

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

NONE

## Section II Proposed Rules

### WATER MANAGEMENT DISTRICTS

#### Suwannee River Water Management District

##### RULE NOS.:RULE TITLES:

- 40B-3.041 Permits Required
- 40B-3.051 Exemptions
- 40B-3.201 Permit Fees
- 40B-3.301 Conditions for Issuance of Permits
- 40B-3.451 Emergency Authorization
- 40B-3.461 Inspection
- 40B-3.492 Violations of Permits
- 40B-3.512 Well Construction Requirements
- 40B-3.531 Abandoned Well Plugging

**PURPOSE AND EFFECT:** The Suwannee River Water Management District (SRWMD) gives notice that it is initiating rulemaking for the purpose of amending water well rules to meet the requirements of Section 120.5435(4), F.S., establish a general permit by rule for site rehabilitation wells, expand exemption criteria, provide for alternative reporting and well abandonment methods, articulate general conditions for issuance and standard limiting permit conditions, and eliminate application fees for SRWMD-sponsored well work. The effect will be more understandable and streamlined rules; and reduced regulatory burdens.

**SUMMARY:** Well construction, repair, abandonment, and modification; exemptions; site rehabilitation well general permit by rule

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

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The District has completed for the Governor's Office of Fiscal Accountability and Regulatory Reform (OFARR) the "Is

a SERC Required?" form and prepared summaries of the proposed rule amendments, which are available upon request. Based on the completed "Is a SERC Required?" forms and summaries and the analysis performed by the District, the proposed rule amendments are not expected to require legislative ratification pursuant to subsection 120.541(3), F.S. 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:** 373.044, 373.109, 373.113, 373.136, 373.171, 373.308, 373.309, 373.323(8), 373.324(4), 373.333(1), 373.337 FS.

**LAW IMPLEMENTED:** 218.075, 373.103, 373.303, 373.109, 373.113, 373.206, 373.306, 373.308, 373.309, 373.313, 373.316, 373.319, 373.326, 373.333, 373.336, 373.337, 373.342 FS.

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

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: SRWMD at (386)362-1001 or 1(800)226-1066 (FL only). 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:** Warren Zwanka, P.G., SRWMD, 9225 CR 49, Live Oak, Florida 32060, (386)362-1001 or email warren.zwanka@srwmd.org.

**THE FULL TEXT OF THE PROPOSED RULE IS:**

#### **40B-3.041 Permits Required.**

(1) Unless expressly exempted in Rule 40B-3.051, F.A.C., by law or District rule, a permit must be obtained from the District prior to the construction, repair, modification, or abandonment of any well within the District. ~~Applications for permits required by this rule shall be considered under the general permit procedures of Chapter 28-107, F.A.C., and, if in a delineated area established by the Department as defined in subsection 62-524.200(2), F.A.C., and as incorporated in Rule 62-524.430, F.A.C., the applicant must also meet the requirements of Chapter 62-524, F.A.C.~~

(2) A permittee shall obtain a separate permit to abandon any failed attempt to construct a water well unless the drilling depth, casing depth, and location of the failed attempt are documented on the completion report of the completed well at the same permitted location.

(3) A general permit is hereby granted for the construction, repair, modification, or abandonment of a piezometer, monitor well, or remediation well installed for investigation or rehabilitation at sites regulated by the Department's Division of Waste Management pursuant to Chapter 376, F.S., provided all of the following conditions are met:

(a) The work is conducted by, or under the supervision of, a water well contractor;

(b) The work complies with the construction and abandonment requirements of this Chapter;

(c) The final water-bearing casing diameter is four inches or less;

(d) The total borehole depth does not exceed 150 feet; and

(e) The well is plugged by, or under the supervision of, a water well contractor upon completion of the site investigation or remediation.

*Rulemaking Authority 373.044, 373.113, 373.118, 373.136, 373.171, 373.308, 373.309, 373.333, 373.337 FS. Law Implemented 373.103, 373.308, 373.309, 373.313, 373.316, 373.308, 373.309 FS. History—New 4-15-81, Amended 9-15-81, 1-31-83, 1-11-84, 7-1-85, 6-16-88, 8-20-95, 6-22-99, [DATE].*

#### 40B-3.051 Exemptions.

The following activities wells are exempt from the requirements of this Chapter Rule 40B-3.041, F.A.C.:

(1) through (2) No change

(3) Modification of a potable well to a non-potable well type.

(4) Installation of piezometers or monitoring wells to monitor wetlands or other surface waters.

*Rulemaking Authority 373.044, 373.113, 373.171, 373.323(8), 373.324(4), 373.333(1), 373.337 FS. Law Implemented 373.303, 373.308, 373.309, 373.313, 373.316, 373.326 FS. History—New 4-15-81, Amended 1-31-83, 7-1-85, 6-22-99, 10-18-22, [DATE].*

#### 40B-3.201 Permit Fees.

(1) Section 373.109, F.S., authorizes the Governing Board to establish a schedule of fees for filing applications for permits required by District rules. The schedule of fees is listed in TABLE 1 SCHEDULE OF WATER WELL PERMIT FEES. Fees shall be due at the time of filing an application. Unless otherwise specified by District rule, the date of filing shall be considered to be the date received by the District. Fees are nonrefundable. Failure of an applicant any person to pay the fees established herein is grounds for the denial of the a permit application or revocation of a permit.

(2) Upon delegation of the administration of a permitting program from the Department to the District, the fees for such permits established by Department rule shall be collected by the District pursuant to Section 373.109, F.S.

(2)(3) Any portion of the fees enumerated in this rule in excess of \$100 shall be waived for well permits issued on behalf

of a municipality any city or county government qualified under upon receipt of a certification from such city or county of hardship required in Section 218.075, F.S. Any such certification shall be presumed to be valid for the entire fiscal year of the city or county during which certification is made, unless the certification clearly indicates a duration to the contrary.

(3)(4) Fees for permits to construct or repair wells required by this Chapter shall be as listed in Table 1 below, and shall apply to each well constructed or repaired. No fee shall be required for a permit to abandon or modify a well; or for wells constructed or repaired for the District.

(4) Water well contractor licensing fees are enumerated in Rule 62-531.340, F.A.C.

**TABLE 1 SCHEDULE OF WATER WELL PERMIT FEES**

Public Water Supply Wells not in a Chapter 62-524, F.A.C., Delineated Area Construction	\$275
Repair	\$140
Transfer of an application to another licensed water well contractor	\$10
Chapter 62-524, F.A.C., Delineated Area Wells	
Domestic Self-Supply well construction	\$275
Repair	\$140
Public Supply Wells	\$500
Transfer of an application to another licensed water well contractor	\$10
All other wells	
Construction	\$40
Repair	\$10
Transfer of an application to another licensed water well contractor	\$10

*Rulemaking Authority 373.044, 373.109, 373.113, 373.171, 373.323(8), 373.324(4), 373.333(1), 373.337 FS. Law Implemented 218.075, 373.109, 373.308, 373.309, 373.313 FS. History—New 4-15-81, Amended 9-15-81, 1-31-83, 7-1-85, 6-16-88, 6-22-99, 10-18-22, [DATE].*

Substantial rewording of Rule 40B-3.301, F.A.C. follows. See Florida Administrative Code for present text.

#### 40B-3.301 Conditions for Issuance of Permits.

(1) In order to obtain a water well construction, repair, modification, or abandonment permit, an applicant must provide reasonable assurance that the following conditions have been met:

(a) The applicant has submitted a complete permit application form as set forth in Rule 40B-3.101, F.A.C.;

(b) The applicant has submitted the appropriate permit application fee as set forth in Rule 40B-3.201, F.A.C.;

(c) The proposed well will meet the criteria in this Chapter and Chapter 62-532, F.A.C., which is incorporated by reference in subsection 40B-3.035(3), F.A.C.;

(d) The proposed well, if located in a delineated area, will meet the criteria in this Chapter and Chapter 62-524, F.A.C., which is incorporated by reference in subsection 40B-3.035(4), F.A.C.;

(e) The proposed well will not adversely impact the groundwater resources of the District; and

(f) A Water Use Permit, if applicable under Chapter 40B-2, F.A.C., has been obtained. When considering well diameter for Water Use Permit applicability, the smallest water bearing well casing diameter installed as set forth in Rule 40B-3.517, F.A.C., shall be used.

(2) The following standard limiting conditions shall be included in any permit issued under this Chapter:

(a) The well contractor shall follow the well construction, repair, modification, or abandonment plan described in the application and authorized in this permit. Changes to the plan are not authorized unless approved in advance by the District.

(b) The well contractor shall meet the sanitary hazard setback requirements of Chapter 62-532, F.A.C., Table 1. Variances from these setbacks are not authorized unless approved in advance by the District.

(c) The well contractor shall have this permit available for inspection on-site during all phases of well construction, repair, modification, or abandonment.

(d) The well contractor shall submit a Well Completion Report as set forth in Rule 40B-3.411, F.A.C., within 30 days of the completion of the construction, repair, modification, or abandonment authorized by this permit.

(e) The well owner shall provide District staff access to the well site during all phases of well construction, repair, modification, or abandonment.

(f) Issuance of this permit does not relieve the well owner of obtaining any necessary federal, state, local, or special District permits or authorizations.

(g) The well contractor shall supervise on-site any person or driller subcontractor that will be conducting all or part of the construction, repair, modification, or abandonment authorized by this permit. This condition does not apply to drillers that are employees of the well contractor's business, or are Florida licensed water well contractors themselves.

(3) Special limiting conditions based upon well use, drilling method, or drilling location may be included in any permit issued under this Chapter to ensure the protection of the groundwater resources. Upon receipt of notice of intended agency action, any substantially affected person shall have the right to request a hearing in accordance with Chapter 28-106, F.A.C.

*Rulemaking Authority 373.044, 373.113, 373.171, 373.308, 373.309, 373.136, 373.333, 373.337 FS. Law Implemented 373.103, 373.306, 373.308, 373.309, 373.313, 373.333, 373.342 FS. History—New 4-15-81, Amended 9-15-81, 1-31-83, 7-1-85, 8-20-95, 6-22-99, [DATE].*

#### **40B-3.451 Emergency Authorization.**

(1) Emergency permits may be applied for as set forth in Rule 62-532.420, F.A.C. The permittee shall submit an application as set forth in Rule 40B-3.101, F.A.C., within 10 days of receiving verbal authorization, issued by the Executive Director or his designee when one of the following conditions exists:

(a) An existing well supplying a particular use has failed and must be immediately replaced or repaired;

(b) The health, safety, or general welfare of the people of this District would be jeopardized without such authorization;

(c) Emergency authorization is needed to immediately mitigate or resolve potentially hazardous degradation of water resources; or

(d) A serious set of unforeseen and unforeseeable circumstances exists which creates the emergency.

(2) Emergency permits may be applied for and issued orally. Mere carelessness or lack of planning on the part of the applicant shall, contractor, or driller will not constitute sufficient cause for the issuance of an emergency permit.

(3) The applicant for an emergency permit shall submit the application and fee in accordance with Rules 40B-3.101 and 40B-3.201, F.A.C., and any other requested information within ten days after making oral application.

(3)(4) The provisions Rule 40B-3.411, F.A.C., and Part II of this Chapter shall apply to all construction, repair, modification, or abandonment performed under an emergency permit unless the rules are waived by the Executive Director or his designee in conformance with Section 120.542, F.S.

*Rulemaking Authority 373.044, 373.171, 373.337 FS. Law Implemented 373.308, 373.309, 373.313, 373.326, 373.342 FS. History—New 4-15-81, Amended 1-31-83, 7-1-85, 6-22-99, [DATE].*

#### **40B-3.461 Inspection.**

(1) In addition to the provisions of Rule 62-532.510, F.A.C., The Department or the District is authorized to inspect any well, including those wells permitted under Rule 40B-3.041, F.A.C., within its jurisdiction as it deems necessary to ensure conformity with this Chapter, pursuant to Section 373.319, F.S. applicable standards. Such inspection may include, but not be limited to, geophysical logging, water level measurements, or other methods. Duly authorized representatives of the Department or the District may, upon proper identification and at reasonable times, enter upon and shall be given access to any premises for the purpose of such inspection.

(2) If, upon the basis of such inspection, the District finds the standards of Part II have not been met, the District shall give the contractor and owner, if applicable, a written notice stating which rules have been violated and shall order that necessary corrective action be taken within a reasonable length of time to be prescribed in such order.

(2)(3) The District is authorized to inspect the proposed location of a public supply well to verify compliance with setbacks listed in Table 1 of Chapter 62-532, F.A.C., prior to permit issuance. A site inspection shall be conducted by an authorized representative of the District prior to issuing a permit for construction of a public supply well.

(3)(4) The District shall be notified no less than at least 24 hours in advance of the placement of grout in any public supply well. A District representative may be on site to observe the grouting. If the District is properly notified and a representative is not at the site at the appointed time, the grouting shall be accomplished in the representative's absence.

(5) If, upon basis of an inspection, the District finds any well is a potential hazard to the water resources, the well shall be plugged in accordance with Part II.

*Rulemaking Authority 373.044, 373.171, 373.337 FS. Law Implemented 373.103, 373.308, 373.309, 373.319 FS. History—New 4-15-81, Amended 9-15-81, 1-31-83, 7-1-85, 6-22-99, [DATE].*

#### 40B-3.492 Violations of Permits.

(1) In addition to those violations set forth in Rule 62-531.450, F.A.C., actions, omissions, or conduct which are also considered as violations of this Chapter for the purposes of Part II shall include, but are not limited to, the following:

(a) Failure to file an accurate permit application; Failure to obtain a permit where required under Rule 40B-3.041, F.A.C.

(b) Failure to comply with any or all permit conditions;

(c) Failure to submit a completion report within 30 days of the completion of the construction, repair, or abandonment of any well.

(c)(d) Failure to file an accurate well completion report; and-

(d) Construction, repair, modification, or abandonment of a well in a manner that adversely impacts the water resources.

(e) Failure to report to the district within 30 days of expiration of the permit when no work is performed or the well is not completed.

(f) Failure to notify the District 24 hours prior to the grouting of the annular space of any public supply well.

(2) Actions which may be taken by District staff upon determination that a violation has occurred are set forth in the Department's Water Well Construction Disciplinary Guidelines and Citations Dictionary, which is incorporated by reference in subsection 40B-3.035(2), F.A.C. outlined in Chapter 40B-1, F.A.C.

*Rulemaking Authority 373.044, 373.113, 373.171, 373.333(1), 373.337 FS. Law Implemented 373.308, 373.309, 373.316, 373.333, 373.336, 373.337, 373.342 FS. History—New 7-1-85, Amended 6-22-99, [DATE].*

#### 40B-3.512 Well Construction Requirements.

(1) Wells shall be constructed, repaired, or modified as set forth in this Chapter and Chapter 62-532, F.A.C., which is incorporated by reference in subsection 40B-3.035(3), F.A.C. In the construction of a well, reasonable caution shall be taken to maintain the premises in sanitary condition and to minimize the entrance of contaminants into the water resource. Water and materials used in construction shall be reasonably free of contamination.

(2) Potable wells located in delineated areas shall be constructed, repaired, or modified as set forth in this Chapter and Chapter 62-524, F.A.C., which is incorporated by reference in subsection 40B-3.035(4), F.A.C. For wells which penetrate multiple aquifers or zones, the well shall be completed so as to prevent cross contamination of different aquifers or zones if significantly different water quality exists between these aquifers or zones, and to prevent leakage of water from one aquifer or zone to another aquifer or zone.

(3) For wells completed into unconsolidated aquifers, casing shall extend from land surface to the well screen. The well screen shall be attached to the casing with a watertight seal.

