. A multidisciplinary institutional Quality Improvement Committee shall meet on a regular basis to monitor quality benchmarks and review clinical complications.~~

~~c. Specific benchmarks, outcomes, and indicators shall be defined, monitored, and reviewed by the Quality Improvement Committee on a regular basis for quality assurance purposes.~~

~~(e) Comprehensive Stroke Center (CSC). A comprehensive stroke center shall have health care personnel with clinical expertise in a number of disciplines available.~~

~~1. Health care personnel disciplines in a CSC shall include:~~

- ~~a. A designated comprehensive stroke center medical director;~~

- ~~b. Neurologists, neurosurgeons, surgeons with expertise performing carotid endarterectomy, diagnostic neuroradiologist(s), and physician(s) with expertise in endovascular neurointerventional procedures and other pertinent physicians;~~

e. Emergency department (ED) physician(s) and nurses trained in the care of stroke patients;

d. Nursing staff in the stroke unit with particular neurologic expertise who are trained in the overall care of stroke patients;

e. Nursing staff in intensive care unit (ICU) with specialized training in care of patients with complex and/or severe neurological/neurosurgical conditions;

f. Advanced Practice Nurse(s) with particular expertise in neurological and/or neurosurgical evaluation and treatment;

g. Physician(s) with specialized expertise in critical care for patients with severe and/or complex neurological/neurosurgical conditions;

h. Physician(s) with expertise in performing and interpreting trans thoracic echocardiography, transesophageal echocardiography, carotid duplex ultrasound and transcranial Doppler;

i. Physician(s) and therapist(s) with training in rehabilitation, including physical, occupational and speech therapy; and

j. A multidisciplinary team of health care professionals with expertise or experience in stroke, representing clinical or neuropsychology, nutrition services, pharmacy (including a Pharmacist with neurology/stroke expertise), case management and social work.

2. A CSC shall have the following availability of medical personnel:

a. Neurosurgical expertise must be available in a CSC on a 24 hours per day, 7 days per week basis and in-house within 2 hours. The attending neurosurgeon(s) at a CSC shall have expertise in cerebrovascular surgery.

b. Neurologist(s) with special expertise in the management of stroke patients shall be available 24 hours per day, 7 days per week.

c. Endovascular/Neurointerventionist(s) shall be on active full-time staff. However, when this service is temporarily unavailable, pre-arranged transfer agreements must be in place for the rapid transfer of patients needing these treatments to an appropriate facility.

3. A CSC shall have the following advanced diagnostic capabilities:

a. Magnetic resonance imaging (MRI) and related technologies;

b. Catheter angiography;

c. Computed Tomography (CT) angiography;

d. Extracranial ultrasonography;

e. Carotid duplex;

f. Transcranial Doppler;

g. Transthoracic and transesophageal echocardiography;

h. Tests of cerebral blood flow and metabolism;

i. Comprehensive hematological and hypercoagulability profile testing;

4. Neurological Surgery and Endovascular Interventions:

a. Angioplasty and stenting of intracranial and extracranial arterial stenosis;

b. Endovascular therapy of acute stroke;

c. Endovascular treatment (coiling) of intracranial aneurysms;

d. Endovascular and surgical repair of arteriovenous malformations (AVM) and arteriovenous fistulae (AVF);

e. Surgical clipping of intracranial aneurysms;

f. Intracranial angioplasty for vasospasm;

g. Surgical resection of AVMs and AVFs;

h. Placement of ventriculostomies and ventriculoperitoneal shunts;

i. Evacuation of intracranial hematomas;

j. Carotid endarterectomy; and

k. Decompressive craniectomy.

5. A CSC shall have the following specialized infrastructure:

a. Emergency Medical Services (EMS) Link—The CSC collaborates with EMS leadership:

(I) To ensure that EMS assessment and management at the scene includes the use of a stroke triage assessment tool (consistent with the Florida Department of Health sample);

(II) To ensure that EMS assessment/management at the scene is consistent with evidence-based practice.

(III) To facilitate inter-facility transfers; and

(IV) To maintain an on-going communication system with EMS providers regarding availability of services.

b. Referral and Triage—A CSC shall maintain:

(I) An acute stroke team available 24 hours per day, 7 days per week, including: ED physician(s), nurses for ED patients, neurologist, neurospecialist RNs, radiologist with additional staffing/technology including: 24 hours per day, 7 days per week CT availability, STAT lab testing/pharmacy and registration;

(II) A system for facilitating inter-facility transfers; and

(III) Defined access telephone numbers in a system for accepting appropriate transfer.

c. Inpatient Units—These specialized units must have a subspecialty Medical Director with particular expertise in stroke (neurologist, neurosurgeon or neuro-intensivist) who demonstrates ongoing professional growth by obtaining at least 8 hours of cerebrovascular care education annually. A CSC shall provide:

(I) An Intensive Care Unit with medical and nursing personnel who have special training, skills and knowledge in the management of patients with all forms of neurological/neurosurgical conditions that require intensive care; and

(II) An Acute Stroke Unit with medical and nursing personnel who have training, skills and knowledge sufficient to

care for patients with neurological conditions, particularly acute stroke patients, and who are trained in neurological assessment and management.

