

Georgia Rules and Regulations

Administrative Bulletin for October 2020

OFFICE OF SECRETARY OF STATE ADMINISTRATIVE PROCEDURE DIVISION

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Department 50. GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS

Chapter 50-2. REGISTRATION TO PRACTICE UNDER TITLE OF ARCHITECT

50-2-.03 Licensure of Veterans and Military Spouses

(1) As used in this Rule:

(a) "Military" means the United States armed forces, including the National Guard.

(b) "Military spouse" means the spouse of a service member or transitioning service member.

(c) "Registered Architect" means a person who is technically and legally qualified and currently registered with the board to practice architecture in the State of Georgia.

(d) "Service member" means an active or reserve member of the United States armed forces, including the National Guard.

(e) "Transitioning service member" means a member of the military or active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

(2) Expedited applications. Effective July 1, 2017, military spouses and transitioning service members may qualify for expedited processing of a license application by showing that the applicant is a military spouse or transitioning service member and that the applicant has paid the fee and meets all requirements for a license issued under Chapter 4 of Title 43.

(3) Licensure by reciprocity of service members, transitioning service members, and military spouses. A service member, transitioning service member, or military spouse may qualify for a license by reciprocity where the applicant:

(a) holds a license in good standing from another state for which the training, experience, and testing substantially meets or exceeds the requirements under Georgia law to obtain a license as an architect;

(b) submits to the Board a verification of licensure from the appropriate licensing agency of another state showing that the applicant's active license is in good standing in that state;

(c) submits documentation satisfactory to the Board which verifies the applicant's status as a service member, transitioning service member, or military spouse;

(d) submits a completed application for licensure by reciprocity on a form approved by the Board, pays the required fee, and requests a license by reciprocity.

(4) Education, training, and experience obtained while in the military. A service member, transitioning service member, or military spouse may obtain credit for education and experience obtained while in the military that is required for licensure by Chapter 4 of Title 43 if he or she:

(a) submits documentation of graduation from a college or university with the major and/or hourly requirements that substantially meet or exceed the requirements under Georgia law for licensure as an architect;

- (b) submits documentation showing acceptable experience doing architectural work performed under the supervision of a person whose credentials are acceptable to the Board which meet the requirements for licensure under Georgia law;
- (c) submits documentation satisfactory to the Board which verifies the applicant's status as a service member, transitioning service member, or military spouse;
- (d) submits proof of passing the examination required for licensure; and
- (e) submits a completed application on a form approved by the Board for approval to take the licensure examination or for licensure and pays the required fee.

Cite as Ga. Comp. R. & Regs. R. 50-2-.03

AUTHORITY: O.C.G.A. §§ [43-1-34](#), [43-4-9](#), [43-4-10](#), [43-4-11](#), [43-4-31](#), [43-4-32](#), [43-4-35](#), [43-4-36](#).

HISTORY: Original Rule entitled "Certificates to Be Recorded" adopted. F. and eff. June 30, 1965.

Repealed: New Rule entitled "Signing and Sealing Documents as Registered Architect" adopted. F. Nov. 14, 1975; eff. Dec. 4, 1975.

Amended: F. Dec. 16, 1982; eff. Jan. 5, 1983.

Repealed: F. May 19, 2004; eff. June 8, 2004.

Adopted: New Rule entitled "Licensure of Veterans and Military Spouses." F. Oct. 20, 2020; eff. Nov. 9, 2020.

Department 50. GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS

Chapter 50-10. REGISTERED INTERIOR DESIGNER REGISTRATION REQUIREMENTS

50-10-.06 Licensure of Veterans and Military Spouses

(1) As used in this Rule:

(a) "Military" means the United States armed forces, including the National Guard.

(b) "Military spouse" means the spouse of a service member or transitioning service member.

(c) "Registered Interior Designer" means a person who is registered as an Interior Designer under the provisions of Chapter 4 of Title 43 of the Official Code of Georgia Annotated.

(d) "Service member" means an active or reserve member of the United States armed forces, including the National Guard.

(e) "Transitioning service member" means a member of the military or active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

(2) Expedited applications. Effective July 1, 2017, military spouses and transitioning service members may qualify for expedited processing of a license application by showing that the applicant is a military spouse or transitioning service member and that the applicant has paid the fee and meets all requirements for a license issued under Chapter 4 of Title 43.

(3) Licensure by reciprocity of service members, transitioning service members, and military spouses. A service member, transitioning service member, or military spouse may qualify for a license by reciprocity where the applicant:

(a) holds a license in good standing from another state for which the training, experience, and testing substantially meets or exceeds the requirements under Georgia law to obtain a license as an Interior Designer;

(b) submits to the Board a verification of licensure from the appropriate licensing agency of another state showing that the applicant's active license is in good standing in that state;

(c) submits documentation satisfactory to the Board which verifies the applicant's status as a service member, transitioning service member, or military spouse;

(d) submits a completed application for licensure by reciprocity on a form approved by the Board, pays the required fee, and requests a license by reciprocity.

(4) Education, training, and experience obtained while in the military. A service member, transitioning service member, or military spouse may obtain credit for education and experience obtained while in the military that is required for licensure by Chapter 4 of Title 43 if he or she:

(a) submits documentation of graduation from a college or university with the major and/or hourly requirements that substantially meet or exceed the requirements under Georgia law for licensure as an Interior Designer;

(b) submits documentation showing acceptable experience doing Interior Design work performed under the supervision of a person whose credentials are acceptable to the Board which meet the requirements for licensure under Georgia law;

(c) submits documentation satisfactory to the Board which verifies the applicant's status as a service member, transitioning service member, or military spouse;

(d) submits proof of passing the examination required for licensure; and

(e) submits a completed application on a form approved by the Board for approval to take the licensure examination or for licensure and pays the required fee.

Cite as Ga. Comp. R. & Regs. R. 50-10-.06

AUTHORITY: O.C.G.A. §§ [43-1-34](#), [43-4-9](#), [43-4-10](#), [43-4-11](#), [43-4-31](#), [43-4-32](#), [43-4-35](#), [43-4-36](#).

HISTORY: Original Rule entitled "Licensure of Veterans and Military Spouses" adopted. F. Oct. 20, 2020; eff. Nov. 9, 2020.

Department 85. RULES OF GEORGIA ATHLETIC & ENTERTAINMENT COMMISSION

Chapter 85-1. PROFESSIONAL BOXING

85-1-.08 [Effective 11/16/2020] Conduct of Bout

(1) Boxers.

(a) **False Name.** No boxer shall enter any agreement or contract with a promoter, compete in any match, or otherwise participate in any capacity under any name which does not appear on his or her Federal ID card.

(b) **Prohibition if Under Suspension.** No boxer shall enter any agreement or contract with a promoter, compete, or attempt to compete in any match in Georgia when such boxer knows that his or her boxing license issued by this commission or by any other boxing commission is under suspension.

(c) **Pregnancy.** No boxer shall enter any agreement or contract with a promoter, compete, or attempt to compete in any match in Georgia when such boxer knows that she is pregnant.

(d) Weigh-In.

1. Preliminary Weigh-In. All fighters must video record a Preliminary Weigh-in one week prior to the Official weigh-in. That video must be reported to the promoter.

a. The promoter should save these recordings for 1 year.

b. Fighters are required to be within 10% of their scheduled weight.

c. Should either or both of the contestants weigh more than 10% above their scheduled weight, the promoter may increase the weight class limit, with the consent of both parties.

2. Official Weigh In. In all contests or exhibitions, contestants shall weigh in at a previously agreed upon time and in the presence of an authorized commission representative, provided however that such weigh-in shall not take place less than six hours nor more than 36 hours prior to the contest or exhibition.

a. All official weigh-ins, unless otherwise agreed to in advance by the commission, shall be conducted outside the view of the general public.

b. Ceremonial weigh-ins may be conducted in such manner and at such place as agreed to by all parties involved in the promotion or match.

c. The weigh in will last for 2 hours after the agreed upon time.

d. Contestants who have not arrived in the first hour will be placed on the clock and their hour to cut weight will start. When the contestant arrives, and weighs in, the contestant will only have the remaining time of the 2-hour weigh in window to cut any weight if they missed their agreed upon weight.

3. Missing Weight

a. Any fighter who does not make weight at an Official Weigh-In may be fined, and may further be subject to denial of Commission approval to fight at the failed weight class during his/her next bout.

b. Any fighter who twice does not make weight at an Official Weigh-In may be fined, and may further be subject to denial of Commission approval to fight at the failed weight class during his/her next two bouts.

c. Any fighter who does not make weight at an Official Weigh-In three times may be fined, and may further be subject to denial of Commission approval to fight at the failed weight class for all future fights.

(e) **Over-weight boxers.** The use of any herbal, prescription or non-prescription diuretic by any boxer within twelve hours prior to the weigh-in is strictly prohibited.

1. **(135/2)** No over-contract-weight contestant appearing at the initial weigh-in and weighing 135 pounds or less will be allowed to lose in excess of two pounds in order to make contract weight. Any such boxer must be re-examined by the ringside physician and receive clearance from the ringside physician prior to entering the ring.

2. **(160/3)** No over-contract-weight contestant appearing at the initial weigh-in and weighing 135 pounds but less than 160 pounds will be allowed to lose in excess of three pounds in order to make contract weight. Any such boxer must be re-examined by the ringside physician and receive clearance from the ringside physician prior to entering the ring.

3. **(190/4)** No over-contract-weight contestants appearing at the initial weigh-in and weighing 160 pounds but less than 190 pounds will be allowed to lose in excess of four pounds in order to make contract weight. Any such boxer must be re-examined by the ringside physician and receive clearance from the ringside physician prior to entering the ring.

(f) **Weight Classes.** Weight classes for professional boxers shall be:

1. Flyweight-112 lbs. or under
2. Bantamweight-over 112 lbs.-118 lbs.
3. Featherweight-over 118 lbs.-126 lbs.
4. Lightweight-over 126 lbs.-135 lbs.
5. Welterweight-over 135 lbs.-147 lbs.
6. Middleweight-over 147 lbs.-160 lbs.
7. Light Heavyweight-over 160 lbs.-175 lbs.
8. Cruiserweight-over 175 lbs-200 lbs.
9. Heavyweight-over 200 lbs.

Editor's Note: Championship Belts will be awarded according to the weigh classifications recognized by the sanctioning body awarding the belt.

(g) **Weight Spread.** No boxing contest or exhibition may be scheduled, and no boxer may engage in a boxing contest or exhibition without the approval of the commission or the commission's representative if the difference in weight between the boxers exceeds the following allowance.

1. Up to 118 lbs-not more than 3 pounds
2. 118 lbs to 126 lbs-not more than 5 pounds
3. 126 lbs.-135 lbs.-not more than 6 pounds
4. 135 lbs.-147 lbs.-not more than 7 pounds

5. 147 lbs.-200 lbs.-not more than 9 pounds

6. 200 lbs. and over (Heavyweight)-no limit

(i) Any agreement to proceed with a boxing contest or exhibition where the weight spread exceeds the limit established in this rule shall be entered on each participant's bout contract and shall be initialed or signaled by such participant.

(h) **Appearance Time.** All contestants must be in the dressing room at least 60 minutes before the event is scheduled to begin.

(i) **Ring Attire.** Boxers shall appear and compete in proper ring attire.

1. All boxers will be required to wear such protective gear as deemed necessary by the commission.

(i) Male boxers shall wear a standard kidney protection belt designed for male boxers which includes a groin protection cup of such construction as to prevent any claim of injury caused by an unintentional blow.

(I) This gear shall be firmly adjusted and tied prior to entering the ring.

(II) During the course of the match the upper belt of this gear may not rise above the trunk waist line so as to protect the boxer from normal body blows.

(III) The use during any boxing match of a protective belt commonly referred to as a training protective belt (which incorporates an oversized torso protection shield) is prohibited.

(ii) Female boxers may wear a standard kidney protection belt designed for female boxers and which provides the necessary pelvic and ovary protection and shall wear a sports bra with an interior pocket which can, at the option of the boxer, hold an appropriately sized breast protector of a "turtle-shell" style.

(I) This gear shall be firmly adjusted and tied prior to entering the ring.

(II) During the course of the match the upper belt of this gear may not rise above the trunk waist line so as to protect the boxer from normal body blows.

2. The belt-line of the trunks shall not extend above the waistline and the hem may not extend below the knee.

3. Boxers in the same match should wear different color trunks.

4. Each boxer shall use a mouthpiece and no round may start without a boxer's mouthpiece in place. All amateur contestants shall use a mouthpiece that uses dual arch technology or protects both the upper and lower teeth.

(i) If the mouthpiece is dislodged during competition, the referee will call time and have the mouthpiece replaced ***at the first opportune moment*** without interfering with immediate action.

(ii) Points may be deducted by the referee, if the referee feels the mouthpiece is purposely spit out.

5. Shoes shall be of soft material and shall not be fitted with spikes, cleats, hard soles, or hard heels. Shoe lace knots will be secured with adhesive tape.

6. When deemed necessary by the referee all boxers shall have their hair secured in a manner that does not interfere with the vision and safety of either contestant.

(i) Provided however that no object can be worn to secure the contestant's hair which may cause injury to either contestant.

7. The wearing of body jewelry will be strictly prohibited during all contests.

8. The wearing of any facial or body cosmetic is strictly prohibited during all contests.

(j) **Profanity.** Use of profanity by a boxer or his or her manager or second is prohibited and if indulged in after a warning by the referee or commission representative the offender, if a boxer may be disqualified and the match given to his or her opponent, or if a manager or second such person may be ejected from the ring or arena and a penalty point may be deducted from the boxer.

(k) **Contestants: Entering Ring.** All contestants must be ready to enter the ring immediately upon the conclusion of the preceding bout.

1. Failure to enter the ring when requested and, after warning by the inspector or commission representative supervising the match, may result in a fine not to exceed one-half of the contracted purse amount.

(l) **Contestants: Demeanor During the Round.** Each boxer shall take care to avoid fouling their opponent or illegally striking their opponent.

1. Regulations against fouls, as defined in these rules will be strictly enforced.

2. Wrestling and/or roughhousing in the ring will not be tolerated. Any boxer who intentionally lifts his or her opponent and then drops such opponent on the ring floor will be subject to immediate disqualification.

3. Boxers are at all times to follow the instructions of the referee. Any call for a break should immediately result in a clean break.

(m) **Penalty for Disqualification.** Any boxer who is disqualified for any reason by the referee or the commission representative supervising the show and is therefore unable to fulfill the terms of their contract will forfeit their entire purse and will be subject to a fine not to exceed fifty percent (50%) of the contracted amount of the purse.

1. Any boxer who has forfeited their purse because of a loss by disqualification (LDSQ) has a right to appeal during either the next two scheduled commission meetings, and must so notify the commission in writing within fifteen days of the disqualification of their intent to appeal. Failure to notify the commission within the fifteen day period of the intention to appeal the forfeiture will be tantamount to a waiver of any further appeal rights.

2. The contracted purse amount withheld from any boxer because of disqualification will be held by the promoter or be held in escrow by the commission until such time as the appeal is heard or waived.

(i) Monies held in escrow by the commission pursuant to this rule are the property of the promoter unless after an appropriate appeal an amount is awarded by the commission to the boxer.

(ii) After the appeal hearing or acceptance of a waiver negating any appeal hearing monies held in escrow will be distributed appropriately.

(n) Any boxer can be fined, have his or her license suspended or have his or her license revoked in the event that a majority of the commission determines that the boxer did not utilize his or her best efforts in a match.

(2) Seconds.

(a) **Number Allowed.** Each boxer must have two or three seconds, except if the commission permits otherwise. Each contestant shall have one chief second and each chief must have a complete first aid kit. The seconds must be neatly attired. Persons holding a manager's or trainer's license may act as seconds without the necessity of a second's license.

(b) **Leaving the Ring: When.** Seconds shall leave the ring enclosure at the sound of the timekeeper's whistle. They shall leave the ring platform promptly when the gong sounds for the beginning of each round and immediately

remove all obstructions, including stools, buckets, and any other corner equipment. None of these articles shall be replaced on the ring floor until the gong has sounded the end of a round.

(c) **Assisting Contestant During Bout: Prohibited.** During the progress of the rounds, seconds shall not throw water on the contestant or in any way assist or interfere the contestant.

(d) **Throwing Towel: Prohibited.** Seconds are forbidden from tossing a towel into the ring in token defeat of their boxer.

(e) **Ejection and Disqualification.** Violations of the provisions of this subparagraph may be followed by ejection of the offender from the ring corner, and may result in the disqualification of their contestant by the referee.

(3) **Between Round Care.** Between round care of a boxer will be strictly enforced by the commission.

(a) **Second: Only One Allowed in Ring.** Only one person will be allowed in the ring with the boxer during the rest period between rounds and no more than two people, exclusive to the commission inspector and approved media personnel, will be allowed on the apron during that time.

(b) **Swinging Towel: Prohibited.** Fans may be used between rounds but the swinging of towels is prohibited.

(c) **Corner Kit: Substances Allowed.** The use of an unapproved preparation during the match is prohibited. The only substances and materials allowed in the corner are:

1. Ice;
2. Water;
3. Cotton swabs;
4. Gauze pads;
5. Clean towels;
6. Vaseline or surgical lubricant approved by the commission;
7. Enswell;
8. Avitine or Adrenalene;
9. Athletic tape as approved by the commission;

(i) Any variance to (3) (c) must be requested in writing and filed with the commission which, after consultation with a medical consultant or the ringside physician, will render its decision on the request.

(d) **Corner Kit: Substances Prohibited.** Substances such as Monsell's solution, other iron or bismuth compounds, collodion, silver nitrate, ammonia or smelling salts will not be used and the use of such modalities will result in disqualification, suspension or fine of the boxer, manager and/or trainer.

(e) **Excessive Lubricant.** The use of excessive lubricant on the body, arms or face of a boxer will not be tolerated.

(f) **Re-hydration of Contestant During Bout.** Only water will be permitted to ease dehydration of a boxer between rounds. Honey, electrolyte glucose, sugar or any other substance mixed with water is prohibited.

(4) **After the Bout.**

(a) **Contestants to Leave Ring.** When the decision of the referee or judges has been announced both contestants and their seconds shall at once leave the ring and retire to their dressing rooms.

(b) **Decision: How to Announce.** In all preliminary bouts up to and including the semi-main event, the announcer will announce if the decision is "unanimous," "a majority decision," or "a draw." In main events and championship contests the total points given each contestant by the three individual judges will be announced.

(c) **Decision: How to Change.** A decision rendered at the termination of any boxing contest is final and shall not be changed unless following the rendition of a decision the commission appointed secretary determines that any one of the following occurred:

1. There was collusion or fraud affecting the result of any contest, or,
2. The compilation of the score cards of the referee and judges reveals a clerical or mathematical error which caused the decision to be given to the wrong boxer.
3. There was a violation of the laws or rules and regulations governing professional boxing in Georgia which affected the results of any contest.
4. The commission supervisor may in his or her discretion change a referee's decision if in his or her judgement a palpable and self-evident error has been committed.

(d) **Decision: How to Appeal Commission Supervisor's Ruling.**

1. A petition to change a bout decision or the ruling of the commission appointed supervisor shall be in writing and filed by a boxer or the boxer's manager within five (5) business days from the date the decision was rendered.
2. If a petition to change a bout decision or the ruling of the commission appointed supervisor is not filed in writing within five (5) business days of the decision, the commissioner may, upon the vote of no less than a majority of the commissioners present, hold a hearing to change the decision at any time.
3. If the commission determines that any of the above occurred with regards to any contest then the decision rendered shall be changed as the commission may direct, and shall notify the national registry within two (2) business days of the change.
4. The commission's findings of fact and rule in such matters shall be final and may not be appealed.

Cite as Ga. Comp. R. & Regs. R. 85-1-.08

AUTHORITY: O.C.G.A. § 43-4*bet. seq.*

HISTORY: Original Rule entitled "Kickboxing or Contact Karate" adopted. F. June 11, 1987; eff. July 1, 1987.

Repealed: New Rule entitled "Championship Rules" adopted. F. June 11, 1999; eff. July 1, 1999.

Repealed: New Rule entitled "Conduct of Bout" adopted. F. Dec. 2, 2002; eff. Jan. 1, 2003, as specified by the Agency.

Repealed: New Rule of same title adopted. F. Dec. 16, 2003; eff. Jan. 5, 2004.

Repealed: New Rule of same title adopted. F. June 11, 2007; eff. July 1, 2007.

Repealed: New Rule of same title adopted. F. Jul. 1, 2013; eff. Jul. 21, 2013.

Repealed: New Rule of same title adopted. F. Oct. 27, 2020; eff. Nov. 16, 2020.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-3. MEDICAL ASSISTANCE

Subject 111-3-12. RULES AND REGULATIONS FOR HOSPITAL CARE FOR THE INDIGENT

111-3-12-.01 Authority

(1) Act No. 397, Georgia Laws 1957, contains legislative authority for the creation of a "Hospital Care for the Indigent" program. The purpose of the program is "to assist counties in the purchase of hospital care for persons who are ill or injured, and who can be helped by treatment in a hospital, and who are financially unable to meet the full cost of hospital care from their own resources or from the resources of those upon whom they are legally dependent."

(2) This program is a State-County jointly financed and administered approach to providing hospital care for the medically indigent. However, participation in the program is voluntary with each county. The program will support the preservation of the professional freedom of physicians and the local control of hospitals. Furthermore, local program administration will be encouraged.

(3) Generally speaking, payment for hospital care is the responsibility of the individual and the local community. It is the intent of this program to supplement local action. Accordingly, the program should not be construed as replacing Federal, State, or local programs for the indigent. It is a basic program objective to provide financial means for the payment of hospital care for indigent patients who are hospitalized outside of their respective county or residency.

(4) The "Hospital Care for the Indigent" Program has been developed in close liaison with the Medical Association of Georgia, the Georgia Association of County Commissioners, the Georgia Association of Hospital Governing Boards, and the Georgia Hospital Association. Each of these organizations have representation on the Hospital Care Advisory Council.

(5) The Legislature delegated the administration of the program to the Department of Community Health. The purpose of this program is to assist counties in the purchase of hospital care for persons who are ill or injured and who can be helped by treatment in a hospital but are financially unable to meet the full cost of hospital care from their own resources or from the resources of those upon whom they are legally dependent.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.01

AUTHORITY: Ga. L. 1933, p. 7., O.C.G.A. § [31-8-1](#) (2009).

HISTORY: Original Rule entitled "Authority" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.02 Method for County Participation in the Program

(1) Procedure for County Participation:

(a) For a county to initiate participation in the Program, the governing authority of such county, by formal resolution or by contract agreement, must satisfy the provisions of 111-3-12-.02(2).

(b) For continued participation in the Program, the county must comply with the Rules and Regulations governing the administration of the Program, and the governing authority of the county annually must adopt a renewal

resolution or renew its contract agreement. The annual resolution or contract must satisfy the provisions of 111-3-12-.02(2) and the required document must be filed with the Georgia Department of Community Health on or before the first day of April to assure participation for the entire ensuing fiscal year.

(c) The Georgia Department of Community Health shall make the determination, on a uniform state-wide basis, or whether a formal resolution, a contract agreement, or both shall be submitted by the county for participation in the Program.

(2) Requirements Regarding the Resolution or the Contract:

(a) The resolution or contract must declare the desire of the County to participate in the Program.

(b) The resolution or contract must certify that the County has approved a local budget providing funds necessary for participation in the Program. The amount of this local budget shall be specified in the resolution or contract. (See 111-3-12-.02(3) for comments on "Determining the Local Budget.")

(c) The resolution or the contract must indicate that the County has designated the County Board of Health as the local administrative agency or that the County has so designated an agency acceptable to both the governing authority of the county and the Georgia Department of Community Health.

(d) The resolution or contract must state that the County agrees to pay, within the limitations of the Program budget, for authorized or emergency out-of-county hospital care rendered to county residents who are properly certified as indigent or medically indigent.

(e) The resolution or contract should indicate that both the local medical society and the local hospital authority, if such exist, favor participation by the county in the Program.

(f) The resolution or contract must declare that the County will comply with the Rules and Regulations of the Program as promulgated by the Department of Community Health.

(3) Determining the Local Budget:

(a) The amount of local funds budgeted for the Program shall be determined by the governing authority of the county; however, such local budget should match available State funds except where a lesser amount is reasonably related to Program needs.

(b) The availability of State funds does not reduce local responsibility regarding hospital care, and it should not be used to justify termination of existing agreements with hospitals regarding the financing of operating deficits.

(c) The amount of State funds budgeted under the Program to each county shall be determined by the Georgia Department of Community Health on the basis of available State funds, the matching formula, and the available county funds.

(4) Effective Date of Participation. A County may request participation in the Program at any time; however, after the first year of the Program, the actual commencement of Program participation, as evidenced by an allotment of State funds, shall be only on July 1 or January 1.

(5) A County may request the Georgia Department of Community Health to approve a revised resolution or contract prior to the expiration of a previously filed document for a given year. Decisions regarding such requests will be based on the circumstances and facts as submitted in each instance.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.02

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method for County Participation in the Program" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.03 Method of Allotment and Matching of State Funds

(1) Calculating the Allotment of State Funds:

(a) Within the one dollar (\$1.00) per capita legal limitation, State funds shall be allotted to each participating county according to two factors: population and median income.

1. The population shall be the latest official decennial population count of the U.S. Census Bureau, adjusted to exclude military personnel and wards of State institutions.

2. The median income, which is an index of relative economic ability, shall be obtained from the most recent "Characteristics of Population" for Georgia as prepared by the U.S. Census Bureau in connection with its official decennial population count.

(b) In calculating the county allotment, the following statistical procedure shall be used:

1. One thousand (1,000) divided by each county's median income to obtain the reciprocal weighting value.

2. Each county's population multiplied by the county's reciprocal weighting value to obtain county's weighted population.

3. The appropriation (or State funds available) divided by the sum of weighted population of all counties to obtain per capita allotment.

4. Per capita allotment multiplied by each county's weighted population to obtain each county's allotment.

(c) The above procedure shall be used in the initial allocation of State funds during a year, in the reallocation of any unexpended or unallotted funds, and in the allocation of any additional funds which may become available during a year.

(2) Matching Formula:

(a) All State funds allocated to a County, through an agreed joint participating budget, must be matched by local funds according to the matching formula.

(b) The matching formula for each county shall be determined by the following table:

1950 Population of County	State Share	Local Share
5,000 and under	75%	25%
5,001 - 10,000	65%	35%
10,001 - 20,000	55%	45%
20,001 - 50,000	50%	50%
50,001 - 100,000	40%	60%
Over 100,000	30%	70%

(3) Method of Payment:

(a) Each Participating County must establish a "Hospital Care for the Indigent" Fund which shall consist of the local share of the approved joint budget.

(b) The Georgia Department of Community Health shall establish a State "Hospital Care for the Indigent" Fund which shall consist of all State funds available to the Program.

(c) The method of payment shall be to hospitals on an individual patient basis according to a dual payment procedure. Under this method, the County shall pay the hospital for the local share of authorized hospitalization and the Georgia Department of Community Health shall pay the hospital for the State share of authorized hospitalization.

(d) Disbursement to a hospital from the Georgia Department of Community Health will be made only on proper local certification and after the County has paid the local share of the request for payment as submitted by the Participating Hospital.

(e) The official per diem rate shall be used by each Participating County when authorizing hospital care under the Program and the local share of such rate shall be the basis for county payment under the Program.

(f) The County is primarily responsible for obligations authorized by its certifications and the Georgia Department of Community Health will assist only to the extent of State funds allocated to that county.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.03

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method of Allotment and Matching of State Funds" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.04 Method of Local Administration

(1) Supervision of Local Program:

(a) The governing authority of the county shall have the following Program role:

1. to determine whether the Program should be activated in the county and to establish the local budget needed;
2. to review and to adopt the County Program Plan;
3. to make an annual review of Program performance and to determine whether the Program is to be continued in its county.

(b) The County Board of Health shall have the following Program role:

1. to bear responsibility for the proper administration of the Program in its county;
2. to develop or supervise the development of a County Program Plan;
3. to adopt local policies necessary to Program administration;
4. to delegate administrative Program functions as it deems desirable.

(c) The County Board of Health, except as indicated in paragraph (a) above shall represent the county in official negotiations with the Division of Hospital Services, Georgia Department of Community Health.

(2) County Program Plan:

(a) Annually, the County Board of Health shall prepare a County Program Plan which contains the following elements:

1. a selection of hospitals to be used by the County in accordance with 111-3-12-.04(3);

2. resolutions from the medical staff and the governing board of each selected hospital stating acceptance of participation in the local Program;
3. a policy or standard for determining indigency and medical indigency in accordance with 111-3-12-.05;
4. a policy or method for determining the need for hospitalization in accordance with 111-3-12-.06;
5. a policy or method relating to out-of-county hospital care in accordance with 111-3-12-.06(3);
6. a method or procedure for the payment of funds in accordance with 111-3-12-.03(3);
7. a statement defining the area of responsibility for any agency to which the county has delegated administrative Program responsibility in accordance with 111-3-12-.04(4).

(b) The County Program Plan shall be prepared so as to provide a logically interrelated set of policies for the local Program.

(c) The County Program Plan shall be submitted for review and approval to the governing authority of the county and to the Georgia Department of Community Health.

(3) Selection of Participating Hospitals:

(a) The County Program Plan shall contain the selection of a reasonable number of Participating Hospitals so that geographic Program Coverage will conform, in general, with the pattern of medical care for the area.

(b) In the selection of Participating Hospitals to be used by the local Program, consideration should be given to the probable needs of individual patients, the necessity for referrals between hospitals, the geographic convenience of patients, and the desires of local practicing physicians.

(c) To the fullest degree consistent with sound local Program management, the local selection of Participating Hospitals should be limited to general hospitals providing medical and surgical services.

(d) The Eugene Talmadge Memorial Hospital shall not be selected for inclusion in any County Program Plan; however, emergency or highly specialized hospital care may be authorized at this hospital.

(e) In an emergency wherein the medical condition of the patient prevents utilization of a selected participating hospital, hospitalization may be authorized in any Participating Hospital without reference to the County Program Plan.

(f) The county may amend its selection of Participating Hospitals by written notice to the Georgia Department of Community Health.

(4) Local Program Administration:

(a) The County Board of Health shall have authority to administer the local Program, including the following areas:

1. to make the necessary investigation for the final determination of indigency and medical indigency;
2. to make the final determination of the need for hospitalization;
3. to authorize and to approve payments for hospital care;
4. to maintain Program records and to prepare reports of its activities;
5. to properly account for funds made available to the local Program;

6. to maintain liaison with public and private agencies interested in the Program.

(b) The County Board of Health may delegate definable aspects of local Program administration to a governmental official, an agency, or an organization which perform a public and necessary governmental function. Any delegation must be on an annual basis and does not relieve the County Board of Health of its total Program responsibility.

(c) The County Board of Health, at its option, may elect to establish a Screening Committee to advise in local program administration.

1. The Act specifies that a Screening Committee, created by a County, should be delegated the function of making determinations and certifications relative to the indigency of persons applying for assistance under this Program.

2. Such a Screening Committee should consist of three responsible and public-minded local citizens. At least one member of a Screening Committee must be designated by the local medical society.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.04

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method of Local Administration" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.05 Criteria for Determining Indigency

(1) General Statement on Determining Financial Eligibility:

(a) The Department of Community Health desires that each county have as much freedom as possible in determining the eligibility of its residents under the provisions of this Program.

(b) Recognizing the differences in the socio-economic level of the several counties, there shall be no rigid state-wide formula devised for determining indigency and medical indigency.

(2) A Local Policy or Standard Required:

(a) The County Board of Health shall develop a policy or standard which shall be used in determining indigency and medical indigency under the Program for the residents of that county.

(b) The local policy or standard shall be established in such a manner as to satisfy the following provisions:

1. It must contain reasonable assurance of a uniform basis of review for all requests for financial assistance under the Program for residents of that county.

2. It must contain specified standards of eligibility relative to family income, family assets, hospitalization insurance, and number of dependents.

3. It must contain a procedure which requires and specifies an inventory of economic resources on persons for whom assistance is requested.

4. It must recognize the need for a higher priority in those instances where an indigent or medically indigent resident is hospitalized outside of the county.

(3) Investigation of Individual Applicants:

(a) There shall be an investigation or review of the economic condition of each applicant to determine eligibility.

(b) Each applicant shall be required to certify that he is unable to pay for the full cost of hospital care as deemed necessary by a physician.

(c) Each applicant, from family resources or hospitalization insurance, shall be required to pay as large a share as possible of the cost of his hospitalization.

(4) Payment from Other Sources:

(a) For days of hospitalization authorized under the Program, there may be a supplemental county payment above the amount based on the official per diem rate, provided such action is based upon a contract agreement between the hospital and the governing authority of the county. There shall be no State participation in a supplemental county payment.

(b) When payment is made or expected to be made to the hospital on behalf of the patient from hospitalization insurance or family resources, the amounts so collected by or due to the hospital shall be deducted from that sum which would otherwise be payable to the hospital under the Program, except as stated in 111-3-12-.05(4)(c).

(c) When the patient's stay in the hospital is greater than the days of hospitalization authorized under the Program, payment to the hospital from hospitalization insurance or family resources may be applied, according to the hospital's normal business practice, to those days of hospital care not authorized under the Program.

(d) After payment has been made for days of hospital care not authorized under the Program, any balance of hospitalization insurance or family resources shall be applied to days of authorized hospital care in accordance with 111-3-12-.05(4)(b).

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.05

AUTHORITY: Ga. L. 1933, p. 7.; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Criteria for Determining Indigency" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.06 Criteria for Hospitalization

(1) Certification of Hospital Care:

(a) This Program shall provide essential hospitalization for the acutely ill or injured who are eligible otherwise under Program requirements and who are certified by the county of residency.

(b) Each Participating County has the option of including or excluding normal obstetrics as eligible under the Program.

(c) A standard application form shall be required for all patients who receive services under the Program.

(d) All applications for hospitalization under the Program must be initiated by a physician.

(e) Hospitalization under the Program for any one patient shall not exceed thirty days in any twelve-month period.

(f) The applicant's attending physician, in recommending hospitalization shall certify the following:

1. That the applicant is acutely ill or injured;
2. That in his professional judgment intensive care normally provided by a hospital is required;
3. That there is likelihood of substantial benefit from hospitalization;
4. That he has reason to believe that the applicant is indigent;
5. That he has reason to believe the applicant is NOT eligible for care under any other program.

(g) The applicant's attending physician in recommending hospitalization shall indicate, to the best of his judgment, the number of days of hospitalization required and the hospital providing the type of care needed by the applicant.

(h) The County Board of Health, or its authorized agent, shall make the final decision on the following matters:

1. Selection of the Hospital to be used by the applicant.
2. The number of hospitalization days which will be authorized.

(i) The County Board of Health, or its authorized agent, shall promptly notify the Georgia Department of Community Health regarding all hospital care authorized under the Program.

(2) Relationship with Other Medical Care Programs:

(a) The Program shall not be construed as replacing existing Federal, State or local hospital and medical care programs for the indigent but may supplement such programs.

(b) The Program may supplement other Federal or State programs in the following manner:

1. On proper local certification, a person who is acutely ill or injured may receive hospital care under the Program even though the person is currently eligible for or receiving care under another program for a different type of disability or illness.
2. After exhausting eligibility under another program and on proper local certification, a person who is acutely ill or injured may receive hospital care under the Program for an acute illness or injury normally cared for under the program of prior sponsorship.
3. On proper local certification, persons with diagnosed tuberculosis, who because of the critical degree of their condition cannot be safely transported to Battey State Hospital may be temporarily hospitalized under provisions of the Program.

(c) When a person receives hospitalization under both this Program and another program, the authorization under this Program shall be prepared in such a manner as to avoid an overlapping payment for hospital care received.

(3) Out-of-County Hospital Care:

(a) There shall be free movement of patients and funds between counties so that the location of hospital care may become a medical determination and that payment for such hospital care may become void of artificial barriers.

(b) Out-of-county hospital care may be a medical referral in which the patient goes from the county of residence to an out-of-county hospital after it is determined that care is needed. In this instance, the county of residency shall determine both the need for hospitalization and whether the person is eligible as indigent or as medically indigent.

(c) Out-of-county hospital care may be an emergency wherein neither the patient nor his physician would have advanced plans regarding hospitalization. In this instance, the medical staff of the hospital shall determine the need for hospitalization relating to the emergency condition, and the county of residency shall determine whether the person is eligible as indigent or medically indigent.

(d) In emergency cases, the hospital and the attending physician shall complete the appropriate parts of the application form, and such application shall be received by the patient's county of residency within five days after admission of the patient. In such instances, the hospital shall indicate its approved per diem rate when transmitting the application.

(e) In the event there is an absence of negotiations between the parties concerned regarding the financial aspect of out-of-county hospital care, the Georgia Department of Community Health may earmark and reserve that sum of State funds which it deems advisable for the purpose of payment for out-of-county hospital care.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.06

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Criteria for Hospitalization" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.07 Method for Approval of Participating Hospitals

(1) Procedure for Becoming a Participating Hospital:

(a) Prerequisite to any hospital becoming a Participating Hospital under the Program, the governing authority of the hospital must elect to participate in the Program.

(b) In expressing the desire of the hospital to participate in the Program, a responsible officer of the hospital shall complete a standard application form and shall submit such application to the Georgia Department of Community Health.

(c) A hospital once approved will continue as a Participating Hospital until it voluntarily withdraws or its approval is revoked.

(2) Requirements for Becoming a Participating Hospital:

(a) To be eligible to participate in the Program, a hospital must have a physician as chief of staff and must have been issued a current licensure permit, either annual or provisional, under authority of the Georgia Hospital Regulations Act No. 623, Georgia Laws, 1946.

(b) Any hospital electing to participate in the Program must select one of the two following methods of payment for hospital care that it renders:

1. A calculated per diem related to the non-profit basic cost;
2. A fixed sum not to exceed ten dollars (\$10.00) per patient-day of care.

(c) Any hospital selecting method (b) 1. above must submit appropriate accounting data necessary to substantiate a "non-profit basic cost".

(3) Lists of Participating Hospitals. The Georgia Department of Community Health shall maintain a roster of hospitals participating in the Program and shall furnish a list of such hospitals to each County Board of Health annually or more frequently if justified by the volume of changes.

(4) Discontinuance as a Participating Hospital:

(a) A participating Hospital has the right to withdraw from the Program at any time, after proper notice of this intent to the Georgia Department of Community Health, provided that the rights of patients are not jeopardized.