(4) For wells obtaining water from consolidated aquifers, a continuous casing shall extend from land surface into the top of the producing aquifer, provided however, that the bottom end of the well casing must extend to or below the static water level of the aquifer intended to supply the water to the well. In addition, all casing zones below the uppermost consolidated unit shall be cased.

*Rulemaking Authority 373.044, 373.309, 373.171, 373.308, 373.309, 373.337 FS. Law Implemented 373.306, 373.308, 373.309, 373.113 FS. History—New 7-1-85, Amended 6-22-99, [DATE].*

Substantial rewording of Rule 40B-3.531, F.A.C. follows. See Florida Administrative Code for present text.

#### 40B-3.531 Abandoned Well Plugging.

(1) All abandoned water wells, abandoned artesian wells, and wells that no longer serve an intended purpose shall be plugged using all or a combination of the following materials and methods, unless an alternative abandonment plan is approved in advance by the District in accordance with Section 373.326(1), F.S.:

(a) Neat cement grout or a bentonite slurry applied from the bottom of the originally drilled depth of the well to the upper well terminus using the tremie method.

(b) Bentonite chip material introduced into the well as follows:

1. The material is screened at land surface to remove fine particles prior to introduction into the well;

2. The material is only placed below the static water level; and

3. The material is introduced into the well in a manner that prevents bridging.

(c) Clean sand or aggregate introduced into the well as follows:

1. The material is used after significant loss of grout has occurred or is anticipated;

2. The integrity of any confining unit is maintained;

3. The material is introduced into the well in a manner that prevents bridging; and

4. The material is not used to plug any portion of the well casing.

(2) In addition to the provisions set forth in subsection 40B-3.531(1), F.A.C., the following methods are authorized for well abandonments:

(a) Wells completed or plugged to a depth of less than 40 feet may be abandoned by pouring neat cement grout through a tremie until return is observed at land surface;

(b) Piezometers or monitoring wells that do not penetrate any consolidated or confining units may be abandoned by the removal of the entire length of well casing and screen, and plugging the portion of the borehole that does not naturally infill as set forth in this section.

(3) All well abandonments shall be finished with no less than a one-foot thickness of neat cement grout at the top of the remaining borehole or within the upper well terminus, regardless of whether the upper well terminus is buried post-plugging.

*Rulemaking Authority 373.044, 373.171, 373.308, 373.309, 373.337 FS. Law Implemented 373.206, 373.306, 373.308, 373.309, 373.313, 373.316 ~~373.113~~ FS. History—New 7-1-85, Amended 6-22-99, [DATE].*

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Warren Zwanka, P.G., SRWMD, 9225 CR 49, Live Oak,  
Florida 32060, (386)362-1001 or email  
warren.zwanka@srwmd.org

NAME OF AGENCY HEAD WHO APPROVED THE  
PROPOSED RULE: SRWMD Governing Board

DATE PROPOSED RULE APPROVED BY AGENCY  
HEAD: January 13, 2026

DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
PUBLISHED IN FAR: February 6, 2026

## AGENCY FOR HEALTH CARE ADMINISTRATION

### Health Facility and Agency Licensing

RULE NOS.: RULE TITLES:

59A-11.002 Definitions

59A-11.003 Licensure Procedures

59A-11.004 Investigations and License, Life Safety and

Validation Inspections

59A-11.005 Requirements for Licensure

59A-11.013 Intrapartum Care

59A-11.014 Surgical Services

59A-11.016 Postpartum Care

59A-11.023 Physical Environment, Water Supply and  
Fire Safety

59A-11.027 Disaster Plan

59A-11.030 Pharmaceuticals and Anesthetics

59A-11.035 Advanced Birth Centers

PURPOSE AND EFFECT: Chapter 59A-11 outlines Birth Center standards and licensure requirements. The Agency is proposing to amend these rules and create a new rule, to implement the provisions of 2024-15 L.O.F. (SB 7016).

SUMMARY: The Agency is proposing to amend these rules and create a new rule, to implement the provisions of 2024-15 L.O.F. (SB 7016).

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.

RULEMAKING AUTHORITY: 383.309, 383.3081, 408.819, F.S.

LAW IMPLEMENTED: 383.305, 383.307, 383.308, 383.3081, 383.309, 383.313, 383.315, 383.316, 383.318, 383.32, 383.327, 408.805, 408.806, 408.809, 408.810 383.324, 408.811, 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: March 17, 2026, 10:00 a.m. – 11:00 a.m.

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

Room A. 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 by email at: HQARuleComments@ahca.myflorida.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

#### 59A-11.002 Definitions.

(1) ~~“AAAHC” means the Accreditation Association for Ambulatory Health Care.~~

(1)(2) “Accrediting Organization” means a recognized organization whose standards are comparable to the licensure regulations required by this state, including:

(a) the Accreditation Association for Ambulatory Health Care (AAAHC);

(b) the Commission for the Accreditation of Birth Centers (CABC); and,

(c) the Joint Commission.

(3) through (5) renumbered (2) through (4) No change.

(5) “Local hospital” means a hospital licensed under Chapter 395, F.S., providing emergency care, obstetric services, and newborn intensive care located not more than 30 minutes transport time by emergency vehicle.

(6) No change.

(7) Reasonable proximity means a distance not to exceed thirty (30) minutes transport time by emergency vehicle.

*Rulemaking Authority 383.309 FS. Law Implemented 383.309 FS. History—New 3-4-85, Formerly 10D-90.02, 10D-90.002, Amended 9-17-96, 5-15-14, 12-10-18, \_\_\_\_\_.*

#### 59A-11.003 Licensure Procedures.

(1) An applicant or licensee requesting licensure for the operation of a birth center or advanced birth center under the provision of Chapter 383, F.S., shall make application to the Agency as required in Rule 59A-35.040 and Rule 59A-35.060, F.A.C. on the Health Care Licensing Application, Birth Center, AHCA Form 3130 3001, January 2022, which is incorporated by reference, and available at

~~https://www.flrules.org/Gateway/reference.asp?No=Ref-14115. Applicants for, renewal, and change during licensure period may submit the Health Care Licensing Online Application, Birth Center, AHCA Form 3130 3001OL, January 2022, incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-14116. The application forms are also available at http://www.ahca.myflorida.com/HQALicensureforms or, for online submissions, at: http://apps.ahca.myflorida.com/SingleSignOnPortal.~~

(2) Each birth center or advanced birth center applying for a license shall be designated by a distinctive name. Duplication of an existing birth center or advanced birth center’s name is prohibited ~~in new birth centers.~~

(3) There shall not be multiple birth center or advanced birth center licenses for the same premises.

*Rulemaking Authority 383.309, 408.819 FS. Law Implemented 383.305, 408.805, 408.806, 408.809, 408.810 FS. History—New 3-4-85, Formerly 10D-90.03, 10D-90.003, Amended 9-27-94, 2-12-96, 9-17-96, 9-28-14, 1-16-19, 5-19-22, \_\_\_\_\_.*

#### 59A-11.004 Investigations and License, Life Safety and Validation Inspections.

(1) No change.

(2) The Agency shall conduct scheduled periodic inspections of both birth and advanced birth centers in order to ensure compliance with all licensure and life safety requirements to the Agency.

(3) Non-accredited birth or advanced birth centers. Those birth or advanced birth centers which are not accredited by an accrediting organization ~~AAAHC, CABC, or The Joint Commission~~ shall be subject to scheduled licensure and life safety inspections by the Agency.

(a) through (b) No change.

(4) Accreditation. Accredited Birth Centers. In lieu of licensure inspections, the Agency shall accept the survey report of an accrediting organization if the survey report indicates that the birth center is in compliance with state licensure requirements as required by Chapters 383 and 408, Part II, F.S., and Chapters 59A-11 and 59A-35, F.A.C.

(a) The Agency shall accept the survey report of an accrediting organization in lieu of a licensure inspection for accredited birth centers and for birth centers seeking accreditation, provided that the standards used by the accrediting organization are determined by the Agency to incorporate comparable state licensure requirements found in Chapters 383 and 408, Part II, F.S., and Chapters 59A-11 and 59A-35, F.A.C. and the birth center does not meet the criteria specified under subparagraphs 59A-11.004(4)(g)1. and 2., F.A.C.

(b) The Agency will not accept the survey report of an accrediting organization in lieu of state licensure inspections for

advanced birth centers until such time the accrediting organization(s) document their standards meet or exceed the advanced birth center state licensure requirements.

~~(c)(a)~~ Upon receipt of the accrediting organization's survey report, the Agency will review the findings to determine if the birth center is in compliance with state licensure ~~and safety~~ requirements.

~~(d)(b)~~ The Agency shall notify the birth center within 60 days of the receipt of the accrediting organization's survey report regarding the Agency's determination of the birth center's compliance or non-compliance with state licensure ~~and life safety~~ requirements.

(c) through (e) renumbered (e) through (g) No change.

~~(h)(f)~~ If a licensure inspection is required pursuant to paragraph (4)(g)(e), the fee for conducting a licensure inspection shall be \$250.

(5) through (7) No change.

*Rulemaking Authority 383.309, 408.819 FS. Law Implemented 383.324, 408.811 FS. History—New 3-4-85, Formerly 10D-90.04, 10D-90.004, Amended 2-12-96, 9-17-96, 5-15-14, 6-15-17, \_\_\_\_\_.*

#### 59A-11.005 Requirements for Licensure.

In addition to other requirements specified in these rules, all licensed birth centers or advanced birth centers shall have at least the following:

(1) A governing body organized under and have written bylaws, rules and regulations, which it reviews at least every two years, denotes dates to indicate time of last review, and revises as necessary and enforces. The governing body bylaws shall state the role and purpose of the birth center or advanced birth center, including an organizational chart defining the lines of authority.

(2) An administrator ~~A chief executive officer~~ or other similarly titled official to whom the governing body delegates the full-time authority for the operation of the birth center in accordance with the established policy of the governing body;

(3) An organized clinical staff to which the governing body delegates responsibility for maintaining proper standards of medical and other health care, ~~which responsibilities include:~~

~~(4)(a)~~ Birth centers. The clinical staff of the birth center shall be responsible for maintaining quality of care provided to the clients, ~~by:~~

~~(a)1-~~ At ~~Having at~~ least one clinical staff member must be available for every two clients in labor in a birth center;

~~(b)2-~~ A ~~Having a~~ clinical staff member or qualified personnel must be available on-site ~~on-site~~ during the entire time the client is in the birth center. Services during labor and delivery shall be provided by physicians or by certified nurse midwives or licensed midwives, assisted by at least one other staff member, under protocols developed by the clinical staff

and approved by the governing body in accordance with accepted standards of care;

~~(c)3-~~ All ~~Ensuring all~~ qualified personnel and clinical staff of the birth center shall be trained in infant and adult resuscitation. Clinical staff or qualified personnel who have demonstrated ability to perform neonatal resuscitation procedures shall be present during each birth;

~~(d)4-~~ Clinical ~~Maintenance of clinical~~ records describing the history, conditions, treatment and progress of the client shall be maintained in sufficient completeness and accuracy to assure transferable comprehension of the case at any time;

~~(e)5-~~ Clinical record reviews must ~~to~~ evaluate the quality of clinical care on the basis of documented evidence;

~~(f)6-~~ The administrator or delegated clinical staff must review ~~Review of~~ admissions with respect to eligibility, course of pregnancy and outcome, evaluation of services, condition of mother and newborn on discharge, or transfer to other providers; ~~and;~~

~~(g)7-~~ The administrator or delegated clinical staff must review ~~Surveillance of~~ infection risk and cases and the promotion of a preventive and corrective program designed to minimize these hazards.

~~(5)(b)~~ No change.

~~(6)(e)~~ The responsibilities and functions of the consultant physician shall be specifically described in the policy and procedure manual and the client care protocols.

~~(7)(d)~~ No change.

~~(8)(4)~~ The birth center or advanced birth center shall have a defined client record system, policies and procedures which provide for identification, security, confidentiality, control, retrieval, and preservation of client care data and information. A current and complete clinical record for each client accepted for care in the birth center or advanced birth center shall include ~~at a minimum~~, the following data:

(a) through (o) No change.

~~(9)(5)~~ No change.

~~(10)(6)~~ A procedure for providing care and transfer in an emergency;

(a) The birth center or advanced birth center shall have a written protocol which shall include ~~at a minimum~~:

1. No change.

2. The conditions specified in the arrangements between the birth center or advanced birth center and the ambulance service and the hospital, including financial responsibility for services rendered; and,

3. through 5. No change.

(b) through (d) No change.

(7) through (8) renumbered (11) through (12) No change.

~~(13)(9)~~ Laboratory testing shall ~~may~~ be provided on-site ~~by~~ qualified birth center staff within ~~or by written agreement with~~ a laboratory that holds the appropriate federal Clinical

Laboratory Improvement Amendments (CLIA) certificate. ~~The birth center must maintain CLIA certification in order for staff to perform the laboratory tests required by this rule.~~

(a) Each birth center shall have the capability of ordering laboratory tests as required by this rule.

(b) The laboratory must be located onsite.

(c) The birth center must obtain and maintain the appropriate CLIA certificate if testing is to be performed by clinic staff, including tests classified as waived.

*Rulemaking Authority 383.309 FS. Law Implemented 383.307, 383.308, 383.309, 383.313, 383.315, 383.316, 383.318, 383.32, 383.327 FS. History—New 3-4-85, Formerly 10D-90.05, 10D-90.005, Amended 2-12-96, 9-17-96, 12-10-18,\_\_\_\_\_.*

#### 59A-11.013 Intrapartum Care.

(1) through (2) No change.

(3) The client shall be transferred to a local hospital if complications occur requiring medical or surgical intervention pursuant to the criteria listed in subsections of this chapter.

(4) No change.

*Rulemaking Authority 383.309 FS. Law Implemented 383.309, 383.313, 383.316 FS. History—New 3-4-85, Formerly 10D-90.13, 10D-90.013, Amended 2-12-96,\_\_\_\_\_.*

#### 59A-11.014 Surgical Services.

No surgical procedures shall be performed at a birth center except episiotomy, repair of episiotomy or laceration, or circumcision.

*Rulemaking Authority 383.309 FS. Law Implemented 383.313 FS. History—New 3-4-85, Formerly 10D-90.14, 10D-90.014, Amended 12-10-18,\_\_\_\_\_.*

#### 59A-11.016 Postpartum Care.

(1) through (5) No change.

(6) The maximum length of stay at a birth center or advanced birth center shall not exceed the timeframes established by Section 383.318, F.S. ~~mother and infant shall be discharged from the birth center within 24 hours after the birth occurs except under the following conditions:~~

(a) ~~The mother is in a deep sleep when the 24 hour period is completed. In this case the mother shall be discharged as soon after waking as feasible; or~~

(b) ~~The 24 hour period is completed during the middle of the night.~~

(7) Each discharge from a birth center exceeding 24 hours after birth, and each discharge from an advanced birth center exceeding 48 hours after vaginal delivery or 72 hours after cesarean section shall be reported to the Agency. If the mother, or infant, is retained at the birth center longer than 24 hours after birth, except as identified in paragraphs 59A-11.016(6)(a) and (b), F.A.C., a report shall be filed with the local county public health unit within 48 hours after the birth describing the circumstances and reasons for the decision.

(a) The report shall be submitted within 48 hours after birth at a birth center or within 48 hours after the scheduled discharge time at an advanced birth center using the online health care facility complaint form located at <https://apps.ahca.myflorida.com/hcfc/>.

(b) The circumstances and reasons must be described in the narrative section of the form.