~~d. Rehabilitation and Post Stroke Continuum of Care—~~

~~(I) A CSC shall provide inpatient post stroke rehabilitation.~~

~~(II) A CSC shall utilize healthcare professionals who can assess and treat cognitive, behavioral, and emotional changes related to stroke (i.e., clinical psychologists or clinical neuropsychologists).~~

~~(III) A CSC shall ensure discharge planning that is appropriate to the level of post acute care required.~~

~~(IV) A CSC shall ensure continuing arrangements post-discharge for rehabilitation needs and medical management.~~

~~(V) A CSC shall ensure that patients meeting acute care rehabilitation admission criteria are transferred to a CARF or TJC accredited acute rehabilitation facility.~~

~~e. Education—~~

~~(I) The CSC shall fulfill the educational needs of its medical and paramedical professionals by offering ongoing professional education for all disciplines.~~

~~(II) The CSC shall provide education to the public as well as to inpatients and families on risk factor reduction/management, primary and secondary prevention of stroke, the warning signs and symptoms of stroke, and the medical management and rehabilitation for stroke patients.~~

~~(III) The CSC shall supplement community resources for stroke and stroke support groups.~~

~~f. Professional standards for nursing—The CSC shall provide a career development track to develop neuroscience nursing, particularly in the area of cerebrovascular disease.~~

~~(I) ICU and neuroscience/stroke unit nursing staff will be familiar with stroke specific neurological assessment tools such as the National Institute for Health (NIH) Stroke Scale.~~

~~(II) ICU nursing staff must be trained to assess neurologic function and be trained to provide all aspects of neuro-critical care.~~

~~(III) Nurses in the ICU caring for stroke patients, and nurses in neuroscience units must obtain at least 8 hours of continuing education credits.~~

~~g. Research—A CSC shall have the professional and administrative infrastructure necessary to conduct clinical trials, have participated in stroke clinical trials within the last year, and be actively participating in ongoing clinical stroke trials.~~

~~6. A CSC will have a quality improvement program for the analysis of data, correction of errors, systems improvements, and ongoing improvement in patient care and delivery of services that include:~~

~~a. A multidisciplinary institutional Quality Improvement Committee that meets on a regular basis to monitor quality benchmarks and review clinical complications;~~

~~b. Specific benchmarks, outcomes, and indicators defined, monitored, and reviewed on a regular basis for quality assurance purposes. Outcomes for procedures such as carotid endarterectomy, carotid stenting, intravenous tissue plasminogen activator (IVtPA), endovascular/interventional stroke therapy, intracerebral aneurysm coiling, and intracerebral aneurysm clipping will be monitored;~~

~~c. An established database and/or registry that allows for tracking of parameters such as length of stay, treatments received, discharge destination and status, incidence of complications (such as aspiration pneumonia, urinary tract infection, deep venous thrombosis), and discharge medications and comparing to institutions across the United States; and~~

~~d. Participation in a national and/or state registry (or registries) for acute stroke therapy clinical outcomes, including IVtPA and endovascular/interventional stroke therapy.~~

~~(5) Burn Units.~~

~~(a) All licensed hospitals that operate burn units under Section 395.1055 408.0361(2), F.S., shall comply with the verification criteria guidelines published by the American Burn Association College of Surgeons, Committee on Trauma. Hospitals are considered to comply with the American Burn Association verification criteria College of Surgeons guidelines when they adhere to criteria guidelines regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. The applicable criteria guidelines, herein incorporated by reference and effective at adoption, are the American Burn Association Verification Criteria 2023 Dev Update and “Guidelines for the Operation of Burn Centers,” in Resources for Optimal Care of the Injured Patient, Committee on Trauma, American College of Surgeons, (2014); Chapter 14, pages 100 through 106. The copyrighted material is available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-18579> for public inspection at the Agency for Health Care Administration, Hospital and Outpatient Services Unit, 2727 Mahan Drive, Tallahassee, FL 32308 and the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399. A copy may be obtained from the American Burn Association, 311 South Wacker Drive, Suite 4150, Chicago, IL 60606 or online at <https://ameriburn.org/quality-care/verification/verification-criteria/verification-criteria-effective-october-1-2019/> <http://ameriburn.org/>. The determination of compliance with the guidelines is based on the burn unit providing evidence of verification from the American Burn Association.~~

