

Notice of Proposed Rule

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:

33-402.101 Dental Services - General

PURPOSE AND EFFECT: Rulemaking is necessary to amend Form DC4-698A to correct the distribution list and to add the receipt date and time of the triage request at the bottom of the form.

SUMMARY: The proposed rule amends Form DC4-698A to correct the distribution list and to add the receipt date and time of the triage request at the bottom of the form.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department used an itemized checklist to conduct an economic analysis and determine if there is an adverse impact or regulatory cost associated with this rule that exceeds the criteria. Upon review of the proposed changes to the rule, the Department has determined that the amendments will not exceed any one of the economic analysis criteria in a SERC as set forth in s. 120.541(2)(a), 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: 944.09 F.S.

LAW IMPLEMENTED: 466.001, 466.003, 466.017, 466.023, 466.024, 944.09, 945.6034, 945.6037 F.S.

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: Lauren Sanchez, Paralegal Specialist, 501 S. Calhoun Street, Tallahassee, FL 32399 (850)717-3610, lauren.sanchez@fdc.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: Jason Holman, Assistant General Counsel, 501 South Calhoun Street, Tallahassee, Florida 32399-2500, Jason.Holman@fdc.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

33-402.101 Dental Services – General.

(1) through (7) No change.

(8) Dental Care Requests, Complaints and Formal Grievances.

(a) Inmate requests for dental services shall be submitted on Form DC6-236, Inmate Request, or Form DC4-698A, Inmate Sick-Call Request, and submitted to the Senior Dentist or his or her designee. Form DC4-698A is hereby incorporated by reference. A copy of this form is available from the Forms Control Administrator, Bureau of Policy Development, 501 South Calhoun Street, Tallahassee, Florida 32399-2500, <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX>
~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-11879>~~. The effective date of this form is XX/XX 04-20. Form DC6-236 is incorporated by reference in Rule 33-103.005, F.A.C.

(b) No change.

(9) through (10) No change.

Rulemaking Authority 944.09 FS. Law Implemented 466.001, 466.003, 466.017, 466.023, 466.024, 944.09, 945.6034, 945.6037 FS. History–New 6-11-08, Amended 4-23-20,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: THOMAS REIMERS, Health Services Director
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Mark S. Inch, Secretary
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 08, 2021
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: February 18, 2021