(c) A birth center may document the circumstances and reasons in the patient's chart in lieu of submitting a report if:

1. The mother is in a deep sleep when the timeframe established by Section 383.318, F.S. has elapsed. In this case the mother shall be discharged as soon after waking as feasible;  
or

2. The timeframe established by Section 383.318, F.S. elapses during the middle of the night.

(8) through (14) No change.

*Rulemaking Authority 383.309 FS. Law Implemented 383.318 FS. History—New 3-4-85, Formerly 10D-90.16, 10D-90.016, Amended 9-27-94, 2-12-96, 1-16-19,\_\_\_\_\_.*

#### 59A-11.023 Physical Environment, Water Supply and Fire Safety.

(1) through (5) No change.

(6) Water Supply. Water supplies shall be adequate to serve the demands of the birth center or advanced birth center facility and shall be constructed, operated and maintained as required by Chapters 62-555 or 64E-8, F.A.C.

(7) Sewage Disposal. ~~(a)~~ All sewage and liquid waste shall be disposed of in manners as required by Chapters 62-600 or 64E-6, F.A.C.

(8) Waste Disposal.

(a) No change.

(b) If public or contract garbage collection service is available, the birth center or advanced birth center facility shall subscribe to these services unless the volume makes on-site disposal feasible. If garbage and trash are disposed of on premises, the method of disposal shall be operated in a manner as required by Chapter 62-701, F.A.C.

(9) Fire Control. Each birth center shall provide fire protection through the adoption of written fire control plans rehearsed four times a year by all personnel.

(10) ~~(a)~~ No change.

(a) 1. No change.

(b) 2. No change.

*Rulemaking Authority 383.309 FS. Law Implemented 383.308, 383.309 FS. History—New 3-4-85, Formerly 10D-90.23, 10D-90.023, Amended 2-12-96, 9-17-96, 5-15-14,\_\_\_\_\_.*

#### 59A-11.027 Disaster Plan.

Each birth center shall develop a written disaster plan which shall be rehearsed by personnel at least twice a year and shall cover internal casualty producing incidents. The plan shall



include provisions for complete evacuation of the facility during an actual disaster.

*Rulemaking Authority 383.309 FS. Law Implemented 383.309 FS. History—New 3-4-85, Formerly 10D-90.27, 10D-90.027, Amended \_\_\_\_\_.*

#### **59A-11.030 Pharmaceuticals and Anesthetics.**

(1) No change.

(2) General, ~~and~~ conduction, ~~and~~ local anesthesia may only ~~shall not~~ be administered at advanced birth centers.

(3) No change.

(4) Written policies shall be established addressing the type and intended use of any drug to be used by clients within the birth center facility.

(5) Anesthetic agents other than systemic analgesics and local anesthetics for pudendal blocks shall not be used at a birth center.

(6) through (9) No change.

*Rulemaking Authority 383.309 FS. Law Implemented 383.308, 383.309, 383.313 FS. History—New 3-4-85, Formerly 10D-90.30, 10D-90.030, Amended 9-17-96, 12-10-18, \_\_\_\_\_.*

#### **59A-11.035 Advanced Birth Centers**

(1) A birth center that seeks designation as an advanced birth center must meet all of the criteria as a birth center in addition to the criteria listed below.

##### (2) Qualified Patients

(a) The advanced birth center:

1. May perform trial of labor after cesarean deliveries (TOLAC) for screened patients with no other risk factors pursuant to subsection 59A-11.009(4), F.A.C. TOLAC patients must not have had any uterine incisions other than low transverse incisions;

2. May perform planned low-risk cesarean deliveries;

3. May perform vaginal deliveries for laboring patients from the beginning of the 37<sup>th</sup> week of gestation through the end of the 41<sup>st</sup> week of gestation;

4. In the event that a cervical ripening agent is used or labor is induced or augmented, a minimum of two registered nurse (RN)s must be present in the facility at the time any such medication is administered to the patient;

(b) Patients must be low-risk. Low risk indicates that they do not have the risk criteria outlined pursuant to subsection 59A-11.009(4), F.A.C. and

1. Any cardiac conditions, chronic health conditions, gestational diabetes, auto-immune conditions, previous neonatal death or injury, advanced maternal age (aged 35 years or older), or infectious diseases, elevated BMI of 30 or greater, anemia, risk for postpartum hemorrhage or multiple gestation.

2. History of adverse birth related events defined as events of low birth weight, preterm birth, stillbirth, or perinatal deaths. Low birth weight (LBW) is defined as a newborn weighing less

than 2,500 grams; preterm birth (PTB) is defined as a live infant delivery before 37 weeks of gestation; stillbirth is defined as a baby who passes away after 20 weeks as defined in section 382.002(17), F.S. Birth defects or congenital disorder is defined as a structural or functional abnormalities present at birth.

(c) Risk assessment including a postpartum hemorrhage assessment, must be completed on each prenatal visit at the advanced birth centers.

(d) The advanced birth center must follow the following guidelines for prenatal visits: In the first 28 weeks of pregnancy, prenatal visits must be every 4 weeks. From 28-36 weeks of pregnancy, prenatal visits must be every 2 weeks. From 36 weeks of pregnancy until birth, prenatal visits must be weekly.

(e) The advanced birth center must have a policy for assessing, recognizing and responding to clinical signs of increased risk. Must educate all staff and enforce this policy.

##### (3) Notification

(a) The advanced birth center must communicate with Emergency Medical Services (EMS) within the county(ies) served that they are licensed to provide services only to patients who are not experiencing an emergency.

(b) The advanced birth center must include a statement in their patient contracts and on any advertisements, including facility websites, describing the limitations of their services as a low-risk birthing center.

##### (4) Departments and Services

(a) Surgical department. This department shall be organized under written policies and procedures relating to surgical staff privileges, anesthesia, functioning standards, staffing patterns and quality maintenance of the surgical suite.

1. A qualified person designated by the administrator shall be responsible for the daily functioning and maintenance of the surgical suite.

2. A surgery record shall be maintained on a current basis that contains the following information:

a. Patient's name, patient number, pre-operative diagnosis, post-operative diagnosis, surgical procedure, anesthetic, and complications, if any; and,

b. Name of each member of the surgical team, including the surgeon, first assistant, anesthesiologist, nurse anesthetist, anesthesiologist assistant, circulating nurse and operating room technician.

3. Each center shall ensure each patient signs an informed consent for treatment at an advanced birth center acknowledging that only low-risk pregnancies and births are performed. Prior to any surgery being performed, signed informed consent for the procedure, verification of the identity of patient, operative site, and operative procedure to be performed must be in the patient's medical record.

4. All infections of surgical cases shall be recorded and reported to the governing body or its designee and a procedure shall exist for the investigation of such cases.

5. Emergency equipment shall be provided as needed commensurate with the services of the center, maintained in functional condition, and capable of providing and maintaining cardiorespiratory functioning.

6. Written procedures in implementation of policies shall relate specifically to the functional activities of the surgical suite and include the following:

a. Surgical asepsis: preparation, handling, and maintenance of sterile equipment and supplies.

b. Medical asepsis: patients, staff, equipment, traffic, and equipment flow patterns.

c. Sterilization and disinfection standards and controls: equipment and supplies.

d. Housekeeping.

(b) Anesthesia service. This service shall be organized under written policies and procedures relating to anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls.

1. All anesthesia shall be administered by an anesthesiologist, a credentialed and privileged physician, certified registered nurse anesthetist or anesthesiologist assistant.

2. An anesthesiologist or other physician or a certified registered nurse anesthetist under the on-site medical direction of a licensed physician or an anesthesiologist assistant under the direct supervision of an anesthesiologist, shall be in the center during the anesthesia and post-anesthesia recovery period until all patients are cleared for discharge.

3. At least one registered nurse shall be in the recovery area during the patient's recovery period.

4. Prior to the administration of anesthesia, patients shall have a history and physical examination including laboratory analysis when indicated.

5. Written policies and procedures relative to the administration of anesthesia shall be developed by the anesthesia service, approved by the medical staff and the governing body, and be reviewed annually, dated at time of each review, revised as necessary, and enforced.

6. Anesthetic safety regulations shall be developed, posted and enforced. Such regulations shall include the following requirements:

a. All operating room electrical and anesthesia equipment shall be inspected on no less than a semi-annual basis, and a written record of the results and corrective actions be maintained;

b. Flammable anesthetic agents shall not be employed in centers;

c. Electrical equipment in anesthetizing areas shall be on an audiovisual line isolation monitor, with the exception of radiologic equipment and fixed lighting more than 5 feet above the floor;

d. Each anesthetic gas machine shall have pin-index system or equivalent safety system and a minimum oxygen flow safety device; and,

e. All reusable anesthesia equipment in direct contact with the patient shall be cleaned or sterilized in the manner prescribed by current medical standards;

7. The following monitors shall be applied to all patients receiving conduction or general anesthesia:

a. Blood pressure cuff;

b. A continuous temperature device, readily available to measure the patient's temperature;

c. Pulse oximeter;

d. Electrocardiogram; and,

e. An inspired oxygen concentration monitor and a capnograph shall be applied to all patients receiving general anesthesia.

(c) Nursing service. This service shall be organized under written policies and procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services.

1. A registered nurse designated by the administrator shall be responsible for coordinating and supervising all nursing services.

2. There shall be a sufficient staffing pattern of registered nurses to provide quality nursing care to each surgical patient from admission through discharge. Such additional trained nursing service personnel shall be on duty as may be needed commensurate with the service of the center.

3. A registered nurse shall be assigned as the circulating nurse for one patient at a time for the duration of the surgical procedure for any procedure performed in the center.

4. A registered nurse shall be present in the recovery area at all times when a patient is present.

5. A record shall be currently maintained of all nursing personnel and include regular and relief as well as full-time and part-time staff. The record shall include the current license number of each licensed person.

6. A current job description delineating duties and responsibilities shall be maintained for each nursing service position.

7. Written procedures in implementation of policies and to assure quality nursing care shall relate specifically to the functional activities of nursing service and include the following:

a. Patient admission;

b. Pre- and Post-Operative care;

c. Medical orders from physicians and other members of the medical staff;

d. Standing orders with required signatures;

e. Medications: storage and administration;

f. Treatments;

g. Surgical asepsis;

h. Medical asepsis;

i. Sterilization and disinfection;

j. Documentation: medical records and center records;

k. Patient discharge;

l. Patient transfer;

m. Emergency measures;

n. Isolation measures;

o. Incident reports;

p. Personnel orientation;

q. Inservice education record;

r. Equipment and supplies: availability and maintenance;  
and,

s. Visitors.

(d) Clinical laboratory services. The center laboratory, and any contracted laboratory providing services for center patients, must be certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments (CLIA) and the federal rules adopted thereunder in all specialties or subspecialties in which testing is performed. Each advanced birth center shall have a laboratory onsite, either directly or by contract.

1. Routine and stat laboratory testing shall be available at all times.

2. CLIA specialties and subspecialties shall include diagnostic immunology including syphilis serology and general immunology; hematology, including coagulation studies; chemistry, including routine chemistry and urinalysis; immunochemistry, including ABO Group and Rh type, antibody detection, and compatibility testing; and additional specialties and subspecialties as determined by the center's governing body.

(e) Radiological services. Each center shall provide within the institution, or through arrangement, radiological services commensurate with the needs of the center.

1. If radiological services are provided by center staff, the service shall be maintained free of hazards for patients and personnel.

2. New installations of radiological equipment, and subsequent inspections for the identification of radiation hazards shall be made as required by Chapter 64E-5, F.A.C.

3. Personnel monitoring shall be maintained for each individual working in the area of radiation. Readings shall be on at least a monthly basis and reports kept on file and available for review.

a. Personnel – The center shall have a licensed practitioner, as defined in Section 468.301(11), F.S., to supervise the service and to discharge professional radiological services.

b. A technologist shall be on duty or on call at all times when there are patients within the center.

c. The use of all radiological apparatus shall be limited to appropriately licensed personnel.

4. If provided under arrangement with an outside provider, the radiological services must be directed by a qualified radiologist and meet the standards as required by Chapter 64E-5, F.A.C.

(f) Housekeeping service. The housekeeping service shall be organized under effective written policies and procedures relating to personnel, equipment, materials, maintenance, and cleaning of all areas of the center.

(g) Pediatric services.

1. A center providing surgical services to patients under the age of 18 years (pediatric) must include age- and size-appropriate criteria in written policies and procedures regarding admissions, surgical services, anesthesia services, post-operative recovery, and discharge planning. The policies and procedures must be approved by the medical staff and the governing body, and be reviewed annually, dated at the time of each review, revised as necessary, and enforced.

2. All patients shall meet admission and preoperative clearance criteria established by the medical staff and approved by the governing body.

3. Accommodations must be made for the parent or guardian to remain at the center from admission through discharge.

4. Surgical services may be provided to patients for conditions that are not emergency medical conditions.

5. Each center must include its pediatric cases in the quality assessment and improvement system as described in paragraph 59A-11.035(12)(i), F.A.C. that includes peer review, multidisciplinary review and the monitoring of processes and outcomes.

6. One or more persons currently certified in Pediatric Advanced Life Support (PALS) must be present and available to the pediatric patient who is sedated, anesthetized, recovering from anesthesia, or receiving perioperative opioids.

7. Each center providing surgical services requiring a length of stay past midnight must be staffed with the following professionals with specialized training and expertise in the treatment of pediatric patients:

a. A surgeon who is board-certified or eligible in a pediatric surgical subspecialty or a board-certified or eligible surgeon with additional training and expertise with pediatric patients acceptable to the governing body.

b. An anesthesiologist or other physician or a certified registered nurse anesthetist under the on-site medical direction

of a licensed physician or an anesthesiologist assistant under the direct supervision of an anesthesiologist shall be present in the room with the pediatric patient throughout all general anesthesia, regional anesthesia, and monitored anesthesia care.

c. Nursing and other direct care staff must have specialized training and experience with pediatric patients. Nursing personnel must be PALS and/or Advanced Cardiac Life Support certified. There must be at least one registered nurse on duty at all times.

8. Each center providing surgical services requiring a length of stay past midnight must have facilities and equipment available to store ready-to-eat foods and beverages. Equipment must include handwashing facilities and a refrigerator.

9. Age- and size-appropriate equipment and resources related to the care of pediatric patients must be available on site, including

- a. Operating tables;
- b. Pre- and post-operative beds;
- c. Anesthesia equipment and supplies;
- d. Resuscitation devices;
- e. Oxygen saturation monitors;
- f. Pharmacologic supplies; and,
- g. Blood pressure cuffs.

(5) Surgical Services

(a) Except for surgical management of immediate complications, the advanced birth center shall conduct a risk-benefit analysis before performing any surgical procedures or cesarean deliveries.

(b) Each advanced birth center shall have the capability onsite to perform patient blood type testing, provide transfusion services, and have a protocol for the receipt, storage, administration, and recordkeeping of blood and blood products consistent with the requirements described in Title 42 CFR Part 493.

(c) The facility must have an electronic fetal monitoring and an infant warmer in the operating room as well as emergency supplies for maternal and newborn patients.

(6) Infection Control

(a) Each center shall establish an infection control program involving members of the medical staff, nursing staff, other professional and administrative staff as appropriate. The program shall provide for:

- 1. The surveillance, prevention, and control of infection among patients and personnel;
- 2. The establishment of a system for identification, reporting, evaluating, and maintaining records of infections;

(b) The individuals involved in the infection control program shall meet at least quarterly, shall maintain written minutes of all meetings, and shall make a report at least annually to the quality assurance committee and the governing body.

(c) Each center shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include, but not be limited to, work restrictions for an employee whenever it is likely that communicable disease may be transmitted, until such time as a medical practitioner certifies that the employee may return to work.