~~(b) A hospital may apply for the initial licensure of a burn unit by submitting a hospital licensure application as specified in subsection 59A-3.066(2), F.A.C., indicating the addition of burn unit services, and attaching License Application Burn Unit~~

~~Services, AHCA Form 3130-8012, January 2018, herein incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-09639>. This form is Both of these forms are available at: <https://ahca.myflorida.com/health-quality-assurance/hqa-applications-for-licensure> <http://ahca.myflorida.com/MCHQ/HQALicensureForms/index.shtml>. Applicants documenting an application to the American Burn Association for verification as a burn center The Burn Unit Services Application must be signed by the hospital's Chief Executive Officer. The applicant shall complete this form indicating the date that burn unit services will begin and that the hospital is in compliance with the "Guidelines for the Operation of Burn Centers" but have has not received initial verification as a burn center from the American Burn Association shall be licensed as a provisional burn unit. Applicants that have received verification as a burn center from the American Burn Association shall be licensed as a burn unit. During this initial licensure period, the hospital license will indicate that the burn unit is "provisional."~~

(c) At the time of licensure renewal, burn unit operators shall submit current burn center verification documentation from the American Burn Association ~~that verifies the hospital's adherence to the guidelines incorporated in paragraph (5)(b).~~

(d) No change.

(e) Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C., Chapter 408, Part II and 395, Part I, F.S., including suspension or revocation of the burn unit license.

~~Rulemaking Authority 395.1055, 395.3038, 408.036, 408.0361 FS. Law Implemented 395.1055, 395.1065, 395.3038, 408.0361 FS. History—New 8-15-18, Amended, _____.~~

NAME OF PERSON ORIGINATING PROPOSED RULE:
Kelli Fillyaw

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Shevaun L. Harris

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 14, 2025

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: October 23, 2024

DEPARTMENT OF HEALTH

Board of Massage Therapy

RULE NO.: 64B7-25.004
RULE TITLE: Endorsements

PURPOSE AND EFFECT: The Board proposes a change to the rule and incorporated form to reduce from three years to two years, the required length of time applicants must have practiced the profession over the preceding four year period as

amended by HB 1299 and as set for in Chapter 2025-114, Laws of Florida.

SUMMARY: The Board proposes a change to the rule and incorporated form to reduce from three years to two years, the required length of time applicants must have practiced the profession over the preceding four year period as amended by HB 1299 and as set for in Chapter 2025-114, Laws of 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: During discussion of the economic impact of this rule at its Board meeting, the Board concluded that this rule change will not have any impact on licensees and their businesses or the businesses that employ them. The rule will not increase any fees, business costs, personnel costs, will not decrease profit opportunities, and will not require any specialized knowledge to comply. This change will not increase any direct or indirect regulatory costs. Hence, the Board determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

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: 456.013(2), 456.0145(5), 480.035(7) FS.

LAW IMPLEMENTED: 456.013(2), 456.0145, 480.041(5)(c) 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: Stephanie Webster, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3257, or (850)245-4162, Stephanie.Webster@flhealth.gov.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B7-25.004 Endorsements.

The Department shall issue a license by endorsement to a person who:

(1) Pays to the Department the initial licensure fee set forth in Rule 64B7-27.100, F.A.C.;

(2) Submits a completed application on form DH-MQA-5103 (Revised 7/2025 eff. 07/2024), "Mobile Opportunity by Interstate Licensure Endorsement" (MOBILE), hereby incorporated by reference, and may be obtained from <http://flrules.org/Gateway/reference.asp?No=Ref-1862647164>, or the Board of Massage Therapy, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399, or at <https://floridasmassagetherapy.gov/resources/>.

(3) No Change.

Rulemaking Authority 456.013(2), 456.0145(5), 480.035(7) FS. Law Implemented 456.013(2), 456.0145, 480.041(5)(c) FS. History—New 11-27-79, Amended 7-9-80, 8-29-83, 10-9-85, Formerly 21L-25.04, Amended 6-12-88, 8-15-89, 2-11-93, Formerly 21L-25.004, Amended 9-15-94, 1-9-95, 8-18-96, 1-29-97, Formerly 61G11-25.004, Amended 6-22-99, 12-6-06, 3-31-08, 6-15-09, 7-21-10, 1-16-14, 3-13-17, 3-22-18, 12-18-22, 12-10-24, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Massage Therapy

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

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

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 29, 2025

DEPARTMENT OF HEALTH**Board of Massage Therapy**

RULE NO.: RULE TITLE:

64B7-30.004 Citations

PURPOSE AND EFFECT: The Board amends 64B7-30.004, F.A.C. to make a violation of Section 456.0625, F.S., (failure to refunding overpayments to patient,) a citationable offense.

