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PREFACE

The Idaho Administrative Bulletin is an electronic-only, online monthly publication of the Office of the Administrative Rules Coordinator, Division of Financial Management, that is published pursuant to Section 67-5203, Idaho Code. The Bulletin is a compilation of all official rulemaking notices, official rule text, executive orders of the Governor, and all legislative documents affecting rules that are statutorily required to be published in the Bulletin. It may also include other rules-related documents an agency may want to make public through the Bulletin.

State agencies are required to provide public notice of all rulemaking actions and must invite public input. This is done through negotiated rulemaking procedures or after proposed rulemaking has been initiated. The public receives notice that an agency has initiated proposed rulemaking procedures through the Idaho Administrative Bulletin and a legal notice (Public Notice of Intent) that publishes in authorized newspapers throughout the state. The legal notice provides reasonable opportunity for the public to participate when a proposed rule publishes in the Bulletin. Interested parties may submit written comments to the agency or request public hearings of the agency, if none have been scheduled. Such submissions or requests must be presented to the agency within the time and manner specified in the individual “Notice of Rulemaking - Proposed Rule” for each proposed rule that is published in the Bulletin.

Once the comment period closes, the agency considers fully all comments and information submitted regarding the proposed rule. Changes may be made to the proposed rule at this stage of the rulemaking, but changes must be based on comments received and must be a “logical outgrowth” of the proposed rule. The agency may now adopt and publish the pending rule. A pending rule is “pending” legislative review for final approval. The pending rule is the agency’s final version of the rulemaking that will be forwarded to the legislature for review and final approval. Comment periods and public hearings are not provided for when the agency adopts a temporary or pending rule.

CITATION TO THE IDAHO ADMINISTRATIVE BULLETIN

The Bulletin is identified by the calendar year and issue number. For example, Bulletin 19-1 refers to the first Bulletin issued in calendar year 2019; Bulletin 20-1 refers to the first Bulletin issued in calendar year 2020. Volume numbers, which proceed from 1 to 12 in a given year, correspond to the months of publication, i.e.; Volume No. 19-1 refers to January 2019; Volume No. 20-2 refers to February 2020; and so forth. Example: The Bulletin published in January 2019 is cited as Volume 19-1. The December 2019 Bulletin is cited as Volume 19-12.

RELATIONSHIP TO THE IDAHO ADMINISTRATIVE CODE

The Idaho Administrative Code is an electronic-only, online compilation of all final and enforceable administrative rules of the state of Idaho that are of full force and effect. Any temporary rule that is adopted by an agency and is of force and effect is codified into the Administrative Code upon Bulletin publication. All pending rules that have been approved by the legislature during the legislative session as final rules and any temporary rules that are extended supplement the Administrative Code. These rules are codified into the Administrative Code upon becoming effective. Because proposed and pending rules are not enforceable, they are published in the Administrative Bulletin only and cannot be codified into the Administrative Code until approved as final.

To determine if a particular rule remains in effect or whether any amendments have been made to the rule, refer to the Cumulative Rulemaking Index. Link to it on the Administrative Rules homepage at adminrules.idaho.gov.

THE DIFFERENT RULES PUBLISHED IN THE ADMINISTRATIVE BULLETIN

Idaho’s administrative rulemaking process, governed by the Administrative Procedure Act, Title 67, Chapter 52, Idaho Code, comprises distinct rulemaking actions: negotiated, proposed, temporary, pending and final rulemaking. Not all rulemakings incorporate or require all of these actions. At a minimum, a rulemaking includes proposed, pending and final rulemaking. Many rules are adopted as temporary rules when they meet the required statutory criteria and agencies must, when feasible, engage in negotiated rulemaking at the beginning of the process to facilitate consensus building. In the majority of cases, the process begins with proposed rulemaking and ends with the final rulemaking. The following is a brief explanation of each type of rule.
1. NEGOTIATED RULEMAKING

Negotiated rulemaking is a process in which all interested persons and the agency seek consensus on the content of a rule through dialogue. Agencies are required to conduct negotiated rulemaking whenever it is feasible to do so. The agency files a “Notice of Intent to Promulgate – Negotiated Rulemaking” for publication in the Administrative Bulletin inviting interested persons to contact the agency if interested in discussing the agency’s intentions regarding the rule changes. This process is intended to result in the formulation of a proposed rule and the initiation of regular rulemaking procedures. One result, however, may also be that regular (proposed) rulemaking is not initiated and no further action is taken by the agency.

2. PROPOSED RULEMAKING

A proposed rulemaking is an action by an agency wherein the agency is proposing to amend or repeal an existing rule or to adopt a new rule. Prior to the adoption, amendment, or repeal of a rule, the agency must publish a “Notice of Rulemaking – Proposed Rule” in the Bulletin. This notice must include very specific information regarding the rulemaking including all relevant state or federal statutory authority occasioning the rulemaking, a non-technical description of the changes being made, any associated costs, guidance on how to participate through submission of written comments and requests for public hearings, and the text of the proposed rule in legislative format.

3. TEMPORARY RULEMAKING

Temporary rules may be adopted only when the governor finds that it is necessary for:

a) protection of the public health, safety, or welfare; or
b) compliance with deadlines in amendments to governing law or federal programs; or
c) conferring a benefit.

If a rulemaking meets one or more of these criteria, and with the Governor’s approval, the agency may adopt and make a temporary rule effective prior to receiving legislative authorization and without allowing for any public input. The law allows an agency to make a temporary rule immediately effective upon adoption. A temporary rule expires at the conclusion of the next succeeding regular legislative session unless the rule is extended by concurrent resolution, is replaced by a final rule, or expires under its own terms.

4. PENDING RULEMAKING

A pending rule is a rule that has been adopted by an agency under regular rulemaking procedures and remains subject to legislative review before it becomes a final, enforceable rule. When a pending rule is published in the Bulletin, the agency is required to include certain information in the “Notice of Rulemaking – Pending Rule.” This includes a statement giving the reasons for adopting the rule, a statement regarding when the rule becomes effective, a description of how it differs from the proposed rule, and identification of any fees being imposed or changed.