(d) The policies and procedures devised by the infection control program shall be approved by the governing body, and shall contain at least the following:

1. Specific policies for the shelf life of all stored sterile items.

2. Specific policies and procedures related to occupational exposure to blood and body fluids.

3. Specific policies related to the handling and disposal of biomedical waste in accordance with Chapter 64E-16, F.A.C. and, OSHA 29 CFR Part 1910.1030, Bloodborne Pathogens.

4. Specific policies related to the selection, storage, handling, use and disposition of disposable items.

5. Specific policies related to decontamination and sterilization activities performed at the center, including but not limited to a requirement that steam, gas (ETO) and hot air sterilizers be tested with live bacterial spores at least weekly.

6. Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of infectious diseases.

7. A requirement that soiled linen be collected in such a manner as to minimize microbial dissemination into the environment.

8. A requirement that all cases of communicable diseases as set forth in Chapter 64D-3, F.A.C., be promptly and properly reported in accordance with the provisions of that rule;

(7) Patient Rights

(a) Patients have the right to:

1. Civil and religious liberties

2. Be free from physical, verbal, sexual, and mental abuse and neglect.

3. Dignity

4. Privacy, with their communication, health care information, and personal privacy.

5. Be informed about their medical care and treatment.

6. Refuse any treatment.

7. Know what facility rules and regulations apply to patient conduct.

8. Express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of patients' rights. A patient has the right to know the health care provider's or health care facility's procedures for expressing a grievance.

9. Treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.

10. Refuse participation in experimental research.

11. Access their medical records.

12. Know what their rights and responsibilities are.

(b) Each center shall develop and adopt policies and procedures to ensure the protection of patient rights and safety. Patient safety policies and procedures must include, at a minimum:

1. A policy for maternal and fetal monitoring which incorporates a maternal early warning/rapid response system to identify clinical indications for transfer to a hospital and prenatal visits at established intervals as established in paragraph (2)(e) to determine the continued low-risk status of the pregnant woman and a policy for responding to any neonatal complication including stabilization and transfers as clinically indicated.

2. Policies for responding to obstetric emergencies to include, but not limited to: obstetric hemorrhage, severe hypertension/preeclampsia, sepsis, assessment and screening for substance use during labor and delivery, a policy to transfer patients presenting in labor and positive for substances known to affect neonatal transition to life, policies for identifying and reporting harm to a child defined in section 39.01(37)(g)1., F.S. The policy for responding to obstetric hemorrhage must include provisions relating to transfusion services.

3. An advanced birth center is prohibited from the intentional delivery of a fetus with known exposure to maternal use of a controlled substance (as defined by section 893.02(4), F.S.) and must make and document efforts to identify and transfer a patient suspected of positive substance use presenting for delivery to a facility capable of treating a substance-exposed newborn.

#### (8) Organized Medical Staff

(a) The obstetric medical director shall ensure at least one obstetrician, who has privileges at a hospital with a transfer agreement in place, is available on-site or on-call, within a reasonable proximity as defined in subsection 59A-11.002(7), F.A.C., at all times during which a patient is in active labor. An advanced birth center must have either a pediatric-trained physician or a neonatal advanced practice provider contracted to provide education, consultation and to be available by on-call, who can arrive within 30 minutes to assist with neonatal resuscitation and stabilization.

(b) The anesthesia medical director shall ensure at least one anesthesiologist or a certified registered nurse anesthetist under the on-site medical direction of a licensed physician or an anesthesiologist assistant under the direct supervision of an anesthesiologist, is available on-site, at all times during which a patient is in active labor or post-anesthesia recovery.

(c) For early labor, (defined as 0-6cm in cervical dilation) there must be at least 2 clinical staff present for each patient in active labor through the 4<sup>th</sup> stage of labor (defined as the period 3 hours immediately following the deliver of the placenta).

(d) For cesarean sections, there must be at least 3 clinical staff in the operating room. The clinical staff must include one for the patient, one for the care and treatment of the baby, and one to assist the surgeon.

(e) At least two of the clinical staff must be a registered nurse certified in the Neonatal Resuscitation Program or the Neonatal Support program, and shall be present in the advanced birth center at all times with the ability to stabilize and transfer clients, including newborns, as needed. All clinical staff shall have Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certifications.

(f) Each center shall have an organized medical staff organized under written bylaws approved by the governing body and responsible to the governing body of the center for the quality of all medical care provided to patients in the center and for the ethical and professional practices of its members.

(g) Committees – The structure of committee organization shall be determined by the organized medical staff provided the following required committee functions are carried out with sufficient periodicity to assure that objectives are achieved by separate committee, combined committees, or committee of the whole:

1. Approval of the policies, procedures, and the activities of all departments and services.

2. Interim decision making for the organized medical staff between staff meetings, under such limitations as shall be set by the medical staff.

3. Follow-up and appropriate disposition of all reports dealing with the various staff functions.

4. Medical records currently maintained in sufficient completeness to assure comprehension of transfer of patient information at any time.

5. Clinical evaluation of the quality of medical care provided to all patients on the basis of documented evidence.

6. Review of center admissions with respect to need for admission, discharge practices and evaluation of the services ordered and provided.

7. Surveillance of the center's infection potentials and cases and the promotion of a preventive and corrective program designed to minimize these hazards.

8. Surveillance of pharmacy policies and procedures, and standards of practice are maintained, including review of at least monthly on-site consultant pharmacist visits, and proper disposal of outdated prescription and controlled drugs in accordance with Rules 64B16-28.702, 64B16-28.110, 64B16-28.303, F.A.C. and Chapters 465 and 893, F.S.

9. All transfers to a higher level of care must be reviewed monthly for quality assurance and risk reduction planning.

(h) The facility must notify the patients pediatrician of choice of the newborns status within 4 hours of birth and require that a newborn appointment be made with the pediatrician prior to discharge.

(9) Physical Plant Maintenance

(a) Each center shall establish written policies and procedures designed to maintain the physical plant and overall center environment in such a manner that the safety and well-being of patients is assured. The building and mechanical maintenance program shall be under the supervision of a qualified person.

(b) All mechanical and electrical equipment shall be maintained in working order, and shall be accessible for cleaning and inspection.

(10) Fire Control

(a) Each center shall provide fire protection through the elimination of fire hazards; the installation of necessary safeguards such as extinguishers, sprinkling devices, and fire and smoke barriers as described in paragraph 59A-11.035(12)(i), F.A.C., to insure rapid and effective fire control; and the adoption of written fire control plans rehearsed four (4) times a year by all personnel. To safeguard patients, the center shall have:

(b) Written evidence of regular inspection by local fire control agencies.

(c) Stairwells kept closed by fire doors equipped with self-closing devices.

(d) Annual check of fire extinguishers for type, replacement, and renewal dates.

(e) "No Smoking" signs prominently displayed in those areas where smoking is not permitted.

(f) Fire regulations and evacuation route prominently posted for each floor and department.

(g) Written fire control plan approved by the appropriate local fire authority shall contain provisions for prompt reporting of all fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.

(h) There shall be rigidly enforced written rules and regulations governing proper routine methods of handling and storing oxidizing, combustible, and flammable explosive agents.

(11) Quality Assessment and Improvement

(a) Each center shall have an ongoing quality assessment and improvement system designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, and opportunities to improve its performance to enhance and improve the quality of care provided to the public.

(b) Each center shall have in place a systematic process to collect data on process outcomes, priority issues chosen for improvement, and the satisfaction of the patient. Processes measured shall include:

1. Appropriate surgical procedures;

2. Preparation of patient for the procedure;

3. Performance of the procedure and monitoring of the patient;

4. Provision of post-operative care;

5. Use of medications including administration and monitoring of effects;

6. Risk management activities;

7. Quality assessment and improvement activities including clinical laboratory services and radiology services;

8. Results of autopsies if needed.

9. Number and type of lacerations, and treatment for lacerations;

10. Number and indication for cesarean sections;

11. Newborn Appearance, Pulse, Grimace, Activity and Respiration (APGAR) Score less than 7 and outcome;

12. Maternal and newborn transfers.

(c) Each center shall have a process to assess data collected to determine:

1. The level and performance of existing activities and procedures,

2. Priorities for improvement, and,

3. Actions to improve performance.

(12) Plans Submission and Fee Requirements

(a) No construction work, including demolition, shall be started until prior written approval has been given by the Office of Plans and Construction. This includes all construction of new facilities and any and all additions, modifications, renovations, or refurbishment of the site, building, equipment or systems of all existing facilities. Approval to start construction will be granted by the Agency when the design complies with all applicable codes and standards as evidenced by a thorough examination of the documents submitted to the Agency as required for Stage III construction documents.

(b) Approval to start construction limited to demolition, site work, foundation, and building structural frame may be obtained prior to the approval of Stage III construction documents when the following is submitted for review and approval:

1. A preliminary Stage II approval letter from the Office of Plans and Construction granted by the Agency when the design complies with applicable life safety code requirements, flood requirements, and the layout will accommodate all required functional spaces as evidenced by a thorough examination of the documents submitted to the Agency as required in this rule for Stage II preliminary plans.

2. Construction documents, specifications and construction details for all work to be undertaken.

3. A letter from the facility holding the agency harmless for any changes that may occur to the project as a result of the final construction document review.

4. An Infection Control Risk Assessment (ICRA) and a life safety plan indicating temporary egress and detailed phasing plans indicating how the area(s) to be demolished or constructed is to be separated from all occupied areas shall be submitted when demolition or construction in and around occupied buildings is to be undertaken. Submissions that fail to provide an ICRA or depict the safety measures prescribed by the ICRA will not be approved.

(c) Construction must commence within 12 months of receiving approval from the Office of Plans and Construction to begin construction. Once construction begins construction activities should be continuous until the completion of the project. Failure to commence construction within 12 months of plan approval or periods of construction inactivity exceeding 12 months following commencement of construction will result in termination of the project. Restarting a terminated project will require resubmission of the construction documents accompanied by a new plan review application and will be subject to all fees prescribed by section 395.0163, F.S. Projects which have not received approval to begin construction will be considered abandoned following 12 months of inactivity and the project will be terminated.

(d) When construction is planned, either for new buildings or additions, alterations or renovations to existing buildings, the plans and specifications shall be prepared and submitted to the Office of Plans and Construction for approval by the appropriate Florida-registered design professionals as required by the Florida Building Code, Chapters 471, and 481, F.S. All architecture or engineering firms not practicing as a sole proprietor shall also be registered as an architecture or engineering firm with the Florida Department of Business and Professional Regulation.

(e) The initial submission of plans to the Office of Plans and Construction for any new project shall include a completed Application for Plan Review, AHCA Form 3500-0011, June 2014, incorporated by reference and available at <https://flrules.org/Gateway/reference.asp?No=Ref-19185>. This information shall accompany the initial submission. Applications for Plan Review are available from the Agency for Health Care Administration, Office of Plans and Construction, 2727 Mahan Drive, Mail Stop #24, Tallahassee, Florida 32308, or at the web address at: <https://ahca.myflorida.com/applications>.

(f) Plans and specifications submitted for review shall be subject to plan review fees prescribed by Section 395.0163, F.S. All fees shall be payable to the Agency for Health Care

Administration and shall annotate the Office of Plans and Construction and the facility log number. Fees are not refundable.

(g) Plans and specifications may be submitted for review at any of the three stages of development described in this rule.

(h) For each stage of submission, a program or scope of work shall be submitted. It shall consist of a detailed written description of all contemplated work and any required phasing and shall identify the types of medical services to be provided.

(i) For projects involving only equipment changes or system renovations, only Stage III, construction documents will be accepted. These documents shall include the following:

1. Life safety plans showing the fire/smoke compartments in the area of renovation.

2. Detailed phasing plans indicating how the new work will be separated from all occupied areas.

3. Engineering plans and specifications for all of the required work.

(j) Stage I, Schematic Plans.

1. The following shall be incorporated into the schematic plans:

a. Single-line drawings of each floor that indicates the relationship of the various activities or services to each other and the room arrangement in each.

b. The function of each room or space shall be noted in or near the room or space.

c. The proposed roads and walkways, service and entrance courts, parking, and orientation shown on either a small plot plan or on the first floor plan.

d. A simple cross-section diagram showing the anticipated construction.

e. A schematic life safety plan showing smoke and fire compartments, exits, exit passageways and gross areas of required smoke and fire compartments.

f. Indicate which areas are sprinklered, both new and existing.

2. If the proposed construction is an addition or is otherwise related to existing buildings on the site, the schematic plans shall show the facilities and general arrangement of those buildings.

3. If the project involves increasing, decreasing, relocating or transferring licensed beds, a schedule showing the total number of beds, types of bedrooms and types of ancillary spaces must be provided.

(k) Stage II, Preliminary Plans. The following shall be incorporated into the preliminary plans.

1. A Vicinity Map. For new center construction, provide a vicinity map showing the major local highway intersections.

2. Site Development Plans.

3. Plans depicting existing grades and proposed improvements.

4. Building location dimensions.

5. Location of the fire protection services water source to the building.

6. Architectural Plans.

a. Floor plans, 1/8-inch scale minimum, showing door swings, windows, case work and mill work, fixed equipment and plumbing fixtures. Indicate the function of each space.

b. Typical large-scale interior and exterior wall sections to include typical rated fire and fire/smoke partitions and a typical corridor partition.

c. All exterior building elevations.

7. Equipment which is not included in the construction contract that requires mechanical or electrical service connections or construction modifications shall be identified to assure coordination with the architectural, mechanical and electrical phases of construction.

8. If the project is located in an occupied facility, preliminary phasing plans indicating how the project is to be separated from all occupied areas.

9. Life Safety Plans. Life safety plans must include the following:

a. Single-sheet floor plans depicting required fire and smoke compartmentation, all means of egress and all exit signs. If smoke compartmentation is required, depict and provide the dimension for the longest path of travel in each smoke compartment to the door(s) accessing the nearest adjoining smoke compartment, calculate the total area of the smoke compartment in square feet, and tabulate exit inches.

b. All sprinklered areas.

c. All fire extinguishers.

d. All fire alarm devices and pull station locations.

10. If the project is an addition, or conversion of an existing building, fully developed life safety plans must be submitted.

11. If the project is a renovation in an existing building, life safety plans of the floor being renovated and the required exit egress floor(s) must be submitted.

12. When demolition or construction in and around occupied buildings will be undertaken, a life safety plan indicating temporary egress, and detailed phasing plans indicating how the area(s) to be demolished or constructed will be separated from all occupied areas must be submitted.

13. Mechanical Engineering Plans.

a. Single-sheet floor plans with a one-line diagram of the ventilating system with relative pressures of each space. Provide a written description and drawings of the anticipated smoke control system, passive or active, and a sequence of operation correlated with the life safety plans.

b. The general location of all fire and smoke dampers, all duct smoke detectors and fire stats.

c. If the building is equipped with fire sprinklers, indicate the location of the sprinkler system risers and the point of

connection for the fire sprinkler system. State the method of design for the existing and new fire sprinkler systems.

d. The locations of all plumbing fixtures and other items of equipment requiring plumbing services and/or gas services.

e. The locations of any fume, radiological or chemical hoods.

f. The locations of all medical gas outlets, piping distribution risers, terminals, alarm panel(s), low pressure emergency oxygen connection, isolation/zone valve(s), and gas source location(s).

g. The locations and relative size of major items of mechanical equipment such as chillers, air handling units, fire pumps, medical gas storage, boilers, vacuum pumps, air compressors and fuel storage vessels.

h. The locations of hazardous areas and the volume of products to be contained therein.

i. The location of fire pump, standpipes, and sprinkler riser(s).