(b) Should a Participating Hospital, at some future date, fail to comply with the Act and the Regulations thereunder, the Georgia Department of Community Health shall remove the hospital from the roster of participating hospitals and shall advise the hospital concerned and the County Board of Health in each participating county that the hospital is no longer a Participating Hospital under the Program.

(5) Calculating the Per Diem Rate:

- (a) The non-profit basic cost shall be determined from an analysis of the hospital's financial records and reports, and all submitted cost statements must bear the certification of a qualified auditor who is not an employee of the hospital.
- (b) The Georgia Department of Community Health shall establish for each Participating Hospital an official per diem rate, which shall be an established percentage of the non-profit basic cost.
- (c) The method of calculation of the official per diem rate for this Program shall be in harmony with the policies of other medical care programs under the sponsorship of the State of Georgia.
- (d) By electing the calculated per diem method, the hospital grants to the Georgia Department of Community Health the right to audit its financial records and the right to inform counties of its per diem rate.
- (e) For any Participating Hospital, the official per diem rate shall not exceed the average patient-day income for the hospital.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.07

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method for Approval of Participating Hospitals" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.08 General Provisions

(1) Definition of Terms. The following words, terms, or phrases when used in these Rules and Regulations, shall have the meaning ascribed to them in this section, except when the context clearly indicates a different meaning:

- (a) "Program" means the Hospital Care for the Indigent Program, established by Act No. 397, Georgia Laws, 1957;
- (b) "Physician" means a doctor of medicine duly licensed to practice medicine in Georgia in accordance with Section 84-901, *et seq.*, Georgia Code Annotated.
- (c) "Indigent Person" or "indigent" means any person who is ill or injured and who from his own resources or from resources of those upon whom he is legally dependent is financially unable to meet the full cost of hospital care as prescribed or ordered by a physician.
- (d) "financially unable" means an economic status in which a person, who because of his level of income, property, or intrafamily assistance, is not able to pay for the cost of needed hospital care without depriving himself or his dependents of necessary food, shelter, clothing, and the other minimum necessities of life within specified limits of an economic inventory.
- (e) "full cost" means the total cost of an entire period of hospitalization wherein the ill or injured person is or becomes indigent in reference to a portion of the hospital cost.
- (f) "hospital care needed" means the hospital care as prescribed or ordered by a physician.
- (g) "resident" means any person who is in the county for other than temporary or transitory purposes and who has lived continuously in Georgia for a period of not less than six months. The six months residency requirement may be waived when a physician certifies that the illness or injury constitutes an emergency which requires immediate hospital care.
- (h) "Applicant" means a resident indigent ill or injured person who makes applications for service under this Program, according to prescribed rules and regulations.

(i) "ill or injured" means indisposed for a medical reason which requires, in the professional judgment of a physician, intensive care normally provided by a hospital, and there is a likelihood of material benefit from hospitalization.

(j) "Participating County" means a county, the governing authority of which by appropriate action has agreed to participate in the Program, has adopted the rules and regulations set forth for the administration of the Program, and is current with its prorated share of funds necessary for the hospital care of county residents.

(k) "County" means the governing or taxing authority of a county.

(l) "Participating Hospital," "Participating Hospitals," or "participating hospital" means hospitals that have agreed to cooperate with the Program and have been certified as eligible according to the eligibility criteria set forth in the Rules and Regulations.

(m) "County Board of Health" means a County Board of Health created under and by virtue of an Act of the General Assembly of Georgia (Acts of 1914, page 124-125 as amended) codified as Section 88-201 et. seq., Georgia Code Annotated; or the agency designated under the provision of 111-3-12-.02(c) of these Rules and Regulations.

(2) Appeal Procedure:

(a) An applicant, a physician, or a Participating Hospital may appeal to the County Board of Health wherein the applicant resides, if the application is not acted upon within a reasonable length of time or if the application is denied, in whole or in part, by seemingly arbitrary action.

(b) The governing authority of the county, the County Board of Health, a Participating Hospital, or the local medical society have the right to appeal by a written request and to be granted a fair hearing by the Georgia Department of Public Health on administrative matters pertaining to local policies, procedures, or methods.

(c) The governing authority of a Participating County, or the County Board of Health have the right to appeal by a written request and to be granted a fair hearing by the State Board of Health relative to administrative procedures and decisions of the Georgia Department of Community Health.

(3) Revision of Rules and Regulations. Within the framework and intent of the Act, these Rules and Regulations may be revised or modified from time to time by the Department of Community Health after consultation with the Hospital Care Advisory Council.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.08

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) et seq.

HISTORY: Original Rule entitled "General Provisions" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-3-12-.09 Appendix

Act No.397

Georgia Laws 1957

AN ACT

To provide additional powers and duties to be vested in the State Board of Health in order to promote and preserve the life and health of the people of the State through a program for the hospital care of the indigent; to provide assistance to the several counties of the State in purchasing hospital care for citizens thereof who are in need of and are financially unable to provide such care for themselves; to appropriate funds to be used to match and supplement local, federal or other funds made available for this purpose; to provide for the administration of the Act by the State Board of Health; to authorize the appointment of a Hospital Care Council by the Governor to advise and assist in the

development of rules, regulations and standards necessary and proper to the implementation and administration of this Act; to repeal conflicting laws, and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

In order to promote and preserve the public health there is hereby established a "Hospital Care for the Indigent" program to be administered by the State Board of Health. The purpose of this program is to assist counties in the purchase of hospital care for persons who are ill or injured, and who can be helped by treatment in a hospital, and who are financially unable to meet the full cost of hospital care from their own resources or from the resources of those upon whom they are legally dependent. The purchase of such hospital care shall be limited to the non-profit basic cost of hospital care needed for the treatment of the ill or injured, as deemed necessary and ordered by the physician in charge of the case in accordance with the provisions of this Act and the rules, regulations and standards adopted and promulgated by the Board hereunder.

SECTION 2.

The following words, terms and phrases, when used in this Act shall have the following meaning ascribed to them in this section, except when the context clearly indicates a different meaning:

- a. Board-The State Board of Health;
- b. Program-The "Hospital Care for the Indigent" program;
- c. Participating Hospital-A publicly or privately owned hospital holding a valid permit issued pursuant to Section 99-1707, Georgia Code Annotated, and having a physician as chief of staff and provided further that the governing authority of the hospital elects to participate in the program in accordance with the provisions of this Act;
- d. Physician-A doctor of medicine duly licensed to practice medicine in Georgia in accordance with Sections 84-901, et seq., Georgia Code Annotated;
- e. Indigent Person-Any person who is ill or injured and who from his own resources or from the resources of those upon whom he is legally dependent is financially unable to meet the full cost of hospital care as prescribed or ordered by a physician;
- f. Resident-Any person who is in the State of Georgia for other than temporary or transitory purposes and who has lived continuously in this State for a period of not less than six (6) months;
- g. Participating County-A county, the governing authority of which, by appropriate action, has agreed to participate in the program and is current with its prorata share of funds necessary for the hospital care for its ill or injured indigent as herein defined and in accordance with the provisions of this Act.

SECTION 3.

Until such time as a specific appropriation may be made to the State Board of Health for the purpose of carrying out the provisions of this Act, the Budget Bureau is hereby authorized to make an allotment to the Board in such amounts as the bureau may deem necessary and proper for such purpose in accordance with the provisions of section 40-408 of the Georgia Code of 1933.

SECTION 4.

State funds appropriated to the board for the purpose of carrying out the provisions of this Act shall be expended by the board or its duly authorized agent so as to provide for the administration of this Act as it deems necessary and proper and to assist counties in providing hospital care for indigent residents. The board shall establish a graduated matching formula for the disbursement of State funds to assist counties as provided herein; provided the State share

of any participating county budget shall not exceed one dollar (\$1.00) per capita based on the latest official decennial population count of the United States Census Bureau. The board may establish an amount of State funds of the total State and county participating budget to provide hospital care for indigent resident patients who may be hospitalized outside of the county of residency; provided, however, that any unexpected State funds budgeted to provide hospital care for the indigent resident patient who may be hospitalized outside the county of residency may be reallocated by the board according to the matching formula.

SECTION 5.

After the effective date of this Act the governing authority of the participating county shall on or before the first day of April of each year submit to the Board a Hospital Care for the Indigent budget containing an estimate and supporting data setting forth the amount of moneys needed to provide hospital care for the indigent residents for said county.

SECTION 6.

Upon certification, approved by the board, any participating county may receive credit for direct expenditures made during the period covered by the budget by the county to a hospital or hospitals when such expenditures can be shown to have been made for the care of indigent residents as herein defined.

SECTION 7.

The board, after consultation with the Hospital Care Council, shall adopt and promulgate such rules and regulations as it deems necessary to carry out the provisions of this Act.

SECTION 8.

A person to qualify for assistance under this program must be an indigent resident of this State and hospital care is not available to the person under any other program. The six (6) months residency requirement may be waived; provided a physician certifies that the illness or injury constitutes an emergency which requires immediate hospital care.

SECTION 9.

To qualify a county for assistance under this program the governing authority of said county shall have certified that:

- a. The county elects to participate in the program;
- b. A local budget providing the funds required by the graduated matching formula has been approved;
- c. A local administrative agency or officer has been appointed;
- d. A screening committee or agency has been appointed to make determinations and certifications relative indigency of persons applying for assistance as provided for in this Act.

SECTION 10.

The board is authorized and empowered to enter into agreements with other State Departments, boards and agencies of the United States Government, local governmental agencies, and voluntary organizations to obtain funds for hospital care that may be available for needy persons and the board is authorized to receive and administer any funds available by such agreements in conformity with the provisions of this Act; provided, that the authority granted in this Act shall not prevent the State Department of Public Welfare from complying with the provisions of a Social Security Act Governing Medical Care (U.S.C.A. 14-701, et seq.).

SECTION 11.

The board is authorized and empowered to accept and expand any and all gifts and donations that may be made available to said board for purposes of this Act.

SECTION 12.

There shall be established a Hospital Care Council, the members of which shall be appointed by the Governor. The council shall advise with the board relative to policies, procedures and standards to be embodied in rules and regulations adopted and promulgated by the board. The membership of the council shall consist of two (2) county commissioners appointed from nominations made by the Association of County Commissioners of Georgia; two (2) hospital trustees appointed from nominations made by the Association of Hospital Governing Boards; two (2) physicians appointed from nominations made by the Medical Association of Georgia; two (2) hospital administrators appointed from nominations made by the Georgia Hospital Association; and three (3) citizens, not members of any of the foregoing groups, appointed by the Governor and representing the State at large, the Director of the State Department of Public Health, ex officio; and the Director of the State Department of Public Welfare, ex officio. Appointments made by the Governor as provided for above shall be from lists of nominees furnished by the Associations herein named and such lists shall contain two nominees for each appointment to be made. If any of the above named Associations ceases to function then the Governor shall make appointments for the association. When the appointments are first made one member from each of the associations shall be appointed for a term of two (2) years and one (1) member from each association shall be appointed for a term of four (4) years, and of the three members representing the State at large, one (1) shall be appointed for a term of two (2) years, one (1) for a term of three (3) years, and one (1) for a term of four (4) years. After the expiration of the first appointments all appointments shall be made for a period of four (4) years. The term of any ex officio member shall expire with his term of office and his successor in office shall succeed him as a member of the council. An ex officio member may designate a deputy to serve in his place as a member of the council. Such deputy member shall be subject to the same duties and responsibilities as would be imposed upon the ex officio member. Vacancies in the membership of said council shall be filled in the same manner as the original appointments. The council shall select one of its members to serve as chairman and one of its membership to serve as vice chairman. The council shall meet at the call of the chairman or upon written request of any seven (7) members and seven (7) members shall constitute a quorum for the transaction of business. The council is authorized to adopt such by-laws, rules and regulations as it may deem necessary for the proper conduct of its proceedings in the carrying out of its duties. The Director of the State Department of Public Health shall furnish the necessary clerical assistance from among employees of the Department of Public Health as may be required by the council.

SECTION 13.

The ex officio members of the Hospital Care Council shall be paid actual and necessary travel and other expenses incurred in carrying out the functions and duties of the Council and all other members shall receive twenty dollars (\$20.00) per day for each day they are engaged in their duties as members of the council, in lieu of their personal expense incurred thereby, and shall receive mileage, at the rate provided by law, to and from the place of meeting by the nearest practical route for their respective homes. All such expenses, shall be paid from the funds appropriated to the Department of Public Health. Members of the council shall receive no emoluments or compensation for their services as such members.

SECTION 14.

This Act shall not be construed as replacing Federal, State or local programs for the indigent but may supplement such programs for hospital care of the indigent.

SECTION 15.

Any person knowingly obtaining or attempting to obtain, or who aids or abets any other person to obtain or attempt to obtain by means of a willfully false statement or representation or impersonation, or other fraudulent device, any benefits provided by this Act, to which he is not lawfully entitled shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished as provided by law.

SECTION 16.

In the event any section, subsection, sentence, clause or phrase of this Act shall be declared or adjudged invalid or unconstitutional, such adjudication shall in no manner affect the other sections, subsections, sentences, clauses or phrases of this Act, which shall be and remain in full force and effect, as if the section, subsection, sentence, clause or phrase so declared or adjudged invalid or unconstitutional was not originally a part thereof. The legislature hereby declares that it would have passed the remaining parts of this Act if it had known that such part or parts thereof would be declared or adjudged invalid or unconstitutional.

SECTION 17.

This Act shall become effective when State funds become available for carrying out the provisions of this Act.

SECTION 18.

All laws and parts of laws in conflict herewith are hereby repealed.

Cite as Ga. Comp. R. & Regs. R. 111-3-12-.09

AUTHORITY: Ga. L. 1933, p. 7.

HISTORY: Original Rule entitled "Appendix" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-8. HEALTHCARE FACILITY REGULATION

Subject 111-8-7. RULES AND REGULATIONS FOR BIRTH CENTERS

111-8-7-.01 Definitions

Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

- (a) "Administrator" means the individual who is responsible for the day to day management of the center.
- (b) "Birth Center", "Birthing Center" or "Center" means a facility, other than the laboring woman's legal residence, which admits persons for the purpose of childbearing and which facility has not been classified and licensed by the Department as a hospital.
- (c) "Birth Room" means any room within a center which is provided as an area where births take place.
- (d) "Certified Nurse Midwife" means an individual who is a Registered Nurse currently licensed in the State of Georgia and who is also certified by the American College of Nurse Midwives.
- (e) "Department" means the Georgia Department of Community Health.
- (f) "General Anesthesia" means any drug, element or other material which is administered to eliminate all sensation and which, when administered, is accompanied by a state of unconsciousness.
- (g) "Governing Body" or "Management" means the board of directors, trustees, partnership, corporation, association, or person or group of persons who maintain and control the operation of the center and who are legally responsible for its operation.
- (h) "Hospital" means any facility which meets the requirements of and is currently licensed as a hospital under the provisions of O.C.G.A. Chapter 31-7, Article 1, and is in compliance with all rules and regulation of the Department pertaining to Maternity, Obstetrics and Newborn services.
- (i) "Local Anesthesia" means any drug which, when administered, provides localized temporary loss of sensation, but not accompanied by a state of unconsciousness.
- (j) "Low Risk Patient" means an individual who:
 - 1. is in general good health with uncomplicated prenatal course;
 - 2. is participating in an ongoing prenatal care and education program;
 - 3. has no major medical problems;
 - 4. has no significant signs or symptoms of hypertension, toxemia, hydramnios, abruptio placenta, chorioamnionitis, malformed fetus, multiple gestation, intrauterine growth retardation, fetal meconium, fetal distress, alcoholism, or drug addiction, Rh or other blood group antigen sensitization;
 - 5. has no history of fetal wastage or premature delivery;

6. has no previous significant obstetrical complications likely to recur, nor previous uterine wall surgery or Caesarean section;
7. has parity under six unless a justification for a variation is documented by clinical staff;
8. is not a nullipara of greater than thirty six years of age;
9. is not less than sixteen years of age at onset of pregnancy;
10. is appropriate for a setting where anesthesia is limited to local infiltration of the perineum, or a pudendal block, and analgesia is limited;
11. while in active labor:
- (i) demonstrates no significant signs, or symptoms, or evidence of anemia, significant hypertension, placenta previa, malpositioned fetus or breech;
 - (ii) is progressing normally;
 - (iii) is without prolonged ruptured membranes; and
 - (iv) is not in premature labor.
12. is not postmature.
- (k) "Patient" means any woman who receives antepartum, intrapartum and postpartum care, or any newborn who receives medical care, in facilities governed by these regulations.
- (l) "Permit" or "License" means an authorization granted by the Department to the Governing Board to operate a birth center.
- (m) "Physician" means an individual who is currently licensed to practice medicine in the State of Georgia and is board certified or board eligible in obstetrics, family practice or pediatrics.
- (n) "Plan of Correction" means an acceptable written plan submitted to the Department by the person or persons responsible for the center and which states proposed procedures and methods to correct the areas of non-compliance within an acceptable time frame.
- (o) "Practitioner" means a physician or a certified nurse midwife.
- (p) "Professional Staff" means the group of physicians, certified nurse midwives, other registered nurses, licensed practical nurses and other health professionals who require special licensure, certification or registration, who provide patient services at the center.
- (q) "Provisional Permit" means an authorization granted by the Department to operate a birth center on a conditional basis in order to allow a newly established center a reasonable but limited period of time, as determined by the Department, to demonstrate that operational procedures are in satisfactory compliance with these rules and regulations, or to allow an established and operating center a specific length of time to comply with these regulations, provided said center shall first present an acceptable plan of correction.
- (r) "Regional Anesthesia" means any drug, element or other material which, when administered, is accompanied by temporary sectional loss of sensation.
- (s) "Special Care Capability" means availability of on-site equipment for use in providing emergency care to adult and newborn patients.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.01

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Definitions" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.02 Application for Permits

(1) The governing body shall submit an application to the Department for a permit using forms provided by the Department. No center shall be operated in Georgia without a valid permit which shall be displayed in a conspicuous place within the center. Failure or refusal by the governing body of any facility existing at the time these rules become effective to file an application for a permit within ninety (90) days shall constitute a violation of law and shall be dealt with as provided by law.

(2) The applicant for a permit to operate a birth center shall submit a completed application and a certification that the applicant is able and willing to comply with the minimum standards for a birth center and with the rules and regulations lawfully promulgated. Each applicant shall be responsible for complying with applicable fire safety laws and shall present evidence of such compliance, prior to receiving a permit.

(3) The application shall include complete information concerning the name and address of the applicant and the services to be provided; the ownership of the property and operation; if organized as a corporation, the names and addresses of each officer and members of the board of directors of the corporation; if organized as a partnership, the names and addresses of each partner; the identity of the medical director of the facility; and any other information which the Department may require.

(4) The applicant shall submit evidence of approval from the State Health Planning and Development Agency, as a part of the application to the Department for a permit.

(5) Plans for birth centers shall be submitted to the Department for review and approval in two stages of development:

(a) schematic drawings; and

(b) final working drawings and specifications.

(6) A permit shall be issued to the person or persons named only for the premises listed on the application for licensure.

(7) Permits are not transferable or assignable.

(8) Changes in ownership shall be subject to prior review and approval as required by the Department. Each planned change of ownership or lease shall be reported to the Department at least sixty (60) days prior to such change along with an application from the proposed new owners for a new permit.

(9) The Center shall file a new application, prior to change in ownership or location. A written amendment to the current application shall be filed when there is a change in management or operational objectives.

(10) Separate applications and permits are required for centers maintained in separate premises, even though they are owned or operated by the same person(s), business or corporation, and may be doing business under the same title.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.02

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Application for Permits" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.03 Permits

(1) Following inspection and evidence of compliance with these regulations, the Department may issue a permit. Each permit shall indicate the classifications of services to be provided and patient capacity of the center.

(2) Permits issued shall remain in force and effect until revoked or suspended for failure to comply with these rules and regulations.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.03

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Permits" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.04 Provisional Permits

Provisional permits may be issued by the Department for a time specific period based on an acceptable written plan for correcting deficiencies (plan of correction) found during an inspection. Provisional permits may be revoked by the Department due to prevailing circumstances which are not acceptable to the Department. Centers which are established and operating prior to adoption of these rules and regulations may be issued provisional permits when additional time is needed to meet physical plant standards.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.04

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Provisional Permits" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.05 Inspections

(1) The center shall be open at all reasonable hours for observation and examination by properly identified representatives of the Department.

(2) The governing body shall notify the Department of the anticipated opening date of a newly constructed center in order that a pre-opening licensure inspection of the center may be conducted to determine compliance with these rules and regulations.

(3) The administrator (or a designated representative) shall accompany the Department representative on all tours of inspection and shall sign the completed inspection report.

(4) The center may be inspected at the discretion of the Department to determine whether it is continuing to meet these requirements or is making satisfactory progress in accordance with approved plans of correction.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.05

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-5-21](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Inspections" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.06 Organization and Administration

(1) The birth center shall be organized with an identifiable governing body which is responsible for establishing objectives and policies and which assumes full legal responsibilities for the overall conduct of the center, including

compliance with laws and regulations pertaining to the center. The governing body and its membership shall be identified in the application for licensure.

(2) The ownership of the center shall be fully disclosed in the application. This disclosure shall include the names and addresses of all corporate officers and any person(s) having a five percent (5.0%) or more financial interest in the center.

(3) The governing body shall be responsible for professional staff appointments, shall establish effective mechanisms for quality assurance, and shall ensure the accountability of the professional staff.

(4) The organizational objectives of the center shall be clearly stated in the policies and procedures of the center.

(5) The governing body shall appoint an administrator and shall notify the Department of such person's name.

(6) The center shall be at all times under the personal and daily supervision and control of the administrator (or a designated representative) whose authority, duties and responsibilities shall be defined in writing. This information shall be available to the Department on request.

(7) The center shall be available for occupancy twenty-four (24) hours per day, with professional staff on call at all times.

(8) Criteria for admission to the center shall be clearly identified in the center's policies. The admission policy shall be submitted with the application for licensure. At a minimum, admission criteria shall include a provision that only low-risk patients will be admitted and that there will be no discrimination according to race.

(9) Each patient shall be provided with a copy of the fee schedule and policy regarding payment.

(10) Admissions to the center shall be restricted to low-risk patients who have received antepartum care in accordance with the facility's policies. The center's policies and procedures regarding management of complications shall be explained by a staff physician or certified nurse midwife.

(11) The center shall have written policies and procedures for antepartum, intrapartum, postpartum and newborn care including physician consultation, referral, transfer and transport to the hospital and registration of vital records. A written procedure shall be established to maintain these policies.

(12) The center shall have a written policy regarding visitation or attendance during the birth process.

(13) The mother and newborn shall be discharged within twenty-four (24) hours after delivery, in a condition which will not endanger the well-being of either the mother or newborn, or shall be transferred to a licensed hospital. The mother and newborn will be discharged in the care of another responsible adult who will assist in their transport from the birth center.

(14) The center shall have an organized professional staff which is responsible for the development of patient care policies and procedures and for maintaining the level of professional performance through a continuing program of staff education, and review and evaluation of care. Records of staff attendance at educational programs shall be maintained.

(15) The center shall have a medical director who is a physician, designated by the governing body, who shall be responsible for the direction and coordination of all professional aspects of the center's program.

(16) Practitioners applying for center privileges shall sign an agreement to abide by the center's policies and procedures.

(17) The center shall have specific policies and procedures for infection control, which include a mechanism for reporting to the Department those infections which develop within six (6) weeks after discharge of the patient from the center, using forms provided by the Department.

(18) The center shall submit annually to the Department a statistical summary of morbidity and mortality data on forms supplied by the Department.

(19) Nothing in these rules and regulations shall prevent a licensed hospital from organizing and providing a birth center as an integral part of its facility, so long as the provided services are included in the application under which the hospital license is granted.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.06

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Organization and Administration" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.07 Transfer and Transport Capability

(1) Each birth center shall have a written agreement with a hospital(s) which is licensed to provide obstetrical services, for emergency care. Each physician practicing in the birth center shall have admitting privileges at the back-up hospital.

(2) Each birth center shall have a written agreement with the emergency back-up hospital for acceptance and examination of laboratory specimens to expedite treatment, prior to formal admission procedures.

(3) The center shall have the capability to transfer and transport the adult and/or newborn patients to the contract hospital within thirty (30) minutes of initiation of transfer procedure to the arrival on the obstetric/newborn service of the hospital. Documentation of each transfer shall be maintained by the center to substantiate to the Department that it has met this requirement.

(4) The center shall have a written contract with a licensed ambulance service which will assure timely response.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.07

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Transfer and Transport Capability" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.08 Professional Services

(1) All services provided by or in the center shall be performed by persons who are appropriately licensed or certified to perform such services in accordance with the laws of the State of Georgia. There shall be qualified staff members to provide for patient needs. At least one physician, certified nurse midwife or registered nurse shall be present at all times that the facility is open whenever a patient (mother or new born) is in the facility.

(2) All services shall occur within a health care system which provides for medical consultation, collaborative management or referral.

(3) All intrapartal services shall be under the direct supervision of a physician or a certified nurse midwife. At least one other member of the professional staff shall also be present at each delivery.

(4) The center shall establish written policies and procedures for emergency services to patients and shall require each professional staff member to receive instruction in emergency treatment of adult and infant patients, upon employment and at least annually thereafter.

(5) Each medical staff member shall have admitting privileges or a written agreement with a staff physician to provide services at the contract hospital. Documentation to show compliance with this requirement shall be maintained in the center.

(6) Definite means of identification shall be applied to every infant immediately after birth. Such identification shall remain on the infant until discharged. The permanent records of each newborn shall include footprints.

(7) The center shall have written policies and procedures to ensure (a) metabolic screening of all newborns within one week of age, (b) assessment of newborn status, including Apgar score at one and five minutes, (c) prevention of eye infection, (d) umbilical cord care, and (e) periodic observation and assessment after birth until the infant's condition is stable. These policies shall be developed in consultation with a pediatrician.

(8) Policies, procedures and facilities shall be provided for proper collection, storage and laboratory testing of cord blood for necessary studies on Rh Negative and O Positive mothers and a supply of Rhogam or other appropriate treatment material shall be readily available for use when needed.

(9) Prior to discharge, each newborn shall be examined by a physician.

(10) Verbal and written instructions shall be provided for observation and care of both the mother and newborn after discharge.

(11) A joint conference involving physicians, nurses, representatives of administration and other health personnel responsible for obstetric and newborn care shall be conducted at least quarterly to discuss morbidity and mortality. All fetal and newborn deaths and transfers occurring within the interval since the previous conference shall be reviewed. Minutes shall be kept of the meetings and shall be available to the Department.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.08

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Professional Services" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.09 Personnel

(1) The center shall require that each employee receives a health examination up on employment. The examination shall be in sufficient detail, including pertinent laboratory and tuberculosis screening, to assure that the employee is able to perform assigned tasks. The center shall have a policy for monitoring the health status of employees.

(2) There shall be a separate personnel folder maintained for each employee. This personnel file shall contain all pertinent information concerning the employee, including the application for employment and qualifications for employment, verifications of physical examinations, job description and a copy of current Georgia license for those required to be licensed.

(3) There shall be an on-going program of continuing education for all personnel. This shall include aspects of fire safety and the disaster plan for moving personnel and patients to safety and for handling patient emergencies.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.09

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Personnel" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.10 Health Services Information System

- (1) The birth center shall establish and maintain an organized health services information system for the collection, processing, maintenance, storage and retrieval of information concerning health services received by the patient.
- (2) An individual medical record shall be maintained within the system for each patient, and shall include the following data:
 - (a) Identification-name, address, identifying number, date of first visit, age or birth date, sex, marital status, occupation, telephone number, and name and telephone number of a person to contact in event of an emergency;
 - (b) An initial health evaluation including a chronological record of past medical history, drug use profile, personal and family history and results of physical examinations, including laboratory and x-ray reports;
 - (c) A health care plan which includes information regarding each visit;
 - (d) Clinical diagnosis or impression, studies ordered, treatment given, disposition, recommendations, and instructions to patient, complete with a progress note for each follow-up visit.
- (3) The system shall be kept current and available to staff or agencies authorized to use the system.
- (4) Medical records shall be preserved as original records, microfilms or other usable forms and shall be such as to afford a basis for complete audit of professional information. Centers shall retain all medical records or shall assure that they are maintained in a manner acceptable to the Department at least until the sixth anniversary of the patient's discharge. In the case of patients who have not attained majority at the time of the discharge, centers shall retain such records for at least six (6) years after the patient reaches age of majority. In the event a center shall cease operation, the Department shall be advised of the location of said records.
- (5) Sufficient space and equipment for record processing, storage and retrieval shall be provided.
- (6) Policies and procedures shall be written and implemented to assure organization and continuous maintenance of the health information system.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.10

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Health Services Information System" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.11 Clinical Laboratory Services

If laboratory services are provided on site, the laboratory shall be licensed under the provisions of the Georgia Laboratory Licensure Law of 1970, O.C.G.A. Chapter 31-22, and applicable rules and regulations.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.11

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1; O.C.G.A. Chapter 31-22.

HISTORY: Original Rule entitled "Clinical Laboratory Services" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.12 Drug Storage and Administration

- (1) Each center shall provide adequate space and equipment and staff to assure that drugs are stored and administered in compliance with State and Federal laws and regulations.

(2) No drugs shall be dispensed at the facility unless pharmacy regulations are met.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.12

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Drug Storage and Administration" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.13 Food Service

If food services are provided, the facility must comply with Georgia Laws and Food Services Rules and Regulations of the Department.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.13

AUTHORITY: O.C.G.A. Chapter 26-2, Article 13; O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Food Service" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.14 Anesthesia

General or regional anesthesia shall not be utilized in a birth center. Local or pudendal anesthesia is permitted.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.14

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Anesthesia" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.15 Physical Plant and Operational Standards

The following minimum physical plant and operational standards shall be met:

(a) The center shall provide sufficient space and equipment for patient and visitor waiting area, examination and treatment rooms, birth rooms, special care capability, and for staff and administrative areas. Birthrooms shall each have at least 100 square feet of area, exclusive of bathroom, toilet or entry way, and be designed and located to prevent traffic through them to any other part of the center.

(b) The Department may deny the center a permit if it does not comply with Federal, State and local laws, codes, ordinances, and regulations which apply to its location, construction, maintenance and operation.

(c) It shall be the responsibility of the governing body to assure that the center is in a safe condition at all times, and that a fire inspection record is maintained on equipment, systems, and areas that may present a hazard to occupants.

(d) Fire and internal disaster drills shall be conducted at least quarterly and the time of the drill and results documented.

(e) In addition to requirements specified herein, and those required by local ordinances or regulations, the construction of a birth center shall meet the requirements of the Georgia Safety Fire Commissioner, Chapter 120-3-3,* March 1, 1979, and subsequent revisions thereto. Applications for licensure shall be accompanied by written evidence that these requirements have been met.

(f) Entrances for patients shall be connected to the public right-of-way by a hard-surfaced, unobstructed walkway in good repair. Access for handicapped individuals shall be provided at a minimum of one entrance. A hard-surfaced,

unobstructed road or driveway for use by ambulances or other emergency vehicles shall run from at least one entrance of the building to the public right-of-way. The doorway of such entrance shall be immediately adjacent to the road or driveway. If such doorway is not on the same level as the road, a ramp shall provide a continuous, unobstructed plane to the entrance.

(g) Services provided in multi-story buildings shall be accessible by an elevator of adequate size to accommodate a standard wheeled litter patient and two attendants. Multi-story buildings will be considered to have met this requirement when patients are located only on ground level floors with outside exits. A stairway or ramp of adequate dimensions shall be available for transfer of patients in case of power failure.

***EDITORIAL NOTE:** A copy of said Chapter 120-3-3, Rules and Regulations of the Safety Fire Commissioner, was filed with former Chapter 290-5-41 and is on file with same in the Office of Secretary of State.

(h) The birth center shall be constructed, equipped, and maintained to assure the safety of patients and personnel. The following requirements shall apply within the center:

1. Birth rooms shall be designed and located to prevent traffic through them to any other part of the center.
 2. The walls and floors of birth rooms, examination rooms and staff dressing and scrub areas shall be of material that will permit frequent washing and cleaning.
 3. Staff dressing rooms and scrub facilities shall be convenient to the birth rooms, and shall include a knee, elbow, wrist or foot operated sink soap dispenser and brushes.
 4. Toilet and handwashing facilities shall be accessible to patients from the birth room. Convenient handwashing facilities shall be provided for both staff and patient and shall be provided with soap dispenser and individual or disposable towels. The use of common towels is prohibited.
 5. The center shall be arranged and organized in such a manner as to ensure the comfort, safety, hygiene, privacy and dignity of patients treated therein.
 6. A clean up room for equipment shall be provided.
 7. The center shall have an audible alarm system with control switches in all birth rooms which can be activated during an emergency.
 8. The center shall have special care capability which includes but is not necessarily limited to the following, for both adults and infants: resuscitation equipment, intravenous solutions, drugs, oxygen, suction, infant stethoscope and transfer isolette. Such emergency equipment shall be provided on each floor on which patients are served.
 9. Each birth room shall have an infant resuscitation tray with a laryngoscope, positive pressure bag and mask and endotracheal tubes.
- (i) The center shall provide space and facilities for administrative activities, including offices, medical records and other files and storage of supplies.
- (j) A waiting room and patient admissions area(s) shall be provided. There shall also be space for storage of personal belongings of staff, patients and visitors.
- (k) The center shall have adequate and conveniently located toilets and handwashing facilities for its staff, employees, patients and visitors.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.15

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Physical Plant and Operational Standards" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.16 Housekeeping, Laundry, Maintenance and Sterile Supplies

(1) The center shall ensure that housekeeping and maintenance is adequate to maintain the center and equipment in a clean condition and state of good repair. An equipment clean-up area with adequate plumbing, including a sink with counter, shall be provided within the center.

(2) Laundry service shall be provided either in house or by contractual arrangement. Separate space and facilities shall be provided for receiving, sorting and storing soiled laundry and for the sorting, storing and issuing of clean laundry, if reusable items are utilized.

(3) There shall be adequate space and facilities for receiving, packaging and proper sterilization and storage of supplies and equipment consistent with the services to be provided.

(4) Special precaution shall be taken to ensure that sterile instruments and supplies are kept separate from nonsterile instruments and supplies. Equipment for sterilization of instruments and supplies shall be conveniently located and of adequate capacity for the workload. Records shall be maintained to assure quality control, including, date, time and temperature of each batch of sterilized supplies and equipment. Sterilization performance shall be checked and records shall be kept. Sterile items shall be dated and utilized, based on established procedures.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.16

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Housekeeping, Laundry, Maintenance and Sterile Supplies" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.17 Electrical Power

(1) All electrical work and equipment shall be designed and installed in accordance with State and local laws and ordinances.

(2) All areas of the center shall have sufficient artificial lighting, for designated purposes.

(3) All centers shall have an alternative lighting source for emergency use in the event of a power failure.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.17

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Electrical Power" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.18 Sanitation and Waste Disposal

(1) The center shall maintain sanitary conditions throughout the premises. This shall include the water supply, sewerage, and solid waste disposal systems. Such facilities shall meet local and State regulations.

(2) All garbage, trash and waste shall be stored and disposed of in a manner that will not permit the transmission of disease, create a nuisance, or provide a breeding place for insects or rodents.

(3) Obstetrical wastes and contaminated materials shall be disposed of by incineration or other means acceptable to the Department.

(4) Effective means shall be provided at all outside doors, windows and other openings to the center to prevent the entrance and harborage of flies, other insects and rodents.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.18

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Sanitation and Waste Disposal" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.19 Advertising

Any advertising of the services provided in or by a birth center shall be truthful and shall include the full name of the center and its Georgia license number, as shown on the face of the permit.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.19

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Advertising" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.20 Waivers and Variances

(1) The Department upon application may grant variances or waivers of specific rules and regulations as provided for in O.C.G.A. Section [31-2-7\(b\)](#), when it has been shown that the rule or regulation is not applicable or to allow experimentation and demonstration of new and innovative approaches to delivery of services.

(2) The Department may exempt classes of facilities from regulation as provided for in O.C.G.A. Section [31-2-7\(c\)](#), when regulation would not permit the purpose intended or the class of facilities is subject to similar requirements under other rules and regulations.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.20

AUTHORITY: O.C.G.A. § [31-2-7](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Waivers and Variances" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.21 Enforcement

A birth center which fails to comply with these rules and regulations shall be subject to denial of a permit, revocation of its permit or provisional permit and other sanctions provided by law. The enforcement and administration of the rules and regulations: shall be as prescribed in O.C.G.A. Chapter 31-7, Enforcement and Administrative Procedure, which includes provision for:

- (a) the misdemeanor penalty for violation of rules and regulations promulgated under this Title;
- (b) injunctive relief under appropriate circumstances;
- (c) the Inspection Warrant; and
- (d) the due process requirements of notice, hearing and appeals.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.21

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. Chapter 31-5; O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1; O.C.G.A. Chapter 50-13.

HISTORY: Original Rule entitled "Enforcement" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.22 Applicability of Regulations

These regulations are applicable to any building or facility which is or shall be classified by the Department of Community Health as a birth center and the services provided there in, and expressly do not modify or revoke any of the provisions of the published rules of the Department of Community Health, Chapter 111-8-40 (Rules and Regulations for Hospitals), or of Chapter 111-8-3 (Rules and Regulations for Performance of Abortions After the First Trimester of Pregnancy and Reporting Requirements for all Abortions), or of revisions which may be made to said regulations.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.22

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Applicability of Regulations" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-7-.23 Severability

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof and such remaining rules or portions thereof shall remain of full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part hereof. It is the intent of the Board of Human Resources to establish rules and regulations that are constitutional and enforceable so as to safeguard the health and well-being of the people of the State.

