

November 3, 2017

NOTICE OF PROPOSED RULE

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:

33-401.105 Refusal of Health Care Services

PURPOSE AND EFFECT: The purpose and effect of the amended rule is to update Form DC4-711A, Refusal of Health Care Services.

SUMMARY: The proposed rulemaking updates Form DC4-711A, Refusal of Health Care Services by adding a “reason for refusal” line and providing for a second witness when the inmate refuses medical treatment.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE

RATIFICATION: The Department has determined that this rule will not have an adverse impact on small business and is not expected to directly or indirectly increase regulatory costs more than \$200,000 within a year of taking effect. A SERC has not been prepared by the Department. The Department has determined that the proposed rule is not expected to require legislative ratification based on the SERC or, if no SERC is required, the information expressly relied upon and described herein: 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), FS. Any person who wishes to provide information regarding the statement of estimated regulatory costs or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: *944.09, 945.6034 FS.*

LAW IMPLEMENTED: *944.09, 766.103, 945.6034 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: Gregory Hill, 501 South Calhoun Street, Tallahassee, Florida 32399-2500.

THE FULL TEXT OF THE PROPOSED RULE IS:

33-401.105 Refusal of Health Care Services.

(1) – (2)(d) No Changes.

(3) Documentation of refusal of treatment or procedure.

(a) If an inmate refuses an aspect of health care services other than medication, which is addressed in subsection (4), the inmate shall be required to sign Form DC4-711A, Refusal of Health Care Services. If the inmate refuses to sign the form, the notation “patient refuses to sign” will be entered and witnessed by two staff members. Form DC4-711A is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, 501 S. Calhoun St., Tallahassee, FL 32399, <http://www.flrules.org/Gateway/reference.asp?No=XXXXX> ~~Ref 02947~~. The effective date of the form is ~~8-13~~_____.

(3)(b) – (6) No Changes

Rulemaking Authority 944.09, 945.6034 FS. Law Implemented 944.09, 766.103, 945.6034 FS. History–New 11-28-10, Amended 7-19-12, 8-6-13, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Thomas Reimers, Health Services Director

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Julie L. Jones, Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 18, 2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: July 18, 2017