14. Electrical Engineering Drawings.

a. A one-line diagram of normal and essential electrical power systems showing service transformers and entrances, switchboards, transfer switches, distribution feeders and over-current devices, panel boards and step-down transformers. The diagram shall include a preliminary listing and description of new and existing, normal and emergency loads, preliminary estimates of available short-circuit current at all new equipment and existing equipment serving any new equipment, short-circuit and withstand ratings of existing equipment serving new loads and any new or revised grounding requirements.

b. Show fire alarm zones and correlate with the life safety plan.

15. Outline Specifications. Outline specifications must include a general description of the construction, including construction classification and ratings of components, interior finishes, general types and locations of acoustical material, floor coverings, ventilating equipment, plumbing fixtures, fire protection equipment, medical gas equipment and electrical equipment.

16. Whenever an existing building is to be converted to a health care facility, the general layout of spaces of the existing structure shall be submitted with the preliminary plans for the proposed facility.

17. Whenever an addition, alteration, renovation or remodeling to an existing facility is proposed, the general layout of spaces of the existing facility shall be submitted with the preliminary plans.

(I) Stage III, Construction Documents. The Stage III, construction documents shall be an extension of the Stage II, preliminary plan submission and shall provide a complete description of the contemplated construction. Construction documents shall be signed, sealed and dated and submitted for



written approval to the Office of Plans and Construction by a Florida-registered architect and Florida-registered professional engineer. These documents shall consist of work related to civil, structural, mechanical, and electrical engineering, fire protection, lightning protection, landscape architecture and all architectural work. In addition to the requirements for Stage II submission, the following shall be incorporated into the construction documents:

1. Site and civil engineering plans indicating building and site elevations, site utilities, paving plans, grading and drainage plans and details, locations of the two fire hydrants utilized to perform the water supply flow test, and landscaping plans.

2. Life safety plans for the entire project. Projects located on floors above or below the exit discharge level must also include life safety plans for the exit discharge serving the project area.

3. Architectural Plans.

a. Typical large-scale details of all typical interior and exterior walls and smoke walls, horizontal exits and exit passageways.

b. Comprehensive ceiling plans that show all utilities, lighting fixtures, smoke detectors, ventilation devices, sprinkler head locations and fire-rated ceiling suspension member locations where applicable.

c. Floor/ceiling and roof/ceiling assembly descriptions for all conditions.

d. Details and other instructions to the contractor on the construction documents describing the techniques to be used to seal floor construction penetrations necessary to prevent smoke migration from floor to floor during a fire.

4. Structural engineering plans, schedules, and details.

5. Mechanical engineering plans including fire and smoke control plans. Include all equipment that requires mechanical utilities. Provide a clear and concise narrative control sequence of operations for each item of mechanical equipment including but not limited to air conditioning, heating, ventilation, medical gas, plumbing, and fire protection and any interconnection of the equipment of the systems. Mechanical engineering drawings shall depict completely the systems to be utilized, whether new or existing, from the point of system origination to termination. Provide a tabular schedule giving the required air flow (as computed from the information contained on the ventilation rate table) in cubic feet per minute (cfm) for supply, return, exhaust, outdoor, and ventilation air for each space, as applicable, shown on the architectural documents. The schedule shall also contain the HVAC system design air flow rates and the resulting space relative pressures. The schedule or portion of the schedule as applicable shall be placed on each floor plan drawing sheet containing the spaces depicted on the drawing.

6. Fire protection system layout documents as defined by the Department of Business and Professional Regulation in

Rule 61G15-32.002, F.A.C., where applicable, that shall include the existing system as necessary to define the new work. These documents shall be signed and sealed by a Florida-registered professional engineer.

7. Electrical engineering plans describing complete power, lighting, alarm, communications and lightning protection systems and power system study.

8. A power study that shall include a fault study complete with calculations to demonstrate that over-current devices, transfer switches, switchboards, panel boards, motor controls, transformers and feeders are adequately sized to safely withstand available phase-to-phase and phase-to-ground faults. The study shall also include an analysis of generator performance under fault conditions and a coordination study resulting in the tabulation of settings for all over-current device adjustable trips, time delays, relays and ground fault coordination. This must be provided for all new equipment and existing equipment serving any new equipment. Power studies for renovations of existing distribution systems shall include only new equipment and existing equipment upstream to the normal and emergency sources of the new equipment. Renovations involving only branch circuit panel boards without modifications to the feeder do not require a full power study; instead, the power study shall be limited to the calculation of new and existing loads of the branch circuit panel.

(m) A complete set of specifications for all work to be undertaken.

1. All project required contractor supplied testing and/or certification reports shall be submitted in writing, on standard forms, reviewed and accepted by the Engineer of Record prior to presenting to the agency for review.

2. The specifications shall require a performance verification test and balance air quantity values report with the specified air filters installed for each air handling unit system operating in the minimum pressure drop condition (clean filter state) and at the maximum pressure drop condition (dirty filter state).

(n) All construction documents shall be coordinated to provide consistency of design intent throughout the documents and phasing plans shall be clear and provide continuity of required services. It is specifically required that in the case of additions to existing institutions, the mechanical and electrical, especially existing essential electrical systems and all other pertinent conditions shall be a part of this submission.

1. All subsequent addenda, change orders, field orders and other documents altering the above shall also be signed, sealed and dated and submitted in advance to the Office of Plans and Construction for review. The Agency will either approve or disapprove the submission based on compliance with all applicable codes and standards and shall provide a listing of deficiencies in writing.

2. All submissions will be acted upon by the agency within 60 days of the receipt of properly executed construction documents and the initial payment of the plan review fee. The Agency will either approve or disapprove the submission and shall provide a listing of deficiencies in writing. All deficiencies noted by the agency must be satisfactorily corrected before final approval will be provided from the Agency.

(o) Additions or revisions that increase the scope of the project work greater than fifty percent or change the original scope of the project more than fifty percent will be required to be submitted as a new project.

(13) Physical Plant Requirements

(a) The Agency provides technical assistance to the Florida Building Commission and the State Fire Marshal in developing and maintaining standards for the design and construction of advanced birth centers. These standards are included in the following:

1. The building codes in Rule 61G20-1.001, F.A.C.; as adopted by the Florida Building Commission.

2. The fire codes in Chapter 69A-60, F.A.C.; as adopted by the State Fire Marshal.

3. The handicap accessibility standards in Chapter 553, Part V, F.S. and Rule 61G20-4.002, F.A.C; as adopted by the Florida Building Commission.

(b) No building shall be converted to a licensed advanced birth center unless it complies with the standards and codes in effect when the building is converted.

(c) Local codes which set more stringent standards or add additional requirements shall take precedence over these standards and requirements as set forth in this section. Contact the Office of Plans and Construction when conflicts occur.

(14) Price Transparency and Patient Billing

(a) Website. Each center shall make available to patients and prospective patients price transparency and patient billing information on its website regarding the availability of estimates of costs that may be incurred by the patient, financial assistance, billing practices, and a hyperlink to the Agency's service bundle pricing website. The content on the center's website shall be reviewed at least every 90 days and updated as needed to maintain timely and accurate information. For the purpose of this rule, service bundles means the reasonably expected center services and care provided to a patient for a specific treatment, procedure, or diagnosis as posted on the Agency's website. The center's website must include:

1. A hyperlink to the Agency's pricing website upon implementation of the same that provides information on payments made to the facilities for defined service bundles and procedures. The Agency's pricing website is located at: <http://pricing.floridahealthfinder.gov>;

2. A statement informing patients and prospective patients that the service bundle information is a non-personalized

estimate of costs that may be incurred by the patient for anticipated services and that actual costs will be based on services actually provided to the patient;

3. A statement informing patients and prospective patients of their right to request a personalized estimate from the center;

4. A statement informing patients of the center's financial assistance policy, charity care policy, and collection procedure;

5. A list of names and contact information of health care practitioners and medical practice groups contracted to provide services within the center, grouped by specialty or service; and,

6. A statement informing patients to contact the health care practitioners anticipated to provide services to the patient while in the center regarding a personalized estimate, billing practices and participation with the patient's insurance provider or health maintenance organization (HMO) as the practitioners may not participate with the same health insurers or HMO as the center.

(b) Estimate. The center shall provide an estimate upon request of the patient, prospective patient, or legal guardian for nonemergency medical services.

1. An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate may be based upon the average payment received for the anticipated service bundle. Every estimate shall include:

a. A statement informing the requestor to contact their health insurer or HMO for anticipated cost sharing responsibilities,

b. A statement advising the requestor that the actual cost may exceed the estimate,

c. The web address to financial assistance policies, charity care policy, and collection procedure,

d. A description and purpose of any facility fees, if applicable,

e. A statement that services may be provided by other health care providers who may bill separately,

f. A statement, including a web address if different from above, that contact information for health care practitioners and medical practice groups that are expected to bill separately is available on the center's website; and,

g. A statement advising the requestor that the patient may pay less for the procedure or service at another facility or in another health care setting.

2. If the center provides a non-personalized estimate, the estimate shall include a statement that a personalized estimate is available upon request.

3. A personalized estimate must include the charges specific to the patient's anticipated services.

(c) Itemized statement or bill. The center shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's

discharge or release, or 7 business days after the request, whichever is later. The itemized statement or bill must include:

1. A description of the individual charges from each department or service area by date;

2. Contact information for health care practitioners or medical practice groups that are expected to bill separately based on services provided; and,

3. The center's contact information for billing questions and disputes.

(15) Pharmaceuticals

(a) Advanced birth centers must have emergency medications in stock and available that are commonly used in the treatment of postpartum hemorrhage emergencies. Medication commonly used for treatment of obstetric hemorrhage including Tranexamic acid (TXA), and Uterotonics (Oxytocin, methylergonovine and carboprost) must be available.

(b) Medications must be in stock and available that will allow for local and conscious sedation medication for emergency Cesarean sections.

(c) And medications for the emergency medical treatment of anaphylactic syndrome of pregnancy, intrapartum, and cardiac emergencies.

(d) And for the treatment of malignant hyperthermia including dantrolene.

(16) Comprehensive Emergency Management Plan

(a) Each center shall develop and adopt a written comprehensive emergency management plan for emergency care during an internal or external disaster or emergency which it shall review and update annually. The comprehensive emergency management plan must be approved by the local emergency management agency.

(b) The plan shall include:

1. Provisions for internal and external disasters, and emergencies;

2. Information about how the center plans to implement specific procedures outlined in its comprehensive emergency management plan;

3. Precautionary measures, including voluntary cessation of center operations, to be taken by the center in preparation and response to warnings of inclement weather, including hurricanes and tornadoes, or other potential emergency conditions;

4. Provisions for the management of patients, including the discharge or transfer of patients and staff to a hospital, at the direction of the center's administrator, in the event of an evacuation order, or when a determination is made by the Agency that the condition of the center is sufficient to render it a hazard to the health and safety of patients and staff. Such provisions shall address the role and responsibility of the physician in the decision to move or relocate patients;

5. Provisions for coordinating with hospitals that would receive patients to be transferred;

6. Provisions for the management of staff, including the distribution and assignment of responsibilities and functions, and the assignment of staff to accompany patients to a hospital or subacute care facility;

7. A provision that a verification check will be made to ensure patients transferred to a hospital arrive at the designated hospital;

8. A provision that ensures that copies of medical records and orders accompany patients transferred to a hospital;

9. Provisions for the management of patients who may be treated at the center during an internal or external disaster or emergencies, including control of patient information and medical records, individual identification of patients, transfer of patients to hospital(s) and treatment of mass casualties;

10. Provisions for contacting relatives and necessary persons advising them of patient location changes. A procedure must also be established for responding to inquiries from patient families and the press;

11. A provision for educating and training personnel in carrying out their responsibilities in accordance with the adopted plan;

12. Identification of mutual aid agreements or statements of understanding for services; and,

13. Provisions for coordination with designated agencies.

(c) The center shall test the implementation of the emergency management plan semiannually, either in response to an emergency or in a planned drill, and shall evaluate and document the center's performance. This documentation must be on file at the center and available for inspection by the county emergency management agency and the Agency.

(d) The emergency management plan shall be available for immediate access by the staff.

(e) If a center evacuates during or after an emergency, the center shall not be reoccupied until a determination is made by the center's administrator that the center can meet the needs of the patients. A center with significant structural damage shall not be reoccupied until approval is received from the Agency's Office of Plans and Construction that the center can be safely occupied as required by the Florida Building Code.

(f) A center that must evacuate the premises due to a disaster or an emergency condition, shall report the evacuation to the Agency's local area health facility regulation office within 24 hours or as soon as practical. The names and destination of patients relocated shall be provided to the county emergency management agency or its designee having responsibility for tracking the population at large. The licensee shall inform the Agency's local area office of a contact person who will be available 24 hours a day, seven days a week, until the center is reoccupied.

(17) Transfer Agreements

(a) An advanced birth center shall have a transfer agreement with a local hospital providing neonatal intensive care service that includes provisions for the transport of newborns.

(b) An advanced birth center shall have an agreement with an emergency transport service/ambulance for emergency transport.

(c) The agreement must include an emergency transfer plan to expedite the transfer of emergent medical conditions requiring a higher level of care.

(d) A review of the transfer agreement, criteria and outcomes must be conducted annually.

(e) All transfers must be logged and reviewed monthly for quality assurance and risk reduction planning.

(18) Audits/Trainings

(a) Conduct regular audits to ensure compliance and review safety protocols.

(b) Conduct regular obstetric emergency training drills based on audits or other factors.

(c) Conduct annual drills for Malignant Hyperthermia.

(19) Food Service

(a) Each advanced birth center shall have a Food and Nutrition Service department, service or other similarly titled unit which shall be organized, directed and staffed, and integrated with other units and departments of the advanced birth center in a manner designed to assure the provision of appropriate nutritional care and quality food service.

(b) The Food and Nutrition Services department shall be directed on a full-time basis by Certified Dietary Manager or other individual with equivalent education or specialized training and experience in food service management, who shall be responsible to the administrator or designee for the operations of the dietetic department.

(c) The Food and Nutrition Services department must employ a registered dietitian at a minimum on a part-time or consulting basis to supervise the nutritional aspects of patient care and assure the provision of quality nutritional care to patients. The consulting dietitian shall regularly submit reports to the administrator concerning the extent of services provided.

(d) The Food and Nutrition Services department shall employ sufficient qualified personnel under competent supervision to meet the nutritional needs of patients.

(e) The Food and Nutrition Services department, service or other similarly titled unit shall be guided by written policies and procedures that cover food procurement, preparation and service. Food and Nutrition Services department policies and procedures shall be developed by the director of the Food and Nutrition Services department with nutritional care policies and procedures developed by a registered dietitian, shall be subject to annual review, revised as necessary, dated to indicate the

time of last review, and enforced. Written dietetic policies shall include the following:

1. A description of food purchasing, storage, inventory, preparation, service, and disposal policies and procedures.

2. A requirement that the proper use and adherence to standards for nutritional care, including dietary reference intakes are specified by the provider's diet manual, which must be current within the last five years and relevant to maternal and infant nutrition.

3. Menus.

4. Therapeutic and modified diets.

5. Food safety and sanitation in accordance with the standards set forth in the latest edition of the US Public Health Service, Food and Drug Administration Food Code.

(f) Personnel in the Food and Nutrition Service department shall receive, as appropriate to their level of responsibility, orientation and inservice training in:

1. Food safety and sanitation;

2. Food preparation and service;

3. Therapeutic and modified diets;

(g) Nothing in this section shall prevent a center from employing an outside food management company for the provision of Food and Nutrition Services services, provided the requirements of this section are met, and the contract specifies this compliance.

(20) Medical Records

(a) Each center shall establish processes to obtain, manage, and utilize information to enhance and improve individual and organizational performance in patient care, management, and support processes. Such processes shall:

1. Be planned and designed to meet the center's internal and external information needs;

2. Provide for confidentiality, integrity and security;

3. Provide education and training in information management principles to decision-makers and other center personnel who generate, collect, and analyze information; and,

4. Provide for information in a timely and accurate manner;

(b) Each center shall have a medical records service, patient information system or similarly titled unit with administrative responsibility for medical records.