Agencies are required to republish the text of the pending rule when substantive changes have been made to the proposed rule. An agency may adopt a pending rule that varies in content from that which was originally proposed if the subject matter of the rule remains the same, the pending rule change is a logical outgrowth of the proposed rule, and the original notice was written so as to assure that members of the public were reasonably notified of the subject. It is not always necessary to republish all the text of the pending rule.

5. FINAL RULEMAKING

A final rule is a rule that has been adopted by an agency under the regular rulemaking procedures and is of full force and effect.
HOW TO USE THE IDAHO ADMINISTRATIVE BULLETIN

Rulemaking documents produced by state agencies and published in the Idaho Administrative Bulletin are organized by a numbering schematic. Each state agency has a two-digit identification code number known as the "IDAPA" number. (The "IDAPA" Codes are listed in the alphabetical/numerical index at the end of this Preface.) Within each agency there are divisions or sections to which a two-digit "TITLE" number is assigned. There are "CHAPTER" numbers assigned within the Title and the rule text is divided among major sections that are further subdivided into subsections. An example IDAPA number is as follows:

IDAPA 38.05.01.200.02.c.ii.

"IDAPA" refers to Administrative Rules in general that are subject to the Administrative Procedures Act and are required by this act to be published in the Idaho Administrative Code and the Idaho Administrative Bulletin.

"38." refers to the Idaho Department of Administration

"05." refers to Title 05, which is the Department of Administration’s Division of Purchasing

"01." refers to Chapter 01 of Title 05, “Rules of the Division of Purchasing”

"200." refers to Major Section 200, “Content of the Invitation to Bid”

"02." refers to Subsection 200.02.

“c.” refers to Subsection 200.02.c.

“ii.” refers to Subsection 200.02.c.ii.

DOCKET NUMBERING SYSTEM

Internally, the Bulletin is organized sequentially using a rule docketing system. Each rulemaking that is filed with the Coordinator is assigned a "DOCKET NUMBER." The docket number is a series of numbers separated by a hyphen "-". (38-0501-1401). Rulemaking dockets are published sequentially by IDAPA number (the two-digit agency code) in the Bulletin. The following example is a breakdown of a typical rule docket number:

“DOCKET NO. 38-0501-1901”

“38-” denotes the agency's IDAPA number; in this case the Department of Administration.

“0501-” refers to the TITLE AND CHAPTER numbers of the agency rule being promulgated; in this case the Division of Purchasing (TITLE 05), Rules of the Division of Purchasing (Chapter 01).

“1901” denotes the year and sequential order of the docket being published; in this case the numbers refer to the first rulemaking action published in calendar year 2019. A subsequent rulemaking on this same rule chapter in calendar year 2019 would be designated as “1902”. The docket number in this scenario would be 38-0501-1902.

Within each Docket, only the affected sections of chapters are printed. (See Sections Affected Index in each Bulletin for a listing of these.) The individual sections affected are printed in the Bulletin sequentially (e.g. Section “200” appears before Section “345” and so on). Whenever the sequence of the numbering is broken the following statement will appear:

(BREAK IN CONTINUITY OF SECTIONS)
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*Last day to submit a proposed rulemaking before moratorium begins AND last day to submit a pending rule to be reviewed by upcoming legislature.

**Last day to submit a proposed rule to remain on course for rulemaking to be completed and submitted for review by upcoming legislature.*
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WHEREAS, unusually hot and dry weather in the region has created extreme fire conditions throughout much of the State of Idaho; and

WHEREAS, data tracked by state and federal agencies reveals that approximately 990 separate wildfires have burned within the state thus far in 2021, totaling nearly 279,000 acres burned; and

WHEREAS, over 115,000 acres of land under the jurisdiction of the Idaho Department of Land’s (IDL) Forest Protective Districts and Timber Protective Associations have already burned because of approximately 273 separate wildfires; and

WHEREAS, dry lightning and human actions have recently caused dozens of wildfires to burn in the state, and extended weather forecasts indicate there will be extreme fire conditions for the weeks ahead; and

WHEREAS, the extreme fire conditions have significantly diminished available fire suppression resources and the state's ability to respond to existing and new wildfire ignitions on lands within the IDL Forest Protective Districts; and

WHEREAS, the extreme fire conditions further pose an imminent threat to the fire suppression resources of other fire suppression agencies, including the Clearwater-Potlach Timber Protective Association and Southern Idaho Timber Protective Association (collectively "Timber Protective Associations"); and

WHEREAS, the extreme fire conditions pose an imminent threat to the fire suppression resources in Nez Perce County. On July 9, 2021, Nez Perce County declared that a disaster emergency exists "due to existing wildfires creating an imminent threat to property, public utilities, infrastructure, lines of communication, private property and lives of local responders and private citizens; " and

WHEREAS, the extreme fire conditions combined with diminished fire suppression resources have created an emergency that poses an imminent threat of widespread and severe damage, injury, and loss of life and property throughout the state and particularly on and around the 6.2 million acres of land that comprise IDL Forest Protective Districts and the Timber Protective Associations, Nez Perce County, and on the offset lands under the protection of the Bureau of Land Management or U.S. Forest Service pursuant to an agreement with IDL; and

WHEREAS, to save lives, protect property, and lessen the serious threats posed by the extreme fire conditions, additional resources are necessary to supplement the fire suppression efforts of IDL, the Timber Protective Associations, and local jurisdictions.

NOW, THEREFORE, I, BRAD LITTLE, Governor of the State of Idaho, by virtue of the authority vested in me by the constitutions of the United States and State of Idaho and the laws of State of Idaho including, but not limited to, Sections 46-1005A and 46-1008 of the Idaho Code, do hereby find and therefore proclaim and order:

1. That a state of disaster emergency exists in the State of Idaho.

   (a) The nature of the disaster emergency is the occurrence and imminent threat to public safety and property arising from the extreme wildfire conditions.