Cite as Ga. Comp. R. & Regs. R. 111-8-7-.23

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Severability" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-8. HEALTHCARE FACILITY REGULATION

Subject 111-8-16. DISASTER PREPAREDNESS PLANS

111-8-16-.01 Definitions

Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

- (a) "Approved Plan" means a Disaster Preparedness Plan which has been found by the Department to meet the requirements of these regulations;
- (b) "Board" means the Georgia Board of Community Health;
- (c) "CDC" means the U.S. Centers for Disease Control and Prevention;
- (d) "Commissioner" means the Commissioner of the Georgia Department of Community Health or his designee;
- (e) "COVID-19" means coronavirus disease 2019;
- (f) "Department" means the Georgia Department of Community Health;
- (g) "Direct care staff person" means any employee, facility volunteer, or contract staff who provides to residents:
 - 1. Any personal services, including but not limited to, medication administration or assistance, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting; or
 - 2. Any other limited nursing services, as defined in subsection (b) of Code Section [31-7-12](#).
- (h) "Disaster Preparedness Plan" or "Plan" means a written document which identifies, (1) potential hazards or events, that should they occur, would cause an emergency situation at the facility; and (2) proposes, for each identified emergency situation, a course of action so as to minimize the threat to health and safety of the patients or residents;
- (i) "Facility" means any institution subject to licensure under the provisions of O.C.G.A. Chapter 31-7, Article 1; which is not exempted from the requirements of these rules and regulations;
- (j) "Governing Body" means the Board of Directors or trustees, partnership, corporation, association, person or persons who are legally responsible for the facility's operation.
- (k) "Long-term care facility" means a personal care home with 25 or more beds, an assisted living community, or a nursing home licensed by the Department.
- (l) "SARS CoV-2" means Severe Acute Respiratory Syndrome Coronavirus 2, the strain of coronavirus that causes the COVID-19 disease.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.01

AUTHORITY: O.C.G.A. §§ [31-7-3\(c\)](#), [31-7-12](#).

HISTORY: Original Rule entitled "Definitions" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: F. Mar. 19, 2018; eff. Apr. 8, 2018.

Amended: F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.02 Exemptions

The following facilities are exempt from these rules and regulations:

- (a) Facilities classified and licensed by the Department as: "Family Personal Care Homes", "Freestanding Emergency Care Centers", "Home Health Agencies", and "Specimen Collection Center" or "Health Testing Facilities."
- (b) Institutions operated exclusively by the federal government or by any of its agencies.
- (c) Public health services operated by the state, its counties or municipalities.
- (d) Health care facilities, other than nursing homes, which are certified by the Centers for Medicare and Medicaid Services (CMS) for participation in the Medicare program. All licensed nursing homes shall remain subject to these rules.
- (e) Any health care facility accredited by a CMS-approved Accreditation Organization (AO), as long as the facility's accreditation status is maintained. Facilities losing accreditation shall immediately be subject to these rules.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.02

AUTHORITY: O.C.G.A. §§ [31-2-4](#) (1982 Supp); 31-7, Article 1.

HISTORY: Original Rule entitled "Exemptions" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: F. Mar. 19, 2018; eff. Apr. 8, 2018.

Amended: F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.04 Content of Plan

(1) The plan shall contain a section in which the unique needs of the facility's residents are identified and assessed.

(2) The plan shall contain a section which identifies the emergency situations to be addressed by the plan. As a minimum the following emergency situations shall be addressed:

- (a) fire;
- (b) explosion;
- (c) unanticipated interruption of each utility used by the facility; i.e., electricity, gas, other fuel, water, etc.;
- (d) loss of air conditioning or heat; and
- (e) damage to physical plant resulting from severe weather, i.e., tornadoes, ice or snowstorms, etc. Other emergencies or hazards may be included in the plan.

(3) For each of the emergencies identified in subsection (2) above, the plan shall include a set of emergency guidelines or procedures. A standardized format should be used throughout the plan that clearly describes how the emergency procedures should be carried out. The emergency procedures should answer the questions of "who, what, when, where, and how", and allow the facility to be ready to act effectively and efficiently in an emergency situation.

(4) The written procedures referred to in subsection (3) above should address as a minimum: assignment of responsibility to staff members; care of the residents; notification of attending physicians and other persons responsible for the resident; arrangements for transportation and hospitalization; availability of appropriate records; alternate living arrangements; and emergency energy sources.

(5) The plan must contain a section that outlines the frequency of rehearsal and the procedures to be followed during rehearsal. The rehearsal should be as realistic as possible and designed to check the following:

(a) knowledge of facility staff regarding their responsibility under the plan;

(b) the reliability of individuals or community agencies or services that are listed in the plan as resources to be called upon in the event of an emergency. However, the quest for realism in the rehearsal of the plan should not require the actual movement of non-ambulatory patients/residents nor those whose physical or mental condition would be aggravated by a move.

(6) When portions of the facility's plan are contingent on services or resources of another agency, facility, or institution, the facility shall execute a written agreement with the other party or parties acknowledging their participation in the plan. Such agreement(s) shall be made a part of the plan.

(7) Long-term care facilities shall include in the plan a pandemic plan for influenza and other infectious diseases which conforms to CDC standards and contains the following minimum elements:

(a) Protocols for surveillance and detection of epidemic and pandemic diseases in residents and staff;

(b) A communication plan for sharing information with public health authorities, residents, residents' representatives or their legal surrogates, and staff;

(c) An education and training plan for residents and staff regarding infection control protocols;

(d) An infection control plan that addresses visitation, cohorting measures, sick leave and return-to-work policies, and testing and immunization policies; and

(e) A surge capacity plan that addresses protocols for contingency staffing and supply shortages.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.04

AUTHORITY: O.C.G.A. §§ [31-7-3\(c\)](#), [31-7-12.5](#).

HISTORY: Original Rule entitled "Content of Plan" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.05 Special Requirements for Long-Term Care Facilities

Each Long-term care facility shall:

(1) Inform its residents and their representatives or legal surrogates by 5:00 P.M. the next calendar day following the occurrence of either a single confirmed infection of COVID-19 or another airborne infectious disease identified by the department or the CDC as a threat to public health, or three or more residents or staff with new-onset of respiratory symptoms occurring within hours of each other. Such information shall:

- (a) Not include personally identifiable information;
 - (b) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
 - (c) Include any cumulative updates for residents and their representatives or legal surrogates at least weekly or by 5:00 P.M. the next calendar day following the occurrence of any subsequent confirmed infection of COVID-19, or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours of each other;
- (2) Maintain a minimum of a seven-day supply of protective masks, surgical gowns, eye protection, and gloves sufficient to protect all residents and staff based on CDC guidance and with consideration given to any widespread supply shortages documented by the facility or known to the department;
- (3) Maintain and publish for its residents and their representatives or legal surrogates policies and procedures pertaining to infection control and mitigation within their facilities and update such policies and procedures annually; and
- (4) On or before September 28, 2020, ensure that each resident and direct care staff person has received an initial baseline molecular SARS CoV-2 test as outlined by the CDC.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.05

AUTHORITY: O.C.G.A. §§ [31-7-3\(c\)](#), [31-7-12.5](#), [31-7-12.6](#).

HISTORY: Original Rule entitled "Records" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013

Amended: New title "Special Requirements for Long-term Care Facilities." F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.06 Records

The facility shall maintain the following records and make them available to authorized Department employees upon request:

- (a) a copy of the plan and any subsequent changes thereto;
- (b) records of rehearsals of the plan;
- (c) records of incidences which required implementation of the plan.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.06

AUTHORITY: O.C.G.A. § [31-7-3\(c\)](#).

HISTORY: Original Rule entitled "Scope of Regulations" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: New title "Records." F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.07 Scope of Regulations

The rules as contained in this chapter expressly do not modify or revoke the provisions of any of the other rules of the Department of Community Health which have been or will be promulgated under the authority of O.C.G.A. Chapter 31-7, Article 1.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.07

AUTHORITY: O.C.G.A. § 31-7, Article 1.

HISTORY: Original Rule entitled "Notice to the Department" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: New title "Scope of Regulations." F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.08 Notice to the Department

When an emergency situation occurs which dictates implementation of the plan and results in injury or loss of life, the Department shall be notified within 24 hours. Such notification may be verbal. In other emergency situations which dictate implementation of the plan a record shall be made including a written incident report and a written critique of the performance under the plan. These records shall be filed with the plan and made available to the Department during inspections of the facility.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.08

AUTHORITY: O.C.G.A. § [31-7-3\(c\)](#).

HISTORY: Original Rule entitled "Waivers and Variances" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: New title "Notice to the Department." F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.09 Waivers and Variances

The Department, upon petition, may grant variances or waivers of specific rules and regulations as provided for in O.C.G.A. § [31-2-7](#) when it has been shown that the rule or regulation is not applicable or to allow experimentation and demonstration of new and innovative approaches to the delivery of services, or the center has met the intended purpose of the rule through equivalent standards, provided that the granting of the variance or waiver will not jeopardize the health, safety or care of the residents. The Department may establish conditions which must be met by the facility in order to operate under the variance or waiver.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.09

AUTHORITY: O.C.G.A. §§ [31-2-7](#), [31-7-3\(c\)](#).

HISTORY: Original Rule entitled "Enforcement" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: New title "Waivers and Variances." F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.10 Enforcement

A facility which fails to comply with these rules and regulations shall be subject to revocation of its permit or provisional permit and/or other sanctions provided by law. The enforcement and administration of these rules and regulations shall be as prescribed in O.C.G.A. Chapter 31-5, Enforcement and Administrative Procedure, which includes provisions for:

- (a) the misdemeanor penalty for violation of rules and regulations promulgated under Title 31;
- (b) injunctive relief under appropriate circumstances; and
- (c) the due process requirements of notice, hearing and appeals.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.10

AUTHORITY: O.C.G.A. §§ 31-5, 31-7, Article 1.

HISTORY: Original Rule entitled "Severability" adopted. F. Sep. 9, 2013; eff. Sep. 29, 2013.

Amended: New title "Enforcement." F. Oct. 19, 2020; eff. Nov. 8, 2020.

111-8-16-.11 Severability

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof, and such remaining rules or portions thereof shall remain of full force and effect, as if such rules or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part hereof. It is the intent of the Board of Community Health to establish rules and regulations that are constitutional and enforceable so as to safeguard the health and well-being of the people of the State.

Cite as Ga. Comp. R. & Regs. R. 111-8-16-.11

AUTHORITY: O.C.G.A. § [31-7-3\(c\)](#).

HISTORY: Original Rule entitled "Severability" adopted. F. Oct. 19, 2020; eff. Nov. 8, 2020.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-8. HEALTHCARE FACILITY REGULATION

Subject 111-8-29. RULES AND REGULATIONS FOR HEALTH MAINTENANCE ORGANIZATIONS

111-8-29-.01 Introduction and Purpose

(1) The Department of Community Health is authorized by the Georgia Health Maintenance Organization Act of 1979, Ga. Laws of 1979, p. 1148, et seq., (Ga. Insurance Code Chapter 56-36) to promulgate rules and regulations necessary to establish and control the standards of health care which any Health Maintenance Organization (HMO) created under that Act shall be required to maintain. Before the Insurance Commissioner may issue a Certificate of Authority to operate an HMO, the Commissioner of the Department of Community Health must certify to the Insurance Commissioner that the standards of health care are met by the applicant HMO.

(2) The purpose of these rules and regulations is to establish the standards of health care which will be required by the Department of Community Health of HMOs. Minimum parameters of operation for the clinical staff and management of HMOs and components thereof will also be set. In recognition that HMOs are intended to be a cost effective alternative for the delivery of health care services, the Department is supportive of efforts to assure their availability to all citizens. It is the intent of the Department to assist the growth and development of HMO programs in Georgia and to aid in providing technical assistance needed for their efficient and effective utilization.

(3) HMOs are subject to review by the Office of Health Planning, pursuant to the Georgia Certificate of Need Law and 1122 of the Social Security amendment (where applicable). Evidence of completion of this review shall be Submitted to the Department of Community Health as a documentation requirement during the Certificate of Authority process.

(4) Copies of these rules and regulations shall be available within the HMO, and employees shall be fully informed and instructed with reference to their requirements.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.01

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Introduction and Purpose" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.02 Definitions

Unless a different meaning is required or given in the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

(a) "Basic Health Care Services" means healthcare services which an enrolled population might reasonably require in order to be maintained in good health, including as a minimum but not restricted to, preventive care, emergency care, inpatient hospital and physician care, and outpatient medical services;

(b) "Commissioner" means the Commissioner of the Georgia Department of Community Health or his designee;

(c) "Complaint" means a written expression of concern by an enrollee or provider regarding the provision of health care services by the HMO or a condition in the operation of an HMO which affects an enrollee or provider to such an extent as to be viewed by such as deserving of formal redress;

- (d) "Department" means the Georgia Department of Community Health (DCH);
- (e) "Enrollee" means an individual person who is enrolled in a health benefits plan;
- (f) "Governing Body" means the person or persons, natural or corporate, in which the ultimate responsibility, authority and accountability for the conduct of the HMO is vested;
- (g) "Health Benefits Plan" means any arrangement whereby any person undertakes to provide, arrange for, pay for, or reimburse any part of the cost of any health care services and at least part of such arrangement consists of arranging for or the provision of health care services, as distinguished from an arrangement which provides only for indemnification against the cost of such services, on a prepaid basis through insurance or otherwise;
- (h) "Health Care Services" means any services included in the furnishing to any individual of medical or dental care, or hospitalization or incident to the furnishing of such care or hospitalization, as well as the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing, or healing human illness or injury;
- (i) "Health Education" means the provision of health information and the use of educational techniques to modify an individual's or family's knowledge and/or behavior to achieve and maintain optimum physical and mental health and to prevent illness, injury, chronicity, or unnecessary disability;
- (j) "Health Maintenance Organization" or "HMO" means any legal entity subject to the provisions of the Georgia Health Maintenance Organization Act;
- (k) "Health Professional" means those professionals engaged in the delivery of health services who are currently licensed to practice in the State of Georgia, or provide services authorized under an institutional license, or are certified, or practice under authority consistent with Georgia laws;
- (l) "In-Area" means the geographical area defined by the health maintenance organization as its service area in which it provides health services to its enrollees directly through its own resources or through arrangements with other providers in the area;
- (m) "Insurance Commissioner" means the Insurance Commissioner of the State of Georgia or his designee;
- (n) "Medical Audit" means the retrospective examination and evaluation of the documentation of clinical application of medical knowledge as revealed inpatient health records for the purposes of education, accountability, and quality assurance;
- (o) "Out-of-Area" means that area outside of the geographical area defined by the health maintenance organization as its service area;
- (p) "Physician" means an individual who is currently licensed to practice medicine, surgery, or osteopathy in the State of Georgia, under the Georgia Medical Practice Act, Chapter 84-9, Georgia Laws Ann.;
- (q) "Primary Care Physician" means the physician responsible for the management of medical care and coordination of health care services of an enrollee;
- (r) "Provider" means any physician, hospital, or other person or facility which is licensed or otherwise authorized in this State to furnish health care services;
- (s) "Peer Review" means professional evaluation by currently licensed professional persons in the same category as those being reviewed, of the performance of individuals in the medical and related health care fields for the purpose of achieving and maintaining high standards of care and professional practice;
- (t) "Person" means any individual, institution, partnership, association, corporation, the State, or any municipalities or subdivision thereof, or any other entity whether organized for profit or not;

(u) "Quality Assurance Program" means the planned systematic medical and/or management actions which assure consistent rendering of high quality health care services through the use of monitoring and evaluation techniques;

(v) "Service Area" means the defined geographical area (i.e., boundaries of political subdivisions, census tracts, Area Planning and Development Commissions or Health System's Agencies, etc.) in which HMO services are available and readily accessible to enrollees;

(w) "Subscriber" means an enrollee who has entered into a contractual relationship for the provision of/or arrangement of health care services from an HMO for himself and/or his dependents;

(x) "Supplemental Health Services" means those health services offered in addition to "Basic Health Care Services."

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.02

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Definitions" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.03 Basic Health Care Services

An HMO shall provide or arrange for the provision of basic health care services to its enrollees as needed and without limitations as to time, cost, type of service, or waiting period, e.g. maternity benefits, except as otherwise provided for in these rules and regulations. Provided, however, that such persons or institutions shall not be required to provide or receive services which conflict with their religious belief or moral objection. Exemptions claimed under this provision must be fully disclosed in the health benefits plan. Upon the determination of necessity, the HMO shall be responsible for medically necessary emergency care 24-hours per day, seven days per week, during the time of an existing contract. The HMO is responsible to provide or arrange for the provision of nonemergency care during reasonable and customary working hours and days. An HMO must provide the basic health care services listed herein and may not provide less service, nor may the HMO withhold a basic health care service because of an enrollee's known or unknown health condition. An HMO may provide one or more health benefits plans which exceed the basic health care services by including one or more supplemental health services. The basic health care services are:

(a) Preventive Care Services (including family planning services and services for the detection of asymptomatic diseases). The following services will be provided on a periodic basis, as specified in the plan:

1. The full range of family planning services;
2. Services for infertility;
3. Preventive eye/ear examinations by a physician, optometrist, or other qualified health professional to determine the need for correction, for children through age seventeen (17). The cost of corrective appliances and/or artificial aids shall not be included as a basic service unless otherwise specified in the health benefits plan;
4. Pediatric and adult immunizations in accordance with the Immunization Program of the Georgia Department of Public Health;
5. Periodic health examinations with appropriate protocols for specific age and sex groups, which may include pelvic and breast examinations and pap smears for women and other special diagnostic and screening procedures for enrollees considered to be at risk for specific disease states (e.g., obesity, hypertension, diabetes, glaucoma, cardiovascular disorders, lung diseases, cancer, sickle cell disease, etc.);
6. Well-child care services aimed at preventing problems and promoting the well-being of the child according to an established schedule of examinations and services planned for early detection and treatment of disorders for the

promotion of healthy growth and development (e.g., health assessments, nutrition counseling, immunizations, screening, health education, etc.); and

7. Health education activities (including nutritional education and counseling). Health education activities shall state in writing the targeted population, purposes and techniques to be utilized in the program and the evaluation of results.

(b) Emergency Care.

1. Medically necessary emergency care service is medical care rendered by affiliated or non-affiliated providers, whether in or out of the service area, under unforeseen conditions requiring services necessary for the repair of accidental injury, relief of acute pain and/or infection, protection of the person's health, or the amelioration of illness which, if not immediately diagnosed and treated, would result in physical or mental impairment or loss of life. Outpatient and inpatient in-area medically necessary emergency health services shall be available 24-hours a day, seven days a week. Emergency health services shall include in-area ambulance services to the nearest facility designated by the HMO plan. The HMO shall have a plan for coverage of out-of-area emergencies; the plan shall cover ambulance service. An HMO associated physician or other delegated health professional shall authorize the use of nonemergency ambulance services.

2. Medically necessary emergency services shall include psychiatric emergency care provided in an emergency room. Such care shall not be considered among the limited short-term outpatient mental health visits.

3. Emergency care related to alcohol use and abuse shall include:

(i) immediate medical evaluation and care;

(ii) medical management of intoxicated persons until they are no longer incapacitated by the effects of alcohol; and/or

(iii) initiation of other appropriate health services needed for continuity of care.

4. Emergency care related to drug abuse and addiction shall include treatment for overdose and adverse reactions to psychotropic substances such as barbiturates, amphetamines, hallucinogens (including marijuana), tranquilizers and narcotics.

(c) Outpatient Medical Services and Inpatient Hospital Services.

1. Outpatient medical services shall include diagnostic or treatment services or both for patients who are ambulatory and may be provided in a non-hospital-based health care facility or in a hospital.

2. Inpatient hospital services shall include, but not be limited to room (private, if determined medically necessary by the physician) and board, general nursing care, meals and special diets when medically necessary, use of operating room and related facilities, intensive care unit and services, x-ray, laboratory and other diagnostic tests, drugs, medications, biologicals, anesthesia and oxygen services, special duty nursing when medically necessary, physical therapy, respiratory therapy, radiation therapy, administration of whole blood and blood products (or components) and derivatives, other diagnostic therapeutic and rehabilitative services as needed, and coordinated discharge planning including the planning of such continuing care as may be necessary both medically and as a means of preventing possible early rehospitalization.

3. Outpatient medical services and inpatient hospital services shall include appropriate short-term rehabilitative services. The HMO must clearly define and make known its policy to enrollees.

4. Prenatal, intrapartum and postnatal maternity care shall be covered. This shall include complications of pregnancy of the mother and care with respect to the newborn child from the moment of birth; and necessary care and treatment of illness, injury, and congenital defects of the infant.

5. Medically necessary plastic surgery shall be provided as needed for the purpose of improving function by anatomic alterations. The HMO has flexibility to determine a policy for elective plastic surgery and must clearly define and make known its policy to enrollees.
 6. Prescribed drug(s) and/or injection(s) may be provided to an enrollee at the time of outpatient care as a basic healthcare service. The HMO must clearly define and make known its policy to enrollees.
 7. Experimental procedures or biomedical clinical research investigations undertaken by the HMO or by health professionals associated with the HMO which involve HMO enrollees must comply with all current Federal and State regulations, especially with regard to informed patient consent, peer review, and the rights of human subjects.
 8. The HMO shall provide outpatient evaluative and crisis intervention mental health services. These basic mental health services may be provided through lesser or longer time periods if enrollees are equitably assured the equivalency of twenty full 50-55 minute session visits per enrollee per year. Modifications of the standard therapeutic full session shall be fully and fairly disclosed to enrollees of the HMO.
 9. Diagnosis and medical treatment for the abuse of or addiction to alcohol and drugs includes detoxification on either an outpatient or inpatient basis, whichever is medically determined to be appropriate, in addition to treatment for other medical conditions.
 10. Alcohol and drug referral services may be for either medical or for nonmedical ancillary services. Medical services shall be a part of basic health services; nonmedical ancillary services need not be a part of basic health services.
 11. Diagnostic laboratory and diagnostic and therapeutic radiology services shall include, but are not to be limited to clinical and anatomic pathology, and diagnostic radiology, including special procedures, therapeutic radiology, nuclear medicine, electrocardiography, electroencephalography, and other generally accepted diagnostic and therapeutic technology. Laboratory and diagnostic radiology services necessary for the care and management of a condition of an enrollee shall be readily accessible.
 12. Home health services are services which are provided at an enrollee's home by health care personnel, as prescribed or directed by the primary care physician. Home health services may include such rehabilitative therapy as medical social services and home health aide services. Homemaker services are not a required basic health service.
- (d) Physician Care. Physician services (including consultant and referral services by a physician) shall be provided by or at the direction of a currently licensed physician.
1. Consultant services are defined as those services requiring the skills of a physician or other licensed health professional who by training and experience has acquired or demonstrated proficiency in specialized clinical areas. Coordination of patient care shall continue to be the responsibility of the primary care physician associated with the HMO.
 2. Referral services are defined as those health and medical services provided directly to an enrollee by another health professional or health agency. Referrals shall be authorized and coordinated through the enrollee's primary care physician.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.03

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Basic Health Care Services" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.04 Supplemental Health Services

(1) An HMO may provide or arrange for the provision of supplemental health services for which the enrollee has contracted and for which the required health manpower is available.

(2) An HMO must define the level and scope of each supplemental benefit to be offered, i.e., covered days of care, number of visits, or other specific units of service to be offered. Health service facilities, type of health professionals and range of specific services, and the capabilities made available under each benefit, shall be fully disclosed to enrollees and kept current and updated.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.04

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Supplemental Health Services" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.05 Health Services Information System

(1) The HMO and/or its providers shall establish and maintain an organized health services information system for the collection, processing, maintenance, storage and retrieval of information concerning health services received by HMO enrollees.

(2) An individual record shall be maintained within the system for each enrollee to include the following minimum data:

(a) Identification - name; address; identifying number; enrollment date; age and birthdate; sex; marital status; occupation; and telephone number;

(b) An initial health evaluation including a chronological record of past medical history, drug use profile, personal and social history, family history and results of physical examinations, including laboratory and x-ray reports;

(c) A health care plan which identifies enrollee problem(s) and need(s) and the service(s) that will be provided for the enrollee's health maintenance, including revisions as indicated;

(d) The chief complaint and purpose of each visit; clinical diagnosis or impression; studies ordered; treatment given; disposition, recommendations, and instruction to patient; and a progress note for each follow-up visit;

(e) Copies of all consultation and/or referral requests and responses from other health care providers within and without of the organization, which shall be entered into the health record within 14 calendar days following the completion of services by the provider; and

(f) Other records, such as laboratory, x-ray and other test reports, vision/hearing records, immunization records, prenatal/postnatal records, copies of discharge summaries from inpatient health facilities, etc.

(3) The system shall be kept current and available to staff or agencies authorized to use the system.

(4) Health services information shall be retained for a period of six years after the last patient encounter for adults, and for six years after a minor reaches the age of majority. This information may be retained as originals, microfilms, or other usable forms and shall afford a basis for complete audit of professional information. If the HMO dissolves or changes ownership, the plan for retention shall be placed into effect and the Department shall be advised of the disposition and/or location of said records.

(5) Sufficient space and equipment for record processing, storage and retrieval shall be provided.

(6) Policies and procedures shall be written and implemented to assure organization and continuous maintenance of the health services information system.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.05

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Health Services Information System" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.06 Confidentiality of Medical Information

Any data or information pertaining to the diagnosis, treatment, or health of any enrollee obtained from such person or from any provider by any HMO shall be held in confidence and shall not be disclosed to any person except to the extent that it may be necessary to carry out the purposes of these regulations; or upon the express consent of the enrollee; or pursuant to statute or court order for the production of evidence or the discovery thereof or in the event of claim or litigation between such person and the HMO wherein such data or information is pertinent. An HMO shall be entitled to claim any statutory privileges against such disclosure which the provider who furnished such information to the HMO is entitled to claim.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.06

AUTHORITY: Ga. L. 1979, pp. 1148, 1171, 1172; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Confidentiality of Medical Information" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.07 Quality Assurance

(1) Program Planning and Evaluation. The HMO shall have a formal organized plan for an ongoing quality assurance program. The purpose of the quality assurance plan is to assure that the quality of health care services is continually monitored, reviewed and evaluated for appropriate resource utilization, cost containment, and improvement of healthcare delivery. The written plan shall be approved by the governing body and implemented under the direction of the medical director of the HMO or the medical group. At a minimum, the plan shall include:

- (a) The role and responsibilities of the medical director;
- (b) An organizational structure created for the purpose of monitoring, reviewing, and evaluating the quality of health care services provided and appropriate resource utilization and cost containment;
- (c) Mechanisms to collect data; identify problem areas and make recommendations for changes or improvements; develop plans for correction of identified problems; and follow-up;
- (d) Arrangements for routine reporting of results of quality assurance program activities to the governing body and administration;
- (e) Provision for maintenance of minutes and records of quality assurance program activities; and
- (f) A peer review process which will evaluate and document the internal quality assurance program and the professional standards and practices of the providers, and services provided.

(2) Accessibility and Availability of Services.

(a) Basic health care services and supplemental health services for which enrollees have contracted shall be accessible (capable of being reached) to each enrollee and shall be readily available (present or ready for immediate use), within the defined service area of the HMO.

(b) An HMO shall provide or arrange for regular and reasonable hours during which an enrollee may receive services. An orderly system for scheduling services to enrollees is required and shall take into account the immediacy of the need for service.

(c) The HMO shall have a physician available or arrange for physician services to be available at all times to provide diagnostic and treatment services. The HMO shall assure that every enrollee seen for a medical complaint is evaluated by a physician or other qualified health professional pursuant to Georgia law. Each enrollee shall have the opportunity to select his primary care physician from among those available at the HMO.

(d) Medically necessary emergency services shall be available and accessible within the service area 24-hours a day, seven days a week.

(e) The ratio of enrollees to staff, including health professionals, administrative and other supporting staff, directly or through referrals, shall be such as to reasonably assume that all services offered by the HMO will be accessible without delays detrimental to the health of the enrollees. The HMO shall demonstrate an adequate ratio of primary care physicians to enrollees.

(f) The HMO shall provide for the availability and accessibility to services of medical specialists as determined to be medically necessary for the enrollee.

(g) Each HMO shall have a procedure for monitoring and evaluating availability and accessibility of its services, including a system for addressing problems that develop.

(3) Continuity of Care.

(a) Each provider shall establish and maintain an individual health record on each enrollee served, which shall contain information relating to the health care of that enrollee. These records shall be available to accommodate the flow of pertinent information to and from primary care physicians, as needed to assure continuity of care.

(b) The HMO shall offer counseling in dealing with the physical, emotional, and economic impact of illness and disability through services such as pre- and post-hospitalization planning, referral to services provided through community health, social and welfare agencies for family counseling, home health services, mental health services, health education, etc.

(4) Personnel.

(a) All HMO personnel and providers of services shall be currently licensed to perform the services they provide, when such services require licensure or registration under applicable State laws.

(b) The HMO shall assure that there is a sufficient number of health professionals to meet the needs of its enrollees. The specialty mix of licensed physicians shall be consistent with the projected health needs of the enrolled population. Emphasis shall be placed on having an adequate number of primary health care physicians.

(c) The HMO shall arrange for programs of continuing education for its staff and providers, either internally or by external organizations or agencies, to maintain and update skills and to assure quality of health care services.

(d) The HMO shall maintain an individual personnel folder on each employee and/or provider. This file shall include all personal information concerning the employee and/or provider, including applications and qualifications for employment. The employee's and/or provider's current license or registration number shall be included, if applicable.

(5) Facilities and Equipment.

(a) All facilities and equipment used for and in the delivery of services which are required to be licensed and/or certified by law, shall be so licensed and/or certified. This includes but is not necessarily limited to hospitals,

nursing and intermediate care homes, clinical laboratories, pharmacies, psychiatric hospitals, and state- operated facilities.

(b) Providers shall have a functional, sanitary, and comfortable environment for patients, personnel, and the public. At all times the privacy and dignity of patients will be upheld.

(c) There shall be an adequate amount of space for services provided and disabilities treated, including waiting and reception areas, staff space, examining rooms, treatment areas, and storage.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.07

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Quality Assurance" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.08 Policies and Procedures of the HMO

The HMO shall have written policies and procedures governing the provision of services which are based on the stated objectives of the HMO. Policies and procedures shall be approved by the governing body and reviewed and updated at least annually. All policies/procedures shall be available for review by staff, enrollees, and providers. Policies and procedures shall include the following subjects:

(a) Administrative Policies:

1. Advisory Panels. Enrollees shall be afforded an opportunity to participate in health care matters of policy and operation through the establishment of advisory panels, by the use of advisory referenda on major policy decision, or through the use of other mechanisms;

2. Complaint System. The HMO shall establish and maintain a complaint system approved by the Insurance Commissioner after consultation with the Commissioner;

3. Annual Report. The HMO shall annually, on/or before the first day of March, file with the Insurance Commissioner's Office an annual statement as of December 31st of the preceding year which has been certified by at least two principal officers of said HMO. This report shall include summary information and statistics relating to the quality of health care, cost of operations, the pattern of utilization of services, availability and accessibility to services, use of the complaint system, and such other matters as may be required by the Commissioner;

4. Separation of Medical Decisions. The HMO plan shall be able to demonstrate through its quality assurance program and utilization review process that medical decisions are not hindered by fiscal and administrative management;

5. Service Area. The HMO shall maintain a current, explicit, definition of its service area and a statement of any restrictions or limitations on out-of-area health care.

(b) Policies Related to Professional Services:

1. Physician Services. The enrollee shall have a choice of any of the primary care physicians under contract to the HMO subject to availability;

2. Other Services. A system shall be established for referral, consultant, and other services not directly provided by the HMO to ensure continuity and availability of care;

3. Inpatient Admission and Discharge Policies. The HMO shall have policies and procedures for inpatient health facility utilization and utilization review.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.08

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, pp. 1148, 1153, 1157, 1159, 1160, 1161; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Policies and Procedures of the HMO" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.09 Statistical Information

(1) The HMO shall develop, compile, evaluate, and report statistics to the Department as requested relating to the cost of its operations, the pattern of utilization of its services, and the availability and accessibility of its services. The HMO shall provide the Department with full access to all operational and statistical data to enable the Department to verify the HMO's compliance.

(2) The annual statistical report shall contain the following information and shall be made on forms to be provided by the Commissioner. (Federally qualified HMO's may substitute for this annual statistical report, a copy of their four (4) most recent quarterly reports under the National Data Reporting Requirements).

(a) Enrollee statistics:

1. Number of employer contracts and total number of enrollees served by the contracts;
2. Number of subscriber contracts and total number of enrollees served by the contracts;
3. Number of enrollees at the beginning of the reporting year, and number of enrollees at the end of the reporting year, additions during the reporting year, losses during the reporting year;
4. Number of Medicaid and Medicare enrollees.

(b) Provider contracts:

1. Number by type of provider (i.e. physician, dentist, hospital, etc.);
2. Additions during the year;
3. Number of terminations during the year.

(c) Utilization, availability, accessibility, and cost data on the following:

1. Inpatient services;
2. Ambulatory care;
3. Preventive health care services.

(d) Other relevant information as determined by the Commissioner.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.09

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, pp. 1153, 1159, 1160, 1161; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Statistical Information" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.10 Examinations

(1) The HMO shall be available at all reasonable and/or scheduled operating hours for observation and examination by properly identified representatives of the Department. These examinations shall pertain to all matters relating to the quality of healthcare services of the HMO and all providers with whom such HMO has contracts, agreements, or other arrangements pursuant to its health benefits plan, as often as the Commissioner shall deem it necessary for the protection of the interests of the people of the State, but not less than once every five years. Such examinations may include any accounts, records, documents and files in the possession or control of the HMO, its officers, employees, representatives and providers, which relate to the subject of the examination. An HMO shall be entitled to claim any statutory privileges against such disclosure which the provider who furnished such information to the HMO is entitled to claim.

(2) The administrator or his representative shall accompany the Department representative on all tours of inspection and shall sign the completed checklist.

(3) Each HMO shall be periodically inspected to determine whether it is continuing to meet these requirements or is making satisfactory progress on approved plans of correction.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.10

AUTHORITY: Ga. L. 1964, pp. 499, 505, 507, 523; Ga. L. 1979, pp. 1148, 1164, 1165; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Examinations" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.11 Regulatory Process

Upon certification to the Insurance Commissioner's Office that the HMO does not meet the requirements of Section 56-3603(1) (b) of the HMO Act of Georgia; or the HMO is unable to fulfill its obligations to furnish health care services as required under its health benefits plan(s); or the HMO has violated any provision of the rules and regulations of the Department, the HMO shall be subject to the regulatory process as prescribed by the HMO Act of Georgia.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.11

AUTHORITY: Ga. L. 1979, pp. 1148, 1166, 1167, 1168; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Regulatory Process" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.12 Enforcement

(1) Informal Procedure. If the Commissioner shall for any reason have cause to believe that any violation of these rules and regulations or of the Georgia Laws governing HMO's has occurred or is threatened, the Commissioner may give notice to the HMO and to its representatives, or to other persons who appear to be involved in the suspected violation, to arrange a conference with the alleged violators or their authorized representatives for the purpose of ascertaining the facts relating to each suspected violation. In the event it appears that any violation has occurred or is threatened, the conferees may determine an adequate and effective means of correcting or preventing such violation. The proceedings under this subsection may be conducted in the manner deemed appropriate by the Commissioner under the particular circumstances.

(2) Formal Regulatory Process. In the event the Department does not choose to use the informal procedure set out above, or if an HMO does not correct or prevent the alleged violations as required by the Commissioner when the Department finds an HMO does not meet the requirements of these regulations or an HMO is unable to fulfill its obligations to furnish health care services as required under its health benefits plan, the Department shall so certify to the Insurance Commissioner for enforcement proceeding by that Department.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.12

AUTHORITY: Ga. L. 1979, pp. 1170, 1171; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Enforcement" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.13 Applicability of Regulations

These regulations are applicable only to HMO's and the services provided therein, and do not modify or revoke any of the provisions of other published rules of DCH.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.13

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Applicability of Regulations" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-29-.14 Severability

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof and such remaining rules or portions thereof shall remain of full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part hereof. It is the intent of the Board of Community Health to establish rules and regulations that are constitutional and enforceable so as to safeguard the health and well-being of the people of the State.

Cite as Ga. Comp. R. & Regs. R. 111-8-29-.14

AUTHORITY: Ga. L. 1979, p. 1172; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Severability" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-8. HEALTHCARE FACILITY REGULATION

Subject 111-8-90. RULES AND REGULATIONS FOR X-RAY

111-8-90-.01 General Provisions

(1) Purpose and Scope.

(a) To set forth rules and regulations which implement the mandates of the Radiation Control Act, O.C.G.A. Chapter 31-13, as it relates to the registration and regulation of users of radiation machines.

(b) Except as otherwise specifically provided, these regulations apply to all uses of radiation machines in the healing arts, industry, educational and research institutions.

(2) Human Radiation Exposure. Radiation shall not be applied to individuals except as prescribed by persons licensed to practice in the healing arts or as otherwise provided in these regulations. Only licensed practitioners and authorized operators shall apply radiation to a person.

(3) Prohibited Use. The operation of any radiation machine in this state is prohibited unless the user is registered with the Department.

(4) Definitions. Unless a different meaning is required by the context of a rule, the terms used in these regulations have the definitions set forth below.

(a) "Accessible surface" means the external surface of the enclosure or housing provided by the manufacturer.

(b) "Act" means the Radiation Control Act, Chapter 13 of Title 31 of the Official Code of Georgia Annotated.

(c) "Analytical x-ray machine" means any device, including but not limited to x-ray diffraction, x-ray diffractometry, and x-ray spectroscopy, which utilizes x-rays to examine the micro-structure of materials.

(d) "Aperture" means any opening in the external surface, other than a port, which remains open during the production of x-rays.

(e) "Applicant" means the responsible person in authority who applies for registration of the x-ray machine(s).

(f) "Barrier" means attenuating materials used to reduce radiation exposure:

1. "Primary-barrier" is one sufficient to attenuate the useful beam to the required degree as specified in section 111-8-90-.03 of this chapter.

2. "Secondary-barrier" is one sufficient to attenuate the sum of leakage and scattered radiation to the required degree as specified in section 111-8-90-.03 of this chapter.

(g) "Beam-limiting device" or "collimating device" means a device which provides a means to restrict the dimensions of the x-ray field.

(h) "Beam scattering filter" means a filter used in order to scatter a beam of electrons.

(i) "Cabinet x-ray machine" means an x-ray machine with the x-ray tube installed in an enclosure independent of existing architectural structures except the floor on which it may be placed. The cabinet x-ray machine is intended to:

1. contain at least that portion of a material being irradiated;
2. provide radiation attenuation; and
3. exclude personnel from its interior during generation of radiation.

Included are all x-ray machines designed primarily for the inspection of carryon baggage at airline, railroad, and bus terminals, and in similar facilities. An x-ray tube used within a shielded part of a building, or x-ray equipment which may temporarily or occasionally incorporate portable shielding, is not considered a cabinet x-ray machine.

(j) "Calendar quarter" means not less than 12 consecutive weeks nor more than 14 consecutive weeks. The first calendar quarter of each year shall begin in January and subsequent calendar quarters shall be so arranged such that no day is included in more than one calendar quarter and no day in any one year is omitted from inclusion within a calendar quarter.