SUMMARY: The Board amends 64B7-30.004, F.A.C. to make a violation of Section 456.0625, F.S., (failure to refunding overpayments to patient,) a citationable offense.

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: During discussion of the economic impact of this rule at its Board meeting, the Board concluded that this rule change will not have any impact on licensees and their businesses or the businesses that employ them. The rule will not increase any fees, business costs, personnel costs, will not decrease profit opportunities, and will not require any specialized knowledge to comply. This change will not increase any direct or indirect regulatory costs. Hence, the Board determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

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: 456.072, 456.077 FS.

LAW IMPLEMENTED: 456.072, 456.077 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: Stephanie Webster, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3257, or (850)245-4162, Stephanie.Webster@flhealth.gov.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B7-30.004 Citations.

(1) through (2) No Change.

(3) The Board hereby designates the following as citation violations, which shall result in a penalty as specified below:

(a) through (k) No Change.

(l) Failure to comply with s. 456.0625, relating to refunding overpayments to patients shall result in a penalty of \$100.00 and full compliance.

(4) through (5) No Change.

PROPOSED EFFECTIVE DATE: January 1, 2026

Rulemaking Authority 456.072, 456.077 FS. Law Implemented 456.072, 456.077 FS. History—New 1-1-92, Amended 11-15-92, Formerly 21L-30.004, Amended 9-30-93, 12-12-93, 4-21-97, Formerly 61G11-30.004, Amended 8-16-98, 7-18-99, 7-27-00, 10-12-03, 8-9-04, 5-1-07, 8-11-10, 6-7-16, 4-16-18, 7-27-21, 1-1-26.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Massage Therapy

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

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: July 25, 2025
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAR: August 29, 2025

DEPARTMENT OF HEALTH

Board of Massage Therapy

RULE NO.: RULE TITLE:

64B7-32.001 Definitions

PURPOSE AND EFFECT: The Board proposes to delete unnecessary language.

SUMMARY: The Board proposes to delete unnecessary language.

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: During discussion of the economic impact of this rule at its Board meeting, the Board concluded that this rule change will not have any impact on licensees and their businesses or the businesses that employ them. The rule will not increase any fees, business costs, personnel costs, will not decrease profit opportunities, and will not require any specialized knowledge to comply. This change will not increase any direct or indirect regulatory costs. Hence, the Board determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

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: 480.035(7), FS.

LAW IMPLEMENTED: 480.033(3), (9), 480.041(1)(b) 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: Stephanie Webster, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3257, or (850)245-4162, Stephanie.Webster@flhealth.gov.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B7-32.001 Definitions.

(1) through (6) No Change.

(7) “Graduate list” means an electronic list submitted by a board approved massage therapy school ~~within 10 business days of graduating~~ in a method designated by the board office, which identifies graduates.

(8) No Change.

Rulemaking Authority 480.035(7) FS. Law Implemented 480.033(3), (9), 480.041(1)(b) FS. History—New 3-25-86, Formerly 21L-32.001, 61G11-32.001, Amended 9-3-12, 12-31-17, 8-31-20, 10-10-21, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Board of Massage Therapy

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

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

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 29, 2025

DEPARTMENT OF HEALTH

Board of Massage Therapy

RULE NO.: RULE TITLE:

64B7-32.003 Minimum Requirements for Board
Approved Massage Therapy Schools

PURPOSE AND EFFECT: The Board proposes rule amendments to allow some online education hours beyond the December 31, 2025, sunset date, clarifies that actual school actual passage rates will be compared to average state passage rate, and removes unnecessary references to “Chapter 120, F.S.”

SUMMARY: The Board proposes rule amendments to allow some online education hours beyond the December 31, 2025, sunset date, clarifies that actual school actual passage rates will be compared to average state passage rate, and removes unnecessary references to “Chapter 120, F.S.”

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: During discussion of the economic impact of this rule at its Board meeting, the Board concluded that this rule change will not have any impact on licensees and their businesses or the businesses that employ them. The rule will not increase any fees, business costs, personnel costs, will not decrease profit opportunities, and will not require any specialized knowledge to comply. This change will not increase any direct or indirect regulatory costs. Hence, the Board determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

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: 480.033(3), 480.035(7) FS.

LAW IMPLEMENTED: 480.033(3), 480.041(1)(b) 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: Stephanie Webster, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3257, or (850)245-4162, Stephanie.Webster@flhealth.gov.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B7-32.003 Minimum Requirements for Board Approved Massage Therapy Schools.