   (b) The area threatened by the disaster emergency includes all lands located within IDL Forest Protective Districts, Timber Protective Associations, Nez Perce County, and offset lands under the protection of the Bureau of Land Management or U.S. Forest Service pursuant to an agreement with IDL.
(c) The area subject to this proclamation includes all lands located within IDL Forest Protective Districts and Timber Protective Associations, Nez Perce County, and offset lands under the protection of the Bureau of Land Management or U.S. Forest Service pursuant to an agreement with IDL.

2. Having determined that sufficient general fund money will be available to support the full general fund appropriations for the current fiscal year, I authorize and direct the Idaho State Controller pursuant to Idaho Code Sections 46-1005A and 67-802 to transfer $25 million from the Idaho General Fund to the Disaster Emergency Account in order to pay ongoing fire suppression costs and other obligations and expenses incurred by the state of Idaho arising out of declared states of disaster emergencies.

3. The state of disaster emergency herein described shall exist for a period of thirty days unless terminated or modified, or unless extended for thirty-day increments.

4. Consistent with Section 46-1008 of Idaho Code, this proclamation authorizes the resources of state government to be used to assist in efforts to deal with the declared state of disaster emergency.

5. The Office of Emergency Management shall reference this proclamation as No. ID-02-2021, 2021 Wildfires.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 6th day of August in the year of our Lord two thousand and twenty-one.

BRAD LITTLE
GOVERNOR

LAWERENCE DENNEY
SECRETARY OF STATE
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 41-211 and 41-1842, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

<table>
<thead>
<tr>
<th>Monday, September 20, 2021 @ 2:00 p.m. (MT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>700 W State Street</td>
</tr>
<tr>
<td>3rd Floor</td>
</tr>
<tr>
<td>Boise, ID 83702</td>
</tr>
</tbody>
</table>

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This rule implements Title 41-1843, Idaho Code: No insurer regulated pursuant to this title shall charge a higher premium than would otherwise be charged, or cancel, non-renew or decline to issue a property or casualty policy or coverage based primarily upon an individual’s credit rating or credit history. This rulemaking brings the rule back in line with statute.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 2, 2021 Idaho Administrative Bulletin, Vol. 21-6, pages 56-57 under docket 18-ZBRR-2101.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Weston Trexler, (208) 334-4214, weston.trexler@doi.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 29, 2021.
THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 18-0201-2101
(New Chapter – Zero-Based Regulation Rulemaking)

18.02.01 – INSURANCE RATES AND CREDIT RATING

000. LEGAL AUTHORITY.
Title 41, Sections 41-211 and 41-1843, Idaho Code.

001. SCOPE.
This rule relates to the use of credit rating or credit history by insurers subject to said sections.

002. – 009. (RESERVED)

010. DEFINITIONS.
As used in this chapter, the following words have the following meanings:

01. Consumer Report. Any written, oral, or other communication of any information by a consumer reporting agency regulated under the federal Fair Credit Reporting Act (15 U.S.C. 1681) that bears on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

02. Credit Factor. A factor or criterion that consists of or is derived from information obtained from a consumer report, and is used by an insurer in determining policy premium rates or in determining whether to issue, cancel, or nonrenew a policy.

03. Noncredit Factor. Any factor other than a credit factor reasonably expected to affect the risk assumed by an insurer and used by the insurer in determining policy premium rates, or in determining whether to issue, cancel or nonrenew a policy.

011. -- 099. (RESERVED)

100. USE OF CREDIT FACTORS.

01. Application of Statute. To determine whether a decision is not improperly based primarily upon a credit factor or factors, the Department will apply the following criteria:

a. If an insurer declines to issue, nonrenews or cancels a policy based in any part upon a credit factor, then the insurer will maintain records demonstrating noncredit factors played a greater role in the decision than credit factors.

b. If an insurer relies in any part upon a credit factor to establish an initial rate or to impose an
increase in premium rate for a customer, then the insurer is to ensure that the difference in the premium rate using the highest credit factor and the lowest credit factor, all noncredit factors being unchanged and notwithstanding any optional coverages, does not exceed one-half (½) the higher premium rate.

02. Information For Review. To evaluate whether a decision was based primarily upon credit factors, the insurer will have on file with the Department, in a manner approved by the Director, an attestation that rate, insurance, non-renewal, and cancellation decisions are not primarily based on credit factors, and that the rating is compliant with Paragraph 100.01.b. of this rule. The insurer’s filing will support the attestation by providing the details of the rating process, including an explanation of all factors considered in the rating process and how the process is applied. The Department may also request the insurer apply its rating process to hypothetical cases.

101. -- 200. (RESERVED)

201. RETENTION OF RECORDS. Insurers subject to this rule will document the factors and criteria considered in underwriting and rating decisions and will retain the documentation for at least five (5) years.

202. -- 999. (RESERVED)
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 41-211 and 41-2314, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

<table>
<thead>
<tr>
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The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The purpose of this rule is to protect the interest of debtors and Idaho residents by providing a system of rate, policy form, and operating standards for the transaction of credit life and credit disability insurance. This rulemaking clarifies language, removes duplicative language, and moves information to the Department's website.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 2, 2021 Idaho Administrative Bulletin, Vol. 21-6, pages 56-57 under docket 18-ZBRR-2101.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Weston Trexler, (208) 334-4214, weston.trexler@doi.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 29, 2021.
18.03.05 – CREDIT LIFE AND CREDIT DISABILITY INSURANCE

000. LEGAL AUTHORITY.
Title 41, Chapters 2 and 23, Sections 41-211 and 41-2314, Idaho Code.

001. SCOPE.
This rule protects the interests of debtors and the public in this state by providing a system of rate, policy form, and operating standards for the transaction of credit life and credit disability insurance. Nothing in this rule chapter applies to insurance for which no identifiable charge is made to the debtor.

002. -- 009. (RESERVED)

010. DEFINITIONS.
The definitions set forth in Chapters 2 and 23 are applicable to these rules. In addition, the following terms have the meanings set forth below.