(k) "Certified machine" means any x-ray machine which has one or more certified component(s) as specified in the Code of Federal Regulations, Title 21, Chapter 1, Subchapter J, Part 1020.30.

(l) "Contact therapy machine" means an x-ray machine used for therapy with the x-ray tube port placed in contact with or within 5 centimeters of the surface being treated.

(m) "Control panel" means that part of the x-ray control upon which are mounted the switches, knobs, push buttons, and other hardware necessary for manually setting the technique factors.

(n) "Dead-man switch" means a switch so constructed that a circuit closing contact can be maintained only by continuous pressure.

(o) "Department" means the Department of Community Health.

(p) "Diagnostic type tube housing" means an x-ray tube housing so constructed that the leakage radiation at a distance of 1 meter from the target cannot exceed 100 mR in 1 hour when the tube is operated at any of its specified ratings.

(q) "Diagnostic x-ray machine" means an x-ray machine designed for irradiation of any part of the human body for the purpose of diagnosis or visualization.

(r) "Disposal" for the purpose of these regulations, means the sale, gift, transfer, destruction, disassembly or any disposition of a radiation machine or its parts.

(s) "Dose" as used in these regulations shall mean absorbed dose or dose equivalent as appropriate.

1. "Absorbed Dose" means energy absorbed per unit mass of irradiated material at the place of interest. The special unit of absorbed dose is the Rad (see "Rad") or Gray (see "Gray").

2. "Dose equivalent" is a quantity that expresses on a common scale for all radiation a measure of the postulated effect on a given organ. It is defined as the absorbed dose in rads times certain modifying factors. The unit of dose equivalent is the rem (see "Rem") or Sievert (see "Sievert").

(t) "Dose monitor unit" means a unit response from the dose monitoring system from which the absorbed dose can be calculated.

- (u) "Entrance exposure rate" means the roentgens per unit time at the point where the center of the useful beam enters the patient.
- (v) "Existing equipment" means therapy machines subject to these regulations which were manufactured on or before January 1, 1985.
- (w) "Exposure" means a measure of the ionization produced in a given volume of air by X- or gamma radiation. The unit of exposure is the Roentgen or coulombs/kilogram.
- (x) "Exposure rate" means the exposure per unit of time, i.e., as Roentgens per minute, or mR per hour as measured in air. (coulombs/kilogram/unit time).
- (y) "External surface" means the outside surface of the cabinet x-ray machine including the plane across any aperture or port.
- (z) "Facility" means the location at which one or more x-ray machines are installed and/or located within one building, vehicle, or under one roof and are under the same administrative control.
- (aa) "Failsafe" means a design feature which causes beam port shutters to close, or otherwise prevents emergence of the primary beam, upon the failure of a safety or warning device.
- (bb) "Filtration" means material in the useful beam which preferentially absorbs selected radiations.
1. "Added filtration" means any filtration which is in addition to the inherent filtration.
 2. "Inherent filtration" means the filtration of the useful beam provided by the permanently installed tube assembly.
 3. "Total Filtration" means the sum of the added filtration and inherent filtration in the useful beam.
- (cc) "General purpose radiographic x-ray machine" means any radiographic x-ray machine which, by design, is not limited to radiographic examination of specific anatomical regions.
- (dd) "Gray" (Gy) means unit of absorbed dose. One Gy equals 1 Joule of energy deposited in one kilogram of material. One gray equals one hundred rads.
- (ee) "Half-value layer" means the thickness of specified material which attenuates the beam of radiation so that the exposure is reduced to one-half of its original value.
- (ff) "Healing Arts" means the practice of medicine, chiropractic, dentistry, osteopathy, podiatry, and veterinary.
- (gg) "High Radiation Area" means any area, accessible to individuals, in which there exists radiation at such levels that a major portion of the body could receive in any one hour a dose in excess of 100 millirems.
- (hh) "Human use" means the administration of radiation to an individual.
- (ii) "Industrial radiography" means the examination of the macroscopic structure of materials by nondestructive methods using sources of ionizing radiation to produce radiographic images.
- (jj) "Inspection" means an official examination or observation to be performed by the Department including but not limited to, tests, surveys, evaluations and monitoring to determine compliance with rules, regulations, orders, requirements and conditions of the Department.
- (kk) "Irradiation" means the exposure of matter to ionizing radiation.
- (ll) "Lead equivalent" means the thickness of lead affording the same attenuation, under specified conditions, as the material in question.

(mm) "Leakage radiation" means radiation emanating through the diagnostic or therapeutic source assembly except for the useful beam.

(nn) "Leakage technique factors" means the technique factors associated with the tube housing assembly which are used in measuring leakage radiation. They are defined as follows:

1. For capacitor energy storage equipment, the maximum-rated peak tube potential and the maximum-rated number of exposures in an hour for operation at the maximum-rated peak tube potential with the quantity of charge per exposure being 10 millicoulombs, i.e., 10 milliampere seconds, or the minimum obtainable from the unit, whichever is larger.

2. For field emission equipment rated for pulsed operation, the maximum-rated peak tube potential and the maximum-rated number of x-ray pulses in an hour for operation at the maximum-rated peak tube potential.

3. For all other equipment, the maximum-rated peak tube potential and the maximum-rated continuous tube current for the maximum-rated peak tube potential.

(oo) "Light field" means that area of the intersection of the light beam from the beam-limiting device and one of the set of planes parallel to and including the plane of the image receptor.

(pp) "New equipment" means x-ray machines subject to these regulations which were manufactured after January 1, 1985.

(qq) "Occupational dose" means exposure of an individual to radiation in the course of employment in which the individual's routine duties involve exposure to radiation.

(rr) "Open beam x-ray installation" means an installation in which the source and all objects exposed to the radiation source are within an area designated as a high radiation area.

(ss) "Operator" means that individual authorized by the registrant to operate the registrant's x-ray machine(s).

(tt) "Particle accelerator" means any machine capable of accelerating electrons, protons, deuterons, or other charged particles in a vacuum and of discharging the resultant particulate or other radiation into a medium at energies usually in excess of 1 MeV.

(uu) "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this State, any other State or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing.

(vv) "Personnel monitoring equipment" means devices (i.e., film badges, pocket dosimeters, and thermo-luminescent dosimeters) designed to be worn or carried by an individual for the purpose of estimating the dose received.

(ww) "Phantom" means a volume of material behaving in a manner similar to tissue with respect to the attenuation and scattering of radiation.

(xx) "Port" means any opening in the external surface which is designed to remain open during the production of x-rays for the purpose of conveying material to be irradiated into or out of the machine or for partial insertion for irradiation of material whose dimensions do not permit the insertion of the entire object into the cabinet.

(yy) "Practitioner" means a physician licensed in Georgia under authority of Chapter 34 of Title 43 of the Official Code of Georgia Annotated; a chiropractor licensed in Georgia under authority of Chapter 9 of Title 43 of the Official Code of Georgia Annotated; a podiatrist licensed in Georgia under authority of Chapter 35 of Title 43 of the Official Code of Georgia Annotated; a dentist licensed in Georgia under authority of Chapter 11 of Title 43 of the

Official Code of Georgia Annotated; or a veterinarian licensed in Georgia under authority of Chapter 50 of Title 43 of the Official Code of Georgia Annotated.

(zz) "Precertified x-ray systems" means a diagnostic x-ray machine produced prior to August 1, 1974 as specified in the Code of Federal Regulations, Title 21, Chapter 1, Subchapter J, Part 1020.30.

(aaa) "Rad" (radiation absorbed dose) means the unit of absorbed dose. One rad = 100 ergs/gm or .01 Gy.

(bbb) "Radiation" means gamma rays and x-rays, alpha and beta particles, high speed electrons, neutrons, and other nuclear particles.

(ccc) "Radiation area" means any area, accessible to individuals, in which there exists radiation at such levels that a major portion of the body could receive in any one hour a dose in excess of 5 millirems, or in any 5 consecutive days a dose in excess of 100 millirems.

(ddd) "Radiation detector" means a device which, in the presence of radiation, provides by either direct or indirect means, a signal or other indication suitable for use in measuring one or more quantities of incident radiation.

(eee) "Radiation Machine" means any device that is designed for the controlled production of radiation or nuclear particles.

(fff) "Radiation Therapist" shall be defined as a physician who has met the requirements for certification by the American Board of Radiology in radiation therapy or by the American Board in general radiology provided that the physician has had two years or more of additional experience in radiation therapy.

(ggg) "Radiation therapy simulation machine" means a radiographic or fluoroscopic x-ray machine specifically designed for localizing the volume to be exposed during radiation therapy and confirming the position and size of the therapeutic irradiation field.

(hhh) "Registrant" means any user registered with the Department in accordance with these regulations.

(iii) "Registration" means registration of the user(s) of x-ray machine(s) with the Department.

(jjj) "Regulations" means the Department of Health Rules and Regulations for X-Ray, Chapter 111-8-90.

(kkk) "Rem" means a measure of the dose equivalent of any radiation to body tissue in terms of its estimated biological effect relative to a dose received from an exposure to one roentgen (R) of x-rays. For the purpose of these regulations, any of the following is considered to be equivalent to a dose of one rem:

1. An exposure of 1 R of x-, or gamma radiation.
2. A dose of 1 rad (.01 Gy) due to x-, gamma, or beta radiation.
3. A dose of 0.05 rad (5×10^{-4} Gy) due to particles heavier than protons and with sufficient energy to reach the lens of the eye.
4. A dose of 0.1 rad (1×10^{-3} Gy) due to neutrons or high energy protons.

(lll) "Restricted area" (controlled area) means any area to which access is controlled by the registrant for purposes of protection of individuals from exposure to radiation. "Restricted area" shall not include any areas used for residential quarters, although a separate room or rooms in a residential building may be set apart as a restricted area.

(mmm) "Roentgen" (R) means the special unit of exposure. One roentgen equals 2.58×10^{-4} coulombs/kilogram of air.

(nnn) "Sale" for the purpose of these regulations, means any act where a radiation machine is transferred from one person to another for money or other valuable consideration.

(ooo) "Scattered radiation" means radiation that, during passage through matter, has been deviated in direction.

(ppp) "Shielded-room radiography" means industrial radiography conducted in a room so shielded that radiation levels at every location on the exterior meet the limitations specified in Section .03 of these regulations.

(qqq) "Sievert" (Sv) means a unit of dose equivalent. One sievert equals 100 rem.

(rrr) "Source" means the focal spot (target) of the x-ray tube.

(sss) "Source-image receptor distance" (SID) means the distance from the source to the center of the input surface of the image receptor.

(ttt) "Spot check" means an abbreviated calibration procedure which is performed to assure that a previous calibration continues to be valid.

(uuu) "Target" means that part of a radiation source which intercepts a beam of accelerated particles with subsequent emission of other radiation.

(vvv) "Test" means an examination through the use of instrumentation, visual inspection, interviews with individuals, and checks of various devices used in connection with radiation generating equipment to determine compliance with a regulatory requirement.

(www) "Therapy radiation" means the use of an ionizing radiation source for the purpose of treatment.

(xxx) "Traceable to a national standard" means that a quantity or a measurement has been compared to a national standard directly or indirectly through one or more intermediate steps and that all comparisons have been documented.

(yyy) "Transfer" for the purpose of these regulations, means the disposing of a radiation machine by any means including, but not limited to gift, sale, bailment, loan or lease.

(zzz) "Unrestricted area" (uncontrolled area) means any area to which access is not directly controlled by the registrant for purposes of protection of individuals from exposure to radiation.

(aaaa) "Unwanted by-product" means ionizing radiation generated by an apparatus whose primary function and design is not intended to produce ionizing radiation.

(bbbb) "Useful beam" means the radiation which passes through the tube housing port and the aperture of the beam-limiting device when the exposure switch or timer is activated.

(cccc) "User" means any person who possesses a radiation machine which is utilized for the administration of radiation.

(dddd) "Virtual source" means a point from which radiation appears to originate.

(eeee) "X-Ray machine" for the purposes of these regulations means a radiation machine designed for the controlled production of x-rays.

(5) Variances, Waivers, and Exemptions. The Department may, upon application, grant such variances, waivers, or exemptions from the requirements of these regulations as authorized by O.C.G.A. Section [31-2-4](#).

(6) Inspections.

(a) The Department is the authorized agency empowered to inspect and determine compliance with the Act and these regulations.

(b) Each registrant shall afford the Department at all reasonable times opportunity to inspect radiation machines and the premises and facilities wherein such radiation machines are used.

(c) Each registrant shall make available to the Department for inspection, upon reasonable notice, records maintained by the registrant pursuant to this Chapter.

(d) The Department shall conduct periodic inspections of registrants to determine compliance with the Act and this Chapter.

(e) The Department or its designated representative is authorized under the authority of O.C.G.A. Section [31-5-5\(b\)](#) to classify as confidential and privileged documents, reports and other information and data obtained by them from persons, firms, corporations, municipalities, counties, and other public authorities and political sub-divisions where such matters relate to:

1. Trade secrets and commercial or financial information furnished to the Department on a privileged or confidential basis. Matters subject to this exemption are those which are customarily held in confidence by the originator. They include, but are not limited to:

(i) Information received in confidence, such as trade secrets, inventions, and proprietary data;

(ii) Technical reports and data, designs, drawings, specifications, formulas, or other types of proprietary information which are furnished to the Department or which are generated or developed by the Department or for the Department under contract.

2. Personnel and medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. Examples of files exempt from disclosure include, but are not limited to:

(i) Names or identifying information regarding individuals.

Discovery shall be subject to the statutory requirements found in O.C.G.A. Section [31-5-5](#).

(f) Whenever the Department finds that an emergency exists requiring immediate action to protect the public health and safety, the Department may, without notice or hearing, issue an order reciting the existence of such emergency and requiring that such action be taken as is necessary to meet the emergency. Notwithstanding any provision of Chapter 13 of Title 31 of the Official Code of Georgia Annotated, such order shall be effective immediately. Any person to whom such order is directed shall comply therewith immediately but on application to the department shall be afforded a hearing within ten days. On the basis of such hearing the emergency order shall be continued, modified or revoked within 30 days after such hearing, as the Department may deem appropriate under the evidence.

(7) Tests.

(a) The Department has the authority to conduct such reasonable tests as it deems appropriate or necessary in the administration of this Chapter, including, but not limited to, tests of:

1. sources of radiation;

2. facilities wherein sources of radiation are used or stored;

3. radiation detection and monitoring instruments; and

4. other equipment and devices used in connection with utilization or storage of registered sources of radiation.

(8) Requirements for Radiation Protective Shielding.

(a) Each facility shall be provided with such primary barriers and/or secondary barriers as necessary to assure compliance with Section .03(2)(a) and (b) of these Regulations titled "Standards for Protection Against Radiation".

(b) In computing shielding requirements, only identified permanently installed construction materials or permanently installed lead shielding materials shall be considered. Cassettes, cassette holders, (except as specifically permitted elsewhere in this Chapter), patients, or non-permanent materials shall not be used as part of the radiation shielding.

1. For energies up to 1 MeV:

(i) This requirement shall be deemed to be met if the thickness of the barrier(s) is equivalent to that computed in accordance with National Council on Radiation Protection and Measurements (NCRP) Report No.49 "Structural Shielding Design and Evaluation for Medical Use of X-Rays and Gamma Rays of Energies Up to 10 MeV" or its current revision or replacement.

(ii) A primary barrier in walls shall extend from the floor to a minimum height of 84 inches and shall have a width broad enough to intercept the entire cross section of the useful beam plus an extension of at least one foot (30 cm) on each side of the barrier at the maximum SID used with the maximum beam dimensions permitted by the beam limiting device. All sections of the wall or adjacent areas including the floor that may be struck by the useful beam shall be considered primary barriers.

(iii) In calculating radiation shielding requirements workloads shall be realistic, but in no case, except for intra-oral dental x-ray facilities, less than 15 milliamperere minutes (mAm) per week at 100 kVp, or at the maximum stated energy of the x-ray machine if it is less than 100 kVp.

2. For energies of 1 MeV or greater: This requirement shall be deemed to be met if the thickness of barrier(s) is equivalent to that computed in accordance with the National Council on Radiation Protection and Measurements (NCRP) Report No.51, "Radiation Protection Design Guidelines for 0.1-100 MeV Particle Accelerator Facilities," or its current revision or replacement.

(c) Non-healing arts facilities shall meet the shielding design criteria described in .01(8)(a) and (b).

(d) During the construction phase, the installation of shielding shall be evaluated pursuant to procedures outlined in NCRP Handbook 49 or NCRP Handbook 51 or its current revision or replacement. The registrant is responsible for ensuring that such evaluation is performed by an individual competent to perform such evaluation.

(e) Facilities may be required to have a radiation integrity survey of the completed installation to assure that:

1. materials used for shielding are not impaired by joints, openings for duct pipes, conduits, etc., passing through or embedded in the wall; and

2. such materials meet the minimum lead equivalency as stated in submitted design.

The registrant is responsible for ensuring that such survey is performed by an individual competent to perform such survey.

(f) The final assessment of the adequacy of the design and construction of structural shielding shall be based on a radiation survey of the completed installation. If the radiation survey shows deficiencies, additional shielding and/or modifications shall be provided to the satisfaction of the Department.

(9) Shielding Design Plan Review.

(a) Shielding designs, to include facility layout and machine orientation, shall be submitted to the Department for approval prior to the construction of a new facility or the modification (i.e., reorientation of equipment, increased workload, exchange of radiation machine, etc.) of an existing facility using radiation machines for:

1. Diagnostic or therapeutic purposes in the healing arts.

2. Non-healing arts applications which includes, but is not limited to, industrial applications.

(b) Radiation shielding designs submitted for review shall contain at least the following information.

1. The location of the radiation machine; Name, Address, Room number; and

2. Travel and traverse limits permitted by the manufacturer; direction(s) of the useful beam; locations of windows and doors; the location of the operator's booth; and the location and dimensions of the x-ray control panel; and

3. The structural composition and thickness or lead equivalency of all walls, doors, partitions, floors, and ceiling of the room(s) when considered as part of the shielding requirements; and

4. The dimensions of the x-ray room(s); and

5. The occupancy of all adjacent areas inclusive of space above and below the x-ray room(s); and

6. The maximum technique factors which are anticipated; and

7. The type and number of examination(s) or treatment(s) which will be performed with the equipment, or

8. The anticipated workload of the radiation machine(s) in milliamp minutes per week (or rads/week at 1 meter for therapy machines only) at the maximum anticipated operating energy.

(c) X-Ray Room Design Requirements:

1. Healing Arts:

(i) Except for dental, dedicated podiatric and veterinary x-ray facilities, in all x-ray facilities built or modified after the effective date of these regulations, the x-ray room shall have minimum dimensions of 8 feet (2.4 m) by 10 feet (3.0 m) sufficient to assure source-to-image distances equal to those currently accepted in the healing arts to make standard radiographs of anatomical regions.

(ii) There shall be sufficient work space allotted to the x-ray assistants to set up procedures.

2. Other than healing arts. Sufficient space shall be allotted to adequately perform duties and assure radiation safety.

(d) Radiation Machine Operator's Protective Barrier.

1. Diagnostic x-ray facilities other than dental intraoral, dental panoramic, and veterinary, built or modified after the effective date of these regulations shall have a fixed operator's barrier.

(i) Design Requirements for fixed operator's barrier.

(I) The operator shall be allotted not less than 7.5 square feet (.697 sq.m.) of unobstructed floor space in the booth.

(II) The operator's booth may be any geometric configuration with no dimension of less than 2 feet (0.61 m).

(III) Structural Requirements:

I. The barrier walls shall be permanently fixed and have a height of at least 7 feet (2.13 m) from the floor.

II. When a door or movable panel is used as an integral part of the structure, it must have an interlock which will prevent an exposure when the door or panel is not closed.

III. The barrier shall intercept any radiation that has been scattered only once and will ensure that the limit of 100 mrem/wk (1 mSv/week) permitted for personnel exposure shall not be exceeded. Design guidelines should consider 10 mrem/week (.1 mSv/week).

(ii) Radiation Machine Control Placement:

(I) The x-ray control for the machine shall be fixed within the booth and:

(II) placed so that the operator cannot conveniently leave the protection of the barrier during an exposure, and

(III) will permit the operator to conveniently use available viewing devices.

(iii) Viewing Device Requirements for Medical Facilities:

(I) Each booth or barrier shall be equipped with at least one viewing device which will be so placed that the operator can easily view the patient during any exposure.

(II) When the viewing system is by mirrors, the mirror(s) shall be so located as to accomplish the general requirements.

(III) When the viewing system is by electronic means:

I. the camera shall be so located as to accomplish the general requirements, and

II. there shall be an equivalent viewing system as a backup for the primary system.

2. Portable barriers may be substituted for .01(9)(d)1. where fixed barriers are inappropriate for the x-ray procedures but only upon written application to the Department stating the reasons a portable operator's barrier is necessary.

3. Design Requirements for Portable barriers.

(i) The barrier shall meet shielding and viewing requirements of .01(9)(d)1. (i) and (iii).

(ii) Clear instructions on the placement and use of the barrier shall be posted on the operator's side of the barrier.

4. Lead aprons shall be used by persons who assist in procedures where holding or close contact with a patient undergoing an x-ray procedure is required.

(10) Copy of Design Maintained. A copy of the shielding design as submitted to and approved by the Department shall be kept on file at the facility.

(11) Compliance. After receiving written notice that specific areas of non-compliance with these rules and regulations exist in a registered x-ray facility, the registrant shall make required corrections and notify the Department of the action(s) taken within the time authorized by the Department which shall not exceed 60 days.

(12) Impounding.

(a) In the event of an emergency, the department shall have the authority to impound or order the impounding of sources of radiation in the possession of any person who is not equipped to observe or fails to observe the provisions of the Act or these regulations.

(b) The department may release such sources of radiation to the owner thereof upon terms and conditions in accordance with the Act and these regulations or may bring an action in the appropriate superior court for an order condemning such sources of radiation and providing for their destruction or other disposition so as to protect the public health and safety.

(13) Rules and Regulations. Each registrant shall possess a current copy of the Rules and Regulations for X-Ray, Chapter 111-8-90, which shall be maintained in the registered facility.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.01

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. §§ [31-13-3](#), [31-13-5](#), [31-13-8](#).

HISTORY: Original Rule entitled "General Provisions" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.02 Registration

(1) Registration.

(a) All users of radiation machines in Georgia are required to register with the Department.

(b) Application for registration shall be on forms provided by the Department.

(c) The user shall complete a separate application for registration for each facility at which he possesses a radiation machine.

(d) The user applying for initial registration shall certify to the Department in his registration application that he has determined through inspection that he is in compliance with these regulations. The user shall also certify that, when registered, he will use his machines in compliance with all standards set by the Department. For purposes of registration, inspections may be performed by employees of the Department. Should the user elect to obtain the services of persons other than employees of the Department, for the purpose of performing an inspection for certifying to the Department that his facility and machines are in compliance with these regulations prior to initial registration, the user shall insure that the individual possesses one set of the qualifications listed in .02(4):

(e) Additional requirements for initial registration.

1. The user shall submit shielding specifications for each facility for which he is registering.

2. The user is responsible to document that the required shielding was installed in accordance with design specifications. A report certifying test results shall be sent to the Department and a copy maintained at the facility.

(i) Tests shall be made pursuant to the procedures outlined in the National Council on Radiation Protection: Report 35 Dental X-Ray Protection; Report 49 Structural Shielding Design and Evaluation for Medical Use of X-Rays and Gamma Rays of Energies up to 10 Mev; Report 51 Radiation Protection Guidelines for 0.1-100 Mev Particle Accelerator Facilities; or, the published guidelines of other recognized authorities in the field of radiation protection.

3. Cabinet x-ray systems in addition to .02(1) of this rule, persons applying for registration shall provide written verification to the Department that the cabinet x-ray system is installed and operating in accordance with the manufacturer's design specifications.

(f) The user of any radiation machine shall not initially place such machine in operation prior to registration with the Department.

(g) Registration of Out of State Machines.

1. When any radiation machine is to be brought into the state of Georgia and operated, the person proposing to bring such machine into the state of Georgia shall give written notice to the Department at least five (5) working days before such machine enters the state. The notice shall include the type of radiation machine the nature, duration, and scope of use; and the exact location(s) of use. Telephone notification may be used in cases where the five day notice would pose an undue hardship, but such notification shall be confirmed in writing as soon as possible thereafter.

2. In addition, the out-of-state person shall comply with all applicable requirements of these regulations and supply the Department with such other information as the Department may reasonably request.

(2) Registration of Particle Accelerators. In addition to (1) of this rule persons applying for registration of particle accelerators shall submit the supplemental information required in Rule 111-8-90-.05(3) and if the particle accelerator is for human use the information required in Rule 111-8-90-.05(4).

(3) Failure to register as provided in .02(1) shall subject the offending person to a civil penalty not to exceed \$1000.00, and any other legal remedies available as required in O.C.G.A. [31-13-15](#).

(4) Formal Education or Certification plus Experience.

(a) Bachelor's degree in a physical science or mathematics.

Four years of applied health physics experience in a program with radiation safety problems similar to those in the program to be surveyed.

(b) Bachelor's degree in a physical science or a biological science with a physical science minor, and one year of graduate work in health physics.

Three years of applied health physics experience in a program with radiation safety problems similar to those in the program to be surveyed.

(c) Master's degree in health physics or radiological health.

Two years of applied health physics experience in a program with radiation safety problems similar to those in the program to be surveyed.

(d) Doctor's degree in health physics or radiological health.

One year of applied health physics experience in a program with radiation safety problems similar to those in the program to be surveyed.

(e) Certification by the American Board of Health physics or by the American Board of Radiology, or be a Fellow, Canadian College of Physicists in Medicine.

One year of applied health physics experience in a program with radiation safety problems similar to those in a program to be surveyed.

(5) The user shall maintain on file the qualifications of the non-Departmental individuals performing the inspection for purposes of initial registration.

(6) Renewal of Registration. Every registrant possessing a radiation machine shall renew registration at intervals as required by the Department.

(7) Report of Changes. The registrant shall notify the Department writing of any changes which would render the information contained in the current registration inaccurate. Notification of any changes in the radiation machine's location, shielding, operation, safety features, or occupancy of adjacent areas must also be made to the Department, and may require a radiation safety survey and re-registration prior to continued operation of the machine.

(8) Report of Sale, Lease, Transfer, or Disposal. Any person who sells, leases, transfers, or otherwise disposes of a radiation machine shall notify the Department in writing. Written notification shall include, when applicable, the name and address of the new owner or lessee, and/or facility, the date of the transaction, and the model and serial number of the machine or machines.

(9) Exemptions:

(a) Electronic equipment that produces radiation incidental to its operation for other purposes (i.e. television receivers) is exempt from the registration and notification requirements of this part, provided the dose equivalent rate averaged over an area of 10 square centimeters does not exceed 0.5 mRem per hour at 5 cm. from any accessible surface of such equipment. Production, testing, or factory service of such equipment shall not be exempt.

(b) Radiation machines while inoperable or in transit or storage are exempt from the requirements of these regulations.

(10) Revocation. Registration may be revoked by the Department for failure to comply with or maintain compliance with Chapter 13 of Title 31 of the Official Code of Georgia Annotated or the provisions of this Chapter. Prior to revocation of any registration, the registrant shall be given notice of the grounds for revocation and shall have an opportunity to show cause why the revocation action should not proceed as provided in Article 1 of Chapter 5 of Title 31 of the Official Code of Georgia Annotated.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.02

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. §§ [31-13-5](#), [31-13-8](#), [31-13-10](#).

HISTORY: Original Rule entitled "Registration" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.03 Standards for Protection against Radiation

(1) General Provisions.

(a) If it is more convenient to measure the neutron flux, or equivalent, than to determine the neutron absorbed dose in rads (grays), one rem (.01 Sv) of neutron radiation may, for purposes of these regulations, be assumed to be equivalent to 14 million neutrons per square centimeter incident upon the body; or, if there exists sufficient information to estimate with reasonable accuracy the approximate distribution in energy of the neutrons, the incident number of neutrons per square centimeter equivalent to one rem may be estimated from the following table:

Neutron Flux Dose Equivalents		
Neutron energy (MeV)	Number of neutrons per square centimeter for a dose equivalent of 1 rem(neutrons/cm ²)	Average flux density to deliver 100 millirems (1 millisievert) in 40 hours (neutrons/cm ² per second)
Thermal	9.7 x 10 ⁶	670
0.00001	7.2 x 10 ⁶	500
0.005	8.2 x 10 ⁶	570
0.02	4.0 x 10 ⁶	280
0.1	1.2 x 10 ⁶	80
0.5	4.3 x 10 ⁵	30
1.0	2.6 x 10 ⁵	18
2.5	2.9 x 10 ⁵	20
5.0	2.6 x 10 ⁵	18
7.5	2.4 x 10 ⁵	17
10.0	2.4 x 10 ⁵	17
10 to 30	1.4 x 10 ⁵	10

(b) For determining the doses specified in this section, a dose from x or gamma radiation up to 10 MeV may be assumed to be equivalent to the exposure measured by a properly calibrated appropriate instrument in air, at or near the body surface in the region of highest exposure rate.

(c) Dose to the whole body shall include any dose to the entire body or any major portion thereof, gonads, active blood-forming organs, head and trunk, or lens of the eye.

(2) Permissible Doses.

(a) Occupational Exposure

1. Except as provided in .03(2)(a)2., no registrant shall possess, own, use, or receive, sources of radiation in such a manner as to cause an occupationally exposed individual to receive, from all sources of radiation in the possession of the registrant, a dose in excess of the limits in the following table:

	Rems (Sv) Per Calendar Quarter
Whole body; head and trunk; active blood-forming organs; lens of eyes; or gonads.....	1 ¼ rem (12.5 mSv)
Hands and forearms; feet and ankles.....	18 ¾ rem (187.5 mSv)
Skin of whole body.....	7 ½ rem (75 mSv)

2. A registrant may permit an occupationally exposed individual to receive a dose to the whole body greater than that permitted under .03(2)(a)1. provided:

(i) during any calendar quarter the dose to the whole body from sources of radiation in the possession of the registrant shall not exceed 3 rems (30 mSv);

(ii) the dose to the whole body when added to the accumulated occupational dose to the whole body shall not exceed 5 (N-18) rems [50(N-18)mSv], where "N" equals the individual's age in years at his last birthday; and

(iii) the registrant has determined the individual's accumulated occupational dose to the whole body on a Department form, or on a clear and legible record containing all the information required on that form.

3. Individuals under 18 years of age in x-ray training schools or employed in occupations which involve exposure to ionizing radiation shall have a personnel radiation monitoring device and shall not be permitted to receive a dose to the whole body in excess of 10% of the dose permitted in .03(2)(a)1.

(b) Non-Occupational Exposure.

1. The dose limits for individuals employed in occupations which do not normally involve exposure to ionizing radiation shall be one-tenth of the occupational limits under .03(2)(a)1., excluding medical radiation for the purpose of diagnosis or therapy.

2. For the purposes of these regulations the embryo/fetus shall be considered to be a separate entity distinct from the occupationally exposed woman carrying it, and shall not be subject to occupational limits.

3. The embryo/fetus shall not be exposed to doses in excess of 50 mrem in any one month after the pregnancy is known. The total dose equivalent limit to the embryo/fetus shall not exceed 500 mrem over the period of gestation.

(c) Radiation Levels in Unrestricted (Uncontrolled) Areas.

1. Except as authorized by the Department pursuant to .03(2)(c)2., no registrant shall possess, own, or use sources of radiation in such a manner as to create in any uncontrolled area from such sources of radiation in his possession radiation levels which, if an individual were continuously present in the area, could result in an individual receiving:

(i) a dose in excess of two millirems in any one hour; or

(ii) a dose in excess of 100 millirems in any seven consecutive days.

2. Any registrant or prospective registrant may apply to the Department for proposed limits upon levels of radiation in uncontrolled areas in excess of those specified in .03(2)(c)1., resulting from the applicant's possession or use of

sources of radiation. Such applications should include information as to anticipated average radiation levels and anticipated occupancy times for each uncontrolled area involved. The Department may approve the proposed limits if the applicant demonstrates to the satisfaction of the Department that the proposed limits would not cause an individual to receive doses to the whole body in any period of one calendar year in excess of 0.5 rem (5.0 mSv).

(3) Personnel Monitoring.

(a) Except as provided in .03(3)(c), each registrant shall supply appropriate personnel radiation monitoring devices and shall require the use of such equipment by:

1. Each individual who enters a controlled area under such circumstances that the individual receives, or is likely to receive, a radiation dose in any calendar quarter in excess of 25 percent of the applicable values specified in .03(2)(a)1. for occupational exposure;

2. Each individual under 18 years of age who enters a controlled area under such circumstances that the individual may receive a radiation dose in excess of 10 percent of the applicable value specified in .03(2)(a)1.

3. Each individual who enters a high radiation area.

(b) All individuals required to use personnel monitoring equipment shall be instructed in its proper use and purpose.

(c) Personnel monitoring will not be required for individuals undergoing diagnostic or therapeutic procedures.

(d) When using protective aprons, personnel monitoring shall be worn outside the apron at collar level.

(4) Caution Signs, Labels, and Signals.

(a) Radiation Symbol

1. Except as otherwise authorized by the Department, the symbol prescribed by this section is the conventional three-bladed warning sign commonly used in the radiological professions and shall use the conventional radiation caution colors (magenta or purple on yellow background).

2. In addition to the contents of signs and labels prescribed in these regulations, a registrant may provide any additional information on or near such signs and labels to indicate the nature of the radiation source, type of radiation, limits of occupancy, and similar precautionary information which may be appropriate in aiding individuals to minimize exposure to radiation.

(b) Radiation Areas. Each radiation area, except areas where diagnostic and therapeutic radiation machines are used solely in the healing arts, shall be conspicuously posted with a sign or signs bearing the radiation symbol and the words: CAUTION - RADIATION AREA.

(c) High Radiation Areas. Each high radiation area, except areas where diagnostic and therapeutic radiation machines are used solely in the healing arts, shall be conspicuously posted with a sign or signs bearing the radiation symbol and the words: CAUTION - HIGH RADIATION AREA.

(d) Radiation Generator Warning Signals. Each radiation generator, except radiographic and fluoroscopic radiation machines used solely in the healing arts, which is capable of producing, in any area accessible to individuals, a dose rate in excess of 100 millirems per hour, shall be provided with a warning signal or light at the generator. Such a signal or light shall be so connected as to be activated automatically when the exposure switch is "on" in order to provide adequate warning against entering the area.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.03

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Standards for Protection against Radiation" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.04 X-Rays in the Healing Arts

(1) Scope. This part establishes requirements, for which a registrant is responsible, for use of x-ray equipment by or under the supervision of an individual authorized in accordance with State statutes to engage in the healing arts. The provisions of this part are in addition to, and not in substitution for, other applicable provisions of these regulations.

(2) General Requirements.

(a) Training of Operators who Administer X-ray in the Healing Arts.

1. The registrant shall assure the Department that all radiation machines and associated equipment under his control are operated only by individuals instructed in safe operating procedures.

2. The registrant shall require persons operating his radiation machine and associated equipment to receive, at a minimum, six hours of instruction. The following subject categories shall be covered:

(i) Protection Against Radiation

(I) Protective Clothing

(II) Patient Holding

(III) Time, Distance, Shielding

(IV) Radiation Protection Standards

(ii) Dark Room Techniques

(I) Developing Chemicals

(II) Film Protection

(III) Cassettes

(IV) Screens

(iii) Patient Protection

(I) Beam Limitation

(II) Setting Up Techniques

(III) Biological Effects of Radiation

(iv) Machine Safety

(I) Machine Functions

(II) Safety Procedures

(III) Recognizing Problems

3. Instruction required by .04(2)(a)2. shall begin within 30 days after employment and shall be completed no later than 90 days after date of employment. The registrant shall maintain a record of all training for each operator. Such record shall be made available for Departmental inspection. This rule shall take effect 180 days after the effective date of these regulations.

4. Persons who show written proof that they have received the required instruction are considered to meet the requirements of .04(2)(a)2.

(b) Except for patients who cannot be moved out of the room, only the staff and ancillary personnel required for the medical procedure or training shall be in the room during the radiographic exposure. Other than the patient being examined:

1. All individuals shall be positioned such that no part of the body will be struck by the useful beam, unless protected by at least 0.5 millimeter meter lead equivalent material; and

2. Staff and ancillary personnel who must remain in areas because of their required presence during an x-ray procedure, shall be protected from direct scatter radiation by protective aprons or whole body protective barriers of not less than 0.25 millimeter lead equivalent; and

3. Patients, other than the one being radiographed, who cannot be removed from the x-ray room shall be protected by a barrier of at least .25 mm Pb equivalent or be at least 2 meters from the tube head and the image receptor.

(c) Except for dental intraoral radiography, veterinary, or portable x-ray use, the operator's position at the controls shall be in a protected area that will meet the radiation protection requirements of rule .03(2)(a)1. of these regulations.

(d) Except for therapy exposures, gonad shielding of not less than 0.25 millimeter lead equivalent shall be available and shall be used when the gonads are in the useful beam except when its use will interfere with the diagnostic information on the image receptor.

(e) Individuals shall only be exposed to the useful beam for healing arts purposes except as required by law enforcement officials or their designated representatives in the interest of public safety. This provision specifically prohibits deliberate exposure of persons for non-productive x-ray procedures such as for training, demonstration, or for other non-healing arts purposes.

(f) When a patient or film must be provided with auxiliary support during a radiation exposure:

1. Mechanical holding devices shall be used when the technique permits. Holding shall be used only when other means of support cannot be utilized.

2. No individual shall be used routinely to hold film or patients.

3. When holding is required, the person holding shall be provided with protective clothing and shall be positioned so that no part of the body is struck by the useful beam.

(g) Portable equipment shall be used only for examinations where it impractical, for medical purposes, to transfer the patient to the x-ray suite.

(3) Information and Maintenance Records and Associated Information.

(a) The registrant shall maintain the following information for each radiation machine for inspection by the Department:

1. Model and serial numbers of x-ray tube housing and generator; and

2. Records of surveys, calibrations, maintenance, and modifications performed on the radiation machine(s) with the names of persons who performed such services.

(b) The vendor shall supply the registrant with a record of all maintenance performed, or parts replaced or installed, written in a clear and legible manner.

(4) Light Fields. When used for aligning or centering an x-ray field, a light field shall have a clearly defined perimeter and have illumination intensity equal to the needs for collimation or alignment. For collimators equipped with beam defining lights, this requirement will be deemed to be met if the illumination at the receptor is visible to the x-ray operator under normal room illumination in all quadrants of the light field.