(1) In order to receive and maintain Board approval, in-state schools, and any satellite location of a previously approved in-state school, must:

(a) through (b) No Change.

(c) Offer a course of study that includes, all required hours in each subject area listed below ~~in chart A, except that from March 1, 2020 to December 31, 2025 some hours may be delivered as instruction hours as detailed in chart B.~~ All hours must be completed at a rate of no more than 6 hours per day and no more than 30 hours per calendar week:

~~Chart A Minimum Course of Study Requirements~~

Subject Area	Required Classroom Hours
Anatomy and Physiology	150
Basic Massage Therapy Theory and History	100
Clinical Practicum Massage Therapy	125
Allied Modalities Massage Therapy	76
Business	15

Theory and Practice of Hydrotherapy	15
Florida Laws and Rules Governing Massage Therapy Practice (Chapters 456 and 480, F.S., and rule Division 64B7, F.A.C.)	10
Professional Ethics	4
HIV/AIDS Education	3
Prevention of Medical Errors	2

~~Chart B Minimum Course of Study Requirements (March 1, 2020 – December 31, 2025)~~

Subject Area	Required Classroom Hours	Total Required Hours (classroom and instruction)
Anatomy and Physiology	0	150 hours
Basic Massage Theory and History	75	100 hours
Clinical Practicum	125	125 hours
Allied Modalities	76	76 hours
Business	0	15 hours
Theory and Practice of Hydrotherapy	12	15 hours
Florida Laws and Rules Governing Massage Therapy Practice (Chapters 456 and 480, F.S., and rule Division 64B7, F.A.C.)	0	10 hours
Professional Ethics	0	4 hours
HIV/AIDS Education	0	3 hours
Prevention of Medical Errors	0	2 hours

(d) Achieve a graduate passage rate not lower than 10 percentage points less than the average state passage rate for graduates of approved massage therapy comparable degree programs who are first-time examinees on a board approved examination during a calendar year.

1. If an in-state board approved massage therapy school's graduate passage rates do not equal or exceed required passage rates for two consecutive calendar years, the school will be placed on probationary status ~~pursuant to Chapter 120, F.S.~~ The board may require the program director to present a plan for remediation at a regularly scheduled meeting.

2. No Change.

(2) No Change.

(3) Approval of an in-state board approved massage therapy school shall be revoked or other action taken if the school:

(a) through (d) No Change.

(e) Does not achieve the required passage rate for any one calendar year during the two calendar years following placement on probationary status, pursuant to Chapter 120, F.S.

(4) through (5) No Change.

Rulemaking Authority 480.033(3), 480.035(7) FS. Law Implemented 480.033(3), 480.041(1)(b) FS. History—New 3-25-86, Amended 8-15-89, 12-22-92, Formerly 21L-32.003, Amended 10-20-96, Formerly 61G11-32.003, Amended 8-16-98, 10-30-07, 4-25-10, 5-8-12, 3-21-18, 8-31-20, 11-4-21, 2-2-22, 6-5-23, 12-3-23, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Massage Therapy

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

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

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 29, 2025

Section III

Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-4.0091 Licensure by Examination
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 51 No. 71, April 11, 2025 issue of the Florida Administrative Register.

The changes are in response to written comments submitted by the staff of the Joint Administrative Procedures Committee and discussion and subsequent vote by the board at a public meeting held August 8, 2025. The changes are as follows:

64B8-4.0091 Licensure by Examination.

~~(1) For purposes of determining whether an applicant's residency or substantially similar postgraduate medical training is substantially similar to a residency program accredited by the Accreditation Council for Graduate Medical Education ("ACGME"), as required by section 458.311(8)(e), F.S., the Board hereby finds all programs accredited by the Accreditation Council for Graduate Medical Education International ("ACGME I") to be substantially similar and meet~~

~~the requirements of the aforementioned statutory provision.~~

(2) Pursuant to section 458.311(8)(e)5., F.S., a physician who received certification under (8)(e) must maintain his or her employment with the original employer, or with another health care provider operating in Florida, for at least two (2) consecutive years after the issuance of the license. In the event a physician who received certification pursuant to (8)(e) changes his or her employer within the first two (2) years of obtaining licensure, the physician must submit written notification to the Department identifying their prior and future employer via mail to Department of Health, Board of Medicine, 4052 Bald Cypress Way, Bin C-03, Tallahassee, FL 32399-3253 or via email to BOM_PostLicensure@flhealth.gov, within five (5) business days after any change of employer.