01. Closed-End Credit. A credit transaction that is not open-end credit.

02. Compensation. Money or anything else of value.

03. Credit Insurance. Means credit life insurance and credit disability insurance.

04. Credit Transaction. Any transaction by the terms of which the repayment of money loaned or loan commitment made, or payment for goods, services or properties sold or leased, is to be made at a future date or dates.

05. Identifiable Charge. The amount the debtor is charged for insurance which is disclosed in the credit or other instrument furnished the debtor which sets out the financial elements of the credit transactions, and including any differential in finance, interest, service or other similar charge made to debtors who are in like circumstances, except for their insured or uninsured status.

06. Net Written Premium. A gross written premium minus refunds on terminations.

07. Open-End Credit. An arrangement as defined in Section 28-41-301(26), Idaho Code, including revolving charge accounts.

08. Pre-existing Condition. A health condition, including sickness or injury, for which there has been medical advice, diagnosis or treatment within six (6) months preceding the effective date of the debtor’s coverage and
which exists prior to the effective date of the coverage.

011. RIGHTS AND TREATMENT OF DEBTORS.

01. Multiple Plans of Insurance. If a creditor makes available to the debtors more than one (1) plan of credit life insurance or more than one (1) of credit disability insurance, all debtors are to be informed of all such plans for which they are eligible.

02. Substitution. When a creditor requires credit life insurance, credit disability insurance, or both, as additional security for an indebtedness, the debtor will be given the option of furnishing the amount of insurance through existing policies of insurance owned or controlled by the debtor or by procuring and furnishing the coverage through any insurer authorized to transact insurance business in this state. If this subsection is applicable, the debtor will be informed by the creditor of the right to provide alternative coverage before the transaction is completed.

03. Termination of Group Credit Insurance Policy.

a. If a debtor is covered by a group credit insurance policy providing for the payment of single premiums to the insurer, then provision will be made by the insurer that in the event of termination of the policy for any reason, insurance coverage with respect to any debtor insured under such policy is to be continued for the entire period for which the single premium has been paid.

b. If a debtor is covered by a group credit insurance policy providing for the payment of premiums to the insurer on a monthly outstanding balance basis, then the policy will provide that, in the event of termination of such policy for whatever reason, termination notice will be given to the insured debtor at least thirty (30) days prior to the effective date of termination except where replacement of the coverage by the same or another insurer in the same or greater amount takes place without lapse of coverage. The requisite notice is given by the insurer or, at the option of the insurer, by the creditor.

04. Interest on Premiums. If any direct or indirect finance, carrying, credit or service charge is made to the debtor on such insurance charges or premiums, the creditor will remit and the insurer will collect such premium within sixty (60) days after it is added to the indebtedness.

05. Renewal or Refinancing of the Indebtedness. If the indebtedness is discharged due to renewal or refinancing prior to the scheduled maturity date, the insurance in force will be terminated before any new insurance may be issued in connection with the renewed or refinanced indebtedness. In all cases of such termination prior to scheduled maturity, a refund is to be paid or credited to the debtor as provided in Section 017. In any renewal or refinancing of the indebtedness, the effective date of the coverage as respects any policy provision is deemed to be the first date on which the debtor became insured under the policy covering the indebtedness which was renewed or refinanced, at least to the extent of the amount and term of the indebtedness outstanding at the time of renewal and refinancing of the debt. In addition, the policy will provide that, in the event the debtor becomes disabled while insured, credit disability insurance benefits will be payable during continued disability regardless of any termination of the insurance by renewal or refinancing, unless a different provision not less favorable to the debtor is approved by the Director.

06. Maximum Aggregate Provisions. A provision in a policy or certificate that sets a maximum limit on total payments applies only to that policy or certificate except as may be provided for in Section 41-2005(4), Idaho Code.

07. Involuntary Prepayment of Indebtedness. If an indebtedness is prepaid by the proceeds of a credit life insurance policy covering the debtor or by a lump sum payment of a disability claim under a credit insurance policy covering the debtor, then it is the responsibility of the insurer to see that the following are paid to the insured debtor, if living, or the beneficiary, other than the creditor, named by the debtor or to the debtor’s estate:

a. In the case of prepayment by the proceeds of a credit life insurance policy, or by the proceeds of a lump sum total and permanent disability benefit under credit life coverage, an appropriate refund of the credit
disability insurance premium in accordance with Section 017;

b. In the case of prepayment by a lump sum disability claim, an appropriate refund of the credit life insurance premium in accordance with Section 017;

c. In either case, the amount of the benefits in excess of the amount needed to repay the indebtedness after crediting any unearned interest or finance charges.

08. **Amounts to be Insured.** If benefits to be provided are less than the scheduled amount of indebtedness, the insurer will notify the insured of such benefit in the policy or certificate.

09. **Total Disability.** The policy is not to restrict coverage to those periods of total disability when the debtor is under the regular and continuing care of a physician, osteopath or chiropractor; provided, the insurer may retain the right to request medical evidence of actual total disability at reasonable intervals to justify the commencement and continued payment of benefits.

10. **Permanent Disabilities.** Credit disability insurance will not restrict coverage to permanent disabilities, where the debtor is in fact totally disabled for the period dictated by the policy, although such disability may be of a temporary nature.

11. **Statement by Debtor.** No statement made by a debtor will be used by the insurer as a basis for denying eligibility for coverage unless such statement is contained in a written application for insurance signed by the debtor.

12. **Acceptable Insurance Constituting Waiver.** Acceptance of insurance by the insurer will constitute a waiver of any conditions for issuance of insurance that the debtor’s application revealed as breached on the date the application was made, unless a refund of all insurance charges to the debtor is actually made within thirty (30) days of the effective date of coverage.

012. (RESERVED)

013. **DETERMINATION OF REASONABLENESS OF BENEFITS IN RELATION TO PREMIUM CHARGE.**

01. **General Standard.** Benefits provided by credit insurance policies need to be reasonable in relation to the premium charged. This requirement is satisfied if the premium rate charged develops or is expected to develop a loss ratio of not less than fifty percent (50%). The Department of Insurance has established prima facie rates as a means to achieve the loss ratio benchmark. With the exception of deviations approved under Section 019, prima facie rates filed in accordance with Section 014 as adjusted pursuant to Section 018, may be conclusively presumed to satisfy this general standard.