(5) Darkroom and Film Processors.

(a) Darkrooms used for film processing and/or developing shall be light tight.

(b) Each darkroom shall be equipped with a safelight which will meet or exceed the requirements of the radiographic film. This will be deemed to have been met if the film manufacturer's recommendations are followed.

(c) Except for automatic developing systems, each darkroom shall have and use a solution thermometer and timing device. Sight development shall be prohibited.

(d) The chemical solution used for manual film development shall not be used for periods in excess of two (2) months. Records of solution changes shall be maintained.

(e) When automatic film processing is used it shall be maintained in accordance with the manufacturer's recommendations and a record of cleaning and developer change shall be maintained.

(f) Unexposed film shall not be subject to radiation levels in excess of 0.2 mR during the period of storage.

(g) Unexposed film which is outdated shall not be used for human radiographic procedures.

(6) General Requirements for all Diagnostic Radiation Machines. In addition to other requirements of this part, all diagnostic radiation machines shall meet the following requirements:

(a) Warning Label. The control panel containing the main power switch shall bear the following warning statement, in a manner legible and accessible to view:

"WARNING: This x-ray unit may be dangerous to patient and operator unless safe exposure factors and operating instructions are observed"

(b) Battery Charge Indicator. On battery-powered x-ray generators, visual means shall be provided on the control panel to indicate whether the battery is in a state of charge adequate for proper operation.

(c) Leakage Radiation from the Diagnostic Source Assembly. The leakage radiation from the diagnostic source assembly, measured at a distance of 1 meter in any direction from the source, shall not exceed 100 milliroentgens in 1 hour when the x-ray tube is operated at its leakage technique factors.

(d) Beam Quality.

1. Half-value layer.

(i) The half-value layer of the useful beam for a given x-ray tube potential shall be no less than the values shown in Table I. If it is necessary to determine the half-value layer at an x-ray tube potential which is not listed in Table I, linear interpolation or extrapolation may be made.

TABLE I

Design Operating Range (Kilovolts Peak)	Measured Potential (Kilovolts Peak)	Half-value layer (Millimeters of Aluminum)
Below 50	30	0.3
	40	0.4
	49	0.5
50-70	50	1.2
	60	1.3
	70	1.5
Above 70	71	2.1
	80	2.3
	90	2.5
	100	2.7
	110	3.0
	120	3.2
	130	3.5
	140	3.8
	150	4.1

(ii) The requirements of .04(6)(d)1. (i) will be considered to have been met if it can be demonstrated that the aluminum equivalent of the total filtration in the primary beam is not less than that shown in Table II.

TABLE II

Filtration Required vs. Operating Voltage

Operating Voltage (kVp)	Total Filtration
	(inherent plus added)
	(millimeters aluminum equivalent)
Below 50	0.5 millimeters
50 to 70	1.5 millimeters
Above 70	2.5 millimeters

(iii) Beryllium window tubes shall have a minimum of 0.5 millimeter aluminum equivalent filtration permanently installed in the useful beam.

(iv) For capacitor energy storage equipment, compliance with the requirements of .04(6)(d)1. (i) shall be determined with the maximum quantity of charge per exposure.

(v) The required minimal aluminum equivalent filtration shall include the filtration contributed by all materials which are always present between the source and the patient.

2. Filtration Controls. For radiation machines which have variable kVp and variable filtration for the useful beam, a device shall link the kVp selector with the filter(s) and shall prevent an exposure unless the minimum amount of filtration required by .04(6)(d)1. (i) or (ii) is in the useful beam for the given kVp which has been selected.

(7) Multiple Tubes. Where two or more radiographic tubes are controlled by one exposure switch, the tube or tubes which have been selected shall be clearly indicated prior to initiation of the exposure. This indication shall be both on the x-ray control panel and at or near the tube housing assembly which has been selected.

(8) Mechanical Support of Tube Head. The tube housing assembly supports shall be adjusted such that the tube housing assembly will remain stable during an exposure unless the tube housing movement is a designed function of the radiation machine.

(9) Technique Indicators. The technique factors to be used during an exam shall be indicated prior to any exposure. This requirement may be met by permanent markings on equipment having fixed technique factors. Indication of technique factors shall be visible from the operator's position except in the case of spot films made by the fluoroscopist.

(10) Exposure Timing.

(a) Except in fluoroscopy a device shall be used to terminate and accurately reproduce the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor.

(b) Except for fluoroscopy, dental intraoral and panoramic, veterinary, and procedures requiring the use of portable barriers, the exposure switch shall be so located that it cannot be conveniently operated outside of a shielded area.

(c) Except during serial radiography, the operator shall be able to terminate the exposure at any time during an exposure of greater than one-half second.

(d) During serial radiography, the operator shall be able to terminate the x-ray exposure(s) at any time, but means may be provided to permit completion of any single exposure of the series in process.

(e) Automatic exposure controls.

1. When an automatic exposure control is provided, indication shall be made on the control panel when this mode of operation is selected.

2. When an automatic exposure control is provided, a backup timer shall be required. The backup timer shall be capable of terminating the exposure at a preset time should the automatic exposure control fail. The preset time shall be consistent with the technique used.

(f) The x-ray production shall be controlled by a dead-man switch.

(g) It shall not be possible to make an exposure when the time is set to a zero or off position if either position is provided.

(h) Termination of an exposure shall cause automatic resetting of the timing device to its initial setting or to zero.

(11) Hand-held fluoroscopic screens are prohibited except for law enforcement or forensic requirements, and then only upon approval by the Department.

(12) Fluoroscopic Radiation Machines. All fluoroscopic radiation machines shall meet the following requirements:

(a) Limitation of Useful Beam.

1. Primary Barrier.

(i) Image intensification shall be used with all fluoroscopic machines. The fluoroscopic imaging assembly shall be provided with a primary protective barrier which intercepts the entire cross section of the useful beam at any SID.

(ii) The x-ray tube used for fluoroscopy shall not produce x-rays unless the barrier and image intensifier are in position to intercept the entire useful beam.

2. X-Ray Field.

(i) For image-intensified fluoroscopic equipment, neither the length nor the width of the plane of the image receptor shall exceed that of the visible area of the image receptor by more than 3 percent of the SID. The sum of the excess length and the excess width shall be no greater than 4 percent of the SID.

(b) Spot film devices which are certified components shall meet the following additional requirements:

1. Means shall be provided between the source and the patient for adjustment of the x-ray field size, in the plane of the film, to the size of that portion of the film which has been selected on the spot film selector; and

2. It shall be possible to adjust the x-ray field size in the plane of the film to a size smaller than the selected portion of the film; and

3. The center of the x-ray field in the plane of the film shall be aligned with the center of the selected portion of the film to within 2 percent of the SID.

(c) Pre-certified fluoroscopic machines are exempt from the requirements of .04(12)(a) and .04(12)(b) provided that:

1. The machine was in service prior to the date of adoption of these regulations and meets all other applicable requirements for fluoroscopic machines. However, these machines shall be brought up to standards referenced in .04(12)(a) and (b) within three years from the date of adoption of these regulations or be taken out of service and electronically disabled.

2. The shutter mechanism is adjusted so that the x-ray field diameter is limited to the dimensions of the film cassette used during spot filming at a 35 centimeters (14 inches) table-to-image-receptor distance.

3. When spot films are either unnecessary or not required during a portion of the exam, the leading edge of the shutters shall be restricted to the edge of the image intensifier.

(d) Activation of the Fluoroscopic Tube. X-ray production in the fluoroscopic mode shall be controlled by a dead-man switch. When recording serial fluoroscopic images, the fluoroscopist shall be able to terminate the x-ray exposure(s) at any time, but means may be provided to permit completion of any single exposure of the series in process.

(e) Exposure Rate Limits.

1. Entrance Exposure Rate Allowable Limits.

(i) When the automatic brightness control is used, the exposure measured at the point where the center of the useful beam enters the patient shall not exceed 10 roentgens per minute, except during recording of fluoroscopic images.

(ii) When provided with optional high level control, the equipment shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of 5 roentgens per minute at the point where the center of the useful beam enters the patient unless the high level control is activated.

(I) Special means of activation of high level controls shall be required. The high level control shall only be operable when a continuous secondary level of pressure is provided by the operator.

(II) When the high level control is activated the entrance exposure rate shall not exceed 10 R/min. except in the recording of fluoroscopic images.

(III) A continuous signal audible to the fluoroscopist shall indicate that the high level control is being employed.

(iii) In addition to the other requirements of .04(12)(e)1. (i) and (ii), certified equipment which does not incorporate an automatic exposure control shall not be operable at any combination of tube potential and current which will

result in an exposure rate in excess of 5 roentgens per minute at the point where the center of beam enters the patient, except during recording of fluoroscopic images or when provided with an optional high level control.

(iv) Non-certified equipment shall not operate at any combination of tube potential and current which will result in an exposure in excess of 10 R/min.

2. Compliance with the requirements .04(12)(e)1. shall be determined as follows:

(i) Movable grids and compression devices shall be removed from the useful beam during the measurement;

(ii) With the source below the table, the exposure rate shall be measured 1 centimeter above the tabletop or cradle;

(iii) With the source above the table, the exposure rate shall be measured at 30 centimeters above the tabletop with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement;

(iv) In a C-arm type of fluoroscope, the exposure rate shall be measured 30 centimeters from the input surface of the fluoroscopic imaging assembly.

(f) Periodic measurement of Entrance Exposure Rate. The registrant shall cause periodic measurement of entrance exposure rate, including the exposure rate at staff positions around the table and panel, to be made for each fluoroscope by an individual competent to make such measurements. Results of these measurements shall be posted where any fluoroscopist may have ready access to them. An adequate period for such measurements shall be annually or after any maintenance of the unit if such maintenance might affect the exposure rate. Results of the measurements shall include the maximum possible R/minute of the fluoroscope at the maximum kVp and mA used. The posted data shall indicate the technique factors used to determine the data along with the name of the person and/or company performing the measurements and the date the measurements were performed.

1. Fluoroscopes that incorporate automatic exposure control shall have sufficient material placed in the useful beam to produce a milliamperage typical of the use of the x-ray machine; and

2. Fluoroscopes that do not incorporate an automatic exposure control shall utilize a milliamperage typical of the clinical use of the radiation machine.

(g) Barrier Transmitted Radiation Rate Limits. The exposure rate due to transmission through the primary protective barrier with the attenuation block in the useful beam shall not exceed 2 milliroentgens per hour at 10 centimeters from any accessible surface of the fluoroscopic imaging assembly beyond the plane of the image receptor for each roentgen per minute of entrance exposure rate.

(h) Indication of Potential and Current. During fluoroscopy and cine-fluorography, the kV and the mA shall be continuously indicated.

(i) Source-Skin Distance. The source to skin distance shall not be less than:

1. 38 centimeters (15 inches) on stationary fluoroscopes;

2. 30 centimeters (12 inches) on all mobile fluoroscopes;

3. 20 centimeters (8 inches) for image intensified fluoroscopes, used for specific surgical application;

4. 30 centimeters (12 inches) on stationary precertified fluoroscopes.

(j) Fluoroscopic Timer. Means shall be provided to preset the cumulative "on" time of the fluoroscopic tube. The maximum cumulative time of the timing device shall not exceed 5 minutes without resetting. Termination of the exposure or a signal audible to the fluoroscopist shall indicate the completion of any preset cumulative on time. Such signal shall continue to sound while x-rays are produced or until the timing device is reset. Audible signals are recommended.

(k) Radiation Therapy Simulation Machines. Radiation therapy simulation shall be exempt from all the requirements of .04(12)(a), .04(12)(e), .04(12)(f) and of .04(12)(j) provided that:

1. Such machines are designed and used so that no individual other than the patient is in the x-ray room during radiography procedures; and
2. Such machines which do not meet the requirements of .04(12)(j) are provided with a means of indicating the cumulative exposure time for each individual patient. Procedures shall require in each case that the timer be reset between examinations.

(13) Radiographic Machines Other Than Fluoroscopic, Dental Intraoral, and Veterinary.

(a) Beam Limitation. The useful beam shall be limited to the area of clinical interest, and shall not be greater than the dimensions of the image receptor.

(b) General Purpose Stationary and Mobile Radiation Machines.

1. Means for stepless independent adjustment in both the longitudinal and transverse direction of the x-ray field and a light for visually defining the perimeter of the x-ray field shall be provided.
2. Means shall be provided to permit adequate light intensity at the film plane when the light field intersects with the image receptor at a 100 cm SID. This will be deemed to be met if a visual outline of the light field is visible at the receptor.
3. Congruence of the x-ray and light fields shall not have a misalignment in excess of 2% of the SID in any one direction and not more than 3% of the SID when measured as the sum of the absolute misalignment in the longitudinal and transverse direction.

(c) Additional Requirements for Stationary General Purpose Radiation Machines. In addition to the requirements of .04(13)(b), all stationary radiation machines shall meet the following requirements:

1. Means shall be provided to indicate when the axis of the x-ray beam is perpendicular to the film plane with respect to the center of the image receptor to within 2 percent of the SID, and to indicate the SID to within 2 percent; and
2. The beam-limiting device shall numerically indicate the field size in the plane of the image receptor to which it is adjusted.

(d) Machines Designed for or Provided With Special Attachments for Mammography.

1. Radiographic machines designed only for mammography and general purpose radiographic machines, when special attachments for mammography are in service, shall be provided with means to limit the useful beam such that the x-ray field at the plane of the image receptor does not extend beyond any edge of the image receptor at any designated SID, except the edge of the image receptor designed to be adjacent to the chest wall where the x-ray field may not extend beyond this edge by more than 2 percent of the SID.
2. This requirement can be met with a machine which performs as prescribed in .04(13)(e).
3. Each image receptor support intended for installation on a system designed only for mammography shall have clear and permanent markings to indicate the maximum image receptor size for which it is designed.

(e) Special Purpose Radiation Machines. Radiation machines which are limited by design to radiographic examinations of a specific anatomical region shall meet the following requirements:

1. The x-ray field in the plane of the image receptor shall be limited such that the field does not exceed each dimension of the image receptor by more than 2 percent of the SID when the axis of the x-ray beam is perpendicular to the plane of the image receptor;

2. The center of the x-ray field shall be aligned with the center of the image receptor to within 2 percent of the SID, or means shall be provided to both size and align the x-ray field such that the x-ray field at the plane of the image receptor does not extend beyond any edge of the image receptor;

3. Section .04(13)(e)2. may be met with a machine that meets the requirements for a general purpose radiation machine as specified in .04(13)(b) or, when alignment means are also provided;

4. For special purpose cephalometric use, an assortment of removable, fixed-aperture, beam-limiting devices sufficient to limit the beam to areas of clinical interest may be used. Each such device shall have clear and permanent markings to indicate the image receptor size and the SID for which it is designed;

5. Special purpose radiographic units will be exempt from the primary barrier requirements of .01(8)(b)1. provided that the tube housing assembly is electronically interlocked to a primary protective barrier, or the tube housing assembly is mechanically fixed such that the entire cross section of the useful beam is always intercepted by a primary barrier sufficient to attenuate the useful beam to the limits specified in .03(2). Secondary barriers shall meet the shielding requirements of .01(8)(b)1.

(f) Radiation Exposure Control Device.

1. Each x-ray control shall meet the following requirements:

(i) stationary radiation machines shall have the exposure switch permanently mounted in such a way as to prevent the operator from leaving the protected area of the operator's barrier during the exposure;

(ii) except for unique situations such as those found in intensive care units or operating room suites, mobile and portable radiation machines which are used for greater than 1 week in 1 location, (i.e., 1 room or suite) shall meet the requirements of .04(13)(f)1. (i).

(iii) The x-ray control device shall provide audible or visual indication observable at or from the operator's protected position whenever x-rays are produced. For certified radiation machines, a signal audible to the operator shall indicate that the exposure has terminated.

2. Portable Equipment.

(i) Provisions of .04(13)(f) apply except for exposure switch location.

(ii) The exposure switch shall be so arranged that the operator can stand at least 1.8 meters (six feet) from the patient, the x-ray tube, and the useful beam unless there is shielding sufficient to assure compliance with .03(2)(a).

(iii) The source-to-skin distance shall be limited to not less than 30 centimeters (12 inches).

(iv) Protective aprons of at least 0.25 mm lead equivalent shall be available and their use shall be required of the operator.

(v) Personnel monitoring is required of all operators.

(vi) Mobile or portable Radiation machines which are used for greater than one week in one location, i.e., (one room or suite of rooms) shall meet the requirements of .01(8).

(g) Structural Shielding.

1. In addition to the requirements in .01(8), diagnostic radiation machines routinely used in one location shall meet the following requirements for structural shielding:

(i) All areas of the walls, floors, and ceiling exposed to the primary beam shall have primary barriers; and

(ii) Secondary protective barriers shall be provided in all wall, floor, and ceiling areas not having primary barriers or where primary barrier requirements are less than secondary barrier requirements.

2. For stationary radiation machines and mobile or portable equipment routinely used in one location:

(i) Except for those unique situations found in such uses as the intensive care unit, operating suite, etc., the operator's station at the controls shall be behind a protective barrier which will intercept any radiation that has been scattered only once.

(ii) The operator's protective barrier shall be equipped with a glass window of lead equivalency equal to that required of the adjacent barrier, or a mirror system so placed that the entire patient can be seen by the operator while the exposure is made.

(iii) Facilities constructed or modified after the effective date of these regulations shall have built-in operator's protective barriers which will ensure that the limits specified in .03(2)(a) are not exceeded.

(h) Source-to-Skin Distance.

1. All radiographic machines, except as provided for in .04(13) (h)2., shall be provided with means to limit the source-to-skin distance to not less than 30 centimeters (12 inches).

2. A radiographic machine intended for specific surgical and dental application may be used with an SSD less than 30 centimeters, (12 inches), but in no case less than 20 centimeters (8 inches).

(i) Radiation from Capacitor Energy Storage Equipment in Standby Status. Radiation emitted from the x-ray tube when the exposure switch or timer is not activated shall not exceed a rate of 2 milliroentgens per hour at 5 centimeters from any accessible surface of the diagnostic source assembly, with the beam-limiting device fully open.

(14) Intraoral Dental Radiographic Machines.

(a) Source-to-Skin Distance. Radiation machines designed for use with an intraoral image receptor shall be provided with means to limit source-to-skin distance, i.e., SSD, to not less than 18 centimeters (7 inches), if operable above 50 kVp, or 10 centimeters (4 inches), if not operable above 50 kVp.

(b) Field Limitation.

1. Radiographic machines designed for use with an intraoral image receptor shall be provided with means to limit the x-ray beam such that the diameter of the useful beam at the end of the cylinder shall not be greater than 7.0 centimeters (2.75 inches). For intraoral rectangular collimation the useful beam at the end of the spacer shall not have a diagonal measurement greater than 7.0 centimeters (2.75 inches). Positioning devices should be used to assure beam alignment.

2. An open ended shielded cylinder, or other open ended shielded spacers that will meet the requirements of .04(14)(a) and (b)1. shall be used.

(c) Structural Shielding.

1. The provisions of .01(8) shall apply, except that National Council on Radiation Protection and Measurements Report No. 35, "Dental X-Ray Protection," or its current revision or replacement, shall be referenced by the Department.

2. When dental x-ray units are installed in adjacent rooms or areas, protective barriers sufficient to reduce the exposure to the requirements of .03(2) shall be provided between the rooms and/or areas.

(d) Operating Procedures.

1. Patient and film holding devices shall be used when the techniques permit.
2. Neither the tube housing nor the position indicating device shall be hand-held during an exposure.
3. Mechanical support of the tube head shall maintain the exposure position without drift.
4. Dental fluoroscopy shall not be used without image intensification and shall meet the requirements of .04(12).
5. Only persons required for the radiographic procedure shall be in the x-ray room during exposure. All persons shall be adequately protected.
6. The operator shall be able to view the patient during an exposure.
7. During each exposure, the operator shall stand at least 1.8 meters (6 feet) from the patient and tube head and outside the path of the useful beam or behind a barrier that meets the requirements of .03(2).

(e) The total filtration in the useful beam shall not be less than the appropriate values stated in .04(6)(d)1.(i) or (ii).

(15) Veterinary Radiographic Installations.

(a) Equipment.

1. The tube housing shall be of the diagnostic type.
2. The primary beam for diagnostic purposes in radiography and fluoroscopy should not be larger than clinically necessary and shall not be greater than the image receptor. Cones, diaphragms, or adjustable collimators capable of restricting the primary beam to the area of clinical interest shall be used and shall provide the same degree of protection as is required in the tube housing.
3. Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor.
4. The exposure switch shall be of a dead-man type.
5. The total filtration permanently in the useful beam shall not be less than the appropriate value stated in .04(6)(d)1.(i) or (ii).
6. A means shall be provided for aligning the center of the x-ray beam with the center of the image receptor prior to an x-ray examination.
7. An easily discernible indicator which shows whether or not x-rays are being produced shall be on the control panel.
8. The installation shall be so arranged that the operator can stand at least six feet from the animal, the x-ray tube and out of the useful beam.
9. Lead gloves and aprons shall be available for use, and shall be used by all personnel in the room during an exposure.
10. The effectiveness of protective equipment (i.e., gloves, aprons, etc.), shall not be impaired.

(b) Operating Procedures.

1. Only persons whose presence is necessary shall be in the radiographic area during exposure. Protective clothing of at least 0.25 mm lead equivalent shall be provided and shall be worn by all individuals required to be in controlled areas, except when the individuals are entirely behind protective barriers while the equipment is energized.

2. Patient support:

(i) When an animal patient or film must be held in position for radiography, mechanical supporting or restraining devices, or other means of immobilization, shall be used unless human holding is required by the technique.

(ii) If an animal patient must be held or positioned manually, the individual holding the animal shall wear protective gloves having at least 0.5 mm lead equivalency and a protective apron of at least 0.25 mm lead equivalency;

(iii) Personnel monitoring devices shall be used if radiation measurements indicate potential exposure in excess of 25 percent of the applicable values specified in Section .03(2)(a)1. to the head, or trunk of the body.

(c) Fluoroscopy.

1. The provisions of .04(12) shall apply to fluoroscopic equipment.

(d) Structural Shielding. The provisions of .01(8) shall apply except that the National Council on Radiation Protection and Measurements Report No. 36, "Radiation Protection in Veterinary Medicine," or its current revision or replacement, shall be referenced by the Department.

(16) Therapeutic Radiation Machines of Less Than One MeV.

(a) Leakage Requirements. When the tube is operated at its leakage technique factors, the leakage radiation shall not exceed the value specified, at the distance specified for the classification of that radiation machine.

1. Contact Therapy Machines. Leakage radiation shall not exceed 100 milliroentgens (.0258 mC/Kg) an hour at five (5) centimeters from the surface of the tube housing assembly.

2. 0-150 kVp Machines.

(i) Machines which were manufactured or installed prior to the date of adoption of these regulations shall not permit radiation leakage in excess of 1 Roentgen (.258 mC/Kg) in one (1) hour at one (1) meter from the source.

(ii) In machines manufactured on, or after the date of adoption of these regulations, leakage radiation shall not exceed 100 mR (.0258 mC/Kg) in one (1) hour at one (1) meter from the source.

3. 151 to 999 kVp Systems. The leakage radiation does not exceed one (1) roentgen (.258 mC/Kg) in one (1) hour at one (1) meter from the source except systems that operate in excess of 500 kVp may have a leakage radiation at 1 meter from the source not to exceed 0.1 percent of the useful beam one meter from the source.

(b) Permanent Beam Limiting Devices. The registrant shall be responsible for assuring that permanent fixed diaphragms or cones used for limiting the useful beam shall provide at least the same protection as required by the tube housing assembly.

(c) Removable and Adjustable Beam Limiting Devices.

1. Removable beam limiting devices shall, for the portion of the useful beam to be blocked by these devices, transmit not more than 1 percent of the useful x-ray beam at the maximum kilovoltage and with maximum treatment filter.

2. Adjustable beam limiting devices installed after the effective date of these regulations shall transmit not more than 1 per cent of the useful x-ray beam.

3. Adjustable beam limiting devices installed before the effective date of these regulations shall transmit not more than 5 percent of the useful x-ray beam.

(d) Filter System.

1. The filter system shall be so designed that the filters cannot be accidentally displaced from the useful beam at any possible tube orientation; and

2. The radiation at 5 centimeters from the filter insertion slot opening does not exceed 30 roentgens (7.74 mC/Kg) per hour under any operating conditions; and

3. Each filter shall be conspicuously inscribed as to its material of construction and its thickness. For wedge filters, the wedge factor and wedge angle shall appear on the wedge or wedge tray.

(e) Tube Immobilization. The tube housing assembly shall be capable of being immobilized during stationary treatments.

(f) Focal Spot Marking. The tube housing assembly shall be so marked that it is possible to determine the location of the focal spot to within 5 millimeters, and such marking shall be readily accessible for use during calibration procedures.

(g) Timer.

1. A timer shall be provided which has a display at the treatment control panel. The timer shall be graduated in minutes and fractions of minutes.

2. The timer shall have a preset time selector and an elapsed time indicator.

3. The timer shall be a cumulative timer which activates with the radiation and retains its reading after irradiation is interrupted or terminated.

4. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to cycle the present time selector through zero time.

5. The timer shall permit accurate presetting and determination of exposure times as short as 1 second.

6. The timer shall not permit an exposure if set at zero.

7. The timer shall not activate until the shutter is opened when irradiation is controlled by a shutter mechanism.

(h) Control Panel Functions. The control panel, in addition to the displays required in other provisions of .04(16), shall have:

1. an indication of x-ray production; and

2. means for indicating kV and x-ray tube current; and

3. means for terminating an exposure at any time; and

4. a locking device which will prevent unauthorized use of the radiation machine; and

5. for radiation machines installed after the date of adoption of these regulations, a positive display of specific filter(s) in the beam.

(i) Source-to-Skin Distance. There shall be means of determining the SSD distance to within 1 centimeter.

(j) Low Filtration X-Ray Tubes. Each radiation machine equipped with a beryllium or other low-filtration window shall be clearly labeled as such upon the tube housing assembly and at the control panel.

(k) Calibrations and Spot Checks.

1. Calibrations.

(i) The calibration of therapeutic radiation machines shall be performed at intervals not to exceed 1 year and after any change or replacement of components which could cause a change in the radiation output.

(ii) The registrant shall insure that such calibration is performed by an individual competent to perform such work.

(iii) Records of calibrations performed shall be maintained by the registrant for at least 5 years after completion of the calibration.

(iv) A copy of the most recent radiation machine calibration shall be available at the control panel.

(v) The radiation machine shall not be used in the administration of radiation therapy unless the calibrations required by .04(16)(k)1. (i) -(iv) have been met.

2. Spot Calibration Checks. Spot calibration checks on radiation machines capable of operation at greater than 150 kVp shall be performed in accordance with written procedures. A record of such checks shall be maintained for a two (2) year period after completion of the spot-check measurements.

(17) Additional Facility Design Requirements for Therapy Radiation Machines Capable of Operating Above 50 kVp and less than 1 MeV.

(a) Voice Communication. Provision shall be made for two-way aural communication between the patient and the operator at the control panel.

(b) Viewing Systems.

1. Windows, mirrors, closed-circuit television, or an equivalent system shall be provided to permit continuous observation of the patient during irradiation and shall be so located that the operator can observe the patient from the control panel.

2. When the primary viewing system is by electronic means, an alternate viewing system, which may also be electronic, shall be available for use in the event of electronic failure.

3. In the event of total failure of patient viewing, therapy shall be discontinued until the system is functioning.

(c) Structural Shielding. In addition to the provisions of .01(8):

1. For existing equipment operating above 125 kVp the required operator's barrier(s) shall be an integral part of the building;

2. For all therapeutic machines operating below 150 kVp, built or modified after the effective date of these regulations, the operator's barrier(s) shall be an integral part of the building;

3. For equipment operating above 150 kVp, the control panel shall be within a protective booth equipped with an interlocked door, or located outside the treatment room.

(d) Additional Requirements for Radiation Machines Capable of Operation Above 150 kVp and less than 1 MeV.

1. All necessary shielding, except for any beam interceptor, shall be provided by fixed barriers;
2. The control panel shall be outside the treatment room;
3. All doors of the treatment room shall be electrically connected to the control panel such that x-ray production cannot occur unless all doors are closed;
4. When the treatment room door is opened during any exposure, the exposure shall terminate immediately;
5. After termination of the exposure, it shall be possible to restore the radiation machine to full operation only upon closing the door, and subsequently reinitiating the exposure at the control panel.

(e) Operating Procedures.

1. Therapeutic radiation machines shall not be left unattended unless the machine is secured.
2. When a patient must be held in position for radiation therapy, mechanical supporting or restraining devices shall be used.
3. The tube housing assembly shall not be held by an individual during exposures.
4. (i) For radiation machines operating above 150 kVp, no individual other than the patient shall be in the treatment room during exposures.
- (ii) For machines operating below 150 kVp, no individual other than the patient shall be in the treatment room unless such individual is protected by a barrier sufficient to meet the requirements of these regulations.

(18) X-Ray and Electron Therapy Machines with Energies of One MeV and Above.

(a) Scope. This part applies to medical facilities using therapy machines with energies of 1 MeV and above. Additional requirements for these machines are found in Section 111-8-90-.05 entitled "Radiation Safety Requirements for Particle Accelerators".

(b) Requirements for Equipment.

1. Leakage Radiation to the Patient Area.

(i) New equipment shall meet the following requirements:

(I) For operating conditions producing maximum leakage radiation, the absorbed dose in rads (grays) due to leakage radiation, including x-rays, electrons, and neutrons, at any point in a circular plane of 2 meters radius centered on and perpendicular to the central axis of the beam at the isocenter or normal treatment distance and outside the maximum useful beam size shall not exceed 0.1 percent of the maximum absorbed dose in rads (grays) of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and the plane surface. Measurements excluding those for neutrons shall be averaged over an area up to but not exceeding 100 square centimeters at the positions specified. Measurements of the portion of the leakage radiation dose contributed by neutrons shall be averaged over an area up to but not exceeding 200 square centimeters.

(II) For each machine, the registrant shall determine or obtain from the manufacturer the leakage radiation existing at the positions specified in (.04)(18)(b)1. (i) (I) for the specified operating conditions. Records of leakage radiation measurements shall be maintained for inspection by the Department.

(ii) Existing equipment shall meet the following requirements:

(I) For operating conditions producing maximum leakage radiation, the absorbed dose in rads (grays) due to leakage radiation excluding neutrons at any point in a circular plane of 2 meters radius centered on a perpendicular to the central axis of the beam 1 meter from the virtual source, and outside the maximum size useful beam, shall not exceed 0.1 percent of the maximum absorbed dose in rads (grays) of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and the surface of the circular plane. Measurements shall be averaged over an area up to but not exceeding 100 square centimeters at the positions specified.

(II) For each machine, the registrant shall determine or obtain from the manufacturer the leakage radiation existing at the positions specified in .04(18)(b)1. (ii)(I) for the specified operating conditions. Records of leakage radiation measurements shall be maintained for inspection by the Department.

2. Leakage Radiation Outside the Patient Area for New Equipment.

(i) The absorbed dose in rads (grays) due to leakage radiation except in the area specified in .04(18)(b)1. (i) (I) when measured at any point 1 meter from the path of the charged particle, before the charged particle strikes the target or window, shall not exceed 0.1 percent for x-ray leakage nor 0.05 percent for neutron leakage of the maximum absorbed dose in rads (grays) of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and the circular plane specified in .04(18)(b)1. (i) (I).

(ii) The registrant shall determine or obtain from the manufacturer, the actual leakage radiation existing at the positions specified in .04(18)(b)2. (i) for specified operating conditions. Radiation measurements excluding neutrons shall be averaged over an area up to but not exceeding 100 square centimeters. Neutron measurements shall be averaged over an area up to but not exceeding 200 square centimeters.

3. The registrant shall assure that adjustable or interchangeable beam limiting devices are provided and that such devices shall transmit no more than 2 percent of the useful beam at the normal treatment distance for the portion of the useful beam which is to be attenuated by the beam limiting device. Documentation of the transmission factors shall be maintained at the facility for inspection by the Department. The neutron component of the useful beam shall not be included in this requirement.

4. Filters.

(i) Each filter which is removable from the system shall be clearly marked with an identification number. Documentation available at the control panel shall contain a description of the filter. For wedge filters, the wedge angle shall appear on the wedge or wedge tray.

(ii) For equipment manufactured after the effective date of these regulations which utilizes a system of wedge filters, interchangeable field flattening filters, or interchangeable beam scattering filters:

(I) irradiation shall not be possible until a selection of a filter has been made at the treatment control panel;

(II) an interlock system shall be provided to prevent irradiation if the filter selected is not in the correct position;

(III) a display shall be provided at the treatment control panel indicating the filter(s) in use;

(IV) an interlock shall be provided to prevent irradiation if any filter selection operation carried out in the treatment room does not agree with the filter selection operation carried out at the treatment control panel.

5. Beam Symmetry. In equipment manufactured after the effective date of these regulations, inherently capable of producing useful beams with asymmetry exceeding 5 percent, the asymmetry of the radiation beam in two orthogonal directions shall be monitored before the beam passes through the beam limiting device. Facilities shall be provided so that, if the difference in dose rate between one region and another region symmetrically displaced from the central axis of the beam exceeds 5 percent of the central axis dose rate, indication of this condition is made at the control panel; and if this difference exceeds 10 percent, the irradiation is terminated. It shall be the registrant's responsibility to assure that the above requirements are met and that records of confirming tests are maintained for Departmental inspection.

6. Beam Monitors. All therapy accelerator machines shall be provided with radiation detectors in the radiation head.

(i) New equipment shall be provided with at least two radiation detectors. The detectors shall be incorporated into two separate dose monitoring systems.

(ii) Existing equipment shall be provided with at least one radiation detector. This detector shall be incorporated into a primary dose monitoring system.

7. Selection and Display of Dose Monitor Units.

(i) Irradiation shall not be possible until a selection of a number of dose monitor units has been made at the treatment control panel.

(ii) The preselected number of dose monitor units shall be displayed at the treatment control panel until reset manually for the next irradiation.

(iii) After termination of irradiation, it shall be necessary to zero before subsequent treatment can be initiated.

(iv) For equipment manufactured after the effective date of these regulations, it shall be necessary after termination of irradiation to manually reset the preselected dose monitor units before irradiation can be initiated.

8. Interruption Switches. It shall be possible to interrupt irradiation and equipment movements at any time from the operator's position at the treatment control panel. Following an interruption, it shall be possible to restart irradiation by operator action without any reselection of operating conditions. If any change is made of a preselected value during an interruption, irradiation and equipment movements shall be automatically terminated.

9. Termination of Irradiation by the Dose Monitoring System or Systems.

(i) Each of the required monitoring systems shall be capable of independently terminating irradiation.

(ii) Each primary system shall terminate irradiation when the preselected number of dose monitor units has been detected by the system.

(iii) If original design of the equipment included a second dose monitoring system, that system shall be capable of terminating irradiation when not more than 15 percent or 40 dose monitoring units above the preselected number of dose monitor units set at the control panel has been detected by the second dose monitoring system.

10. Termination Switches. It shall be possible to terminate irradiation and equipment movements at any time from the operator's position at the treatment control panel.

11. Timer.

(i) A timer shall be provided which has a display at the treatment control panel. The timer shall have a preset time selector and an elapsed time indicator.

(ii) The timer shall be a cumulative timer which activates with the production of radiation and retains its reading after irradiation is interrupted or terminated. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator to zero.

(iii) For equipment manufactured after the effective date of these regulations after termination of irradiation and before irradiation can be reinitiated, it shall be necessary to manually reset the preset time selector.

(iv) The timer shall terminate irradiation when a preselected time has elapsed if the dose monitoring systems fail to do so.

12. Selection of Radiation Type. Equipment capable of both x-ray therapy and electron therapy shall meet the following additional requirements:

- (i) Irradiation shall not be possible until a selection of radiation type has been made at the treatment control panel.
- (ii) An interlock system shall be provided to ensure that the equipment can emit only the radiation type which has been selected.
- (iii) An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations carried out at the treatment control panel.
- (iv) An interlock system shall be provided to prevent irradiation with x-rays except to obtain a port film when electron applicators are fitted.
- (v) An interlock system shall be provided to prevent irradiation with electrons when accessories specific for x-ray therapy are fitted.
- (vi) The radiation type selected shall be displayed at the treatment control panel before and during irradiation.

13. Selection of Energy. Equipment capable of generating radiation beams of different energies shall meet the following requirements:

- (i) Irradiation shall not be possible until a selection of energy has been made at the treatment control panel.
- (ii) An interlock system shall be provided to prevent irradiation if any selected operations to be carried out in the treatment room do not agree with those selected operations carried out at the treatment control panel.
- (iii) The nominal energy value selected shall be displayed at the treatment control panel before and during irradiation.
- (iv) For new equipment, an interlock system shall be provided to terminate irradiation if the energy of the electrons striking the x-ray target or electron window deviates by more than 20 percent or 3 MeV, whichever is smaller, from the selected nominal energy.

14. Selection of Stationery Beam Therapy or Moving Beam Therapy. Equipment capable of both stationary beam therapy and moving beam therapy shall meet the following requirements:

- (i) Irradiation shall not be possible until a selection of stationery beam therapy or moving beam therapy has been made at the treatment control panel.
- (ii) An interlock system shall be provided to insure that the equipment can operate only in the mode which has been selected.
- (iii) An interlock system shall be provided to prevent irradiation if any selected operations to be carried out in the treatment room do not agree with those selected operations carried out at the treatment control panel.
- (iv) The mode of operation shall be displayed at the treatment control panel.
- (v) For new equipment, an interlock system shall be provided to terminate irradiation if:
 - (I) movement of the gantry occurs during moving stationary beam therapy; or
 - (II) movement of the gantry stops during moving beam therapy unless such stoppage is a preplanned function.
- (vi) Moving beam therapy shall be controlled to obtain the selected relationships between incremental dose monitor units and incremental angle of movement.

(I) For new equipment, an interlock system shall be provided to terminate irradiation if the number of dose monitor units delivered in any 10 degrees of arc differs by more than 20 percent from the selected value.

(II) for new equipment, where gantry angle terminates the irradiation in arc therapy, the dose monitor units shall differ by less than 5 percent from the value calculated from the absorbed dose per unit angle relationship.