~~(3) Nothing in this rule shall prohibit an applicant from otherwise demonstrating their residency or substantially similar postgraduate medical training is substantially similar to a residency program accredited by ACGME in the event there residency or postgraduate medical training is not accredited by ACGME I.~~

Rulemaking Authority ~~456.013~~, 458.309, 458.311, 458.314 FS. Law Implemented ~~458.311(8)~~, 458.314 FS. History—New, ____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Morgan Rexford, MPH, Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253, (850)245-4131 or Morgan.Reford@flhealth.gov

Section IV

Emergency Rules

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 AGRICULTURE AND CONSUMER SERVICES

Division of Plant Industry

RULE NO.: RULE TITLE:

5B-57.014 State Hemp Program

The Florida Department of Agriculture and Consumer Services hereby gives notice:

On June 30, 2025, the Florida Department of Agriculture and Consumer Services received a petition for waiver filed by Devon Baxter on behalf Florida Cannalytics, LLC, regarding

the registration requirement for designated laboratories in paragraph 5B-57.014(2)(d), F.A.C.

Notice of receipt of the petition was published on July 11, 2025 (Vol. 51/134). An order granting the petition for waiver was issued on September 5, 2025, based upon the Department's determination that the purpose of the underlying statute had been met, and the Petitioner would suffer a substantial hardship if the waiver were not granted.

A copy of the Order or additional information may be obtained by contacting: Agency Clerk, Florida Department of Agriculture and Consumer Services, 600 S. Calhoun Street, Suite 254, Tallahassee, Florida 32399-0800.

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE NO.: RULE TITLE:

40D-22.201 Year-Round Water Conservation Measures

NOTICE IS HEREBY GIVEN that on August 29, 2025, the Southwest Florida Water Management District, received a petition for a variance or waiver.

Petitioner's Name: Laurel Woods Property Owners' Association, Inc. (25-4410)

Rule No.: 40D-22.201

Nature of the rule for which variance or waiver is sought: Lawn and landscape irrigation

The Petition has been assigned tracking No. 25-4410.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Camille Mourant, 7601 US Highway 301, Tampa, Florida 33637, (813)438-4906, water.variances@watermatters.org. Any interested person or other agency may submit written comments within 14 days after the publication of this notice. (S101502).

Section VI

Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF VETERANS' AFFAIRS

The Florida Veterans Foundation announces a telephone conference call to which all persons are invited.

DATE AND TIME: September 17, 2025, 10:00 a.m.

PLACE: MEETING NAME: FVF Investment Committee Meeting

Microsoft Teams Call

Link:

<https://teams.microsoft.com/meet/2980084524286?p=pDVCwtjEt4VACGaRi9>

GENERAL SUBJECT MATTER TO BE CONSIDERED: Executive Committee Meeting:

The upcoming date for our continued efforts in supporting and honoring our veterans.

A copy of the agenda may be obtained by contacting: Raymond Miller, Administrative Officer, (850)782-4305

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: Raymond Miller, Administrative Officer, (850)782-4305. 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: Raymond Miller, Administrative Officer, (850)782-4305

DEPARTMENT OF ELDER AFFAIRS

Office of Public and Professional Guardians

The Foundation for Indigent Guardianship announces a public meeting to which all persons are invited.

DATE AND TIME: September 17, 2025, 10:00 a.m.

PLACE: Microsoft Teams join on your computer, mobile app or room device by copy and pasting the link below:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ODYwM2VhNDEtOWZiZi00NzQ2LWIyNGEtNGU1MTVmNjE0MmMz%40thread.v2/0?context=%7b%22Tid%22%3a%22f75a7744-d4bf-4623-8660-bcfa3569c2a0%22%2c%22Oid%22%3a%228af789f9-7136-4fff-b856-14d30236d98c%22%7d

GENERAL SUBJECT MATTER TO BE CONSIDERED: Board of Directors updates relative to the Foundation for Indigent Guardianship

A copy of the agenda may be obtained by contacting: Vicki B. Simmons via email at: simmons.vickib@gmail.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 2 days before the workshop/meeting by contacting: OPPG Information at: (850)414-2381. 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: OPPG Information at: (850)414-2381

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Accountancy

The Board of Accountancy announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, October 3, 2025, 9:00 a.m.

PLACE: 00 W. Robinson Street, Suite N901, Orlando, Florida 32801

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Board will meet to consider enforcement proceedings including

consideration of investigation officers' reports, rules, and other general business.

A copy of the agenda may be obtained by contacting: Kevin Brown, (352)333-2505

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: Kevin Brown. 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: Kevin Brown

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Appraisal Board

The Probable Cause Panel of the Florida Real Estate Appraisal Board announces a telephone conference call to which all persons are invited.