(c) The administrator shall appoint in writing a qualified person responsible for the medical records service. This person shall meet the qualifications established for this position, in writing, by the governing body.

(d) A current job description delineating duties and responsibilities shall be maintained for each medical records service position.

(e) The medical records service shall:

1. Maintain a system of identification and filing to ensure the prompt location of a patient's medical record. Patient

records may be stored on electronic medium such as computer, microfilm or optical imaging;

2. Maintain a current and complete medical record for every patient admitted to the center.

3. All clinical information pertaining to the patient's medical treatment shall be centralized in the patient's medical record.

4. Ensure that each medical record shall contain the following, as appropriate to the service provided:

- a. Identification data;
- b. Chief complaint;
- c. Present illness;
- d. Past personal history;
- e. Family medical history;
- f. Physical examination report;
- g. Provisional and pre-operative diagnosis;
- h. Clinical laboratory reports;
- i. Radiology, diagnostic imaging, and ancillary testing reports;

- j. Consultation reports;
- k. Medical and surgical treatment notes and reports;
- l. The appropriate informed consent signed by the patient;
- m. Record of medication and dosage administered;
- n. Tissue reports;
- o. Physician orders;
- p. Physician and nurse progress notes;
- q. Final diagnosis;
- r. Discharge summary; and
- s. Autopsy report, if appropriate.

5. Ensure that:

a. Operative reports signed by the surgeon shall be recorded in the patient's record immediately following surgery or that an operative progress note is entered in the patient record to provide pertinent information; and,

b. Postoperative information shall include vital signs, level of consciousness, medications, blood or blood components, complications and management of those events, identification of direct providers of care, discharge information from post-anesthesia care area.

6. Index, and maintain on a current basis, all medical records according to surgical procedure and physician.

#### (21) Reporting

(a) Policies for reporting requirements identified in Chapter 383, F.S.

#### (b) Adverse Incident Reporting.

1. For purposes of reporting to the agency pursuant to this section, the term "adverse incident" means an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which results in one of the following injuries:

a. Death;

b. Brain or spinal damage;

c. Permanent disfigurement;

d. Fracture or dislocation of bones or joints;

e. A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility;

f. Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent; or,

g. Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care.

2. Any of the following adverse incidents, whether occurring in the licensed facility or arising from health care prior to admission in the licensed facility, shall be reported by the facility to the agency within 15 calendar days after its occurrence on Advanced Birth Center Adverse Incident, AHCA Form 3140-2005 OL, August 2025, which is hereby incorporated by reference and available at: <https://flrules.org/Gateway/reference.asp?No=Ref-19209>, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: <https://apps.ahca.myflorida.com/SingleSignOnPortal>:

a. The death of a patient;

b. Brain or spinal damage to a patient;

c. Permanent disfigurement;

d. Fracture or dislocation of bones or joints;

e. A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility;

f. Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent; or,

g. Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care.

(c) All data shall be available for review as requested by the Agency.

Rulemaking Authority 383.3081, 383.309 FS. Law Implemented 383.3081, 383.309 FS. History—New \_\_\_\_\_.

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: January 29, 2026

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

## DEPARTMENT OF HEALTH

### Board of Speech-Language Pathology and Audiology

RULE NO.: RULE TITLE:

64B20-2.001 Licensure by Certification of Credentials

PURPOSE AND EFFECT: The Board proposes a rule amendment that reincorporates the application by reference that has been amended due to the implementation of an interstate licensure compact.

SUMMARY: The Board proposes a rule amendment that reincorporates the application by reference that has been amended due to the implementation of an interstate licensure compact.

#### 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, 468.1135(5)(a), 468.1145(1) FS.

LAW IMPLEMENTED: 456.013(1)(a), 456.0135, 456.0635(2), 468.1145(2), (4), 468.1185(2) 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 Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin # C06, Tallahassee, Florida 32399-3256, (850)245-4161 or [mqa.speechlanguage@flhealth.gov](mailto:mqa.speechlanguage@flhealth.gov)

THE FULL TEXT OF THE PROPOSED RULE IS:

#### 64B20-2.001 Licensure by Certification of Credentials.

(1) Any person desiring to be licensed as a speech-language pathologist or audiologist shall apply to the Department of Health and pay the fee required by Rule 64B20-3.0001, F.A.C. The application shall be made on Form DH-SPA-1, Application for License as a Speech-Language Pathologist or Audiologist by Evaluation of Credentials, which is incorporated by reference herein, revised (1/2026 4/2025), and can be obtained from <http://flrules.org/Gateway/reference.asp?No=Ref-19217> ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-18094>~~, or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256 or at <http://floridasspeechaudiology.gov/resources/>. The Department shall notify the applicant by letter of any deficiencies in the application within 30 days after the application is filed. The applicant shall rectify all deficiencies in the application within one year from the date of such letter or the application will be processed as an incomplete application and the application file will be closed.

(2) through (3) No Change.

*Rulemaking Authority 456.013, 468.1135(5)(a), 468.1145(1) FS. Law Implemented 456.013(1)(a), 456.0135, 456.0635(2), 468.1145(2), (4), 468.1185(2) FS. History—New 3-14-91, Amended 5-25-92, Formerly 21LL-2.001, Amended 11-30-93, Formerly 61F14-2.001, 59BB-2.001, Amended 6-4-02, 5-18-04, 7-16-09, 4-18-10, 7-13-13, 10-23-16, 4-20-20, 1-12-21, 10-27-24, 7-1-25, Technical Change 1-6-26, \_\_\_\_\_.*

NAME OF PERSON ORIGINATING PROPOSED RULE:

Board of Speech-Language Pathology and Audiology

NAME OF AGENCY HEAD WHO APPROVED THE

PROPOSED RULE: Board of Speech-Language Pathology and Audiology

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 23, 2026

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 13, 2026

**DEPARTMENT OF HEALTH****Board of Speech-Language Pathology and Audiology**

RULE NO.: RULE TITLE:

64B20-2.0015 Application for Home Speech Declaration  
and for Home State Conversion.

PURPOSE AND EFFECT: The Board proposes a new rule to implement the Compact Home Declaration and Conversion process for the Speech-Language Pathology Interstate Compact.

SUMMARY: The Board proposes a new rule to implement the Compact Home Declaration and Conversion process for the Speech-Language Pathology Interstate Compact.

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: 468.1135 FS.

LAW IMPLEMENTED: 468.1335 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 Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin # C06, Tallahassee, Florida 32399-3256, (850)245-4161 or [mqa.speechlanguage@flhealth.gov](mailto:mqa.speechlanguage@flhealth.gov).

THE FULL TEXT OF THE PROPOSED RULE IS:

**64B20-2.0015 Application for Home Speech Declaration and for Home State Conversion.**

(1) Applicants for Speech-Language Pathology Interstate Compact Home Declaration shall pay the fee as set forth in the application and complete and submit to the Department form DH5120-MQA, Application for Audiology and Speech-Language Pathology Interstate Compact Home Declaration – Current Florida Licensees Only, which is hereby incorporated by reference herein on 1/2026, and can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-19218>, or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256 or at <http://floridasspeechaudiology.gov/resources/>. The Department shall notify the applicant by letter of any deficiencies in the application within 30 days after the application is filed. The applicant shall rectify all deficiencies in the application within one year from the date of such letter or the application will be processed as an incomplete application and the application file will be closed.

(2) Applicants for Speech-Language Pathology Interstate Compact Home State Conversion shall pay the fee as set forth in the application and complete and submit to the Department form DH5119-MQA, Application for Audiology and Speech-Language Pathology Interstate Compact Home State Conversion – Licensees from Remote States Only, which is hereby incorporated by reference herein on 1/2026, and can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-19219>, or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256 or at <http://floridasspeechaudiology.gov/resources/>. The Department shall notify the applicant by letter of any deficiencies in the application within 30 days after the application is filed. The applicant shall rectify all deficiencies in the application within one year from the date of such letter or the application will be processed as an incomplete application and the application file will be closed.

Rulemaking Authority 468.1135, FS. Law implemented 468.1335, FS. History–New

NAME OF PERSON ORIGINATING PROPOSED RULE:

Board of Speech-Language Pathology and Audiology

NAME OF AGENCY HEAD WHO APPROVED THE

PROPOSED RULE: Board of Speech-Language Pathology and Audiology



DATE PROPOSED RULE APPROVED BY AGENCY  
 HEAD: January 23, 2026  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
 PUBLISHED IN FAR: February 13, 2026

### Section III

#### Notice of Changes, Corrections and Withdrawals

#### DEPARTMENT OF STATE

#### Division of Library and Information Services

RULE NO.: RULE TITLE:  
 1B-24.003 Records Retention Scheduling and Disposition

#### NOTICE OF CORRECTION

Notice is hereby given that the following technical change has been made to the above rule:

The purpose of this Notice of Correction is to correct Department of State email addresses included in the records retention schedules incorporated by reference into paragraph (1) at the reference links identified herein.

#### 1B-24.003 Records Retention Scheduling and Disposition.

(1) The Division issues General Records Schedules which establish minimum retention requirements for record series common to all agencies or specified types of agencies based on the legal, fiscal, administrative, and historical value of those record series to the agencies and to the State of Florida. The General Records Schedules established by the Division, which can be obtained at <https://dos.myflorida.com/library-archives/records-management/general-records-schedules/>, are incorporated by reference:

(a) General Records Schedule GS1-SL for State and Local Government Agencies

(<https://www.flrules.org/Gateway/reference.asp?No=Ref-15394>, eff. 06/23).

(b) General Records Schedule GS2 for Criminal Justice Agencies and District Medical Examiners (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15395>, eff. 06/23).

(c) General Records Schedule GS3 for Election Records (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15396>, eff. 06/23).

(d) General Records Schedule GS4 for Public Hospitals, Health Care Facilities and Medical Providers (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15397>, eff. 06/23).

(e) General Records Schedule GS5 for Public Universities and Colleges

(<https://www.flrules.org/Gateway/reference.asp?No=Ref-15398>, eff. 06/23).

(f) General Records Schedule GS7 for Public Schools Pre-K-12 and Adult and Career Education (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15399>, eff. 06/23).

(g) General Records Schedule GS8 for Fire Departments (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15400>, eff. 06/23).

(h) General Records Schedule GS11 for Clerks of Court (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15401>, eff. 06/23).

(i) General Records Schedule GS12 for Property Appraisers (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15402>, eff. 06/23).

(j) General Records Schedule GS13 for Tax Collectors (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15403>, eff. 06/23).

(k) General Records Schedule GS14 for Public Utilities (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15404>, eff. 06/23).

(l) General Records Schedule GS15 for Public Libraries (<https://www.flrules.org/Gateway/reference.asp?No=Ref-15405>, eff. 06/23).

(2) through (12) No change.

*Rulemaking Authority 119.021(2)(a), 257.35(7), 257.36 FS. Law Implemented 119.021(2)(b)-(d), 257.35, 257.36 FS. History—New 2-20-01, Amended 1-18-09, 2-19-15, 7-27-17, 4-21-19, 8-6-20, 2-14-21, 6-16-22, 6-28-23, Technical Change 2-20-26.*

### 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

NONE



## Section VI

### Notice of Meetings, Workshops and Public Hearings

#### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

The Pest Control Enforcement Advisory Council (PCEAC) announces a public meeting to which all persons are invited.

DATE AND TIME: March 11, 2026, 10:00 a.m. – 12:00 noon

PLACE: UF/IFAS Mid Florida Research and Education Center; 2725 South Binion Road; Classroom B111; Apopka, FL 32703

Virtually: Microsoft Teams

Join the meeting now

Meeting ID: 224 930 766 665 91

Passcode: kE7rx2uQ

Dial in by phone

+1(850)391-8548,,489211430# United States, Tallahassee

Find a local number

Phone conference ID: 489 211 430#

GENERAL SUBJECT MATTER TO BE CONSIDERED: To address the business of the Council.

A copy of the agenda may be obtained by contacting: Mr. Jerry Everton, Chief, Bureau of Licensing and Enforcement, (850)617-7997, Gerald.Everton@FDACS.gov.

For more information, you may contact: Mr. Jerry Everton, Chief, Bureau of Licensing and Enforcement, (850)617-7997, Gerald.Everton@FDACS.gov.

#### DEPARTMENT OF EDUCATION

The Florida Department of Education announces a public meeting to which all persons are invited.

DATE AND TIME: March 5, 2026, 2:00 p.m. - 3:00 p.m., ET or until business is concluded, whichever is earlier.

PLACE:

<https://teams.microsoft.com/meet/21119550513511?p=WRmrZbEKonRiSCgBvB>

GENERAL SUBJECT MATTER TO BE CONSIDERED: Commissioner of Education's Task Force on Holocaust Education Meeting.

A copy of the agenda may be obtained by contacting: Michael.Rosen@fldoe.org

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Michael.Rosen@fldoe.org. If you are hearing or speech impaired, please contact the agency using the Florida

Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Michael.Rosen@fldoe.org

#### DEPARTMENT OF LAW ENFORCEMENT

Criminal Justice Standards and Training Commission

RULE NO.: RULE TITLE:

11B-18.0051 Regional Training Council Meetings

The Regional Training Council Meeting announces a public meeting to which all persons are invited.

DATE AND TIME: April 22, 2026, 10:00 a.m.

PLACE: Microsoft Teams

Meeting ID: 258 094 536 623 20

Passcode: ot3fs6cX

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Discuss matters related to the Region XIV Trust Fund.

A copy of the agenda may be obtained by contacting: Christelle Cine (305)237-1329

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 24 hours before the workshop/meeting by contacting: (305)237-1329. 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: (305)237-1329

#### BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

The Florida Department of Environmental Protection's Office of Resilience and Coastal Protection announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, March 23, 2026, 9:00 a.m. – 12:00 noon

PLACE: Clearwater Historical Society Museum and Cultural Center, 610 S Fort Harrison Ave, Clearwater, FL 33756 or online via Microsoft Teams at <https://floridadep.gov/rcp/picap-meeting> or by phone 1(850)629-7330, conference ID 783107736#

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Advisory Committee for the Pinellas County and Boca Ciega Bay Aquatic Preserves Management Plan will meet to review and discuss the draft update to the Pinellas County and Boca Ciega Bay Aquatic Preserves Management Plan, originally approved in 2019. The draft management plan is available online at <https://floridadep.gov/rcp/aquatic-preserve/documents/pinellas-county-boca-ciega-bay-aquatic-preserves-draft-management>. Members of the public are invited to attend and listen to comments. A separate public meeting will

be held to present the management plan and receive public comment.

A copy of the agenda may be obtained by contacting: Randy Runnels at [Randy.Runnels@FloridaDEP.gov](mailto:Randy.Runnels@FloridaDEP.gov).

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

#### PUBLIC SERVICE COMMISSION

The Florida Public Service Commission announces a hearing to which all persons are invited.

**DATES AND TIMES:** Three (3) virtual public customer service hearings to be held in Docket No. 20250137-SU: Tuesday, March 10, 2026, 2:00 p.m.; Tuesday, March 10, 2026, 6:00 p.m.; Wednesday, March 11, 2026, 10:00 a.m.

**PLACE:** Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, FL 32399

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Docket No. 20250137-SU— Application for limited proceeding rate increase by Sunshine Water Services Company d/b/a Sunshine Water Services. The purpose of the service hearing is to give customers and other interested persons an opportunity to offer comments regarding the quality of service the utility provides, the proposed rate increase, and to ask questions and comment on other issues. One or more of the Commissioners of the Florida Public Service Commission may attend and participate in this meeting. For questions, contact Commission staff by telephone at (850)413-7080.