(c) Facility and Shielding Requirements. In addition to Section .01(8) of these regulations, the following design requirements shall apply:

1. The treatment control panel shall be located outside the treatment room; and
2. Except for entrance doors or beam interceptors, all the required barriers shall be fixed; and
3. Windows, mirrors, closed-circuit television, or other equivalent viewing devices shall be provided to permit continuous observation of the patient during irradiation and shall be so located that the operator may observe the patient from the treatment control panel. When the viewing system is by electronic methods, a secondary viewing system, which may also be electronic, shall be available for use in the event of failure of the primary system; and
4. Provision shall be made for two-way aural communication between the patient and the operator at the treatment control panel; and
5. The entrance to the treatment room shall be equipped with a steady, red warning light which operates when, and only when, radiation is being produced; and
6. Interlocks shall be provided such that all entrance doors shall be closed before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall be possible to restore the machine to operation only by closing the door and reinitiating exposure by manual action at the control panel.

(d) Calibrations and Spot Checks.

1. Calibration.

(i) A calibration of all new machines and existing machines not previously surveyed shall be performed prior to the initial irradiation of a patient and thereafter at time intervals not to exceed 12 months, and after any change which might significantly alter the calibration, spatial distribution, or other characteristics of the therapy beam. It shall be the responsibility of the registrant to ensure that the individual performing the calibration is competent to perform such calibrations.

(ii) The calibration of a particle accelerator machine shall be performed in accordance with a calibration protocol such as that published by the American Association of Physicists in Medicine in Volume 10, number 6, issue of Medical Physics, or its current revision or replacement.

(iii) Any calibration protocol used must contain the following minimum measurement criteria:

(I) full calibration measurements shall be performed using a dosimetry system that has been calibrated by the National Bureau of Standards or by a Regional Calibration Laboratory accredited by the American Association of Physicists in Medicine. The dosimetry system shall have been calibrated within the previous two years and after any servicing that may have affected system calibration.

(II) spot-check measurements shall be performed using a dosimetry system that has been calibrated in accordance with .04(18)(d)1. (iii)(I) of this rule. Alternatively, a dosimetry system spot-check measurements may be calibrated by direct intercomparison with a system that has been calibrated in accordance with .04(18)(d)1. (iii)(I) of this rule. This alternative calibration method shall have been performed within the previous one year and after each servicing that may have affected system calibration. Dosimetry systems calibrated by this alternative method shall not be used for full calibration measurements.

(iv) The full calibration of the therapy beam shall include but not be limited to the following determinations:

(I) verification that the equipment is operating in compliance with the design specifications concerning the light localizer, the side light and back-pointer alignment with the isocenter when applicable, variation in the axis of rotation for the table, gantry and jaw system, and beam flatness and symmetry at the specified depth.

(II) the absorbed dose rate at various depths of water for the range of field sizes used, for each effective energy, and for each treatment distance used for radiation therapy.

(III) the uniformity of the radiation field and any dependency upon the direction of the useful beam.

(IV) verification of depth-dose data and isodose curves applicable to the specific machine.

(V) verification of transmission factors for all accessories such as wedges shadow trays, etc.

(VI) records of full calibration measurements and dosimetry system calibrations shall be preserved for 5 years after completion of the full calibration.

(VII) a copy of the latest full calibration performed as described in .04(18)(d)1. (iv)(I)-(VI) shall be available at the accelerator facility.

2. Spot-Calibration Checks.

(i) Spot-calibration checks shall be performed on machines subject to .04(18)(b) during calibrations and thereafter at intervals not to exceed one month.

(ii) Such spot-calibration checks shall be in accordance with written procedures and shall include absorbed dose measurements in a phantom at intervals not to exceed one week.

(iii) Where a system has built-in devices which provide a measurement of any parameter during irradiation, such measurement shall not be utilized as a spot-check; and

(iv) Records of spot-check measurements performed pursuant to .04(18)(b) shall be maintained by the registrant for a period of 2 years after completion of the spot-check measurements and any necessary corrective actions.

(e) Qualified Expert. The registrant shall determine if a person is an expert qualified by training and experience to calibrate a therapy machine and establish procedures for (and review the results of) spot-check measurements. The registrant shall determine that the person calibrating their therapy machine:

1. is certified by the American Board of Radiology in Therapeutic Radiological Physics, Radiological Physics, Roentgen-Ray and Gamma-Ray Physics, or x-ray and Radium Physics; or

2. has the following minimum training and experience:

(i) a Master's or Doctor's degree in physics, biophysics, radiological physics or health physics;

(ii) one year of full-time training in therapeutic radiological physics; and

(iii) one year of full-time experience in a radiotherapy facility including personal calibration and spot-check of at least one therapy machine.

(f) Operating Procedures.

1. No individual other than the patient shall be in the treatment room during treatment of a patient.

2. If a patient must be held in position during treatment, mechanical supporting or restraining devices shall be used.
3. The machine shall not be used in the administration of radiation therapy unless the requirements of .04(18)(d) have been met.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.04

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "X-Rays in the Healing Arts" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.05 Radiation Safety Requirements for Particle Accelerators

(1) Scope. This section establishes procedures for the registration and use of particle accelerators for medical and non-medical applications. Additional requirements for medical accelerators are found in Section 111-8-90-.04(18) entitled "Radiation and Electron Therapy Machines with Energies of one MeV and Above."

(2) Registration Requirements. No person shall receive, possess, use, own, or acquire a particle accelerator except as authorized in the accelerator registration issued pursuant to these regulations. The procedures for registration of particle accelerator facilities are included in these regulations.

(3) General Requirements for the Issuance of a Certificate of Registration for Particle Accelerators. In addition to the requirements of .02(1), (2), (6), (7) and (8) of these regulations, the applicant shall submit a supplementary registration application for use of a particle accelerator. Registration will be approved only after the Department determines that:

- (a) the applicant is responsible for the use of the accelerator;
- (b) the applicant's proposed or existing equipment, facilities, operating and emergency procedures are adequate to protect health and minimize risk to public health and safety or property; and
- (c) the issuance of the registration will not be inimical to the health and safety of the public, and the applicant satisfies any applicable special requirement in this section; and
- (d) the applicant has appointed, for medical applications, a physician who is designated on the application as the radiation therapist and other such professional staff necessary to the safe operation and use of the accelerator.
- (e) The applicant and/or the applicant's staff has experience in the use of particle accelerators and training sufficient for application to its intended uses; and
- (f) The applicant has established a radiation safety committee (composed of one or more persons trained or experienced in the safe use of accelerators) to approve, in advance, proposals for uses of particle accelerators; and
- (g) The applicant conducts training programs to assure continued competency for operators of particle accelerators; the protocol shall be in writing.

(4) Human Use of Particle Accelerators. In addition to the requirements of .02 of these regulations, a registration for use of a particle accelerator in the healing arts will be issued only if:

- (a) The applicant has appointed a medical committee of at least three members to evaluate all proposals for research, diagnostic, and therapeutic use of particle accelerator. Membership of the committee shall include physicians expert in internal medicine, hematology, therapeutic radiology, and the radiological physicist.
- (b) The individuals designated on the application as the users are radiation therapists who have substantial training and experience in deep therapy techniques or in the use of particle accelerators to treat humans.

(5) Limitations.

(a) No registrant shall permit any person to act as an operator of a particle accelerator until such person:

1. has been instructed in radiation safety and in operating and emergency procedures; and
2. has received copies of, and instruction in, the applicable requirements of these regulations; and
3. has demonstrated competence to use the particle accelerator, related equipment, and survey instruments which will be employed in their assignment, and be able to demonstrate such knowledge to the Department upon request.

(b) The radiation safety committee, radiological health physicist or the radiation safety officer shall have the authority to terminate the operations at a particle accelerator facility if any one of them deems such action is necessary to protect health and minimize danger to public health and safety or property.

(6) Shielding and Safety Design Requirements. Each particle accelerator installation shall be provided with such primary and/or secondary barriers as are necessary to assure compliance with .03(2)(a) and .03(2)(c) of these regulations. This requirement will be deemed to be met if the barriers are constructed in accordance with NCRP Report No.51.

(7) Particle Accelerator Controls and Interlock Systems.

(a) Instrumentation, readouts, and controls on the particle accelerator control console shall be clearly identified and easily discernible.

(b) Except for portable accelerator, all entrances into a target room or other high radiation area shall be provided with interlocks. When access is gained through any entrance the accelerator shall shut down automatically.

(c) When an interlock system has been tripped, it shall only be possible to resume operation of the accelerator by manually resetting the tripped interlock and initiating starting up procedures at the main control console.

(d) An emergency power cutoff switch shall be located and easily identifiable in all high radiation areas. Such a cutoff switch shall include a manual reset so that the accelerator cannot be restarted from the accelerator control console without resetting the cutoff switch.

(e) Portable accelerators shall be exempt from .06(7)(b) provided that they are not used in one location in excess of 30 days.

(8) Warning Devices.

(a) All locations designated as high radiation areas, and all entrances to such locations, shall be equipped with easily observable red warning lights that operate when, and only when, radiation is being produced.

(b) Except in facilities designed for human exposure, each high radiation area shall have an audible warning device which shall be activated for 15 seconds prior to the possible creation of such high radiation area. Such a warning device shall be clearly discernible in all high radiation areas and all radiation areas.

(c) Barriers, temporary or otherwise, and pathways leading to high radiation areas, shall be identified with caution signs, labels and signals in accordance with .03(4) of these regulations.

(9) Operating Procedures.

(a) Particle accelerators, when not in operation, shall be secured to prevent unauthorized use;

(b) The safety interlock system shall not be used to turn off the accelerator beam except in an emergency;

(c) All safety and warning devices, including interlocks, shall be checked for proper operability at intervals not to exceed one month. Results of such tests shall be maintained at the accelerator facility for inspection by the Department;

(d) Electrical circuit diagrams of the accelerator and the associated interlock systems shall be kept current and available at each accelerator facility;

(e) If, for any reason, it is necessary to intentionally by-pass a safety interlock or interlocks, such action shall be:

1. authorized in writing by the radiation safety committee and/or radiation safety officer; and
2. recorded in a permanent log and a notice posted at the accelerator control console; and
3. terminated as soon as possible.

(f) A copy of the current operating and the emergency procedures shall be maintained at the accelerator control panel and shall include instructions in at least the following:

1. the use of the accelerator in such a manner that no person is likely to be exposed to radiation doses in excess of the limits established in these regulations; and
2. methods and occasions for conducting radiation surveys; and
3. methods for controlling access to high radiation areas; and
4. methods and occasions for locking the control panel of the accelerator; and
5. personnel monitoring and the use of personnel monitoring equipment; and
6. methods for minimizing exposure of individuals in the event of an accident; and
7. the procedures for notifying appropriate persons in the event of an accident; and
8. the maintenance of records.

(10) Radiation Monitoring Requirements.

(a) There shall be available at each particle accelerator facility, appropriate portable monitoring equipment which is operable and has been calibrated for the appropriate radiations being produced at the facility. Such equipment shall be tested for proper operation daily and calibrated at intervals not to exceed one year and after each servicing and/or repair.

(b) Whenever applicable, periodic smear surveys shall be made to determine the degree of contamination in target and other pertinent areas.

(c) Facility shall have a written procedure concerning the conducting of area surveys and radiation protection surveys of the machine and facility shielding.

(d) Records of all radiation protection surveys, calibration results, instrumentation tests, and smear results shall be kept current and on file at each accelerator facility and made available for Departmental inspection.

(11) Ventilation Systems.

(a) Means shall be provided to ensure that personnel entering any area where airborne radioactivity may be produced will not be exposed to airborne radioactive material in excess of those limits specified in Chapter 391-3-17 (Rules and Regulations for Radioactive Materials).

(b) A registrant shall not vent, release or otherwise discharge airborne radioactive material to an uncontrolled area except as authorized pursuant to Chapter 391-3-17.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.05

AUTHORITY: Ga. L., 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Radiation Safety Requirements for Particle Accelerators" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.06 Radiation Safety Requirements for the Use of Non-Medical X-Ray

(1) Purpose. This section establishes the requirements for the non-healing arts use of x-rays.

(2) Scope. This section applies to all non-healing arts radiographic, fluoroscopic, and analytical x-ray installations and any apparatus capable of emitting x-rays as either a useful product or an unwanted by-product. The provisions of this section are in addition to and not in substitution for other applicable provisions of these regulations.

(3) General Provisions.

(a) Each registrant shall provide personnel monitoring devices which are calibrated for the appropriate radiations and energies of radiation produced, and these devices shall be used by:

1. Each individual who receives, or is likely to receive, a whole body dose in excess of 25 millirems per week; and
2. Each individual who enters a high radiation area.

(b) Each installation shall be provided with such primary protective barriers and/or secondary protective barriers as are necessary to assure compliance with section .01(8) and .03(2).

(c) All areas in which radiation hazards may arise shall be identified by an appropriate and easily recognizable warning sign as described in .03(4).

(d) Audible or visible signals shall be provided in the vicinity of installations to provide warning during irradiation and shall be activated prior to any exposure.

(e) X-ray tubes shall be provided with protective housing(s) appropriate to the nature of the work to afford adequate protection to personnel. The housing(s) shall be at least equivalent to a therapeutic tube housing.

(f) The operator or radiographer shall be provided with and shall have available for inspection a copy of normal operating and emergency procedures.

(g) A key-operated primary control switch shall be provided such that x-ray production shall not be possible with the key removed.

(h) Manufacturers of radiation machines shall provide for purchasers, and to the Department upon request, manuals and instructions which shall include at least the following technical and safety information:

1. potential, current, and duty cycle ratings of the x-ray generation equipment; and
2. adequate instructions concerning any radiological safety procedures and precautions which may be necessary because of unique features of the machine; and
3. a schedule of maintenance necessary to keep the machine in compliance with these regulations.

(i) A suitable and functioning survey instrument, calibrated for the energy used, shall be at each installation.

(j) Each entrance or access point to a high radiation area shall be:

1. equipped with a control device which shall cause the radiation generator to turn off automatically upon entry into the area; or

2. maintained locked except during periods when access to the area is controlled.

(k) Each high radiation area shall be arranged in such a way that an individual can quickly leave that area.

(l) Tests of all devices such as interlocks, shutters, and warning lights shall be conducted at intervals not to exceed 3 months for all operable analytical x-ray equipment. Records of such tests shall be maintained for inspection by the Department.

(4) Industrial Radiography.

(a) Cabinet X-ray Installations.

1. The x-ray source and all objects exposed thereto must be contained within a permanent enclosure.

2. All protective enclosures and equipment shall be kept in good repair.

3. Radiation exposure shall not exceed 0.5 mR in any one hour at a distance of five centimeters (2 inches) from any point on the external surface of the cabinet or of any component outside the cabinet when operated under any conditions for which the machine is designed.

4. A control shall be provided that will enable the operator to initiate and terminate the production of x-rays by means other than the safety interlock system or main power control.

5. It shall not be possible to extend any part of the human body through a port into the primary beam.

6. Each door of a cabinet x-ray system shall have a minimum of two operative safety interlocks. One but not both of the required interlocks shall be such that a door opening results in physical disconnection of the energy supply circuit to the high voltage generator, and such disconnection shall not be dependent upon any moving part other than the door. The registrant shall:

(i) maintain records that verify the existence of dual interlocks.

(ii) maintain records of any repairs made on the dual interlocks; and

(iii) certify to the Department that modifications have not been made to the dual interlocks that are not consistent with manufacturer's design specifications. Such certification shall be made to the Department with the application for registration, application for renewal of registration, and as a part of any inspection or investigation conducted by the Department. For purposes of inspection, the Department shall review these records and only that the cabinet x-ray system ceases x-ray production when the door is opened.

7. For cabinet x-ray systems designed for entry by an individual during the normal course of use of the machine, there shall also be provided:

(i) Audible and visible warning signals within the cabinet which must be activated for at least 10 seconds immediately prior to the first initiation of x-radiation production; and

(ii) A visible signal within the cabinet which shall remain operative for the duration of x-ray production. It shall be automatically initiated prior to x-ray production and terminated with the exposure; and

(iii) Suitable means of egress, so that any person may escape the interior of the cabinet without delay, or an effective means within the cabinet for preventing or terminating production of the x-radiation, and which cannot be reset from the outside of the cabinet.

8. Following interruption of x-ray generation by operating any interlock, the resumption of x-ray generation shall be possible only from the control panel.

(b) Shielded Room Radiographic Installations.

1. Facilities utilizing shielded room radiography shall assure that:

(i) Radiation levels at any point on the exterior of the room do not exceed those specified in .03(2)(c); and

(ii) All the requirements specified in .06(4)(a)7. shall apply.

(iii) Each door of a shielded room shall have a minimum of two operative safety interlocks. One but not both of the required interlocks shall be such that a door opening results in physical disconnection of the energy supply circuit to the high voltage generator.

(c) Open X-ray Installations.

1. Radiation areas in excess of 5 mR/hr shall be identified. A fence, rope or other suitable personnel barrier shall be erected along a 5 mR/hr, or less, contour line.

2. The area described by the temporary barricade shall be suitably posted with caution signs.

3. Suitable personnel monitoring devices for the energy used shall be provided and shall be used by persons in the area. One device shall be a cumulative direct reading device, the other a film badge, or equivalent.

4. During each radiographic operation, either the radiographer or an assistant shall maintain direct vigilance of the operation to insure against unauthorized entry into the radiation area.

5. All persons shall be removed from the radiation area before irradiation is begun.

6. The radiation machine itself, or the place in which the machine is stored, shall be locked in order to prevent unauthorized use.

7. Written records of personnel exposure, safety procedures and scaled drawing of the 5 mR/hr contour line shall be at the work site.

8. Each facility shall have a suitable and functioning survey instrument.

(5) Analytical X-Ray.

(a) Equipment.

1. The leakage radiation from the tube housing shall not exceed a radiation level of 25 milliroentgens in 1 hour at 5 centimeters (2 inches) from the surface of the tube housing at any specified tube rating.

2. Radiation originating within the high voltage power supply (i.e., transformer and rectifiers) shall not exceed a radiation level of 0.5 milliroentgen in 1 hour at every specified rating at a distance of 5 centimeters (2 inches) from the housing of the power supply.

3. For open beam x-ray equipment:

(i) Sufficient warning lights or other equally conspicuous signals that operate only when the primary x-ray beam is released from the beam ports shall be provided in such a manner as to alert individuals to the potential radiation hazard. These signals shall be labeled so that their purpose is easily identified.

(ii) The operator shall be in immediate attendance at all times when the equipment is in operation except when the area is locked to protect against unauthorized or accidental entry.

(iii) When not in use, equipment shall be secured in such a manner as to be inoperable by unauthorized persons.

(iv) Each port on the radiation source housing shall be equipped with a shutter that cannot be opened unless a collimator, or a coupling and recording device with beam absorber, has been connected to the port.

4. The radiation level for analytical x-ray equipment in which the primary x-ray beam is completely enclosed shall be less than 2 milliroentgens in 1 hour at 25 centimeters (10 inches) from the apparatus at every specified tube rating.

5. Each analytical system shall be so arranged as to restrict the entry of parts of the body into the primary beam. This may be accomplished by using such arrangements as adequate barriers or interlocks.

6. The analytical x-ray device shall be provided with a protective barrier which absorbs the useful beam behind the specimen under examination.

7. In addition to any other signs or labels required, a sign or label shall be placed on or adjacent to each x-ray tube housing and shall be located as to be clearly visible to any individual who may be working in close proximity to the primary beam path. The sign or label shall read: "CAUTION - HIGH INTENSITY X-RAY BEAM."

8. A warning light with the notation "X-RAY ON," shall be located on the control panel and:

(i) shall light only when the x-ray tube is activated; and

(ii) shall be wired in series with the primary electrical circuit so that if the warning light is inactivated x-ray generation is not possible.

9. The coupling between the x-ray tube and the collimator of the diffractometer, camera, or other accessory shall prevent radiation from escaping the coupling.

10. All tube head ports which are not in use shall be secured in the closed position in a manner which will prevent casual opening. Port covers shall offer the same degree of protection as is required of the tube housing.

(b) Operation of Equipment.

1. The registrant shall not permit the routine operation of any equipment that would require an individual to expose any part of his body to the primary beam.

2. Written operating and emergency procedures pertaining to radiation safety shall be established for each facility and shall be posted in a conspicuous location near each unit of analytical x-ray equipment.

3. Only qualified personnel shall be permitted to install, repair or make modifications to the x-ray generating apparatus and the tube housing-apparatus complex.

4. Any temporary alteration to safety devices, such as bypassing interlocks or removing shielding shall be:

(i) prohibited during normal operation of the equipment;

(ii) specified in writing and posted near the x-ray tube housing so that other individuals will know the existing status of the x-ray apparatus; and

(iii) terminated as soon as possible; and

(iv) recorded and the record maintained for inspection by the Department. This record should contain such information as date alteration was made, type of alteration, length of time unit remained in the altered condition, and signed by the individual who restored the unit to original condition.

5. Interlocks shall not be used to deactivate the x-ray tube except in an emergency or during testing of the interlock system; it shall be possible to restore the machine to full operation only from the control panel.

6. Safety glasses shall be provided and required for use by operators, assistants, and maintenance personnel. Personnel monitoring in the form of ring badges or the equivalent should be utilized.

(c) Surveys. Radiation surveys of all analytical radiation machines shall be performed:

1. following any change in the initial arrangement, number, or type of components in the machine; or
 2. following any maintenance requiring the disassembly or removal of a component in the machine; or
 3. during the performance of maintenance and alignment procedures, if the procedures require the presence of a primary x-ray beam when any component in the machine is disassembled or removed; or
 4. any time a visual inspection of the local components in the machine reveals an abnormal condition; and
5. It shall be the responsibility of the registrant to ensure that such radiation surveys are performed by an individual competent to perform such surveys.

(d) Medical Examination. Operators and personnel routinely assisting in analytical x-ray operation or maintenance shall be instructed regarding the potential physical hazards of such an x-ray beam. They shall be required to report any evidence of accidental physical injury or accidental exposure to radiation to the individual in charge of radiation protection. That person shall require immediate medical examination of the suspected injury and, if such injury has occurred, shall notify the Department by telephone and in writing within 24 hours.

(6) Non-Medical Fluoroscopy.

(a) Industrial Use:

1. In addition to the applicable provisions of this section .06, provisions shall be made to maintain adequate protection when manipulating or marking objects under examination.
2. "Hand-held" fluoroscopes shall not be used.
3. The exposure rate due to transmission through the image receptor shall not exceed 2 mR/hr at a distance of 10 centimeters (4 inches) from any point on the receptor.
4. The maximum x-ray dose shall not exceed 0.5 mR in any one hour measured at 5 centimeters (2 inches) from any readily accessible machine surface.
5. A method of dosimetry for these systems shall be employed which shall quantitatively define, with an accuracy of + 20 percent, the x-ray dose within the energy range of 30-150 kVp. Any method of film dosimetry, thermoluminescent dosimetry, or electronic instrumentation which shall be capable of this measurement will be acceptable.
6. Any installation for baggage surveillance shall be enclosed and so designed as to prohibit ready access to x-ray generating equipment.

7. It shall not be possible to insert any part of the body into the primary beam.
 8. The control panel shall be equipped with a key lock. It shall not be possible to remove the key in the "on" position.
 9. A positive pressure switch shall be provided to control the exposure and shall be located such that the operator has a clear view of the radiation machine.
- (b) Non-Controlled Areas. Personnel dose limits shall not exceed 10 mR in any one week or 500 mR in any one year.
- (7) X-Rays As Unwanted By-Product.
- (a) All equipment in which electrons are accelerated to an energy in excess of 5 keV shall be regarded as a potential source of ionizing radiation, such as: electron microscopes, cathode-ray tubes, television and imaging tubes.
- (b) All such equipment shall be constructed, installed and operated in such a manner as to provide adequate protection according to these regulations.
- (c) Such items of equipment shall be shielded and provided with interlocks so as to ensure that the places where they are used can be regarded as being outside "controlled areas."
- (d) The dose rate at any readily accessible point 5 centimeters (2 inches) from the surface of such equipment shall not exceed 0.5 mR/hr.
- (8) Instruction of Personnel.
- (a) The registrant shall assure that all radiation machines and associated equipment under his control is operated only by individuals instructed in safe operating procedures and competent in the safe use of the equipment. The registrant shall also assure that persons operating his radiation machine and associated equipment have received, at a minimum, two hours of instruction in the following six (6) subject categories:
1. Fundamentals of Radiation Safety:
 - (i) Characteristics of radiation
 - (ii) Units of radiation measurement
 - (iii) Significance of radiation dose and exposure
 - (I) Radiation protection standards
 - (II) Biological effects of radiation
 - (iv) Sources and levels of radiation
 - (v) Methods of controlling radiation dose
 - (I) Working time
 - (II) Working distances
 - (III) Shielding
2. Radiation Detection Instrumentation to be Used:

(i) Use of radiation survey instruments

(I) Operation

(II) Calibration

(III) Limitations

(ii) Survey techniques

(iii) Use of personnel monitoring equipment

(I) Film badges

(II) Thermoluminescent dosimeters

(III) Pocket dosimeters

3. Radiographic Equipment to be Used:

(i) Remote handling equipment

(ii) Radiographic exposure devices and sealed sources

(iii) Operation and control of x-ray equipment

4. The Requirements of Pertinent Federal and State Regulations.

5. The Registrant's Written Operating and Emergency Procedures.

6. Case Histories of Radiography Accidents.

(b) Training shall begin within 30 days after employment and shall be completed no later than 90 days after date of employment. The registrant shall maintain a record of all training for each operator. Such record shall be made available for Departmental inspection.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.06

AUTHORITY: Ga. L., 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Radiation Safety Requirements for the Use of Non-Medical X-Ray" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.07 Records, Reports and Notifications

(1) Records and Reports.

(a) Each registrant shall maintain records, in the same units used in this chapter, showing the radiation exposures of all individuals for whom personnel monitoring is required under these regulations. Such records shall be kept on Department forms, in accordance with the instructions contained in that form or in a clear and legible manner containing all the information required on the Department forms. The doses entered on the forms or records shall be for periods of time not exceeding one calendar quarter.

(b) Each registrant shall maintain records, in the same units used in this chapter, showing the results of surveys, safety checks and calibrations required under these regulations.

(c) Records of individual radiation exposure which must be maintained pursuant to the provisions of .07(1)(a) of this Chapter shall be preserved until a date five (5) years after termination of the individual's employment or association with the registrant, or such other time as the Department may determine.

(d) The discontinuance or curtailment of activities does not relieve the registrant of responsibility for retaining all records required by this section.

(e) The Department may require further preservation of records which it determines shall not be destroyed. Records which must be maintained pursuant to this section may be maintained in the form of microfilm.

(f) Each person who possesses a radiation machine shall keep records showing the receipt, transfer, or disposal of such radiation machine and shall make such records available for inspection by the Department upon request.

(g) The registrant shall keep a record of all major maintenance and/or modifications performed on each radiation machine during the period it is under his control. Such record shall be transferred to any subsequent owner of the equipment. Records shall include, but not be limited to, tube housing or x-ray tube insert replacement, any re-orientation of the machine, repair or change of the console or high-voltage supply, or collimator repair.

(2) Notification of Incidents.

(a) Immediate Notification. Each registrant shall immediately notify the Georgia Department of Community Health, Radiological Health Section, Atlanta, Georgia, by telephone and confirming letter of any incident involving any source of radiation possessed by him which may have caused exposure of the whole body of an individual to 25 rems or more of radiation; exposure of the skin of the whole body of any individual to 150 rems or more of radiation; or exposure of the feet, ankles, hands, or forearms of any individual to 375 rems or more of radiation.

(b) Twenty-four Hour Notice. Each registrant shall within 24 hours notify the Georgia Department of Community Health, Radiological Health Section, by telephone and confirming letter of any incident involving any source of radiation possessed by him which may have caused exposure of the whole body of any individual to 5 rems or more of radiation; exposure of the skin of the whole body of any individual to 30 rems or more of radiation; or exposure of the feet, ankles, hands, or forearms to 75 rems or more of radiation.

(c) Special Requirements for Reporting. Any report filed with the Department pursuant to .07(2) shall be prepared in such a manner that names of individuals who have received exposure to radiation will be stated in a separate part of the report.

(3) Report to Former Employees and Others of Exposure to Radiation. A registrant, at the request of any individual formerly employed or associated with such registrant (e.g., student, craftsman, etc.), shall furnish to such individual a report of his exposure to radiation as shown in records maintained pursuant to .07(1)(a). Such report shall be furnished within 30 days from the time the request is made and shall cover each calendar quarter of the individual's employment or association involving exposure to radiation, or such lesser period as may reasonably be requested by the individual. The report shall be in writing.

(4) Reports of Overexposures and Excessive Levels.

(a) In addition to any notification required by .07(2), each registrant shall make a report in writing within 30 days to the Georgia Department of Community Health, Radiological Health Section, of:

1. Each exposure of an individual to radiation in excess of any applicable limit set forth in these regulations.
2. Levels of radiation (whether or not involving excessive exposure of any individual) in an uncontrolled area in excess of 10 times any applicable limit set forth in these regulations.

(b) Each report required under .07(4)(a) shall describe the extent of exposure of individuals to radiation, levels of radiation involved, the cause of the exposures, and corrective steps taken or planned to assure against a recurrence.

(c) In any case where a registrant is required to report to the Department any exposure of an individual to radiation, the registrant shall, no later than the making of such report to the Department, also notify the individual of the nature and extent of exposure.

(d) Any report filed with the Department pursuant to this paragraph shall be prepared in such a manner that names of individuals who have received exposure to radiation will be stated in a separate part of the report.

(5) Notice to Employees. Each registrant shall annually advise any individual employed or associated with such registrant of the individual's exposure to radiation as shown in records maintained by the registrant pursuant to .07(1)(a), if requested by the individual.

(6) Instruction of Personnel, Posting of Notices to Employees.

(a) Each registrant shall advise individuals working in a restricted area of reports of radiation exposures which individuals may request in accordance with these regulations.

(b) Any Department documents or instructions sent to the registrant shall be maintained with a current copy of these regulations or posted as required.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.07

AUTHORITY: Ga. L., 1964, pp. 507, 569, and 570, O.C.G.A. § [31-13-5](#), [31-13-9](#).

HISTORY: Original Rule entitled "Records, Reports and Notifications" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.08 Penalties

(1) Any registrant who violates the provisions of O.C.G.A. Section [31-13-14](#), or who hinders, obstructs, or otherwise interferes with any representative of the Department in the discharge of official duties in making inspections as provided in O.C.G.A. Section [31-13-5](#), or in impounding materials as provided in O.C.G.A. Section [31-13-11](#), shall be guilty of a misdemeanor.

(2) Any registrant who:

(a) Violates any registration provision of Chapter 13 of Title 31 of the Official Code of Georgia Annotated; or any rule, regulation, or order issued thereunder; or any term, condition, or limitation of any registration certificate thereunder; or commits any violation for which a registration certificate may be revoked under this Chapter may be subject to a civil penalty to be imposed by the Department. If the violation is a continuing one, each day of such violation shall constitute a separate violation for the purpose of computing the applicable civil penalty.

(3) Imposition of such civil penalties shall relate to the severity of the violations.

(a) Users are subject to civil penalties not to exceed \$1,000 for violations that cause or contribute to the exposure of any persons or the environment to radiation levels in excess of those levels set forth in these rules. Violations which cause or contribute to such exposure are:

1. Failure of registrant to take action in a timely manner to correct unsafe conditions or equipment of which it was aware or should have been aware;
2. Use of untrained, unskilled, or unauthorized operators/users;
3. Lack of, or failure to follow safety procedures;
4. Unauthorized or improper modifications to machines or other radiation sources or equipment containing such sources; and

5. Lack of sufficient radiation shielding to prevent excessive radiation exposure.

(i) For purposes of computing the penalty, each day of such violation is a separate violation.

(b) Users are subject to civil penalties not to exceed \$500 for other violations, to wit violations that do not cause or contribute to excessive exposure.

1. For purposes of computing the penalty, each day of such violation is a separate violation.

(c) Users that fail to register in accordance with rule .02(1) of this Chapter are subject to civil penalties not to exceed \$1000.

1. For purposes of computing the penalty, each day of such violation is a separate violation.

(d) In proposing the imposition of civil penalties, the Department shall consider such mitigating circumstances as it deems appropriate. These may include factors such as elapsed time of the violation, the registrant's prior compliance history, or voluntary reporting of the violation by the registrant.

(4) Whenever the Department proposes to subject a registrant to the imposition of a civil penalty, it shall notify such registrant in writing:

(a) Setting forth the date, facts, and nature of each act or omission with which the person is charged;

(b) Specifically identifying the particular provision or provisions of the Code section, rule, regulation, order, or registration involved in the violation; and

(c) Advising of each penalty which the Department proposes to impose and its amount.

(d) Such written notice shall be sent by registered or certified mail by the Department to the last known address of such person. The person so notified shall be granted an opportunity to show in writing, within ten days from receipt of such notice, why such penalty should not be imposed. The notice shall also advise such registrant that, upon failure to pay the civil penalty subsequently determined by the Department, if any, the penalty may be collected by civil action.

(e) Upon receipt of a written response from the registrant alleging that a penalty should not be imposed, the Department shall consider the response and make a final decision on the appropriateness and amount of the penalty. The Department may at its discretion conduct an onsite inspection in order to make a final decision. In making this decision, the Department may, as deemed appropriate by the Department, consider such factors as: errors concerning the amount or nature of the penalty, corrective action taken by the registrant, or disposal of machines or equipment by the registrant.

(f) The Department shall inform the registrant of its final decision by registered or certified mail to the last known address of the registrant. Within 10 days of receipt of the Department's final determination concerning the civil penalty, the registrant may request an appeal pursuant to the Georgia Administrative Procedures Act, O.C.G.A. [50-13-1](#), et seq.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.08

AUTHORITY: Ga. L. 1964, pp. 507, 569, and 570; O.C.G.A. § [31-13-15](#).

HISTORY: Original Rule entitled "Penalties" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-90-.09 Enforcement

(1) The administration and enforcement of these rules shall be as prescribed in Chapter 13 of Title 31 of the Official Code of Georgia Annotated, and Chapter 13 of Title 50 of the Official Code of Georgia Annotated. The

Department's action revoking or denying a registration applied for under this Chapter or the imposition of civil penalties imposed pursuant to this Chapter shall be preceded by notice and opportunity for a hearing and shall constitute a contested case within the meaning of Chapter 13 of Title 50 of the Official Code of Georgia Annotated.

(2) The Department may, without regard to the availability of other remedies, including administrative remedies, seek an injunction against the continued operation of an unregistered radiation machine or the continued operation of a radiation machine in violation of this Chapter or of any regulation of the Department.

Cite as Ga. Comp. R. & Regs. R. 111-8-90-.09

AUTHORITY: O.C.G.A. §§ [31-13-5](#), [31-13-15](#).

HISTORY: Original Rule entitled "Enforcement" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-8. HEALTHCARE FACILITY REGULATION

Subject 111-8-91. RULES AND REGULATIONS FOR LASER RADIATION

111-8-91-.01 Definitions

For the purpose of these rules, the term:

- (a) "Department" means the Department of Community Health of the State of Georgia;
- (b) "Injury" means any discernible, unintentional damage to tissue (such as eye or skin), resulting from exposure to laser radiation; or untoward biologic effects due to air contamination produced as a result of laser radiation; or electrical shock or burns sustained as a result of operation of a laser;
- (c) "Laser radiation" means any electromagnetic radiation emitted from a laser system and includes all reflected radiation and any secondary radiation, or other forms of energy resulting from the primary laser beam;
- (d) "Laser System" means any device, machine, apparatus, or other facility, that applies a source of energy to a gas, liquid, crystal, or other solid substances or combination thereof in a manner that electromagnetic radiations of a relatively uniform wave length are amplified and emitted in a coherent beam, including but not limited to electromagnetic waves in the range of visible, infrared or ultraviolet light, capable of transmitting the energy thus generated in a manner that may be harmful to living tissues;
- (e) "Person" means the State or any agency or institution thereof, any municipality, political subdivision, public or private corporation, individual, partnership, association, or other entity, and includes any officer or governing or managing body of any municipality, political subdivision or public or private corporation.

Cite as Ga. Comp. R. & Regs. R. 111-8-91-.01

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Definitions" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-91-.02 Registration

- (1) No person may possess or operate a laser system without first registering, in writing, with the Department within thirty (30) days after the effective date of these regulations, the laser system, except as provided in paragraph (2) of this rule.
- (2) Any person acquiring a laser system after the effective date of these rules and regulations shall register, in writing, with the Department the laser system within thirty (30) days after the date of acquisition.
- (3) Any person possessing or operating a registered laser system may be required by the Department to re-register the system at intervals considered necessary by the Department to maintain a current inventory of the laser system.
- (4) If any person possessing or operating a laser system considers the registration of each source of laser radiation by type or strength to be impractical, he may apply, in writing, to the Department for blanket registration of the laser system. The Department may approve blanket registration of the laser system after considering the information

submitted in the application and determining that registration of each source of laser radiation by type or strength is impractical.

(5) All applications for any registration shall be in writing, on forms provided by the Department. Applications for any registration shall provide the following information:

- (a) name and address of person possessing or operating the laser system;
- (b) identification and type of the laser system;
- (c) location of the laser system;
- (d) for continuous-wave lasers, the maximum power level at which the laser can be operated;
- (e) for pulse lasers, the maximum energy per pulse, pulse duration, and the maximum pulse repetition rate at which the laser can be operated;
- (f) the wavelength at which laser can be operated; and
- (g) other pertinent information that may be required by the Department to ascertain the identification, type, location, and operational characteristics of the laser system.

Cite as Ga. Comp. R. & Regs. R. 111-8-91-.02

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Registration" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-91-.03 Injury Reporting

Any person possessing or operating a laser system shall report, in writing, to the Department within fifteen (15) days of detection of any injury to an individual, regardless of severity or extent, in the course of operating, handling, servicing, or manufacturing a laser system. Information as the Department might require concerning the injury shall be made available to the Department.

Cite as Ga. Comp. R. & Regs. R. 111-8-91-.03

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Injury Reporting" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-91-.04 Report of Discontinuance

Every person who has registered a laser system and who permanently discontinues the operation of, or permanently disposes of, his laser system shall notify the Department, in writing, within thirty (30) days of such action.

Cite as Ga. Comp. R. & Regs. R. 111-8-91-.04

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Report of Discontinuance" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-91-.05 Laser System Exempt from Registration

No person may be required to register a laser system which cannot be energized or which is in transit.

Cite as Ga. Comp. R. & Regs. R. 111-8-91-.05

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Laser System Exempt from Registration" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

111-8-91-.06 Enforcement

The administration and enforcement of these rules and regulations shall be in accordance with Code of Georgia Annotated § [31-13-10](#).