DATE AND TIME: Tuesday, October 7, 2025, 9:00 a.m., ET

PLACE: Teleconference meeting to be facilitated from Zora Neale Hurston Building, North Tower, Suite N901, 400 W. Robinson St., Orlando, FL 32801.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a private meeting to review cases to determine probable cause. All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of the Probable Cause Panel and its counsel.

A copy of the agenda may be obtained by contacting: DREAppraisalSection@myfloridalicense.com. Pursuant to Chapter 455, F.S., only public portions of the agenda are available upon request.

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: DREAppraisalSection@myfloridalicense.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).

For more information, you may contact: DREAppraisalSection@myfloridalicense.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Drugs, Devices and Cosmetics

The Division of Drugs, Devices and Cosmetics announces a public meeting to which all persons are invited.

DATE AND TIME: September 18, 2025, 9:30 a.m.

PLACE: Telephone Conference Call Number: +1(213)458-8552 Conference Code: 277294402#

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business

A copy of the agenda may be obtained by contacting: Phoenicia Lasker, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, FL 32399-1047, (850)717-1800

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 10 days before the workshop/meeting by contacting: Phoenicia Lasker, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, FL 32399-1047, (850)717-1800. 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: Phoenicia Lasker, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, FL 32399-1047, (850)717-1800

DEPARTMENT OF HEALTH

Division of Medical Quality Assurance

The Electrolysis Council, under the Board of Medicine, announces a public meeting to which all persons are invited.

DATE AND TIME: October 6, 2025, 3:00 p.m., ET

PLACE: Conference Call: 1(888)585-9008; then enter Conference Room Number 564-341-766 followed by the # sign.

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business Meeting

A copy of the agenda may be obtained by contacting: The Electrolysis Council, 4052 Bald Cypress Way, Bin C05, Tallahassee, FL 32399-3255, by calling the council office at (850)245-4373 or by visiting the website:

<http://www.floridahealth.gov/licensing-and-regulation/electrolysis/index.html>.

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: The Department of Health at (850)245-4444. 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.

DEPARTMENT OF HEALTH

Division of Medical Quality Assurance

The Department of Health, Board of Psychology, announces a public meeting to which all persons are invited.

DATE AND TIME: October 24, 2025, 8:00 a.m., E.T.

PLACE: CHANGE OF PLACE: Conference Call: 1(888)585-9008; then enter Conference Room Number 564-341-766 followed by the # sign.

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business Meeting

A copy of the agenda may be obtained by contacting: The Board of Psychology, 4052 Bald Cypress Way, Bin C05, Tallahassee, FL 32399-3255, by calling the board office at (850)245-4373 or by visiting the website: <https://floridaspsychology.gov/>.

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: The Department of Health at (850)245-4444. 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.

THE CORRADINO GROUP, INC.

The Florida Department of Transportation (FDOT) announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, September 17, 2025, 5:00 p.m. - 7:00 p.m.

PLACE: The Construction Open House will be held virtually and in-person.

The Virtual Public Meeting is scheduled for Wednesday, September 17, 2025, 5:00 p.m. - 6:00 p.m. Please use the following link to register: <https://bit.ly/CR-510>. You may also call +1(914)614-3221 Access Code: 680-750-962. A brief presentation followed by questions and comments from the

public will be held from 5:00 p.m. - 5:30 p.m. and again from 5:30 p.m. - 6:00 p.m. Questions and comments may be submitted via the online chat or with the raise hand feature for the project team to address directly.

The In-Person Open House is scheduled for Wednesday, September 17, 2025, from 6:00 p.m. - 7:00 p.m. at the North Indian River County Library, 1001 Sebastian Boulevard, Sebastian, FL 32958, and will have an informal open house format. FDOT staff and consultant staff members will be available to discuss the project and answer questions.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Financial Management No.: 405606-7-52-01

Project Description: County Road (CR) 510/85th Street Widening Project from CR 512/Sebastian Boulevard to 87th Street in Indian River County.

The project improvements consist of widening CR 510/85th Street from a two-lane undivided roadway to a four-lane divided roadway to improve safety and traffic operations; installing seven-foot wide buffered bicycle lanes to increase safety; constructing a six-foot wide sidewalk throughout the project limits to enhance pedestrian safety and connectivity; installing new traffic signals at the existing signalized intersections along CR 510/85th Street and CR 512/Sebastian Boulevard, Mako Way, Hammerhead Way, and 87th Street to improve traffic operations; constructing a new bus transfer facility with six additional bus bays around the perimeter of the new retention pond to improve traffic flow; constructing a new closed drainage system with a retention pond and new utility systems to improve functionality and long-term resiliency; and installing signage and pavement markings to enhance safety, functionality, and traffic operations.