All witnesses shall be sworn under oath and be subject to cross-examination at the conclusion of their testimony. The service hearings will be governed by the provisions of Chapters 120 and 367, Florida Statutes, and Chapters 25-22 and 28-106, Florida Administrative Code.

As always, the public may view a live stream of the service hearings online using the link available at <http://www.floridapsc.com/Conferences/AudioVideoEventCoverage>.

#### PARTICIPATION IN VIRTUAL SERVICE HEARINGS

Virtual service hearings will give interested persons an opportunity to provide testimony over the telephone. Customers must register to speak at the virtual service hearing in one of the following ways: (1) register using the Commission's online registration form, which will be available at [www.floridapsc.com](http://www.floridapsc.com), under the "Hot Topics" heading, (2) call

the Commission at (850)413-7080 or (3) email [speakersignup@psc.state.fl.us](mailto:speakersignup@psc.state.fl.us). Online registration for the virtual service hearing will open on February 24, 2026 at 9:00 a.m., and close at noon on March 9, 2026. All persons who wish to comment, either virtually or in-person, are urged to appear promptly at the scheduled times because the service hearings may be adjourned early if no customers are present to testify or when those present have testified.

Please note that the order in which customers will speak is based on the order in which they register. If you have questions about the sign-up process, please call (850)413-7080. One day prior to the virtual service hearings, customers who signed up to speak will be provided further instructions from Commission staff on how to participate, which will include the call-in number.

#### EMERGENCY CANCELLATION OF MEETING

If settlement of the case or a named storm or other disaster requires cancellation of the proceedings, Commission staff will attempt to give timely direct notice to the parties. Notice of cancellation will also be provided on the Commission's website (<http://www.floridapsc.com>) under the Hot Topics link found on the home page. Cancellation can also be confirmed by calling the Office of the General Counsel at (850)413-6199.

A copy of the agenda may be obtained by contacting: N/A 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: the Office of Commission Clerk at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850 or (850)413-6770. 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).

#### WATER MANAGEMENT DISTRICTS

South Florida Water Management District

The South Florida Water Management District announces a hearing to which all persons are invited.

**DATE AND TIME:** Monday, March 2, 2026, 9:00 a.m., Collective Bargaining Special Magistrate Impasse Hearing

**PLACE:** SFWMD Headquarters, Storch Room, 3rd Floor B-1 Building, 3301 Gun Club Road, West Palm Beach, FL 33406

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Collective Bargaining Special Magistrate Impasse Hearing for a successor agreement between the South Florida Water Management District and the Local No. 30, 30-A, 30-B, 30-C, 30-D, 30-F, 30-G and 30-R of the International Union of Operating Engineers.

A copy of the agenda may be obtained by contacting: Lourdes Woytek at (561)682-6361 or [lwoytek@sfwmd.gov](mailto:lwoytek@sfwmd.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 seven days before the workshop/meeting by contacting: Molly Brown, District Clerk, at [mbrown@sfwmd.gov](mailto:mbrown@sfwmd.gov). 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: Lourdes Woytek at (561)682-6361 or [lwoytek@sfwmd.gov](mailto:lwoytek@sfwmd.gov).

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#### AGENCY FOR HEALTH CARE ADMINISTRATION

##### Medicaid

##### RULE NO.: RULE TITLE:

59G-4.261 Private Duty Nursing and Family Home Health Aide Services

The Agency for Health Care Administration announces a hearing to which all persons are invited.

DATE AND TIME: March 2, 2026, 10:00 a.m. - 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency is scheduling a hearing for the purpose of discussing Rule 59G-4.261, Florida Administrative Code (F.A.C.), Private Duty Nursing and Family Home Health Aide Services.

A copy of the agenda may be obtained by contacting: [MedicaidRuleComments@ahca.myflorida.com](mailto:MedicaidRuleComments@ahca.myflorida.com) or at [www.ahca.myflorida.com/Medicaid/review/index.shtml](http://www.ahca.myflorida.com/Medicaid/review/index.shtml).

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: [MedicaidRuleComments@ahca.myflorida.com](mailto:MedicaidRuleComments@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).

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#### AGENCY FOR HEALTH CARE ADMINISTRATION

##### Medicaid

##### RULE NO.: RULE TITLE:

59G-1.060 Provider Enrollment Policy

The Agency for Health Care Administration announces a hearing to which all persons are invited.

DATE AND TIME: March 2, 2026, 2:30 p.m. - 3:30 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency is scheduling a hearing for the purpose of discussing Rule 59G-1.060, Florida Administrative Code (F.A.C.), Provider Enrollment Policy.

A copy of the agenda may be obtained by contacting [MedicaidRuleComments@ahca.myflorida.com](mailto:MedicaidRuleComments@ahca.myflorida.com) or at [www.ahca.myflorida.com/Medicaid/review/index.shtml](http://www.ahca.myflorida.com/Medicaid/review/index.shtml).

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: [MedicaidRuleComments@ahca.myflorida.com](mailto:MedicaidRuleComments@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).

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#### DEPARTMENT OF MANAGEMENT SERVICES

##### Florida Digital Service

The Department of Management Services announces a public meeting to which all persons are invited.

DATE AND TIME: March 5, 2026, 10:00 a.m., ET – 2:00 p.m., ET

PLACE: Tallahassee State College, Workforce Development building Rm 105, 444 Appleyard Dr., Tallahassee, FL 32304

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Government Technology Modernization Council, established pursuant to s. 282.802, F.S. and the Florida Cybersecurity Advisory Council, established pursuant to s. 282.319, F.S., announce the agenda to include: operational business of the Government Technology Modernization Council, including identification of first year council priorities, and presentations and discussions related to cybersecurity issues. The public may also participate by phone by dialing: United States (toll-free) 1(305)224-1968; or by webinar via Zoom. Webinar ID: 861 6979 0879. Passcode: 952129.

A copy of the agenda may be obtained by contacting:

[https://www.dms.myflorida.com/other\\_programs/cybersecurity\\_advisory\\_council](https://www.dms.myflorida.com/other_programs/cybersecurity_advisory_council) or [amber.tyson@digital.fl.gov](mailto:amber.tyson@digital.fl.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 48 days before the workshop/meeting by contacting: [amber.tyson@digital.fl.gov](mailto:amber.tyson@digital.fl.gov) or (850)631-2403. 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).

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#### DEPARTMENT OF HEALTH

##### Division of Public Health Statistics and Performance Management

The Florida Department of Health Alzheimer's Disease Research Grant Advisory Board announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, February 27, 2026, 2:00 p.m. – 3:00 p.m., EST

PLACE: Conference call: Microsoft Teams meeting

<https://teams.microsoft.com/meet/29713756171495?p=amHhYQw7r7VmXYoUeL>

Passcode: 5h66NY7e

Dial in by phone: +1(850)792-1375

Phone conference ID: 374 378 671#

Join on a video conferencing device

Tenant key: teams@meetme.flhealth.gov

Video ID: 117 326 546 8

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** To review and evaluate newly proposed research studies and conduct continuing oversight of funded projects, ensuring all research aligns with Departmental regulations and the needs of the State of Florida through the Alzheimer's Disease Research Grant Advisory Board.

A copy of the agenda may be obtained by contacting: Javier.Betancourt@flhealth.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 5 days before the workshop/meeting by contacting: Research@flhealth.gov. 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: Javier.Betancourt@flhealth.gov.

#### DEPARTMENT OF HEALTH

Division of Public Health Statistics and Performance Management

The Florida Department of Health announces a public meeting to which all persons are invited.

**DATE AND TIME:** Wednesday, March 4, 2026, 10:00 a.m.

**PLACE:** Conference call: Microsoft Teams meeting

Dial by phone: (850)792-1375

Phone conference ID: 228783173#

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Rare Disease Advisory Council, an advisory council as defined in s. 20.03(7), is created adjunct to the Department of Health for the purpose of providing recommendations on ways to improve health outcomes for individuals residing in this state who have a rare disease. This meeting will be focusing on reviewing, modifying and refining those recommendations.

A copy of the agenda may be obtained by contacting: Yolanda Bonds at (850)841-8455 or <https://www.floridahealth.gov/about-us/boards-councils-and-committees/rare-disease-advisory-council/>

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: Yolanda Bonds at (850)841-8455. 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: Yolanda Bonds at (850)841-8455

#### BOARD OF GOVERNORS

The Florida Board of Governors of the State University System announces a public meeting to which all persons are invited.

**DATE AND TIME:** March 2, 2026, 2:30 p.m. (ET)

**PLACE:** Via Zoom. The Zoom link will be available at <https://www.flbog.edu/board/upcoming-meeting/>.

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Board of Governors and the Academic Excellence and Economic Prosperity Committee will meet to conduct regular business of the Board.

A copy of the agenda may be obtained by contacting: Amanda Gay, Corporate Secretary, Board of Governors, at 325 W. Gaines St., Suite 1614, Tallahassee, Florida 32399, at (850)245-0466, or [corporatesecretary@flbog.edu](mailto:corporatesecretary@flbog.edu), and a copy of the agenda will be available at: <https://www.flbog.edu/board/upcoming-meeting/>. Instructions for public comment will be available at: <https://www.flbog.edu/board/procedures/>.

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: Amanda Gay, Corporate Secretary, Board of Governors, at 325 W. Gaines St., Suite 1614, Tallahassee, Florida 32399, at (850)245-0466, or [corporatesecretary@flbog.edu](mailto:corporatesecretary@flbog.edu). 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: Amanda Gay, Corporate Secretary, Board of Governors, at 325 W. Gaines St., Suite 1614, Tallahassee, Florida 32399, at (850)245-0466, or [corporatesecretary@flbog.edu](mailto:corporatesecretary@flbog.edu)

**THE CORRADINO GROUP, INC.**

The Florida Department of Transportation (FDOT), District Six, announces a hearing to which all persons are invited.

DATE AND TIME: Virtual and In-Person: Monday, March 2, 2026, 6:00 p.m.

PLACE: Virtual:  
<https://attendee.gotowebinar.com/register/2424081644176493147>

In-Person: enVision Hotel Miami International Airport, located at 7250 NW 11th Street, Miami, FL 33126

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT), District Six, will host a Public Hearing to discuss the PD&E Study along SR 826/Palmetto Expressway from SR 5/US 1/S Dixie Highway to NW 25th Street in Miami-Dade County. The study is evaluating corridor improvements that will add highway and interchange lanes and interchange improvements. The study is focused on addressing existing and future traffic needs, improving travel time reliability, enhancing safety, and providing long-term mobility options along the corridor.

The Public Hearing is being held to present the results of the PD&E Study to date and will provide the community with an opportunity to learn about the project, become familiar with the study process, and provide feedback. The hearing will be held simultaneously in person and virtually, beginning with a formal presentation followed by a public comment period. Notices are being sent to all property owners and tenants located within at least 500 feet on either side of the corridor's right of way line, and to other public officials, regulatory agencies, organizations, and individuals interested in the project.

All hearing materials will be available on the project website at [www.SouthFLRoads.com/826expressouth](http://www.SouthFLRoads.com/826expressouth) by Monday, February 9, 2026, and at the Westchester Regional Library located at 9445 Coral Way, Miami, FL 33165, hours of operation are Monday to Thursday 9:30 a.m. - 8:00 p.m., Friday and Saturday 9:30 a.m. - 6:00 p.m., closed on Sundays and Federal Holidays. The documents will remain on display through Monday, March 23, 2026. All comments received by Monday, March 23, 2026, will be included in the public record. The environmental review, consultation, and other actions required by applicable federal environmental laws for this project are being, or have been, carried out by FDOT pursuant to 23 U.S.C. § 327 and a Memorandum of Understanding dated May 26, 2022, and executed by the Federal Highway Administration (FHWA) and FDOT.

A copy of the agenda may be obtained by contacting: Mr. Raul Quintela, P.E., Project Manager, at (305)470-5271 or by email at [raul.quintela@dot.state.fl.us](mailto:raul.quintela@dot.state.fl.us). Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

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 seven (7) days before the workshop/meeting by contacting: Dat Huynh at (305)470-5201; in writing to FDOT, 1000 NW 11th Avenue, Miami, FL 33172; or by email at [Dat.Huynh@dot.state.fl.us](mailto:Dat.Huynh@dot.state.fl.us). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Mr. Raul Quintela, P.E., Project Manager, at (305)470-5271 or by email at [raul.quintela@dot.state.fl.us](mailto:raul.quintela@dot.state.fl.us).

You may also visit the project website at [www.SouthFLRoads.com/826expressouth](http://www.SouthFLRoads.com/826expressouth).

## Section VII

### Notice of Petitions and Dispositions Regarding Declaratory Statements

#### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

##### Division of Consumer Services

NOTICE IS HEREBY GIVEN that the Florida Board of Professional Surveyors and Mappers, Division of Consumers Services, Department of Agriculture and Consumer Services has received the petition for declaratory statement from Kimberly Odom filed on February 17, 2026. The Agency Clerk number is B60742. The petition seeks the agency's opinion as to the applicability of Chapter 177, Florida Statutes, as it applies to the petitioner.

The petition seeks a declaratory statement from the Board on Chapter 177, Florida Statutes, as it relates to recording plats for the division and subdivision of land.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Christopher Green, Executive Director, Florida Board of Professional Surveyors and Mappers; 2005 Apalachee Parkway, Tallahassee, Florida 32399-6500; [Christopher.Green@FDACS.gov](mailto:Christopher.Green@FDACS.gov); (850)410-3773.

Motions to intervene or petitions for administrative hearing by persons whose substantial interests may be affected must be filed within 21 days of this notice.

#### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

##### Construction Industry Licensing Board

NOTICE IS HEREBY GIVEN that the Construction Industry Licensing Board has issued an order disposing of the petition for declaratory statement filed by Sasha L. Eastburn, Esq., on behalf of Amanda Kramer, Petitioner on October 20, 2025. The following is a summary of the agency's disposition of the petition:

Petitioner sought clarification from the Board regarding the ability to do certain work as an interior designer at the request of an out-of-state owner, as it applies to the statutes. The Notice of Petition for Declaratory Statement was published in Vol. 51, No. 214, on November 3, 2025, in the Florida Administrative Register. The Boards Order was filed on February 4, 2026. The Board, at its meeting held on January 16, 2026, denied the Petition for Declaratory Statement, finding that the Petitioner lacks standing to bring the present Petition as she is not a substantially affected person and does not otherwise have a license which is regulated by the Board.

A copy of the Order Disposing of the Petition for Declaratory Statement may be obtained by contacting: Amanda Ackermann, Executive Director, Construction Industry Licensing Board, 2601 Blair Stone Road, Tallahassee, Florida 32399-1039 or telephone: (850)487-1395, or by electronic mail to [Amanda.Ackermann@myfloridalicense.com](mailto:Amanda.Ackermann@myfloridalicense.com).

#### DEPARTMENT OF HEALTH

Board of Respiratory Care

NOTICE IS HEREBY GIVEN that the Board of Respiratory Care has received the petition for declaratory statement from Gary DiLorenzo, CRT, on January 28, 2026. The petition seeks the agency's opinion as to the applicability of 468.355, FS as it applies to the petitioner.

It is a resubmission of the petition previously noticed in Vol. 51/No.241 of the FAR on December 15, 2025 and requests the Board's opinion regarding only Section 468.355, FS to the petitioner's circumstances in Florida hyperbaric oxygen therapy (HBOT) settings. 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: Allen Hall, Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3253, by email at [Allen.Hall@flhealth.gov](mailto:Allen.Hall@flhealth.gov), or by telephone at (850)245-4373.