Cite as Ga. Comp. R. & Regs. R. 111-8-91-.06

AUTHORITY: Ga. L. 1964, pp. 499, 518, O.C.G.A. §§ [31-13-10](#), [31-13-5](#).

HISTORY: Original Rule entitled "Enforcement" adopted. F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 150. RULES OF GEORGIA BOARD OF DENTISTRY

Chapter 150-3. LICENSE REQUIREMENTS

150-3-.01 Examination for Dental Licensure

(1) Each candidate submitting an application for a dental license must have passed all sections of the National Board Theory Examinations - Part I and Part II with a score of 75 or higher or have a passing score on the Integrated National Board Dental Exam. The President of the Georgia Board of Dentistry may appoint one or more members of the Board to proctor the National Dental Board Examinations held in Georgia.

(2) Each candidate for a license to practice dentistry must pass with a score of 75 or higher a jurisprudence examination on the laws and rules governing the practice of dentistry in the State of Georgia. Such examination shall be in the English language. The score will be valid for one year.

(3) Each candidate for a license to practice dentistry must pass all sections with a score of 75 or higher on any clinical examination administered by the Georgia Board of Dentistry, or a testing agency designated and approved by the Board. Such examination shall be in the English language.

(4) Any candidate who fails one or two sections of any clinical examination or any combination of one, two, or three sections of the clinical examination, three times must take a remedial course of study designated and pre-approved by the board.

(a) Once the candidate shows written proof of successful completion of the approved course of study, the Board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the board.

(b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.

(5) Any candidate who fails three or more sections of any clinical examination three times must successfully complete a one-year American Dental Association-accredited course of study pre-approved by the board.

(a) Once the candidate provides written proof of successful completion of this one-year course of study, the board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the Georgia Board.

(b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.

(6) For purposes of this rule, failure of the completed curriculum integrated format type examination shall only be counted as one (1) examination failure. The final section/sections failed with the curriculum integrated format type examination will be applicable to sections (4) and (5) of this rule.

(7) In determining whether an applicant has met the requirements for licensure, the board will only consider:

(a) The examination given by the Georgia Board of Dentistry prior to February 22, 1993.

(b) Results from the Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005; to include SRTA retake examination results until December 31, 2006.

(c) Results from the American Board of Dental Examiners (ADEX) examination as uniformly administered by the Central Regional Dental Testing Service (CRDTS) and the Northeast Regional Board of Dental Examiners (NERB) that were attained between January 1, 2006 and June 30, 2009.

(d) Results from the Central Regional Dental Testing Service (CRDTS) examination or any other testing agency designated and approved by the Board attained subsequent to June 30, 2009. Results from the retake examinations administered by the Northeast Regional Board of Dental Examiners (NERB) or the Central Regional Dental Testing Service (CRDTS) are accepted through June 30, 2010. Such retakes must be from initial examinations taken prior to June 30, 2009 and must include at least one successful score from Parts II, III, IV or V.

(e) Results from the American Board of Dental Examiners, Inc. (ADEX) dental examination as uniformly administered by a testing agency approved by the Board beginning January 1, 2021.

(f) Regional examinations must include procedures performed on human subjects as part of the assessment of clinical competencies and shall have included evaluations in the following areas:

1. periodontics, human subject clinical abilities testing;
2. endodontics, clinical abilities testing;
3. posterior class II amalgam or posterior class II composite preparation and restoration, human subject clinical abilities testing;
4. anterior class III composite preparation and restoration, human subject clinical abilities testing;
5. crown preparation, clinical abilities testing;
6. prosthetics, written or clinical abilities testing;
7. oral diagnosis, written or clinical abilities testing; and
8. oral surgery, written or clinical abilities testing.

(g) Examination scores from slot preparations of restorative dentistry shall neither be accepted nor recognized by the Board.

(8) Each candidate for Georgia licensure must furnish a background check. The applicant shall be responsible for all fees associated with the performance of a background check.

(9) The Board may hold other examinations as may be required and necessary.

Cite as Ga. Comp. R. & Regs. R. 150-3-.01

AUTHORITY: O.C.G.A. §§ [43-11-7](#), [43-11-20](#), [43-11-40](#), [43-11-41](#).

HISTORY: Original Rule entitled "Examinations" adopted. F. and eff. June 30, 1965.

Amended: F. Mar. 26, 1969; eff. Apr. 15, 1969.

Amended: F. Jan. 26, 1970; eff. Feb. 15, 1970.

Amended: F. Oct. 13, 1970; eff. Nov. 2, 1970.

Amended: F. July 5, 1974; eff. July 25, 1974.

Amended: F. Mar. 3, 1977; eff. Mar. 23, 1977.

Amended: F. Sept. 24, 1979; eff. Oct. 14, 1979.

Amended: F. May 5, 1982; eff. May 25, 1982.

Amended: F. Nov. 20, 1984; eff. Dec. 10, 1984.

Repealed: New Rule of same title adopted. F. Feb. 5, 1988; eff. Feb. 25, 1988.

Amended: F. Dec. 20, 1989; eff. Jan. 9, 1990.

Amended: F. May 9, 1991; eff. May 29, 1991.

Amended: F. Sept. 2, 1992; eff. Sept. 22, 1992.

Amended: F. Feb. 2, 1993; eff. Feb. 22, 1993.

Amended: F. Sept. 15, 1993; eff. Oct. 5, 1993.

Amended: Rule retitled "Examination for Dental Licensure". F. Oct. 29, 1996; eff. Nov. 18, 1996.

Amended: F. Dec. 28, 2000; eff. Jan. 17, 2001.

Repealed: New Rule of same title adopted. F. July 28, 2003; eff. Aug. 17, 2003.

Repealed: New Rule of same title adopted. F. Jan. 26, 2005; eff. Feb. 15, 2005.

Amended: F. Nov. 7, 2005; eff. Nov. 27, 2005.

Repealed: New Rule of same title adopted. F. Mar. 22, 2006; eff. Apr. 11, 2006.

Repealed: New Rule of same title adopted. F. Sept. 18, 2006; eff. Oct. 8, 2006.

Amended: F. June 8, 2009; eff. June 28, 2009.

Repealed: New Rule of same title adopted. F. Apr. 20, 2010; eff. May 10, 2010.

Repealed: New Rule of same title adopted. F. Jan. 11, 2011; eff. Jan. 31, 2011.

Amended: F. Apr. 16, 2013; eff. May 6, 2013.

Amended: F. Aug. 24, 2017; eff. Sep. 13, 2017.

Amended: F. Sep. 29, 2020; eff. Oct. 19, 2020.

Note: Correction of non-substantive typographical error on SOS Rules and Regulations website, "(6) In determining whether an applicant has met the requirements for licensure, the board will only consider:" corrected to "(7) In determining whether an applicant has met the requirements for licensure, the board will only consider:", duplicate paragraph number (i.e., number "(6)") corrected to reflect Rule as originally filed by Agency on September 29, 2020. Effective October 19, 2020.

Department 160. RULES OF GEORGIA DEPARTMENT OF EDUCATION

Chapter 160-4.

Subject 160-4-5. COMPENSATORY EDUCATION

160-4-5-.02 Language Instruction Program for English Learners (ELs)

(1) DEFINITIONS.

(a) **English Learners (ELs)** - students whose primary or home language is other than English and who are eligible for English language instruction based on the results of an English language proficiency assessment.

(b) **English language proficiency (ELP)** - the level of language competence necessary to participate fully and learn successfully in classrooms where the primary language of instruction is English.

(c) **English to Speakers of Other Languages (ESOL)** - a language instruction educational program provided to help ELs overcome language barriers and participate meaningfully in schools' educational programs.

(d) **Georgia Department of Education** - the state agency charged with the fiscal and administrative management of certain aspects of K-12 public education, including the implementation of federal and state mandates. Such management is subject to supervision and oversight by the State Board of Education.

(e) **Home Language Survey** - a questionnaire administered upon enrollment to each student's parent or guardian for the purpose of determining whether a language other than English is used by the student or used in the student's home.

(f) **Language instruction** - language programs and strategies that promote academic language development for English learner students.

(g) **Local Educational Agency (LEA)** - local school system pursuant to local board of education control and management.

(h) **School** - any building or special entity as defined in State Board of Education Rule [160-5-1-.03](#) Identification and Reporting of Schools.

(i) **State adopted English proficiency measure** - an English language proficiency assessment administered annually to all English learners (ELs) in Georgia for the purposes of determining the English language proficiency level of students; providing districts with information that will help them evaluate the effectiveness of their ESOL programs; providing information that enhances instruction and learning in programs for English learners; assessing the annual English language proficiency gains; and providing data for meeting federal and state requirements.

(j) **State adopted English proficiency screening measure** - a formal measure of social and academic English language proficiency that assesses students' need for initial placement in language instruction educational programs.

(k) **State adopted English language proficiency standards** - a set of statements derived from the listening, speaking, reading, and writing language domains that describe developmental levels of language proficiency that students need to construct social, instructional, and academic communication.

(l) **Student Record** - the state's required end-of-year student data collection.

(2) REQUIREMENTS.

(a) Eligibility for entry into and exit from English learner status and language instruction programs.

1. Prior to entry into a school in Georgia, each student's parent or guardian shall complete the required Home Language Survey to determine if a language other than English is used in the home or is the student's first language or home language. All students whose first language or home language includes a language other than English shall be assessed for English language proficiency using the state-adopted English proficiency screening measure. Further guidance is in the ESOL Resource Guide.

2. Initial eligibility for language instruction programs shall be determined by the student's score on the state-adopted English proficiency screening measure.

(i) Students who have an English language proficiency score below proficient on the state-adopted English proficiency screening measure shall be determined to be English learners (ELs) and shall be eligible for language instruction programs and services. Coding guidance for ELs is in the ESOL Resource Guide.

(ii) Students who have an English language proficiency score at or above proficient on the state-adopted English proficiency screening measure shall be considered English proficient and shall not be eligible for language instruction. Coding guidance for non-ELs is in the ESOL Resource Guide.

3. All ELs shall be assessed annually on the state-adopted English proficiency measure to determine English language proficiency. Students whose scores on the state-adopted English proficiency measure do not meet the state EL exit criteria shall continue to be eligible for language instruction.

4. Exiting from EL status and ESOL instruction.

(i) Clear EL exit determinations are based on the composite score of the state-adopted English proficiency measure. A student who exits the language instruction program via a clear exit determination shall be considered English proficient. Additional guidance is in the ESOL Resource Guide.

(ii) Students whose composite scores on the state-adopted English proficiency measure do not meet the score required for clear exit determination may be considered English proficient following an LEA's reclassification review. The reclassification review procedures are applied uniformly statewide, as established in the ESOL Resource Guide.

(iii) Students who are deemed English proficient shall not be eligible for continued language instruction and shall be exited from EL status and ESOL programs.

(iv) Each LEA shall monitor students who are considered English proficient for two years after exit from language instruction programs. Coding guidance for exited ELs is in the ESOL Resource Guide. The monitoring process shall consist of a documented review of report card grades, state assessment results, classroom performance and teacher observations for the purpose of ensuring the successful transition to the general classroom. Additional guidance is in the ESOL Resource Guide.

(b) ESOL language programs' delivery models.

1. LEAs and schools shall provide English language instruction to all ELs. Such instruction shall be provided through the state funded ESOL program or placement in a locally developed language instruction educational program. ESOL language programs shall address the English language proficiency standards needed to be successful in the academic content standards. Approved instructional delivery models include:

(i) Pull-out model - EL students are taken out of a general education class for the purpose of receiving small group language instruction from the ESOL teacher.

(ii) Push-in/Collaborative model (within reading, language arts, mathematics, science, or social studies) - EL students remain in the core academic class where they receive content instruction from the content area teacher along with targeted language instruction from the ESOL teacher.

(iii) Resource center/laboratory - EL students receive language instruction in an individual or group setting supplemented by multimedia materials or digital language learning resources.

(iv) Scheduled language acquisition - In a class composed only of ELs, students receive language instruction in foundational social and instructional English and in the academic languages of content from the ESOL teacher.

(v) Scheduled language acquisition at a newcomer program - In a class composed only of ELs who are participating in a newcomer program for recently arrived immigrants, students receive instruction in foundational social and instructional English and in the academic languages of content from the ESOL teacher.

(vi) Sheltered content - In a class composed only of ELs, students at the middle and high school levels receive language and content instruction from the content teacher with ESOL professional qualifications.

(vii) Sheltered content at a newcomer program - In a class composed only of ELs at the middle and high school level who are participating in a newcomer program for recently arrived immigrants, students receive language and content instruction from the content teacher with ESOL professional qualifications.

(viii) Dual language immersion model - students participating in a dual language immersion program receive English language instruction from the teacher with ESOL professional qualifications providing instruction during the English portion of the academic day.

(ix) Innovative delivery model approved in advance by the Georgia Department of Education for traditional LEAs (without a waiver of this rule or O.C.G.A. § [20-2-156](#)).

(c) Language instruction curricula and assessment.

1. Language instruction educational curricula in the state funded ESOL program shall consist of plans of instruction which are adapted to the English language proficiency of students and are designed to develop:

1) listening, speaking, reading, writing and American cultural concepts and

2) the language of academic instruction used in language arts, mathematics, science, social studies, fine arts and physical education.

2. All English learners shall be assessed annually for language proficiency. ELs shall also participate in state assessments pursuant to Georgia State Board of Education rule [160-3-1-.07](#) Testing Programs-Student Assessment.

(d) Funding.

1. Students identified as eligible for language instruction who are served by the state funded ESOL program shall receive the equivalent of at least five segments per week of English language instruction using ESOL curricula in allowable service delivery models. For purposes of funding, ESOL served students in grades K-3 shall be counted for a maximum of one segment at the ESOL weight; grades 4-8 students for a maximum of two segments at the ESOL weight; and grades 9-12 students for a maximum of five segments at the ESOL weight.

(i) The class is limited to the maximum size specified in State Board of Education Rule [160-5-1-.08](#) Class Size.

(ii) The state funded ESOL program teacher shall hold necessary and appropriate ESOL endorsement or ESOL certification issued by the Georgia Professional Standards Commission.

Cite as Ga. Comp. R. & Regs. R. 160-4-5-.02

AUTHORITY: O.C.G.A. § [20-2-156](#).

HISTORY: Original Rule entitled "Language Assistance: Program for Limited English Proficient (LEP) Students" adopted. F. Sept. 27, 1990; eff. Oct. 17, 1990.

Amended: F. Nov. 13, 1992; eff. Dec. 3, 1992.

Amended: F. Aug. 20, 1999; eff. Sept. 9, 1999.

Amended: F. July 23, 2001; eff. Aug. 12, 2001.

Repealed: New Rule entitled "Language Assistance: Program for English Language Learners (ELLs)" adopted. F. June 8, 2006; eff. June 28, 2006.

Amended: Rule entitled "Language Assistance: Program for English Learners (ELs)." F. Jul. 21, 2011; eff. Aug. 10, 2011.

Amended: May 9, 2013; eff. May 29, 2013

Amended: F. July 17, 2015; eff. Aug. 6, 2015.

Amended: F. Sep. 28, 2017; eff. Oct. 18, 2017.

Amended: New title "Language Instruction Program for English Learners (ELs)." F. Oct. 1, 2020; eff. Oct. 21, 2020.

Department 180. STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

Chapter 180-11. CONTINUING PROFESSIONAL COMPETENCY

180-11-.03 Requirements

(1) Professional Engineers. Every professional engineer is required to obtain thirty (30) PDH's each twenty-four (24) month (Biennial) renewal period. If a professional engineer exceeds the requirements in any biennial renewal period, a maximum of fifteen (15) PDH's may be carried forward into the subsequent renewal period.

(2) Land Surveyors. Every land surveyor is required to obtain fifteen (15) PDH's each twenty-four (24) month biennial renewal period. In addition, every land surveyor must ensure that, once every four (4) years, at least six (6) PDH's in "Minimum Technical Standards" be included in their PDH's acquired. The "Minimum Technical Standards" material shall include a review of all board rules and applicable state laws pertaining to the practice of land surveying specific to the state of Georgia. If a land surveyor exceeds the requirements in any biennial period, a maximum of seven and one-half (7.5) PDH's may be carried forward into the subsequent renewal period.

(3) Dual Registrants. The person with a dual license is required to obtain thirty (30) PDH units for a twenty-four (24) month (Biennial) renewal period. If a dual registrant exceeds the requirement in any Biennial renewal period, a maximum of fifteen (15) PDH's may be carried forward into the subsequent renewal period. At least one-third (1/3) of the PDH's in a renewal period must be obtained in engineering, and one-third (1/3) in surveying. The remaining units may be in either field, at the discretion of the registrant.

(4) PDH's may be earned as follows:

(a) Successful completion of college courses.

(b) Successful completion of continuing education courses.

(c) Successful completion of correspondence, televised, videotaped, audiotaped, and other short courses/tutorials taken for the purpose of maintaining, improving, or expanding the skills and knowledge relevant to the land surveyor's or professional engineer's practice.

(d) Presenting or attending seminars, in-house courses, workshops, or professional or technical presentations made at meetings, conventions or conferences which are relevant to the land surveyor's or professional engineer's practice.

(e) Teaching or instructing in any area relevant to the land surveyor's or professional engineer's practice.

(f) Authoring published papers, articles, or books in any area relevant to the land surveyor's or professional engineer's practice.

(g) Active participation in professional or technical societies. (For professional engineers only).

(h) Receiving patents in any area relevant to the land surveyor's or professional engineer's practice.

Cite as Ga. Comp. R. & Regs. R. 180-11-.03

AUTHORITY: O.C.G.A. §§ [45-15-4\(a\)](#), [43-15-6\(b\)](#)

HISTORY: Original Rule entitled "Exemptions-How to Obtain" was filed and effective on June 30, 1965.

Amended: Rule repealed. Filed July 31, 1975; effective August 20, 1975.

Amended: New Rule entitled "Requirements" adopted. F. Jul. 8, 1996; eff. Jul. 28, 1996.

Repealed: New Rule of same title adopted. F. Nov. 22, 2006; eff. Dec. 12, 2006.

Amended: F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 189. GEORGIA GOVERNMENT TRANSPARENCY AND CAMPAIGN FINANCE COMMISSION

Chapter 189-3. DISCLOSURE REPORTS

189-3-.03 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 189-3-.03

AUTHORITY: O.C.G.A. §§ [21-5-3](#), [21-5-6](#), [21-5-34](#).

HISTORY: Original Rule entitled "Deferred Payment of Expenses" adopted. F. Feb. 22, 2000; eff. Mar. 13, 2000.

Repealed: New Rule entitled "Deferred Expenditures" adopted. F. Dec. 18, 2007; eff. Jan. 7, 2008.

Repealed: F. Oct. 5, 2020; eff. Oct. 25, 2020.

Department 290. RULES OF DEPARTMENT OF HUMAN SERVICES

Chapter 290-5. PUBLIC HEALTH

Subject 290-5-5. [Repealed]

290-5-5-.01 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.01

AUTHORITY: Ga. L. 1933, p. 7., O.C.G.A. § [31-8-1](#) (2009).

HISTORY: Original Rule entitled "Introduction" was filed and effective on July 19, 1965 as 270-3-1-.01.

Amended: Rule renumbered as 290-5-5-.01. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.02 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.02

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method for County Participation in the Program" was filed and effective on July 19, 1965 as 270-3-1-.02.

Amended: Rule renumbered as 290-5-5-.02. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.03 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.03

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method of Allotment and Matching of State Funds" was filed and effective on July 19, 1965 as 270-3-1-.03.

Amended. Rule renumbered as 290-5-5-.03. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.04 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.04

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method of Local Administration" was filed and effective on July 19, 1965 as 270-3-1-.04.

Amended: Rule renumbered as 290-5-5-.04. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.05 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.05

AUTHORITY: Ga. L. 1933, p. 7.; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Criteria for Determining Indigency" was filed and effective on July 19, 1965 as 270-3-1-.05.

Amended: Rule renumbered as 290-5-5-.05. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.06 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.06

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Criteria for Hospitalization" was filed and effective on July 19, 1965 as 270-3-1-.06.

Amended: Rule renumbered as 290-5-5-.06. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.07 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.07

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Method of Approval of Participating Hospitals" was filed and effective on July 19, 1965 as 270-3-1-.07.

Amended: Rule renumbered as 290-5-5-.07. Filed June 10, 1980; effective, June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.08 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.08

AUTHORITY: Ga. L. 1933, p. 7; O.C.G.A. § [31-8-1](#) *et seq.*

HISTORY: Original Rule entitled "General Provisions" was filed and effective on July 19, 1965 as 270-3-1-.08.

Amended: Rule renumbered as 290-5-5-.08. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-5-.09 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-5-.09

AUTHORITY: Ga. L. 1933, p. 7.

HISTORY: Original Rule entitled "Appendix" was filed and effective on July 19, 1965 as 270-3-1-.09.

Amended: Rule renumbered as 290-5-5-.09. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 290. RULES OF DEPARTMENT OF HUMAN SERVICES

Chapter 290-5. PUBLIC HEALTH

Subject 290-5-22. [Repealed]

290-5-22-.01 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.01

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. §§ [31-13-3](#), [31-13-5](#), [31-13-8](#).

HISTORY: Original Rule was filed on December 23, 1974; effective January 12, 1975.

Amended: F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.02 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.02

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. §§ [31-13-5](#), [31-13-8](#), [31-13-10](#).

HISTORY: Original Rule was filed on December 23, 1984; effective January 12, 1975.

Repealed: New Rule entitled "Registration" adopted. F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.03 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.03

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule was filed on December 23, 1974; effective January 12, 1975.

Repealed: New Rule entitled "Standards for Protection Against Radiation" adopted. F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.04 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.04

AUTHORITY: Ga. L. 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule was filed on December 23, 1974; effective January 12, 1975.

Repealed: New Rule entitled "X-Rays in the Healing Arts" adopted. F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.05 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.05

AUTHORITY: Ga. L., 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule was filed on December 23, 1974; effective January 12, 1975.

Repealed: New Rule entitled "X-Ray Safety Requirements for Particle Accelerator" adopted. F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.06 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.06

AUTHORITY: Ga. L., 1964, pp. 507, 569, 570; O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule was filed on December 23, 1974; effective January 12, 1975.

Repealed: New Rule entitled "Radiation Safety Requirements for the Use of Non-Medical X-Ray" adopted. F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.07 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.07

AUTHORITY: Ga. L., 1964, pp. 507, 569, and 570, O.C.G.A. §§ [31-13-5](#), [31-13-9](#).

HISTORY: Original Rule was filed on December 23, 1974; effective January 12, 1975.

Amended: F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.08 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.08

AUTHORITY: Ga. L. 1964, pp. 507, 569, and 570; O.C.G.A. § [31-13-15](#).

HISTORY: Original Rule was filed on December 23, 1974; effective January 12, 1975.

Repealed: New Rule entitled "Penalties" adopted. F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-22-.09 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-22-.09

AUTHORITY: O.C.G.A. §§ [31-13-5](#), [31-13-15](#).

HISTORY: Original Rule entitled "Enforcement" was renumbered from [290-5-22-.08](#) to 290-5-22-.09. F. Jun. 22, 1989; eff. Jul. 12, 1989.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 290. RULES OF DEPARTMENT OF HUMAN SERVICES

Chapter 290-5. PUBLIC HEALTH

Subject 290-5-27. [Repealed]

290-5-27-.01 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-27-.01

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Definitions" was filed on August 11, 1971 as 270-6-2-.01; effective September 1, 1971, as specified by the Agency.

Amended: Rule renumbered as 290-5-27-.01. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-27-.02 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-27-.02

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Registration" was filed on August 11, 1971 as 270-6-2-.02; effective September 1, 1971, as specified by the Agency.

Amended: Rule renumbered as 290-5-27-.02. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-27-.03 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-27-.03

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Injury Reporting" was filed on August 11, 1971 as 270-6-2-.03; effective September 1, 1971, as specified by the Agency.

Amended: Rule renumbered as 290-5-27-.03. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-27-.04 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-27-.04

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Report of Discontinuance" was filed on August 11, 1971 as 270-6-3-.04; effective September 1, 1971, as specified by the Agency.

Amended: Rule renumbered as 290-5-27-.04. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-27-.05 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-27-.05

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*, as amended, O.C.G.A. § [31-13-5](#).

HISTORY: Original Rule entitled "Laser System Exempt from Registration" was filed on August 11, 1971 as 270-6-2-.05; effective September 1, 1971, as specified by the Agency.

Amended: Rule renumbered as 290-5-27-.05. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-27-.06 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-27-.06

AUTHORITY: Ga. L. 1964, pp. 499, 518, O.C.G.A. §§ [31-13-10](#), [31-13-5](#).

HISTORY: Original Rule entitled "Enforcement" was filed on August 11, 1971 as 270-6-2.06; effective September 1, 1971, as specified by the Agency.

Amended: Rule renumbered as 290-5-27-.06. Filed June 10, 1980; effective June 30, 1980.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 290. RULES OF DEPARTMENT OF HUMAN SERVICES

Chapter 290-5. PUBLIC HEALTH

Subject 290-5-37. [Repealed]

290-5-37-.01 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.01

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Introduction and Purpose" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.02 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.02

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Definitions" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.03 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.03

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Basic Health Care Services" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.04 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.04

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Supplemental Health Services" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.05 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.05

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Health Services Information System" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.06 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.06

AUTHORITY: Ga. L. 1979, pp. 1148, 1171, 1172; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Confidentiality of Medical Information" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.07 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.07

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Quality Assurance" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.08 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.08

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, pp. 1148, 1153, 1157, 1159, 1160, 1161; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Policies and Procedures of the HMO" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.09 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.09

AUTHORITY: Ga. L. 1964, pp. 499, 507, 523; Ga. L. 1979, pp. 1153, 1159, 1160, 1161; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Statistical Information" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.10 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.10

AUTHORITY: Ga. L. 1964, pp. 499, 505, 507, 523; Ga. L. 1979, pp. 1148, 1164, 1165; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Examinations" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.11 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.11

AUTHORITY: Ga. L. 1979, pp. 1148, 1166, 1167, 1168; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Regulatory Process" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.12 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.12

AUTHORITY: Ga. L. 1979, pp. 1170, 1171; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Enforcement" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.13 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.13

AUTHORITY: Ga. L. 1964, p. 499 *et seq.*; Ga. L. 1979, p. 1148 *et seq.*; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Applicability of Regulations" was filed on June 2, 1930; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-37-.14 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-37-.14

AUTHORITY: Ga. L. 1979, p. 1172; O.C.G.A. § [33-21-1](#) *et seq.*

HISTORY: Original Rule entitled "Severability" was filed on June 2, 1980; effective June 30, 1980, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 290. RULES OF DEPARTMENT OF HUMAN SERVICES

Chapter 290-5. PUBLIC HEALTH

Subject 290-5-41. [Repealed]

290-5-41-.01 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.01

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Definitions" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.02 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.02

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Application for Permits" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.03 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.03

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Permits" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.04 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.04

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Provisional Permits" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.05 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.05

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-5-21](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Inspections" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.06 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.06

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Organization and Administration" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.07 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.07

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Transfer and Transport Capability" was filed on May 18, 1983, effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.08 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.08

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Professional Services" was filed on May 18, 1983; effective June 18, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.09 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.09

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Personnel" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.10 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.10

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Health Services Information System" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.11 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.11

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1; O.C.G.A. Chapter 31-22.

HISTORY: Original Rule entitled "Clinical Laboratory Services" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.12 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.12

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Drug Storage and Administration" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.13 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.13

AUTHORITY: O.C.G.A. Chapter 26-2, Article 13; O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Food Service" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.14 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.14

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Anesthesia" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.15 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.15

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Copy entitled "Physical Plant and Operational Standards" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.16 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.16

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Housekeeping, Laundry, Maintenance and Sterile Supplies" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.17 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.17

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Electrical Power" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.18 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.18

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Sanitation and Waste Disposal" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.19 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.19

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Advertising" was filed on May 18, 1983, effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.20 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.20

AUTHORITY: O.C.G.A. § [31-2-7](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Waivers and Variances" was filed on May 18, 1983, effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.21 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.21

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. Chapter 31-5; O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1; O.C.G.A. Chapter 50-13.

HISTORY: Original Rule entitled "Enforcement" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.22 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.22

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Applicability of Regulations" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

290-5-41-.23 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 290-5-41-.23

AUTHORITY: O.C.G.A. § [31-2-4](#); O.C.G.A. § [31-7-1](#); O.C.G.A. Chapter 31-7, Article 1.

HISTORY: Original Rule entitled "Severability" was filed on May 18, 1983; effective June 16, 1983, as specified by the Agency.

Repealed: F. Oct. 9, 2020; eff. Oct. 29, 2020.

Department 375. RULES OF DEPARTMENT OF DRIVER SERVICES

Chapter 375-3. DRIVER LICENSE SERVICES

Subject 375-3-1. GENERAL PROVISIONS

375-3-1-.02 Applications and Supporting Documentation

(1) Customers applying for issuance or renewal of any driver's license, permit, or identification card issued by the Department shall complete a written application in a form to be determined by the Department. Such application shall require the applicant to indicate the following:

(a) Whether he or she has ever been issued a driver's license by the State of Georgia or any other state or agency, and if so, the date and place of issuance with the license number, if known;

(b) Whether any previously issued license, whether issued by the State of Georgia or any other state or licensing agency, has ever been revoked, suspended or canceled, or whether any application for a motor vehicle driver's license has ever been denied. The application shall state the cause for revocation, suspension, cancellation or denial, the circumstances surrounding the action taken, the number of times such action has been taken and whether the license has been re-issued or application granted; and

(2) Applications executed pursuant to paragraph (1) shall include a declaration under penalty of perjury that the information contained in the application is true and correct.

(3) Each application must be supported by documentation of the customer's identity, specifically his or her name and date of birth. Documents that are acceptable include the following:

(a) Valid, unexpired U.S. passport;

(b) Certified copy of a birth certificate filed with the State Office of Vital Statistics or equivalent agency in the customer's state of birth;

(c) Consular Report of Birth Abroad issued by the U.S. Department of State, Form FS-240, DS-1350 or FS-545;

(d) Valid, unexpired Permanent Resident Card (Form I-551) issued by the U.S. Department of Homeland Security (DHS) or Immigration and Naturalization Service (INS);

(e) Unexpired Employment Authorization Document (Form I-766/EAD) issued by the DHS;

(f) Unexpired foreign passport with a valid unexpired U.S. visa affixed accompanied by the approved I-94 form documenting the applicant's most recent admittance into the United States;

(g) Certificate of Naturalization issued by the DHS, Form N-550 or N-570; or

(h) Certificate of Citizenship, Form N-560 or N-561, issued by the DHS; or

(i) An uncertified copy of a state-issued birth certificate or a hospital or other commemorative birth certificate for a birth in the State of Georgia if such can be verified electronically with the records of the Georgia Department of Public Health. The driver's license, permit or identification card issued by the Department shall reflect the full legal name reflected on such documentation. If a customer's name has changed from the name listed in the document presented in satisfaction of this paragraph, such change must be supported by documentation in the form of a marriage license, marriage license application, divorce decree, adoption decree, or other court order. Original or certified copies of documents are required.

(4) Each customer must provide documentation of his or her social security number in one of the following forms:

(a) Social security card;

(b) W-2 form;

(c) SSA-1099 form;

(d) Non-SSA-1099 form; or

(e) Pay stub with the customer's name and social security number printed on it. Social security numbers provided pursuant to this paragraph shall be verified as required by [6 CFR § 37.11\(e\)\(2\)](#) and 6 CFR § 37.13(b)(2). This paragraph shall not apply to non-U.S. citizen customers who are not eligible for issuance of a social security number due to their ineligibility to work pursuant to their immigration status. Customers claiming this exemption must provide documentation thereof from the Social Security Administration.

(5) Each customer must provide two (2) documents to substantiate residence in the State of Georgia. Such documents must contain the customer's name and residence address, and they must be dated by the sender or postmarked within six (6) months prior to the date on which they are presented. Renewal customers who are providing such documentation to satisfy the requirements of [6 CFR § 37.11](#) may utilize any previously issued driver's license, permit, or identification card, and they may submit such documents electronically so long as the address reflected therein matches the address already reflected on such person's most recently issued driver's license, permit, or identification card.

The following forms of documentation are examples of what can be used to satisfy the proof of residence requirement.

This is not an exhaustive list as acceptable document types are subject to change.

*** Mortgage Documents**

*** Lease**

*** Military Housing Agreement Letter**

*** Utility Bills** - Dated within previous six (6) months. Utility bill for services installed at your residential address (water, sewer, gas, electricity, cable/satellite TV, Internet, telephone/cell phone, or garbage collection). **Please redact account numbers.**

*** Motor Vehicle Information** - Vehicle Registration or Title, Insurance policy or Insurance Card with address displayed.

*** Documents Issued by Federal, State or Local Governments - From current or preceding calendar year**

(6) Each customer must provide documentation of his or her citizenship or lawful status in the United States. Pursuant to [6 CFR § 37.3](#) a person has lawful status if he or she presents proof that he or she is a citizen or national of the United States; or an alien: lawfully admitted for permanent or temporary residence in the United States; with conditional permanent resident status in the United States; who has an approved application for asylum in the United States or has entered into the United States in refugee status; who has a valid nonimmigrant status in the United States; who has a pending application for asylum in the United States; who has a pending or approved application for temporary protected status (TPS) in the United States; who has approved deferred action status; or who has a pending application for lawful permanent residence (LPR) or conditional permanent resident status.

(a) The following documents shall suffice as proof of citizenship:

(i) Valid, unexpired U.S. passport;

(ii) Certified copy of a birth certificate filed with the State Office of Vital Statistics or equivalent agency in the customer's state of birth;

(iii) Consular Report of Birth Abroad issued by the U.S. Department of State, Form FS-240, DS-1350 or FS-545;

(iv) Certificate of Naturalization issued by the DHS, Form N-550 or N-570; or

(v) Certificate of Citizenship, Form N-560 or N-561, issued by the DHS.

(b) A valid, unexpired Permanent Resident Card (Form I-551) issued by the DHS or USCIS shall suffice as proof of lawful status in the United States. Non-U.S. citizen customers whose identities are proven using an unexpired Employment Authorization Document (Form I-766/EAD) issued by DHS; or an unexpired foreign passport with a valid, unexpired U.S. visa affixed accompanied by the approved I-94 form documenting the applicant's most recent admittance into the United States; or a REAL ID driver's license or identification card issued in compliance with the standards established by [6 CFR § 37.11](#) must also present a second verifiable document issued by the DHS or other Federal agencies demonstrating lawful status as determined by USCIS. All documentation of lawful status is required to be verified with the DHS' Systematic Alien Verification for Entitlements Program (SAVE) in the manner prescribed in [6 CFR § 37.13](#).

(7) (a) The Department shall not accept documents issued outside the United States except foreign passports. Notwithstanding the foregoing, if a customer cannot, for reasons beyond his or her control, present any other document as proof of his or her name, including changes thereto, such documentation shall be accepted pursuant to the foregoing exception process. Such documentation must be printed in English or translated into English by a professional translating service, non-profit corporation, consular official of the country of issuance, or other entity approved by the Department. The original certified document and the original English translation document must be presented to the Department.

(b) Customers who have been designated as asylees by the United States Department of Homeland Security may satisfy the requirements for proof of identity, lawful status in the United States, and residence by providing the following:

(i) Original I-94 indicating asylee status; and

(ii) Proof of residence as set forth in paragraph (5).

(c) Customers who have been designated as refugees by the United States Department of Homeland Security may satisfy the requirements for proof of identity, lawful status in the United States, and residence by providing the following:

(i) If the applicant is a refugee initially placed in the State of Georgia upon arrival in the United States:

1) Original I-94 indicating refugee status;

2) Reception and placement form identifying agency responsible for settling applicant in the State of Georgia; and

3) Refugee Affidavit form bearing notarized signature of representative of the placement agency identified in the reception and placement form submitted to satisfy paragraph (7)(c)(i)2), and containing applicant's residence address. The Department will notarize said forms at the Customer Service Center at which the applicant applies for said initial issuance if the placement agency does not have a notary on staff.

(ii) If the applicant is a refugee age eighteen (18) or over who was initially placed in a state other than Georgia upon arrival in the United States, but who has since moved to the State of Georgia:

1) Original I-94 indicating refugee status;

2) Driver's license or identification card issued by previous state of residence; and

3) Proof of residence as set forth in paragraph (5).

(iii) If the applicant is a refugee under age eighteen (18) who was initially placed in a state other than Georgia upon arrival in the United States, but who has since moved to the State of Georgia:

1) Original I-94 indicating refugee status; and

2) Proof of residence as set forth in paragraph (5).

(d) If the applicant is a probationer, parolee or person who has been released from the custody of the Georgia Department of Corrections within the last sixty (60) days, and he or she is unable to provide one or both documents needed to prove his or her residence, he or she may prove his or her residence address by submitting confirmation thereof from an employee of the Department of Corrections or the State Board of Pardons and Paroles on the form designated by the Department.

(e) If the applicant is a resident of a nursing home or other medical care facility, and he or she is unable to provide both documents needed to prove his or her residence, he or she may prove his or her residence address as the address of such nursing home or medical care facility based upon confirmation thereof from the nursing home or medical care facility on its letterhead. Such confirmation must include the customer's name and date of birth, the address of the nursing home, the name and phone number of a representative thereof, and the signature of such representative.

(f) If the applicant is a homeless individual, he or she may utilize the address of a homeless shelter or other service provider upon confirmation thereof from the homeless shelter or care provider. Such confirmation must include the customer's name and date of birth, the address of the homeless shelter or care provider, the name and phone number of a representative thereof, and the signature of such representative.

(g) If the applicant is in the care of the Department of Human Services or the Department of Juvenile Justice, he or she may prove his or her residence address by submitting confirmation thereof from an employee of thereof.

(h) If the applicant is age seventy (70) or more, he or she may prove his or her name and date of birth utilizing an original discharge document from the military or a statement from the Social Security Administration containing the customer's name and date of birth.

(i) If the applicant became a United States citizen pursuant to the Child Citizenship Act of 2000 upon his or her adoption by a Georgia resident, then he or she may satisfy the requirements for proving his or her identity and citizenship by presenting a State of Georgia Certificate of Foreign Birth.

(j) If the applicant possesses a previously issued United States passport that has expired, but the expiration date is less than ten (10) years from the date on which he or she makes application for a license, permit, or identification card, then he or she may satisfy the requirements for proving his or her identity and citizenship by presenting such expired passport.

