



FLORIDA DEPARTMENT *of* STATE

RON DESANTIS
Governor

LAUREL M. LEE
Secretary of State

March 3, 2021

Amanda Bush
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, Bin A-02
Tallahassee, FL 32399-1703

Attention: Deann Peltz

Dear Ms. Bush:

Your adoption package for Emergency Rule 64DER21-3, F.A.C. was received, electronically, by the Florida Department of State, Administrative Code and Register at 9:37 p.m. on March 2, 2021. After review, it appears that the package meets statutory requirements and those of Rule 1-1.010, F.A.C. and is deemed filed for adoption at the time received, as indicated above. The effective date is March 2, 2021.

Sincerely,

Ernest L. Reddick
Program Administrator

ELR/ag

Grosenbaugh, Anya C.

From: Bush, Amanda <Amanda.Bush@flhealth.gov>
Sent: Tuesday, March 2, 2021 9:37 PM
To: Reddick, Ernest L.; Grosenbaugh, Anya C.; Administrative Code
Cc: Coppola, Courtney; St Laurent, Louise R; Lamia, Christine E; Shamarial Roberson; Blackmore, Carina; Peltz, Deann
Subject: 64DER21-3 Emergency Rule Adoption
Attachments: Rule 64DER21-3_Emergency Rule Adoption package.pdf; 64DER21-3 Coded Rule.docx

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Ernie and Anya:

Attached is the adoption package for the above-referenced **emergency** rule(s) which has been fully-executed by the State Surgeon General. Pursuant to Emergency Rule 1ER20-3 which became effective on 4/17/20, this package is hereby being submitted electronically for adoption today and the documents bearing original signatures will be mailed thereafter. Also attached is an MS Word version of the coded emergency rule adoption text.

Thank you for your attention to this matter, and we look forward to receipt of your approval of this adoption package.

Best regards,
Amanda G. Bush
Chief Legal Counsel
Administrative Practice Group
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, Florida 32399-1703
Office: (850) 245-4027
Cell: (850) 666-0980

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: To be the Healthiest State in the Nation

Values: **ICARE**

I innovation: We search for creative solutions and manage resources wisely.

C collaboration: We use teamwork to achieve common goals & solve problems.

A accountability: We perform with integrity & respect.

R responsiveness: We achieve our mission by serving our customers & engaging our partners.

E excellence: We promote quality outcomes through learning & continuous performance improvement.

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.



Please consider the environment before printing this email.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

March 2, 2021

VIA U.S. MAIL & EMAIL: Ernest.Reddick@DOS.MyFlorida.com; anva.grosenbaugh@DOS.MyFlorida.com

Mr. Ernest L. Reddick, Program Administrator
BUREAU OF ADMINISTRATIVE CODE
Florida Department of State – The Capitol
500 S. Bronough Street, Room 701
Tallahassee, FL 32399

***Re: Dept. of Health: Division of Disease Control
Rule 64DER21-3, F.A.C. – Emergency Rule Adoption Package***

Dear Mr. Reddick:

Enclosed are the **original and one (1) copy** of the rule adoption package in anticipation of adoption of the above-referenced EMERGENCY rule(s). Each package includes the following documents:

1. Certification of the Department of Health Emergency Rule Filed with the Department of State;
2. Designation of Rule the Violation of Which is a Minor Violation Certification;
3. Statement of Facts, etc.;
4. Certification of Materials Incorporated by Reference –
a. DH8014-DCHP-03/2021 COVID-19 Determination of Extreme Vulnerability
5. Proposed rule text (double-spaced);

The proposed rule text was provided in Microsoft Word format via email. Should you have any questions regarding the enclosures, I am the attorney handling this rule promulgation and can be contacted directly at 245-4027, Amanda.Bush@flhealth.gov, or the mailing address below.

If you deem this rule adoption package to be in order, please send your approval email to me and to Deann Peltz at Deann.Peltz@flhealth.gov. Thank you for your attention to this matter.

Sincerely,

Amanda G. Bush
Chief Legal Counsel

Enclosures



CERTIFICATION OF THE DEPARTMENT OF HEALTH
EMERGENCY RULE FILED WITH THE DEPARTMENT OF STATE

I hereby certify that an immediate danger to the public health, safety or welfare requires emergency action and that the attached rule is necessitated by the immediate danger. I further certify that the procedures used in the promulgation of this emergency rule were fair under the circumstances and that the rule otherwise complies with Section 120.54(4), F.S. The adoption of this rule was authorized by the head of the agency and this rule is hereby adopted upon its filing with the Department of State.