02. **Nonstandard Coverage.** If any insurer files for approval of any form, providing coverage more restrictive than that described in Section 014, the insurer will demonstrate to the satisfaction of the director that the premium rates to be charged for such restricted coverage will develop or may reasonably be expected to develop a loss ratio not less than that contemplated for standard coverage at the premium rates described in these sections.

014. **PRIMA FACIE RATES.**

01. **Credit Life Insurance Prima Facie Rates.**

a. The Director will post on the Department’s website the prima facie rates for credit life insurance that are to be used.

b. If the benefits provided are other than those described in Paragraph 014.01.a., premium rates for such benefits will be actuarially consistent with the rates provided in Paragraph 014.01.a.
c. If the policy provisions are other than those that correspond to the use of rates provided for in this subsection, those other provisions will not be unfair, unjust, inequitable, misleading, or deceptive; encourage misrepresentation of the coverage; or be contrary to statute or administrative rule. ( )

02. Credit Disability Insurance Prima Facie Rates. ( )

a. The Director will post on the Department’s website the credit disability insurance prima facie rates that are to be used. ( )

b. If the benefits provided are other than those described in Paragraph 014.02.a., rates for such benefits need to be actuarially consistent with rates provided in Paragraph 014.02.a. ( )

c. The outstanding balance rate for credit disability insurance may be either a term-specified rate or may be a single composite term outstanding balance rate applicable to all loans. ( )

d. If the policy provisions are other than those that correspond to the use of rates provided for in this Subsection, those other provisions are not to be unfair, just, inequitable, misleading, or deceptive; encourage misrepresentations of the coverage; or be contrary to statute or administrative rule. ( )

015. CREDIT LIFE INSURANCE. Premium rates in conformance with Section 014 apply to policies providing credit life insurance to be issued with or without evidence of insurability, to be offered to all debtors, and containing: ( )

01. Exclusions. No exclusions other than suicide within six (6) months of the incurred indebtedness; and ( )

02. Age Restrictions. Either no age restrictions or age restrictions making ineligible for coverage debtors sixty-five (65) or over at the time the indebtedness is incurred or debtors having attained age seventy (70) or over on the maturity date of the indebtedness. ( )

03. Open-End Credit Plan. Insurance written in connection with an open-end credit plan may exclude from the classes eligible for insurance, classes of debtors determined by age, and provide for the cessation of insurance or reduction in the amount of insurance upon attainment of not less than age sixty-five (65). ( )

04. Closed-End Credit Plans. On insurance written in connection with closed-end credit plans and open-end credit plans where the amount of insurance is based on or limited to the outstanding unpaid balance, no provision excluding or denying a claim for death resulting from a pre-existing condition except for those conditions for which the insured debtor received medical advice, diagnosis or treatment within six (6) months preceding the effective date of coverage and which caused or substantially contributed to the death of the insured debtor within six (6) months following the effective date of coverage. The effective date of coverage for each part of the insurance attributable to a different advance or charge to the plan account is the date on which the advance or charge is posted to the plan account. Other more restrictive provisions may be used subject to appropriate rate adjustment approved by the director. ( )

05. Other Provisions. If the policy provisions are other than those that correspond to the use of rates provided for in Section 014, those other provisions are not to be unfair, unjust, inequitable, misleading, or deceptive; encourage misrepresentation of the coverage; or be contrary to statute or administrative rule. ( )

016. CREDIT DISABILITY INSURANCE. Premium rates in conformance with Section 014 apply to policies providing credit disability insurance to be issued with or without evidence of insurability, to be offered to all eligible debtors, and containing: ( )

01. Pre-existing Conditions. No provision excluding or denying a claim for disability resulting from preexisting conditions except for those conditions for which the insured debtor received medical advice, diagnosis or treatment within six (6) months preceding the effective date of the debtor’s coverage and which caused loss within the six (6) months following the effective date of coverage.
02. Other Exclusions or Restrictions. No other provision which excludes or restricts liability in the event of disability caused in a specific manner except that it may contain provisions excluding or restricting coverage in the event of normal pregnancy and intentionally self-inflicted injuries or disability arising out of the commission of felony acts.

03. Actively-at-Work Requirement. No actively-at-work requirement more restrictive than one (1) requiring that the debtor be actively at work at a full-time gainful occupation on the effective date of coverage. “Full time” means a regular work week of not less than thirty (30) hours. A debtor is actively at work if absent from work due solely to regular day off, holiday or paid vacation.

04. Age Restrictions. No age restrictions, or only age restrictions making ineligible for coverage debtors sixty-five (65) or over at the time the indebtedness is incurred or debtors who will have attained age sixty-six (66) or over on the maturity date of the indebtedness.

05. Daily Benefit. A daily benefit equal in amount to one thirtieth (1/30) of the monthly benefit payable under the policy for the indebtedness.

06. Definition of Disability. A definition of “disability” which provides that during the first twelve (12) months of disability the insured is unable to perform the substantial and material duties of his occupation at the time the disability occurred, and thereafter the duties of any occupation for which the insured is reasonably fitted by education, training or experience. This does not apply to lump sum disability coverage.

07. Open-End Credit Plan. Insurance written in connection with an open-end credit plan may exclude from the classes eligible for insurance classes of debtors determined by age, and provide for the cessation of insurance or reduction in the amount of insurance upon attainment of not less than age sixty-five (65).

08. Other Provisions. If the policy provisions are other than those that correspond to the use of rates provided for in Section 014, those other provisions are not to be unfair, unjust, inequitable, misleading, or deceptive; encourage misrepresentation of the coverage; or be contrary to statute or administrative rule.

09. Effective Date of Coverage. For the purposes of Subsections 016.01 and 016.03, the effective date of coverage for each part of the insurance attributable to a different advance or charge to an open-end credit plan account is the date on which the advance or charge is posted to the plan account.