(k) If the applicant is age sixty (60) or more and has held a Georgia driver's license, permit, or identification card for at least twenty (20) years prior to making application for renewal thereof, he or she may prove his or her name and date of birth utilizing an original discharge document from the military or a statement from the Social Security Administration containing the customer's name and date of birth.

(l) As provided in 6 CFR Part 37, if for reasons beyond the control of an applicant who has satisfied citizenship and is renewing their Georgia drivers' license, permit, or identification card cannot provide an identity document, the Department may accept a Georgia Driver's license, permit or identification card that is valid or has been expired less than two (2) years provided it bears the name that has previously been and continues to verify through the Social Security Administration and the applicants' photographs continue to match without incident, and use of such card is approved by an authorized managing supervisor of the Department.

(m) In the event a customer is unable to satisfy the documentary requirements set forth herein, he or she may propose the use of alternative documents. Such requests shall contain a specific explanation of why the customer is unable to provide the documents, a showing that the alternative documents are equivalent to the documents required in the regulation and include copies of the documents proposed. The Department shall not accept alternative documentation as proof of lawful status in the United States.

(8) Customers applying for the renewal of a driver's license, permit or identification card by means other than personal appearance, shall be authorized to do so pursuant to Ga. Comp. R. & Regs. R. [375-3-2-.04](#).

Cite as Ga. Comp. R. & Regs. R. 375-3-1-.02

AUTHORITY: O.C.G.A. §§ [40-5-4](#), [40-5-101](#), [40-16-2](#), [40-16-3](#).

HISTORY: Original Rule entitled "Documentation Required for Initial Issuance" adopted. F. Sept. 1, 2004; eff. Sept. 21, 2004.

Amended: F. Dec. 14, 2005; eff. Jan. 3, 2006.

Amended: F. Sept. 11, 2006; eff. Oct. 1, 2006.

Repealed: New Rule of same title adopted. F. Mar. 22, 2007; eff. Apr. 11, 2007.

Amended: F. Oct. 10, 2007; eff. Oct. 30, 2007.

Repealed: New Rule entitled "Documentation Required for Issuance" adopted. F. Nov. 23, 2009; eff. Dec. 13, 2009.

Repealed: New Rule entitled "Applications and Supporting Documentation" adopted. F. Mar. 30, 2012; eff. Apr. 19, 2012.

Amended: F. Jan. 22, 2013; eff. Feb. 11, 2013.

Amended: F. Jan. 21, 2014; eff. Feb. 10, 2014.

Amended: F. Apr. 24, 2014; eff. May 14, 2014.

Amended: F. Aug. 20, 2014; eff. Sep. 9, 2014.

Amended: F. Nov. 18, 2014; eff. Dec. 8, 2014.

Amended: F. Sep. 15, 2015; eff. Oct. 5, 2015.

Amended: F. Sep. 20, 2016; eff. Oct. 10, 2016.

Amended: F. June 1, 2020; eff. June 21, 2020.

Amended: F. Oct. 15, 2020; eff. Nov. 4, 2020.

375-3-1-.06 Vision Examination

(1) A vision examination is an essential part of every application for any class of license or instructional permit. An applicant must meet the minimum standards established by Ga. Comp. R. & Regs. R. [375-3-5-.08](#).

(2) In lieu of a Departmental vision examination the applicant may submit proof that they have undergone a vision examination, within twenty-four (24) months immediately preceding the application for the license, that demonstrates that they have met the minimum vision standards established by Ga. Comp. R. & Regs. R. [375-3-5-.08](#). Such examination must have been conducted by a duly licensed physician, optometrist, or ophthalmologist.

(3) Persons under age sixty-four (64) authorized by the Department to renew a driver's license by means other than by personal appearance are exempt from this requirement unless their vision has changed. In such case, they would have to comply with paragraph (2) or visit in person.

Cite as Ga. Comp. R. & Regs. R. 375-3-1-.06

AUTHORITY: O.C.G.A. §§ [40-5-4](#), [40-5-32](#).

HISTORY: Original Rule entitled "Eye Examination" adopted. F. Apr. 18, 2006; eff. May 8, 2006.

Amended: New title "Vision Examination." F. Oct. 15, 2020; eff. Nov. 4, 2020.

Department 511. RULES OF GEORGIA DEPARTMENT OF PUBLIC HEALTH

Chapter 511-9. EMERGENCY PREPAREDNESS

Subject 511-9-2. EMERGENCY MEDICAL SERVICES

511-9-2-.02 [Effective 11/18/2020] Definitions

The following definitions shall apply in the interpretation of these standards:

- (a) "Advanced Cardiac Life Support (ACLS) Certification" means successful completion of a course recognized by the Department which utilizes nationally recognized advanced cardiac care standards.
- (b) "Advanced Emergency Medical Technician" or "AEMT" means a person who has been licensed by the Department after having successfully attained certification by the National Registry of Emergency Medical Technicians (NREMT) as an Advanced Emergency Medical Technician (AEMT).
- (c) "Advanced Life Support (ALS)" means the assessment, and if necessary, treatment or transportation by ambulance, utilizing medically necessary supplies and equipment provided by at least one individual licensed above the level of Emergency Medical Technician.
- (d) "Advanced Tactical Practitioner (ATP)" means a certification issued by the United States Special Operations Command (USSOCOM) Medic Certification Program.
- (e) "Air Ambulance" means a rotary-wing aircraft registered by the Department that is specially constructed and equipped and is intended to be used for air medical emergency transportation of patients.
- (f) "Air Ambulance Service" means an agency or company operating under a valid license from the Department that uses air ambulances to provide ambulance service.
- (g) "Ambulance Service" means the provision of emergency care and transportation for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical care is furnished; or an entity licensed to provide such services.
- (h) "Approved" means acceptable to the Department based on its determination as to conformance with existing standards.
- (i) "Authorized Agent" means a person with the legal authority to sign on behalf of the legal owner of a business entity.
- (j) "Base of Operations" means the primary location at which administration of the EMS Agency or EMS Initial Education Program occurs and where records are maintained. All licensed EMS Agencies and designated EMS Initial Education Programs must designate one Base of Operations location within the State of Georgia.
- (k) "Basic Life Support (BLS)" means treatment or transportation by ground ambulance vehicle or treatment with medically necessary supplies and services involving non-invasive life support measures.
- (l) "Board" means the Board of Public Health.
- (m) "Cardiac Technician" means a person who has been licensed by the Department after having successfully completed an approved cardiac technician certification exam, or licensed by the Composite State Board of Medical

Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002. This is a historical reference only, as no new cardiac technician licenses will be issued.

(n) "Charge" means a formal claim of criminal wrongdoing brought by a law enforcement official or prosecutor against an individual, whether by arrest warrant, information, accusation, or indictment.

(o) "Clinical Preceptor" means a licensed Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate, Cardiac Technician, Paramedic, IV team member, licensed practical nurse, registered nurse, physician's assistant, allied health professional or physician who meets the requirements for preceptors as established by the Department.

(p) "Commissioner" means the Commissioner of the Department of Public Health.

(q) "Communication Protocols" means guidelines that specify which emergency interventions require direct voice order from medical control in the rendering of prehospital emergency medical care to a patient and may include other guidelines relative to communication between medics and medical control.

(r) "CPR Certification" means successful completion of a healthcare provider course in cardiopulmonary resuscitation which is recognized by the Department.

(s) "Department" means the Department of Public Health, Office of Emergency Medical Services and Trauma.

(t) "Designated 911 Zone Provider" means an EMS agency providing ground ambulance service and operating under a valid ambulance license issued by the Department, which is granted a specific geographical territory or Emergency Response Zone to provide emergency transport services following a public call in compliance with the Regional Ambulance Zoning Plan for the EMS Region.

(u) "Emergency" means a request for a non-planned response or an urgent need for the protection of life, health, or safety, as perceived by a prudent layperson.

(v) "Emergency Medical Responder" or "EMR" means a person who has successfully completed an Emergency Medical Responder course approved by the Department.

(w) "Emergency Medical Services" or "Emergency Medical Services System" or "EMS" or "EMS System" means the integrated system of medical response established and designed to respond, assess, treat, and facilitate the disposition of victims of acute injury or illness and those in need of medically safe transportation. EMS also includes medical response provided in hazardous environments, rescue situations, disasters and mass casualties, mass gathering events, as well as interfacility transfer of patients and participation in community health activities.

(x) "Emergency Medical Services Agency" or "EMS Agency" means an air ambulance agency, ground ambulance agency, medical first responder agency, or neonatal transport agency licensed by the Department.

(y) "Emergency Medical Service Advisory Council" or "EMSAC" means an advisory council that provides advice to the Department in matters essential to its operations with respect to emergency medical services.

(z) "Emergency Medical Services Medical Director" or "EMS Medical Director" or "Medical Director" means a physician licensed to practice in this state who provides medical direction to an EMS agency licensed by the Department or an EMS Initial Education Program designated by the Department.

(aa) "Emergency Medical Services Medical Directors Advisory Council" or "EMSMDAC" means an advisory council that provides advice to the Department on issues essential to medical direction of the EMS system.

(bb) "Emergency Medical Services Personnel" or "EMS Personnel" means any Emergency Medical Technician, Emergency Medical Technician-Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic licensed by the Department or any Emergency Medical Responder.

(cc) "Emergency Medical Service Region" or "EMS Region" means a geographic area identified by the Department for the purpose of administratively sub-dividing the Emergency Medical Services system in this state. Each EMS Region shall be comprised of counties from one or more health districts established by the Department.

(dd) "Emergency Medical Technician" or "EMT" means a person who has been licensed by the Department after being certified by National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician (EMT).

(ee) "Emergency Medical Technician - Intermediate" or "EMT-I" means a person who has been licensed by the Department after being certified by the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician - Intermediate (EMT-I) prior to March 31, 2013, or licensed by the former Georgia Department of Human Resources as an EMT prior to January 1, 2002.

(ff) "Emergency Response Zone" or "ERZ" means a geographical territory identified by the Department within each EMS Region for the purposes of providing emergency medical transport services by designated ambulance services following a public call.

(gg) "EMS Initial Education Program" means an instructional program of Department-approved EMS initial education courses at the EMR, EMT, AEMT, and/or Paramedic levels.

(hh) "EMS Initial Education Program Sponsor" or "Sponsor" means a Georgia licensed EMS Agency or Fire Department; accredited hospital, clinic, or medical center; accredited educational institution, or other Department approved entity that has accepted responsibility for the operation of an EMS Initial Education Program.

(ii) "EMS Instructor" means an individual who is qualified to teach EMS continuing education courses, community education programs, and who is licensed to coordinate or serve as the lead instructor of National Continued Competency Requirement (NCCR) courses as specified by the National Registry of Emergency Medical Technicians (NREMT), and who is further licensed to coordinate or serve as the lead instructor of an EMR initial education course approved by the Department.

(jj) "EMS Instructor/Coordinator (AEMT)" or "EMS I/C (A)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department.

(kk) "EMS Instructor/Coordinator (EMT)" or "EMS I/C (E)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR or EMT course approved by the Department.

(ll) "EMS Instructor/Coordinator (Paramedic)" or "EMS I/C (P)" means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, AEMT, or Paramedic course approved by the Department.

(mm) "EMS Instructor with Paramedic Endorsement" or "EMS Instructor (Paramedic)" means an individual who was previously licensed by the Department as a Level III EMS Instructor; who does not hold an associate degree or higher, but who otherwise meets all requirements for licensure as an EMS Instructor/Coordinator (Paramedic); and who is qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department and to serve as an instructor in an initial Paramedic course approved by the Department. This is a historical reference only, as no new EMS Instructor with Paramedic Endorsement licenses will be issued.

(nn) "Good Standing" as used in this rule refers to a license that is not lapsed, is unrestricted, not on probation or suspension, is not currently under investigation, has no pending actions against it, and has had no adverse action taken against it that is still in effect.

(oo) "Ground Ambulance" means a motor vehicle registered by the Department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.

(pp) "Ground Ambulance Service" means an agency or company operating under a valid license from the Department that uses ground ambulances to provide ambulance service.

(qq) "Health District" means a geographical district designated by the Department of Public Health pursuant to O.C.G.A. § [31-3-15](#).

(rr) "Invalid Car" means a non-emergency transport vehicle used only to transport persons who are convalescent or otherwise non-ambulatory, and do not require medical care during transport.

(ss) "License (Agency)" means a license issued to a medical first responder service or to a ground, air or neonatal ambulance service which signifies that the agency's facilities, vehicles, personnel, and operations comply with Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.

(tt) "License (Medic or Instructor)" means a license issued to a person which signifies that the person has met the requirements for the respective level of individual licensure specified in Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.

(uu) "License Officer" means the Commissioner of Public Health or his/her designee.

(vv) "License Renewal Cycle" means a period of time established by the Department for renewal of licenses.

(ww) "Medic" means an individual who is currently licensed by the Department as an Emergency Medical Technician, Emergency Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic.

(xx) "Medical Control" means the clinical guidance from a physician to EMS Personnel regarding the prehospital management of a patient.

(yy) "Medical Direction" means the administrative process of providing medical guidance or supervision including but not limited to system design, education, critique, and quality improvement by a physician to EMS Personnel.

(zz) "Medical First Responder Service" means an agency or company duly licensed by the Department that provides on-site care until the arrival of the Department's Designated 911 Zone Provider.

(aaa) "Medical First Responder Vehicle" means a motor vehicle registered by the Department for the purpose of providing response to emergencies.

(bbb) "Medical Protocol" means prehospital treatment guidelines, approved by the local EMS Medical Director, used to manage an emergency medical condition in the field by outlining the permissible and appropriate medical treatment that may be rendered by EMS Personnel to a patient experiencing a medical emergency or injury.

(ccc) "Neonatal Transport Personnel" means licensed or certified health care professionals specially trained in the care of neonates.

(ddd) "Neonatal Transport Service" means an agency or company operating under a valid license from the Department that provides facility-to-facility transport for neonates, infants, children or adolescents.

(eee) "Neonatal Transport Vehicle" or "Neonatal Ambulance" means a motor vehicle registered by the Department that is equipped for the purpose of transporting neonates to a place where medical care is furnished.

(fff) "Neonate" means an infant 0 - 184 days of age, as defined by the Georgia Regional Perinatal Care Program.

(ggg) "Nurse" means an individual who is currently licensed in the State of Georgia as a Registered Nurse or Licensed Practical Nurse.

(hhh) "Office of Emergency Medical Services and Trauma" means the regulatory subdivision of the Georgia Department of Public Health that is directly responsible for administration of the statewide EMS system.

(iii) "Paramedic" means a person who has been licensed by the Department after having been certified by the National Registry of Emergency Medical Technicians (NREMT) as a Paramedic, certified by the United States Special Operations Command (USSOCOM) as an Advanced Tactical Practitioner (ATP), or licensed as a Paramedic by the Composite State Board of Medical Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002.

(jjj) "Patient Care Report" or "Prehospital Care Report" or "PCR" means the required written or electronic data set that is submitted to the Department or to an acute care facility by an EMS Agency regarding each request for an EMS response. The required data set shall include all data elements specified by the Department.

(kkk) "Provisional License" (Agency) means a license issued to an EMS Agency on a conditional basis to allow a newly established EMS Agency to demonstrate that its facilities and operations comply with state statutes and these rules and regulations.

(lll) "Provisional License (Medic)" is defined as a license at the EMT, AEMT or Paramedic level that is issued by the Department to a person who is provisionally certified by the National Registry of Emergency Medical Technicians (NREMT) at the respective level of application. Provisional licenses are non-renewable except in times of a prolonged public health emergency or as deemed necessary by the Department.

(mmm) "Public Call" means a request for an ambulance service from a member of the public to a Public Safety Answering Point (PSAP) when dialing "9-1-1" or the PSAP's ten-digit phone number, or a request for an ambulance by any law enforcement agency, fire department, rescue squad, or any other public safety agency.

(nnn) "Reasonable Distance" means the allowable distance for patient transport established by the local EMS Medical Director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities, and hospital resources.

(ooo) "Regional Ambulance Zoning Plan" means the Department approved method of distributing emergency calls among designated ground ambulance services in designated geographical territories or Emergency Response Zones within each EMS Region in the State.

(ppp) "Regional Emergency Medical Services Medical Director" or "Regional EMS Medical Director" means a person, having approval of the Regional EMS Council and Office of Emergency Medical Services and Trauma, who is a physician licensed to practice medicine in this state, familiar with the design and operation of prehospital emergency care, experienced in the prehospital emergency care of acutely ill or injured patients, and experienced in the administrative processes affecting regional and state prehospital Emergency Medical Services systems.

(qqq) "Regional Trauma Advisory Council" or "RTAC" means a trauma-specific multidisciplinary, multi-agency advisory council that is a committee of the Regional EMS Advisory Council for a given EMS Region.

(rrr) "Reserve Ambulance" means a registered ambulance that temporarily does not meet the standards for ambulance equipment and supplies in these rules and policies of the Department.

(sss) "Specialty Care Center" means a licensed hospital dedicated to a specific sub-specialty care including, but not limited to, trauma, stroke, pediatric, burn and cardiac care.

(ttt) "Specialty Care Transport" means transportation in a registered ground, air or neonatal ambulance during which certain special skills above and beyond those taught in state approved initial paramedic education are utilized. Provided, however, that this definition is not intended to authorize a medic to operate beyond his or her scope of practice.

Cite as Ga. Comp. R. & Regs. R. 511-9-2-.02

AUTHORITY: O.C.G.A. §§ [31-2A-3](#), [31-2A-6](#), [31-11-2](#), [31-11-5](#).

HISTORY: Original Rule entitled "Definitions" adopted. F. December 14, 2011; eff. January 3, 2012.

Amended: F. Apr. 27, 2016; eff. May 17, 2016.

Amended: F. Nov. 14, 2019; eff. Dec. 9, 2019, as specified by the Agency.

Amended: F. Oct. 20, 2020; eff. Nov. 18, 2020, as specified by the Agency.

511-9-2-.16 [Effective 11/18/2020] Standards for Emergency Medical Services Education

(1) EMS Initial Education.

(a) No EMS Agency, fire department, hospital, clinic, medical center, educational institution, or other entity shall hold itself out as a designated or approved EMS Initial Education Program at the EMR, EMT, AEMT, or Paramedic level without holding current designation by the Department as an EMS Initial Education Program for the respective level(s) of EMS initial education.

(b) Designation of EMS Initial Education Programs.

1. Any EMS Agency, fire department, hospital, clinic, medical center, educational institution, or other entity seeking designation as an EMS Initial Education Program at the EMR, EMT, AEMT, and/or Paramedic levels must submit an application to the Department in a manner and on forms as determined by the Department.

2. An application for designation as an EMS Initial Education Program must include a statement from an authorized agent of the Program's Sponsor attesting that the Sponsor accepts responsibility for the operation of the Program.

3. The Department's review of applications for designation and re-designation as an EMS Initial Education Program may include an on-site inspection of the program.

4. All EMS Initial Education Programs, including individual courses, are subject to periodic monitoring and announced or unannounced site visits by the Department.

5. All EMS Initial Education Programs must maintain satisfactory records for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the Sponsor in a safe and accessible location. All EMS Initial Education Program records are subject to review by the Department at any time.

(c) EMS Initial Education Program Designation Criteria. Applicants for designation as an EMS Initial Education Program shall meet Department-specified standards that address, at a minimum, the following criteria:

1. Program sponsorship;
2. Program direction and administration;
3. Medical direction;
4. Instructional personnel;
5. Financial resources;
6. Physical resources, including classroom and laboratory facilities, equipment and supplies, and learning resources;

7. Admission requirements for all levels of EMS initial education courses offered by the Program;
8. Clinical and field internship resources;
9. Academic and administrative policies, procedures, and records retention requirements;
10. Program outcomes and evaluation;
11. Curriculum; and
12. Delivery of instruction by distance learning technology.

(d) Data Reporting Requirements and Course Notifications for EMS Initial Education Programs. Each designated EMS Initial Education Program shall:

1. Notify the Department of each EMS initial education course that it intends to offer, in a time frame and on forms specified by the Department.
2. Report specified data elements to the Department regarding each EMS initial education course offered, in a time frame, format, and frequency specified by the Department. All such data reported to the Department shall be accurate and factual.
3. Notify the Department of any substantive changes to the EMS Initial Education Program, as specified by the Department, in a time frame and on forms specified by the Department.
4. Provide the Department with full access to all data from its student clinical tracking system and its learning management system.
5. Notify the Department within twenty-four hours of receipt of a report or other information suggesting that a program instructor, preceptor, student, or field clinical/internship site has:
 - (i) Provided services while under the influence of drugs or alcohol;
 - (ii) Been arrested or indicted for, charged with, or convicted of any felony, crime of violence, or crime of moral turpitude; or
 - (iii) Violated the laws or rules governing EMS in Georgia or the Department's policies related to EMS Initial Education Programs.

(e) The Department may suspend, revoke, or place on probation a designation as an EMS Initial Education Program, after providing written notice to the Program's Sponsor, if the Department determines that the Program is not in compliance with the requirements or criteria of these rules or applicable statutes or policies. The Department shall provide an administrative hearing on the action to suspend or revoke the Program's designation if the Sponsor makes a written request for a hearing. Such written request must be delivered to and received by the Department no later than twenty days after the Sponsor receives notice of the action. If a timely request for a hearing is not received, the action will become effective twenty days after the Sponsor's receipt of the notice. In lieu of suspending or revoking a Program's EMS Initial Education Program designation, the Department may re-designate the Program at another level of EMS Initial Education Program if it is determined that the Program does not meet the criteria for its current level(s) of designation.

(2) EMS Continuing Education.

(a) No EMS Agency, fire department, hospital, clinic, medical center, educational institution, other entity or person shall hold itself/themselves out as offering or teaching an approved EMS continuing education course unless the

course has been approved by the Department or accredited by the Commission on Accreditation for Prehospital Continuing Education (CAPCE).

(b) Approval of EMS Continuing Education Courses.

1. All requests for Department approval of EMS continuing education courses must be submitted to the Department in a time frame and on forms specified by the Department.
2. EMS continuing education courses shall consist of educational activities designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of professional practice, thus improving the quality of Emergency Medical Services provided to the public.
3. All EMS continuing education courses are subject to periodic monitoring and announced or unannounced site visits by the Department. EMS continuing education courses that are delivered through distance education are subject to review and audit by the Department at any time.
4. All EMS continuing education courses must comply with course standards specified by the Department.

(c) Data reporting requirements

1. Department-approved EMS continuing education courses shall be assigned an approval number by the Department.
2. All providers of approved EMS continuing education courses shall issue a certificate or letter of completion to each student who completes the course. The certificate or letter must include information specified by the Department regarding the completion of the course.
3. If the provider of an approved EMS continuing education course is a Georgia licensed EMS Agency or designated EMS Initial Education Program, the provider shall submit a roster of the students who completed the course to the Department in a time frame and on forms specified by the Department.

(d) The Department's approval of an EMS continuing education course is contingent upon the course being taught according to the approved curriculum and in line with current standards and may be rescinded at any time. No course credit shall be given to attendees of a course for which the Department has rescinded its approval or to persons who have not attended and completed the continuing education course.

(e) Providers of Department or CAPCE approved EMS continuing education shall not issue a certificate of credit/completion for EMS continuing education hours to any person without the person meeting the EMS continuing education completion requirements as specified by the Department for the respective EMS continuing education course.

Cite as Ga. Comp. R. & Regs. R. 511-9-2-.16

AUTHORITY: O.C.G.A. §§ [31-2A-6](#), [31-11-5](#), [31-11-51](#) through [31-11-61](#).

HISTORY: Original Rule entitled "Standards for Emergency Medical Services Courses" adopted. F. December 14, 2011; eff. January 3, 2012.

Amended: New title "Standards for Training." F. Apr. 2, 2015; eff. Apr. 22, 2015.

Amended: F. Apr. 27, 2016; eff. May 17, 2016.

Amended: New title "Standards for Emergency Medical Services Education." F. Oct. 20, 2020; eff. Nov. 18, 2020, as specified by the Agency.

511-9-2-.17 [Effective 11/18/2020] Standards for Emergency Medical Service Instructors and Instructor/Coordinators

(1) Licensure of EMS Instructors and EMS Instructor/Coordinators.

(a) No individual shall hold himself or herself out as an EMS Instructor unless the individual holds an active EMS Instructor license issued by the Department.

(b) No individual shall hold himself or herself out as an EMS Instructor/Coordinator at any level unless the individual holds an active EMS Instructor/Coordinator license issued by the Department.

(c) An application for licensure as an EMS Instructor or EMS Instructor/Coordinator shall be submitted on the form specified by the Department and shall include adequate demographic information and documentation that the applicant meets all licensure requirements set forth in this rule.

(d) Once issued, a license shall be valid for a period of two years or until the biennial renewal date established by the Department.

(e) The Department may deny an application for licensure as an EMS Instructor or EMS Instructor/Coordinator, or revoke or otherwise sanction a license, after notice and an opportunity for a hearing, upon any of the grounds set forth in Rule [511-9-2-.18](#).

(2) Eligibility for Licensure as an EMS Instructor or EMS Instructor/Coordinator.

(a) EMS Instructor. All applicants for initial licensure as an EMS Instructor must meet the following requirements:

1. Current CPR Certification that is maintained throughout the Instructor license period.

2. Successful completion of a Department-recognized instructional techniques course, Department-recognized EMS instructional preparation curriculum, or Department-recognized equivalent not more than three (3) years prior to the application.

3. Current Georgia healthcare license that is maintained throughout the instructor license period in a field specified by the Department, together with documentation of a minimum length of continuous licensure in Georgia or another state or territory at an approved healthcare license level.

(b) EMS Instructor/Coordinator. All applicants for initial licensure as an EMS Instructor/Coordinator must meet the following requirements:

1. Minimum Requirements for all Instructor/Coordinator Levels.

(i) Current CPR Certification that is maintained throughout the Instructor/Coordinator license period.

(ii) Successful completion of a Department-recognized EMS instructional preparation curriculum or Department-recognized equivalent not more than three (3) years prior to the application.

(iii) Current Georgia healthcare license that is maintained throughout the instructor/coordinator license period in a field specified by the Department that is at or above the Instructor/Coordinator level, together with documentation of a minimum length of continuous licensure and active clinical practice in Georgia or another state or territory at that healthcare license level.

(iv) Documentation of competency in national EMS clinical standards as evidenced by:

(I) For an applicant who is licensed by the Department, current certification from the National Registry of Emergency Medical Technicians (NREMT) which is maintained throughout the Instructor/Coordinator license period, as follows:

I. An applicant licensed by the Department as an EMT, AEMT, or Paramedic shall hold NREMT certification at the applicant's Medic license level;

II. An applicant licensed by the Department as an EMT-I shall hold NREMT certification at the EMT level; and

III. An applicant licensed by the Department as a Cardiac Technician shall hold NREMT certification at the AEMT level; or

(II) For an applicant who licensed by a Georgia licensing authority other than the Department, successful completion of the NREMT assessment exam at or above the Instructor/Coordinator level within a time frame specified by the Department.

(iv) Documentation of at least forty (40) hours of active teaching/internship in a Department-approved EMS Initial Education Program that meets or exceeds objectives specified by the Department.

2. Additional Requirements for EMS Instructor/Coordinator (Paramedic).

(i) Current ACLS Certification that is maintained throughout the Instructor/Coordinator license period.

(ii) An Associate Degree or higher from an academic institution that is accredited by an institutional accrediting agency recognized by the United States Department of Education. The degree may be in any major.

(3) License Renewal for EMS Instructors and EMS Instructor/Coordinators.

(a) Licensed EMS Instructors and EMS Instructor/Coordinators may renew their licenses biennially by submitting a renewal application on or before the expiration date. A renewal application shall be submitted on the form specified by the Department and shall include adequate documentation of the licensee's compliance with the continuing education and active teaching requirements set forth below. The Department may, in its discretion, specify mandatory continuing education topics during the renewal cycle.

1. EMS Instructors must submit adequate documentation of the following for each renewal cycle:

(i) Completion of twelve (12) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, six (6) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not be applied towards the continuing education requirements for renewal of an EMS Instructor license.

(ii) Completion of twenty (20) hours of active teaching during the renewal cycle in Department-approved continuing education courses or EMS Initial Education Courses offered by designated EMS Initial Education Programs.

2. EMS Instructor/Coordinators must submit adequate documentation of the following for each renewal cycle:

(i) Completion of twenty-four (24) hours of Department-approved instructor continuing education during the renewal cycle in instructional topics, twelve (12) of which must be approved only for instructors. Continuing education courses/hours applied towards the continuing education requirements for renewal of a Georgia healthcare provider license may not be applied towards the continuing education requirements for renewal of an EMS Instructor/Coordinator license.

(ii) Completion of forty (40) hours of active teaching during the renewal cycle in EMS Initial Education Courses offered by designated EMS Initial Education Programs, twenty (20) of which must be taught at or above the Instructor/Coordinator level.

(b) An EMS Instructor or EMS Instructor/Coordinator license that is not renewed prior to the expiration date shall be placed in lapsed status. A lapsed license may be renewed during a six-month late renewal period immediately following the expiration date, provided that all requirements for license renewal are met.

(c) An EMS Instructor or EMS Instructor/Coordinator license that is not renewed prior to the end of the late renewal period shall be expired and not eligible for renewal. To regain licensure, the individual must submit a new application to the Department and meet all current eligibility requirements for licensure as an EMS Instructor or EMS Instructor/Coordinator.

(4) License Fees for EMS Instructors and EMS Instructor/Coordinators.

(a) All applications for initial licensure as an EMS Instructor or EMS Instructor/Coordinator or for renewal of an EMS Instructor or EMS Instructor/Coordinator license submitted on or after July 1, 2021, shall be accompanied by a fee payable to the Department in an amount and form determined by the Department.

(b) All applications for late renewal of an EMS Instructor or EMS Instructor/Coordinator license submitted on or after January 1, 2023, shall be accompanied by the applicable renewal fee, plus a late renewal penalty fee in an amount equal to the renewal fee, payable to the Department in a form determined by the Department.

(5) Clinical Preceptors.

(a) Clinical preceptors may precept Paramedic, AEMT, and EMT students at or below the preceptor's provider license level.

(b) Clinical preceptors must be approved by the Program Director of the EMS Initial Continuing Education Program and the Program's EMS Medical Director after successfully completing a clinical preceptor training course approved by the Department.

(c) The course coordinator must maintain student clinical records involving clinical preceptors for a time period specified in the Department's published record retention schedule for EMS Initial Education Programs.

Cite as Ga. Comp. R. & Regs. R. 511-9-2-.17

AUTHORITY: O.C.G.A. §§ [31-2A-3](#), [31-2A-6](#), [31-11-5](#), [31-11-51](#) to [31-11-61](#).

HISTORY: Original Rule entitled "Standards for Emergency Medical Service Instructors" adopted. F. December 14, 2011; eff. January 3, 2012.

Amended: F. Apr. 27, 2016; eff. May 17, 2016.

Amended: New title "Standards for Emergency Medical Service Instructors and Instructor/Coordinators." F. Oct. 20, 2020; eff. Nov. 18, 2020, as specified by the Agency.

511-9-2-.18 [Effective 11/18/2020] Standards of Conduct for Licensees

In order to protect the public and ensure the integrity of the emergency medical response system, all persons licensed by the Department pursuant to Chapter 31-11, all owners and officers of entities licensed pursuant to Chapter 31-11, and all applicants for a license pursuant to Chapter 31-11 (hereinafter licensees) shall at all times meet the following standards of conduct:

(1) A licensee shall comply at all times with the provisions of Chapter 31-11 and the Rules and Regulations of the Department.

(2) A licensee shall not obtain a license by fraud, forgery, deception, misrepresentation, or omission of a material fact.

(3) A licensee shall not present a check to the Department for which there are insufficient funds in the account.

(4) A licensee shall not tamper with, alter, or change any license issued by the Department.

- (5) A licensee shall fully cooperate with the Department and its agents during the course of any investigation or inspection, and provide true information upon request.
- (6) A licensee shall take no action in any other jurisdiction that would result in a fine, suspension, or revocation of any license similar to that issued to the licensee pursuant to Chapter 31-11.
- (7) A licensee shall not advertise its services in a false or misleading manner.
- (8) A licensee shall not provide any type or level of service that is not authorized by its license or by law.
- (9) A licensee shall not provide services while its license is suspended, or revoked, inactive, or has lapsed for failure to renew, whether personally or through employees, agents, or volunteers.
- (10) A licensee shall correct as soon as practicable all violations and deficiencies found during a Department inspection.
- (11) A licensee's equipment shall be clean and in proper operating condition at all times.
- (12) A licensee shall not falsify a patient record or any other document which the licensee is required to maintain under state or federal law or Department regulations.
- (13) A licensee shall not employ fraud or misrepresentation to obtain a fee or any reimbursement in the course of Emergency Medical Services or other services under its licensure.
- (14) A licensee shall report to the Department within ten days the bringing of any criminal charges against the licensee, whether by arrest warrant, information, accusation, or indictment. This subsection shall not apply to minor traffic offenses.
- (15) A licensee shall, upon request by the Department, submit copies or permit inspection of any document, which the licensee is required to maintain under state or federal law or Department regulations.
- (16) A licensee shall not provide services while under the influence of drugs or alcohol, nor permit any employee or co-worker to do so.
- (17) A licensee shall use no less than the requisite number of licensed individuals applicable to its license.
- (18) A licensee shall act with due regard for the safety of patients and the public in the operation of an emergency vehicle, and shall not use vehicle warning devices unnecessarily or in a manner that endangers the safety of the patient or the public.
- (19) A licensee shall not aid or abet the unlicensed practice of emergency medical care.
- (20) A licensee shall not accept anything of value in return for a patient referral.
- (21) A licensee shall abide by all regional ambulance zoning plans.
- (22) A licensee shall take no action that would jeopardize the health or safety of a patient, including without limitation the abandonment or mistreatment of a patient.
- (23) A licensee shall pay all administrative fines in full within thirty days.
- (24) A licensee shall display proper identification at all times while on duty, including the Georgia level of licensure.
- (25) A licensee shall maintain the confidentiality of all patient records and information.

(26) A licensee shall take no action that results in a criminal conviction on a felony charge, a crime of moral turpitude, or the crime of driving under the influence or possession of a controlled substance.

(27) An EMS Instructor or EMS Instructor/Coordinator licensee shall maintain student records as required by the Department, and shall meet all license renewal requirements.

(28) An EMS Instructor/Coordinator licensee serving as the Program Director of a designated EMS Initial Education Program shall ensure that all state, national, and applicable accreditation requirements are met for each student before validating that the student has completed the course and/or is clear to test the National Registry exam for the respective level of initial education.

(29) A licensee shall not discriminate on the basis of national origin, race, color, creed, religion, gender, sexual orientation, age, economic status, or physical or mental ability in providing services.

(30) A licensee shall not violate any lawful order of the Department.

(31) A licensee shall not violate any statute or regulation, state or federal, which pertains to Emergency Medical Services.

(32) A licensee shall not violate the security of any exam or exam material for purposes of obtaining or maintaining an EMS license by any means including but not limited to removing any exam materials from an examination area, the unauthorized possession of exam materials, the unauthorized reproduction of exam materials, impersonating an examinee, or having another person take an exam on behalf of a licensee.

(33) An EMS Instructor or EMS Instructor/Coordinator serving as the Program Director, Course Coordinator, Lead Instructor, Clinical Coordinator, or other instructional staff in a EMS Initial Education course shall ensure that all data related to any student, instructor or preceptor that is submitted to or required by the Department is accurate and factual and complies with all state, national, and applicable accreditation requirements.

(34) A licensee shall not issue a certificate of credit/completion for EMS continuing education hours to any person without the person meeting the EMS continuing education completion requirements as specified by the Department for the respective EMS continuing education course.

(35) A licensee shall take no action that would jeopardize the health, safety, or wellbeing of a student, including without limitation the abandonment or mistreatment of a student.

Cite as Ga. Comp. R. & Regs. R. 511-9-2-.18

AUTHORITY: O.C.G.A. §§ [31-2A-3](#), [31-2A-6](#), [31-11-5](#), [31-11-6](#), [31-11-9](#), [31-11-30](#), [31-11-36](#), [31-11-56](#), [31-11-57](#), [50-13-18](#).

HISTORY: Original Rule entitled "Standards of Conduct for Licensees" adopted. F. December 14, 2011; eff. January 3, 2012.

Amended: F. Apr. 27, 2016; eff. May 17, 2016.

Amended: F. Oct. 20, 2020; eff. Nov. 18, 2020, as specified by the Agency.

Department 671. GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

Chapter 671-3. LICENSE REQUIREMENTS

671-3-.03 Examination

All applicants for licensure as occupational therapists and occupational therapy assistants are required to pass the nationally recognized examination administered by National Board of Certification in Occupational Therapy (NBCOT), except as otherwise provided in O.C.G.A. § [43-28-11](#).

Cite as Ga. Comp. R. & Regs. R. 671-3-.03

AUTHORITY: O.C.G.A. §§ [43-28-9\(a\) and \(b\)](#), [43-28-10\(a\), \(b\), and \(c\)](#).

HISTORY: Original Rule entitled "Examination" was filed on July 15, 1977; effective August 4, 1977.

Amended: Rule repealed and a new Rule of the same title adopted. Filed July 11, 1984; effective July 31, 1984.

Amended: F. Oct. 20, 2020; eff. Nov. 9, 2020.

671-3-.04 Passing Score

Passing score of the examination will be determined by the National Board of Certification in Occupational Therapy (NBCOT).

Cite as Ga. Comp. R. & Regs. R. 671-3-.04

AUTHORITY: O.C.G.A. §§ [43-28-9\(a\) and \(b\)](#), [43-28-10\(a\), \(b\), and \(c\)](#).

HISTORY: Original Rule entitled "Passing Score" was filed on July 15, 1977; effective August 4, 1977

Amended: F. Oct. 20, 2020; eff. Nov. 9, 2020.

671-3-.07 Board Action on Applications

Applications for licensure shall be reviewed at the next regularly scheduled general meeting of the Board after all requirements for licensure have been met and the examination scores, if applicable, have been received by the Board.

Cite as Ga. Comp. R. & Regs. R. 671-3-.07

AUTHORITY: O.C.G.A. §§ [43-28-6\(a\), \(b\), \(c\), and \(e\)](#), [43-28-7](#), [43-28-9](#), [43-28-10](#).

HISTORY: Original Rule entitled "Board Action on Applications" was filed on July 15, 1977; effective August 4, 1977.

Amended: Filed July 11, 1984; effective July 31, 1984.

Amended: F. Oct. 20, 2020; eff. Nov. 9, 2020.