Rule No. 64DER21-3

Under the provision of Section 120.54(4)(d), F.S., this rule takes effect upon filing unless a later time and date less than 20 days from filing, is set out below:

Effective Date: _____
(month) (day) (year)



Scott A. Rivkees, MD

State Surgeon General, Department of Health
Title

1

Number of Pages Certified

DESIGNATION OF RULE THE VIOLATION OF WHICH IS A MINOR VIOLATION

CERTIFICATION

Pursuant to Section 120.695(2)(c)3, Florida Statutes, I certify as agency head, as defined by section 20.05(1)(b),

Florida Statutes, that:

All rules covered by this certification are not rules the violation of which would be a minor violation pursuant to Section 120.695, F.S.

The following parts of the rules covered by this certification have been designated as rules the violation of which would be a minor violation pursuant to Section 120.695, F.S.:

Rule No(s).

Rules covered by this certification:

Rule No.: 64DER21-3



Scott A. Rivkees, MD

State Surgeon General, Department of Health
Title

Department of Health, Emergency Rule 64DER21-3

Physician Determination of Extremely Vulnerable Persons for Purposes of COVID-19 Vaccination

STATEMENT OF FACTS AND REASONS FOR FINDING IMMEDIATE DANGER

Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza. COVID-19 is a communicable disease with significant morbidity and mortality and presents a severe danger to public health. On March 1, 2020, a Public Health Emergency was declared by the Surgeon General to exist statewide in accordance with Executive Order 20-51. On March 9, 2020, Governor Ron DeSantis issued Executive Order 20-52 declaring that a state of emergency exists in the State of Florida. Therefore, there is an immediate need to adopt rules setting forth the procedures to control the spread of COVID-19 to protect the health, safety and welfare of Florida's citizens.

STATEMENT OF AGENCY REASONS THAT PROCEDURE IS FAIR UNDER THE CIRCUMSTANCES

COVID-19 presents a public health threat to the state of Florida. On March 1, 2021, Governor Ron DeSantis issued Executive Order 21-47 (EO 21-47), effective March 3, 2021, extending the first phase of COVID-19 vaccination to include, among others, those persons determined by a physician to be extremely vulnerable to COVID-19. As required in EO 21-47, the department must establish a form for the physician to use in making such determination.

64DER21-3 Physician Determination of Extremely Vulnerable Persons for Purposes of COVID-19

Vaccination

Pursuant to Executive Order 21-47, effective on March 3, 2021, physicians licensed under chapters 458 and 459, Florida Statutes, may determine that a person is “extremely vulnerable” to COVID-19 for the purpose of eligibility for a COVID-19 vaccine. The physician determination must be made using DH8014-DCHP-03/2021, COVID-19 Determination of Extreme Vulnerability, (03/2021), which is incorporated by reference and available at http://ww11.doh.state.fl.us/comm/partners/covid19_report_archive/covid-physician-form/EO-21-47-Form.pdf. Rulemaking Authority 381.0011(2), 381.003(2), FS. Law Implemented 381.0011(2), (3), 381.003(1)(d), FS.

History—New

CERTIFICATION OF MATERIALS INCORPORATED

BY REFERENCE IN EMERGENCY RULES FILED WITH THE DEPARTMENT OF STATE

I hereby certify pursuant to Rule 1-1.013, Florida Administrative Code:

(1) That materials incorporated by reference in Rule 64DER21-3 have been filed with the Department of State and a true and complete paper copy of the incorporated materials are attached to this certification for filing.

- DH8014-DCHP-03/2021 COVID-19 Determination of Extreme Vulnerability

(2) That because there would be a violation of federal copyright laws if the submitting agency filed the incorporated materials described below electronically, a true and complete paper copy of the incorporated materials are attached to this certification for filing.

Under the provisions of Section 120.54(4)(d), F.S., the attached materials take effect upon filing unless a later time and date less than 20 days from filing is set out below.

Effective: _____
(month) (day) (year)



SCOTT A. RIVKEES, MD

State Surgeon General, Florida Department of Health
Title



COVID-19 Determination of Extreme Vulnerability

Physician Name: _____
Last/Surname First Middle

Physician License Number: _____ Physician Telephone Number: _____

Physician Practice Address: _____

Physician Email Address: _____

Patient Name: _____
Last/Surname First Middle

Patient Date of Birth: _____

Patient Address: _____

City: _____ State: _____ ZIP Code: _____

Patient Telephone Number: _____

CERTIFICATION OF PATIENT'S EXTREME VULNERABILITY TO COVID-19

I hereby certify that I have a physician-patient relationship with the patient named above and that I have determined that the patient is extremely vulnerable to COVID-19 for the purposes of receiving a COVID-19 vaccination in the state of Florida.

I attest that I am the physician listed above and the statements in this determination are true and complete.

Physician's Signature: _____ Date: _____
MM/DD/YYYY