017. REFUND FORMULAS.

01. Filing and Approval by the Director. Any refund formula that is at least as favorable to the insured debtor as the “sum of the digits” formula, or the “Rule of 78,” for single premium decreasing or disability plans or pro-rata for other plans, will be deemed acceptable.

02. Termination. In the event of termination, no charge for credit insurance may be made for the first fifteen (15) days of a loan month and a full month may be charged for sixteen (16) days or more of a loan month.

03. Minimum Refund. No refund of five dollar ($5) or less need be made.

018. EXPERIENCE REPORTS AND ADJUSTMENT OF PRIMA FACIE RATES.

01. Report of Credit Life and Credit Disability Business Written. Each insurer doing credit insurance business in this state will annually file with the Director and the NAIC Support and Services Office a report of credit life and credit disability business written on a calendar year basis. Such report will utilize the Credit Insurance Supplement-Annual Statement Blank as approved by the National Association of Insurance Commissioners. Such filing will be made in accordance with and no later than the due date in the Instructions to the Annual Statement.

02. Review of Loss Ratio Standards. On a triennial basis beginning in 1995, the director will review the loss ratio standards set forth in Section 013 and the prima facie rates set forth in Section 014 and determine
therefrom the rate of expected claims on a statewide basis, compare such rate of expected claims with the rate of actual claims for the preceding three years determined from the incurred claims and earned premiums at prima facie rates reported in the Annual Statement Supplement, and may, if deemed necessary, revise the actual statewide prima facie rates to be used by insurers during the next three (3) years. Such rates will reflect the difference between (a) actual claims based on experience; and (b) expected claims based on the loss ratio standards set forth in Section 013 applied to the prima facie rates set forth in Section 014.

019. USE OF RATES - DIRECT BUSINESS ONLY.

01. Use of Prima Facie Rates. An insurer that files rates or has rates on file not in excess of the prima facie rates shown in Section 014, to the extent adjusted pursuant to Section 018, may use those rates without further proof of their reasonableness.

02. Use of Rates Higher Than Prima Facie Rates. An insurer may file for approval of and use rates higher than the prima facie rates established pursuant to Section 018, to the extent adjusted, if it can be expected that the use of such higher rates will result in a ratio of claims incurred to premiums earned (assuming the use of such higher rates) not less than fifty percent (50%) for those accounts to which such higher rates apply and that such upward deviations will not result on a statewide basis for that insurer of a ratio of claims incurred to premiums earned of less than the expected loss ratio underlying the current prima facie rate developed or adjusted pursuant to Section 018. If rates higher than the prima facie rates shown in Section 014, to the extent adjusted pursuant to Section 018, are filed for approval, the filing will specify the accounts to which such rates apply. Such rates may be:

a. Applied uniformly to all accounts of the insurer; or

b. Applied on an equitable basis approved by the Director to only one (1) or more accounts of the insurer for which the experience has been less favorable than expected; or

c. Applied according to a case-rating procedure on file with the director.

03. Approval Period of Deviated Rates.

a. A deviated rate will be in effect for a period of time not longer than the experience period used to establish such rate (i.e. one (1) year, two (2) years or three (3) years). An insurer may file for a new rate before the end of a rate period, but not more often than once during any twelve-month (12) period.

b. Notwithstanding Subsection 019.01, if an account changes insurers, that rate approved to be used for the account by the prior insurer is the maximum rate that may be used by the succeeding insurer for the remainder of the rate approval period approved for the prior insurer or until a new rate is approved for use on such account, if sooner.

04. Use of Rates Lower Than Filed Rates. An insurer may at any time use a rate for an account lower than its filed rate without prior notice, justification and approval by the director.

05. Terms and Definitions Applicable to This Section.

a. “Experience” means “earned premiums” and “incurred claims” during the experience period.

b. “Experience Period” means the most recent period of time for which experience is reported, but not for a period longer than three (3) full years.

c. “Incurred Claims” means total claims paid during the experience period, adjusted for the change in claim reserve.

020. SUPERVISION OF CREDIT INSURANCE OPERATIONS.

01. Responsibilities of Insurer. Each insurer transacting credit insurance in this state is responsible for
the settlement, adjustment and payment of all claims and is responsible for conducting a thorough periodic review of creditors with respect to their credit insurance business with such creditors, to assure compliance with the insurance laws of this state and the rules promulgated by the Director. Such review needs to include, but not be limited to, a verification of the accuracy of premium payments or other identifiable charges, premium refunds, and claims incurred.

02. **Maintenance of Records.** Records of such reviews will be maintained for four (4) years for review by the director.

021. **PRODUCER’S LICENSE NEEDED.**

01. **Life and Disability Insurance License or Limited License.** Except as provided in this section, to solicit credit life and credit disability insurance, producer is: licensed to sell life and disability insurance; or issued an appropriate “Limited License”.

02. **Administration of Group Policy.** Under Section 41-1005(2)(b), Idaho Code, the issuance of group certificates of credit life insurance and credit disability insurance and the performance of other ministerial duties in connection with group insurance policy administration does not need the person doing such acts to be licensed as a producer provided that no commission is paid for such services. A group policyholder may be reimbursed its expense of administering a group policy without being licensed as a producer, and such reimbursement will not be considered a commission provided it is reasonably computed to equate to the actual administrative expenses. It will be presumed that an amount of reimbursement not exceeding ten percent (10%) of the net written prima facie premium for the group policy is reasonably computed to equate to the administrative expenses of the group policyholder. Amounts exceeding ten percent (10%) of the net written prima facie premium will be presumed to exceed actual administrative expenses unless prior approval to pay such greater amount is secured pursuant to the insurer demonstrating to the director’s satisfaction that such higher amount does not exceed the policyholder’s actual administrative expenses. For purposes of this subsection, “prima facie premium” means premiums at the rates set forth in Section 014 without adjustment pursuant to Section 018.