Construction will begin in September 2025 and is estimated to be completed in Fall 2028. The cost is \$24.89 million.

A copy of the agenda may be obtained by contacting: No agenda.

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: Josh Baker — FDOT Project Manager at joshua.baker@dot.state.fl.us or (772)519-8517

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability, or family status. 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: Francyne Webber, Community Outreach Specialist, at (772)242-5951 or by email at Francyne@Holtcommunications.net

END HUMAN TRAFFICKING, INC.

The Florida Alliance to End Human Trafficking announces a public meeting to which all persons are invited.

DATE AND TIME: September 15, 2025, 10:00 a.m.

PLACE: Virtual

Join Zoom Meeting

<https://us02web.zoom.us/j/85872031448?pwd=MuEpLUL0zADgaCgd8cwzBhG1jCva17.1>

Meeting ID: 858 7203 1448

Passcode: 324266

One tap mobile

+1(305)224-1968,,85872031448#,,, *324266# US

+1(312)626-6799,,85872031448#,,, *324266# US (Chicago)

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Board of Directors Meeting

A copy of the agenda may be obtained by contacting:

Erin@FloridaAllianceEndHT.com

Section VII

Notice of Petitions and Dispositions Regarding Declaratory Statements

DEPARTMENT OF HEALTH

Board of Pharmacy

NOTICE IS HEREBY GIVEN that Board of Pharmacy has received the petition for declaratory statement from Florida State University Board of Trustees (FSU), filed on August 7, 2025. The petition seeks the agency's opinion as to the applicability of Sections 465.03(20)(a), 465.018, 465.019, 465.0193, 465.0196 and 465.0197, F.S., Rules 64B16-28.800 and 64B16-28.830, F.A.C., as it applies to the petitioner.

Petitioner asks the Board to issue a Declaratory Statement regarding whether FSU is required to apply for and obtain a pharmacy permit to store, dispense, or administer medicinal drugs/agents to research participants at FSU's research facility ("Research Site). Except for good cause shown, motions for leave to intervene must be filed within 21 days after the publication of this notice.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Traci Zeh, Executive Director, Board of Pharmacy, 4052 Bald Cypress Way, Bin C08, Tallahassee, Florida 32399-3258; (850)488-0595 or by email at info@floridaspharmacy.gov.

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., Monday, September 1, 2025, and 3:00 p.m., Friday, September 5, 2025.

Rule No.	File Date	Effective Date
5B-57.014	9/3/2025	9/23/2025
6A-1.0018	9/3/2025	9/23/2025
6A-1.09401	9/3/2025	9/23/2025
6A-1.0995	9/3/2025	9/23/2025
6A-1.09952	9/3/2025	9/23/2025
6A-1.09963	9/3/2025	9/23/2025
6A-4.02451	9/3/2025	9/23/2025
6A-6.0331	9/3/2025	9/23/2025
6A-6.0531	9/3/2025	9/23/2025
6A-6.0533	9/3/2025	9/23/2025
6A-7.0710	9/3/2025	9/23/2025
6A-10.024	9/3/2025	9/23/2025
6M-8.621	9/3/2025	9/23/2025
61H1-27.001	9/5/2025	9/25/2025
63H-3.001	9/5/2025	9/25/2025
63H-3.002	9/5/2025	9/25/2025
63H-3.003	9/5/2025	9/25/2025
63H-3.004	9/5/2025	9/25/2025
63H-3.005	9/5/2025	9/25/2025
63H-3.006	9/5/2025	9/25/2025
63H-3.007	9/5/2025	9/25/2025
64B5-2.014	9/5/2025	9/25/2025
64B12-14.002	9/4/2025	9/24/2025
64B16-28.820	9/3/2025	9/23/2025
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	**/**/****

provide timely access to a comprehensive range of mental health and substance use disorder services, improve care coordination and crisis care, and facilitate integration with medical services. This amendment to the State Plan will have a federal fiscal impact with an expected increase of \$20,208,825 in federal funds for federal fiscal year (FFY) 2025-26 and an increase of \$60,626,475 in federal funds for FFY 2026-27.

The effective date for this amendment will be July 1, 2026.

For further information, interested parties may contact: Shanise Jackson, Agency for Health Care Administration, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 23, Tallahassee, Florida 32308-5407; telephone: (850)412-4220, or email: Shanise.Jackson@ahca.myflorida.com.

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.

AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

State Plan Amendment

The Agency for Health Care Administration (Agency) is requesting an amendment to the Medicaid State Plan. The 2023-2024 Florida General Appropriations Act directed the Agency to add Certified Community Behavioral Health Clinic (CCBHC) services as a Medicaid covered service. CCBHC will