### 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

#### DEPARTMENT OF EDUCATION

University of West Florida

25ITN-10MDV Public-Private Partnership Master Developer  
The University of West Florida invites responses from development teams for a public-private partnership (P3) with a Master Developer. The purpose of this ITN is to identify a strategic partner with demonstrated experience, financial capacity, and institutional alignment.

Responses must be submitted via BidNet Direct by March 31, 2026, 10:00 a.m., Central. BidNet Direct questions call (800)835-4603. Solicitation documents available at [bidnetdirect.com/florida/university-of-west-florida](http://bidnetdirect.com/florida/university-of-west-florida).

#### DEPARTMENT OF EDUCATION

Florida International University

FIU-Continuing Services Civil Engineer 2026

The Florida International University Board of Trustees announces that Professional Services in the discipline of Civil Engineering will be required for Continuing Services Projects at FIU.

Project and Location: Continuing Services Agreements for Modesto A. Maidique Campus (MMC), Biscayne Bay Campus (BBC), Engineering Center (EC), and other properties in South Florida owned or managed by FIU or any of its direct support organizations.

Project Description: Continuing Services Projects are specific projects for Civil Engineering services for renovations, alterations, and additions that have a basic construction budget

estimated to be \$7,725,000[1] or less, or studies for which the fee for professional services is \$500,000 or less.

**Term of Contract:** Any contract resulting from the selection of a professional consultant (or consultants) to provide these services shall require the consultant to be available on an as-needed basis for the Fiscal Year, July 1 – June 30. Two contracts will be awarded to two different firms. This contract will be awarded for an initial period of one year with Owner's option to renew the contract, at its sole discretion, for additional one-year periods, however, in no event to exceed a total of five successive years.

**Selection Process:** Selection of finalists for interviews will be made on the basis of qualifications, including past experience; administrative ability, quality control capability and qualification of the firm's personnel and staff. The final ranking shall be determined based on oral presentations and references. The Selection Committee may reject all proposals and stop the selection process at any time.

**INSTRUCTIONS:** Firms desiring to apply for consideration shall submit a letter of application. The letter of application shall have attached:

1. A completed "Florida International University Professional Qualifications Supplement (FIUPQS)." The latest version of official FIUPQS forms (FIUPQS:02/2024) must be downloaded from the FIU website at <https://facilities.fiu.edu/projects/CivilConsultant2026.htm>.

Applications on any other form will not be considered.

2. A copy of the applicant's current Professional Registration Certificate from the appropriate Governing board. An applicant must be properly registered at the time of application to practice its profession in the State of Florida. If the applicant is a corporation, it must be properly chartered by the Florida Department of State to operate in Florida.

Submit seven (7) bound copies of the required proposal data and one electronic copy in Adobe Acrobat PDF format of the requested qualifications to: Selection Committee, Florida International University, Facilities Planning, Campus Support Complex, 11555 S.W. 17th St., Room CSC142, Modesto A. Maidique Campus, Miami, Florida 33199. Applications that do not comply with the above instructions will not be considered. Application materials will not be returned. FIU reserves the right to suspend or discontinue the selection process at any time and to return or reject any or all submissions of qualifications without obligation to the respondent. The award of this contract is subject to availability of funds. Requests for meetings by individual firms will not be granted. Once the firm acquires and reviews the required forms, including instructions, any question or explanation desired by an applicant regarding the project or any part of the process must be requested in writing to [griffith@fiu.edu](mailto:griffith@fiu.edu) cc: [angpaz@fiu.edu](mailto:angpaz@fiu.edu) or at (305)348-4090.

**GENERAL REQUIREMENTS:** All applicants must be licensed to practice Civil engineering as applicable in the State of Florida, at the time of application. Corporations must be registered to operate in the State of Florida by the Department of State, Division of Corporations, at the time of application. Any plans and specifications prepared by the design professional are subject to reuse in accordance with the provisions of Section 287.055, Florida Statutes. As required by Section 287.133, Florida Statutes, a consultant may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected consultant must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of the threshold amount provided in Section 287.017, Florida Statutes, for CATEGORY TWO in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

FIU HAS CREATED STANDARD CONTRACT FORMS AND STANDARD INSURANCE REQUIREMENTS APPLICABLE TO A/E'S FOR A/E SERVICES TO PROVIDE FOR AN EFFICIENT AND EFFECTIVE PROCESS. THESE FORMS ARE AVAILABLE FOR REVIEW AND CAN BE FOUND AT <http://facilities.fiu.edu/formsandstandards.htm>. INSURANCE REQUIREMENTS ARE INCLUDED IN ARTICLE 10 OF THE CONTRACT FORM. ALL APPLICANTS SHOULD REVIEW THE APPLICABLE FIU CONTRACT FORM AND STANDARD INSURANCE REQUIREMENTS CAREFULLY PRIOR TO MAKING A DECISION AS TO WHETHER OR NOT TO RESPOND TO THIS ADVERTISEMENT.

Pursuant to §448.095, Fla. Stat., the selected contractor will have to certify that it is registered with and uses the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the contractor during the term of its contract with FIU. If the contractor enters into a contract with a subcontractor to perform work or provide services pursuant to its contract with FIU, the contractor shall likewise require the subcontractor to comply with the requirements of §448.095, Fla. Stat., and the subcontractor shall provide to the contractor an affidavit stating that the subcontractor does not employ, contract with or subcontract with an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of its contract with FIU. This section serves as notice to the contractor regarding the requirements of §448.095, Fla. Stat., and FIU's obligation to terminate the contract if it has a good faith belief that the contractor has knowingly violated §448.095, Fla. Stat. If terminated for such reason, the contractor will not be eligible for award of a public contract for at least one year after the date of such termination. Further, FIU has an obligation to order the immediate termination of any contract between the contractor

and a subcontractor performing work on its behalf should FIU develop a good faith belief that the subcontractor has knowingly violated §448.095, Fla. Stat. FIU reserves the right to request documentation from the contractor evidencing its compliance with §448.095, Fla. Stat. at any time during the term of the contract.

All applicants should review Section 448.095, Fla. Stat. carefully.

The Project Fact Sheet describes the selection process schedule for this Project and additional information regarding the Project scope, and may be obtained from the project website <https://facilities.fiu.edu/projects/CivilConsultant2026.htm>.

In order to minimize the possibility of unethical pressures or influences on the recommendations of the Selection Committee, direct contact with the committee members is not permitted. Requests for meetings by individual firms will not be granted. Committee members and selection schedule milestone dates can be found in the Project Fact Sheet.

Responses to questions and requests for information will be posted on the project website. An effort will be made to respond to all applicant questions; however, the University is not obligated to and may choose not to answer every question. The last day that questions or inquiries will be considered prior to final interviews for this project will be announced on the project website once the date for interviews has been determined.

Should a change in schedule become necessary, updated information will be posted on the project website <https://facilities.fiu.edu/projects/CivilConsultant2026.htm>. All future notices will be posted on the website. Applicants should check the website daily.

**SUBMIT QUALIFICATIONS TO:** Selection Committee, Florida International University, Facilities Planning, Campus Support Complex, 11555 S.W. 17th St., Room #142, Modesto A. Maidique Campus, Miami, Florida 33199. Submittals must be received between 8:30 a.m. and 12:30 p.m. OR 1:30 p.m. and 4:00 p.m. local time, Friday, March 20, 2026.

Third-party commercial couriers must abide by these instructions, no exceptions. In all cases, the firm will be held responsible for proof of on-time delivery to the CSC building by retaining a time-stamped delivery receipt provided by FIU Planning staff.

Submittals will not be accepted before or after the times and date stated above. Electronic submittals are not acceptable and will not be considered.

[1] As said amount may be adjusted every year in accordance with Florida Statutes.

#### DECKER CONSTRUCTION

Wilhelmina Johnson Resource Center Restoration and Renovation

Decker Construction is soliciting proposals for the Wilhelmina Johnson Center Restoration and Renovation project located at: 321 NW 10th ST, Gainesville, FL, 32601

Project scope includes:

Building demolition

Site work

Concrete demolition

Tree removal

Site work

Paving

Pavement stripping

Fencing

Concrete work

Historic stucco repairs

Repainting of masonry

Decorative structural roof framing (porch canopy and back door awning)

Roofing

Concrete

Exterior painting

Plumbing

HVAC

Electrical

Interior renovation

Flooring

Painting

Casework

Hurricane strap installation

Window replacement

Door replacement

Framing and drywall

Bathroom accessories

For access to drawings please reach out to the following personnel: Kevin Casasnovas, Project Manager, P: (786)715-6779, E: [kevin@deckercm.com](mailto:kevin@deckercm.com)

All proposals must be submitted as a physical SEALED envelope by 3/6/2026. Proposals should be sent to: 1503 NW 16th AVE, Gainesville, FL, 32605

Prospective bidders are highly encouraged to reach out for more information and any questions regarding the project.

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Tree removal  
 Site work  
 Paving  
 Pavement stripping  
 Fencing  
 Concrete work  
 Historic stucco repairs  
 Repointing of masonry  
 Decorative structural roof framing (porch canopy and back door awning)  
 Roofing  
 Concrete  
 Exterior painting  
 Plumbing  
 HVAC  
 Electrical  
 Interior renovation  
     Flooring  
     Painting  
     Casework  
     Hurricane strap installation  
     Window replacement  
     Door replacement  
     Framing and drywall  
     Bathroom accessories

For access to drawings please reach out to the following personnel: Kevin Casasnovas, Project Manager, P: (786)715-6779, E: kevin@deckercm.com

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Prospective bidders are highly encouraged to reach out for more information and any questions regarding the project.

## Section XII Miscellaneous

### DEPARTMENT OF STATE

Index of Administrative Rules Filed with the Secretary of State Pursuant to subparagraphs 120.55(1)(b)7. – 8., F.S., the below list of rules were filed in the Office of the Secretary of State between 3:00 p.m., Friday, February 13, 2026, and 3:00 p.m., Thursday, February 19, 2026.

Rule No.	File Date	Effective Date
40A-2.061	2/13/2026	3/5/2026
40A-2.101	2/13/2026	3/5/2026
40A-2.223	2/13/2026	3/5/2026
40A-2.301	2/13/2026	3/5/2026

40A-2.321	2/13/2026	3/5/2026
40A-2.331	2/13/2026	3/5/2026
53ER26-11	2/18/2026	2/23/2026
53ER26-12	2/18/2026	2/23/2026
53ER26-13	2/18/2026	2/23/2026
53ER26-14	2/18/2026	2/23/2026
53ER26-15	2/18/2026	2/23/2026
61B-85.001	2/13/2026	3/5/2026
61N-1.0241	2/17/2026	3/9/2026
64B4-5.007	2/19/2026	3/11/2026
64B16-27.700	2/18/2026	3/10/2026
68A-1.004	2/19/2026	7/1/2026
68A-4.001	2/19/2026	7/1/2026
68A-4.002	2/19/2026	7/1/2026
68A-9.008	2/19/2026	7/1/2026
68A-12.002	2/19/2026	7/1/2026
68A-13.0001	2/19/2026	7/1/2026
68A-13.004	2/19/2026	7/1/2026
68A-13.007	2/19/2026	7/1/2026
68A-24.002	2/19/2026	7/1/2026
68B-37.002	2/18/2026	4/1/2026
68B-37.003	2/18/2026	4/1/2026
68B-37.004	2/18/2026	4/1/2026
68B-37.005	2/18/2026	4/1/2026
68B-37.007	2/18/2026	4/1/2026

### 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	**/**/****
62-42.300	12/31/2025	**/**/****
65C-9.004	3/31/2022	**/**/****
69C-2.004	11/5/2025	**/**/****
69C-2.005	11/5/2025	**/**/****
69C-2.016	11/5/2025	**/**/****
69C-2.022	11/5/2025	**/**/****
69C-2.026	11/5/2025	**/**/****
69C-2.034	11/5/2025	**/**/****
69C-2.035	11/5/2025	**/**/****

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notice of Evaluation of CPI Grant Applications

The State of Florida Department of Environmental Protection (Department or DEP), Florida Coastal Management Program (FCMP), announces the results of the evaluation of eligible Coastal Partnership Initiative (CPI) applications. Twenty applications were received in response to the Request for Applications published in the Florida Administrative Register on Aug. 12, 2025, and were reviewed and evaluated per the process described in Rule 62S-4.007, Florida Administrative Code (F.A.C.). The applications have been ranked in the following order, beginning with the highest score.

#1	Satellite Beach Invasive Species Management & Habitat Restoration	City of Satellite Beach	\$ 14,000
#2	Dune Walkover Phase II	City of Mexico Beach	\$ 60,000
#3	Brasher Park ADA Accessible Kayak Launch	City of Port Richey	\$ 12,388
#4	Atlantic Beach 5th Street Dune Walkover	City of Atlantic Beach	\$ 60,000
#5	Mapping Current Oyster Populations for Future Living Shorelines	University of N. Florida/City of Jacksonville	\$ 30,000
#6	Virginia Key Dune Ecosystem Restoration Project	City of Miami	\$ 60,000

#7	Village of Islamorada Public Access & Recreation Signage	Islamorada, Village of Islands	\$ 29,424
#8	Walton County Coastal Dune Lake Habitat Restoration	Walton County BOCC	\$ 60,000
#9	Assessments of Artificial Reef Structures & Aquaculture Infrastructure for use in Coastal Wetland Management	St. Johns County / UF	\$ 60,000
#10	REEF Coastal Steward Building Resilience through Community & Conservation	Reef Environmental Education Foundation	\$ 30,000
#11	Sound Park Restoration Project	City of Fort Walton Beach	\$ 60,000
#12	Coconut Point Shoreline Stabilization & Living Shoreline	Hubbs-Sea World Research Institute	\$ 30,000

	Enhancement		
#1 3	Josiah Cephass Weaver Park Living Shoreline	City of Dunedin	\$ 30,000
#1 4	Laura Ward Riverwalk Plaza Living Seawall	City of Ft. Lauderdale	\$ 14,000
#1 5	Village of Key Biscayne Beach Access Pathway	Village of Key Biscayne	\$ 30,000
#1 6	Jackson's Lakes Invasive Species Removal	Escambia County BOCC	\$ 16,500
#1 7	Blackwater River Streamgaige Project	Santa Rosa County	\$ 19,800
#1 8	Canoe/Kayak Launch Installations Stevenson Creek & Cooper's Bayou	City of Clearwater	\$ 90,000
#1 9	The Harbor Island Resilient Demonstration Project	North Bay Village	\$ 30,000
#2 0	Sunset Beach Playground Fencing	City of Tarpon Springs	\$ 10,075

Funding of any application is subject to the amount of federal coastal zone management funds awarded to the FCMP and the amount allocated to the CPI by the Office of Resilience and Coastal Protection (ORCP). The final decision whether to fund these projects is expected to be made by FCMP and National Oceanic and Atmospheric Administration by summer of 2026. Should additional existing funds be identified prior to the Fiscal Year 2026-27 Request for CPI applications, ORCP may seek to fund the next highest ranked project(s). Any person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statute (F.S.). Any petition for an administrative proceeding must meet the requirements of Rule 28-106.201, F.A.C., and be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Blvd, MS35, Tallahassee, FL 32399 or [Agency\\_Clerk@FloridaDEP.gov](mailto:Agency_Clerk@FloridaDEP.gov), within 21 days of publication of this notice. Failure to file a petition within the time period shall constitute a waiver of that person's right to request administrative determination, or to intervene in this proceeding and participate as a party to it. Questions regarding the CPI evaluation process should be directed to Amy Degraw at (850)245-8398 or by email [Amy.Degraw@FloridaDEP.gov](mailto:Amy.Degraw@FloridaDEP.gov).

### 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.