022. **DISCLOSURE.**
When a premium or identifiable charge is payable by a debtor for credit insurance coverage offered by a creditor, at the time such insurance is applied for, disclosures will be made to the principal debtor and copies given and retained, in accordance with State and Federal law. The creditor will also disclose the optional nature of the coverage, premium or identifiable charge separately by type of coverage, eligibility requirements, and policy limitations and exclusions. These disclosures need to be made prominently above the space for the signature indicating election to obtain such coverage. These disclosures may be made in conjunction with either (1) the Federal Truth-in-Lending disclosure, (2) a Notice of Proposed Insurance, or (3) the insurance policy or certificate.

023. -- 999. (RESERVED)
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 41-211, 41-5904, and 41-5911, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>Monday, Sep 20</td>
<td>2:00 p.m.</td>
<td>700 W State Street 3rd Floor Boise, ID 83702</td>
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The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This rule sets forth uniform requirements to be followed by health carriers and independent review organizations in implementing external review procedures in accordance with Title 41, Chapter 59, Idaho Code. This rulemaking facilitates the resolution of accountability and responsibility issues regarding services denied by health insurance carriers.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 2, 2021 Idaho Administrative Bulletin, Vol. 21-6, pages 56-57 under docket 18-ZBRR-2101.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Weston Trexler, (208) 334-4214, weston.trexler@doi.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 29, 2021.
DEPARTMENT OF INSURANCE
Health Carrier External Review

Docket No. 18-0401-2101
Proposed Rulemaking

Dean L. Cameron, Director
Idaho Department of Insurance
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043
Phone: (208) 334-4250
Fax: (208) 334-4398

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 18-0401-2101
(New Chapter – Zero-Based Regulation Rulemaking)

18.04.01 – HEALTH CARRIER EXTERNAL REVIEW

000. LEGAL AUTHORITY.
Title 41, Chapters 2 and 59, Idaho Code.

001. SCOPE.
This rule sets forth uniform requirements to be followed by health carriers and independent review organizations in implementing external review procedures in accordance with Title 41, Chapter 59, Idaho Code.

002. -- 009. (RESERVED)

010. DEFINITIONS.
The definitions set forth in Title 41, Chapter 2 and 59 are applicable to these rules. In addition, the following term has the following meaning:

01. URAC. The nationally recognized private health care accreditation organization based in Washington, D.C., that accredits independent review organizations.

011. -- 019. (RESERVED)

020. NOTICE OF RIGHT TO EXTERNAL REVIEW.

01. Disclosure to Covered Persons. Health carriers will provide external review procedures to covered persons as per Chapter 59, Title 41 and in manner as directed by the Department.

02. Notice to Covered Person. In accordance with Chapter 59, Title 41:

a. The written notice of the covered person’s right to request an external review is to use the form posted on the Department’s website or is substantially similar. Health carriers are to submit notice forms to the Director for approval; and

b. The written notice sent by the health carrier as prescribed by this subsection is to include an authorization form to disclose protected health information in compliance with the federal regulation and in a manner as approved by the Department.

021. REQUEST FOR EXTERNAL REVIEW.

01. Request Form. The form for a covered person to request an external review will be available from
the Department and will be posted on the Department’s web site.

02. **Authorization Form.** The covered person’s request for an external review is to include an authorization form to disclose protected health information prescribed in Paragraph 020.02.b.

022. **HEALTH CARRIER NOTICE OF INITIAL DETERMINATION OF AN EXTERNAL REVIEW REQUEST.**
Health carriers are to use the form posted on the Department’s website or one substantially similar as determined by the Department.

023. **APPROVAL OF INDEPENDENT REVIEW ORGANIZATIONS.**

01. **Application for Registration.** Independent review organizations need to apply to the department on the requisite form and pay the applicable fees, as set forth at IDAPA 18.01.02, to be registered to perform external reviews.

02. **Notice to Director.**

   a. An independent review organization will notify the Director in writing within thirty (30) days of the date the independent review organization is no longer accredited by a nationally recognized private accrediting entity or no longer satisfies the minimum requirements established under Title 41, Chapter 59, Idaho Code and this rule.

   b. Any change in the independent review organization’s schedule of costs and fees for performing external reviews need to be submitted to the Director at least sixty (60) days before the effective date of the change.

03. **Termination of Approval.** The Director may immediately terminate approval of an independent review organization if the independent review organization no longer satisfies the requirements of Title 41, Chapter 59, Idaho Code, and this rule. Notice of termination will be in writing to the independent review organization and such organization will be deleted from the list of organizations approved to perform external reviews. If the independent review organization is performing an external review at the time of termination, the independent review organization will cease performing that review and immediately forward all information and documentation to the Director.

024. **VOLUNTARY ELECTION BY ERISA PLAN ADMINISTRATOR.**

01. **Written Notice and Compliance.** If a single employer self-funded ERISA employee benefit plan administrator or designee voluntarily elects to comply with Title 41, Chapter 59, Idaho Code, the administrator or designee will comply with all provisions of Title 41, Chapter 59, Idaho Code, and this rule, as if it were a health carrier and, in a manner, as approved by the department on forms posted on the Department’s website.

025. -- 999. **(RESERVED)**
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 41-211, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

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<thead>
<tr>
<th>Monday, September 20, 2021 @ 2:00 p.m. (MT)</th>
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<tbody>
<tr>
<td>700 W State Street</td>
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<td>Boise, ID 83702</td>
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The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This rule sets forth uniform requirements for providing coverage to newborn and newly adopted children in accordance with Sections 41-2140, 41-2210, 41-3437, 41-3923, 41-4023, and 41-4123, Idaho Code. This rulemaking clarifies language and incorporates the provisions of Rule No. 18.04.09 - Complications of Pregnancy.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 2, 2021 Idaho Administrative Bulletin, Vol. 21-6, pages 56-57 under docket 18-ZBRR-2101.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Weston Trexler, (208) 334-4214, weston.trexler@doi.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 29, 2021.
THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 18-0402-2101
(New Chapter – Zero-Based Regulation Rulemaking)

18.04.02 – COMPLICATIONS OF PREGNANCY, NEWBORN, AND ADOPTED CHILDREN COVERAGE

000. LEGAL AUTHORITY.
Title 41, Chapter 2, Idaho Code.

001. SCOPE.
This rule sets forth uniform definitions and requirements to be followed by health plans regarding involuntary complications of pregnancy and coverage to newborn and newly adopted children.

002. -- 009. (RESERVED)

010. DEFINITIONS.
As used in this chapter the following terms have the following meanings.

01. Congenital Anomaly. A condition existing at or from birth that is a significant deviation from the common form or function of the body, impairing the function of the body, whether caused by a hereditary or developmental defect or disease.

02. Health Plan. Any type of benefit plan or contract of coverage subject to the requirements of Title 41, Chapters 21, 22, 34, 39, 40, or 41, Idaho Code, which provides coverage for injury or sickness.

03. Health Plan Member. A person entitled to benefits as a member, subscriber or insured under a health plan and who, under the terms of the health plan contract, may add dependents for coverage under the health plan.

011. COVERAGE REQUIREMENTS OF NEWBORN AND NEWLY ADOPTED CHILDREN.

01. Coverage. A health plan will provide coverage to:

a. A newborn child and

b. A newly adopted child.

02. Coverage Requirements. Coverage of newborn and newly adopted children will be at least equivalent to the coverage afforded other health plan members under the health plan and include coverage for the medically necessary care and treatment of congenital anomalies.
03. **Pre-Existing Conditions.** A health plan cannot apply a pre-existing condition exclusion to a newborn or newly adopted child.

04. **Reconstructive Surgery.** A health plan will not exclude reconstructive surgery for congenital anomalies.

05. **Limitations on Coverage for Congenital Anomalies.** A health plan may apply exclusions, requirements or benefit limitations, including cost sharing requirements, to coverage for congenital anomalies that are consistent with the requirements of this chapter and no more restrictive than exclusions, requirements or benefit limitations applied to coverage for similar treatments, conditions and services provided under the health plan.

06. **Notification and Payment.**

   a. If notice and payment of additional premium are needed for dependent coverage under the health plan contract, the contract may request notice of birth, placement or adoption and payment of associated premium as a condition of coverage for newborn and newly adopted children. The notification period cannot be less than sixty (60) days from the date of birth for a newborn child or, for newly adopted children, sixty (60) days from the earlier of the date of adoption or placement for adoption. The due date for payment of any additional premium, if requested, cannot be less than thirty-one (31) days following receipt by the health plan member of a billing for the premium.

   b. All requirements for notice and payment of premium applied by the health plan for the enrollment of newborn or newly adopted children are to be clearly set forth in the health plan contract and provided to the health plan members in a manner reasonably calculated to provide notice to the members of the requirements.

   c. If the health plan member fails to provide the requested notification, or make the associated premium payment, the health plan may decline to enroll a dependent child as a newborn or newly adopted child, but will treat a newborn or newly adopted child no less favorably than it treats other applicants who seek coverage at a time other than when first eligible for coverage.

   d. For self-funded health care plans subject to Title 41, Chapter 40 or 41, Idaho Code, any references to premium in this chapter should be recognized to be applying to contributions.

07. **Portability.** The coverage provided by this section applies to any subsequent health plans providing coverage to the newborn or newly adopted child.

012. -- 020. **(RESERVED)**

021. **COVERAGE OF INVOLUNTARY COMPLICATIONS OF PREGNANCY.**

   Involuntary complications of pregnancy, as that term is used in Title 41, Idaho Code, also includes but is not limited to: ectopic pregnancy which is terminated; spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; and conditions requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, but not false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

022. -- 999. **(RESERVED)**
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 41-211, 41-1302, and 41-1842, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

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The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This rule sets forth uniform requirements regarding the use of discretionary clauses to be followed by health carriers transacting insurance in Idaho. This chapter does not apply to a health insurance contract for group coverage offered by or through an employer to its employees. Title 41 Chapters 13 and 18 regulate trade practices and the insurance contract, respectively.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 2, 2021 Idaho Administrative Bulletin, Vol. 21-6, pages 56-57 under docket 18-ZBRR-2101.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Weston Trexler, (208) 334-4214, weston.trexler@doi.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 29, 2021
DEPARTMENT OF INSURANCE
Restrictions on Discretionary Clauses in Health Insurance Contracts
Docket No. 18-0407-2101
Proposed Rulemaking

Dean L. Cameron, Director
Idaho Department of Insurance
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043
Phone: (208) 334-4250
Fax: (208) 334-4398

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 18-0407-2101
(New Chapter – Zero-Based Regulation Rulemaking)

18.04.07 – RESTRICTIONS ON DISCRETIONARY CLAUSES IN HEALTH INSURANCE CONTRACTS

000. LEGAL AUTHORITY.
Title 41, Chapters 2, 13 and 18, Idaho Code.

001. SCOPE.
This rule sets forth uniform requirements regarding the use of discretionary clauses to be followed by health carriers transacting insurance in Idaho. This chapter does not apply to a health insurance contract for group coverage offered by or through an employer to its employees.

002. -- 009. (RESERVED)

010. DEFINITIONS.
01. Discretionary Clause. Any health insurance contract provision that provides the health carrier with sole discretionary authority to determine eligibility for benefits or to interpret the terms and provisions of the health insurance contract.

03. Health Care Services. Services for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury, or disease.

04. Health Carrier. An entity subject to regulation under Title 41, Chapters 21, 22, 32, 34, 39, 40, 41, 47, 52 or 55, Idaho Code.

05. Health Insurance Contract. Any policy, contract, certificate, agreement, or other form or document providing, defining, or explaining coverage for health care services offered, delivered, issued for delivery, continued, or renewed in this state by a health carrier.

011. DISCRETIONARY CLAUSES.
No health insurance contract may contain a discretionary clause.

012. -- 999. (RESERVED)
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 41-211 and 41-4404, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

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The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The purpose of this rule is to implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act and this rulemaking incorporates changes enacted via passage of S1143.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 2, 2021 Idaho Administrative Bulletin, Vol. 21-6, pages 56-57 under docket 18-ZBRR-2101.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Weston Trexler, (208) 334-4214, weston.trexler@doi.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 29, 2021
THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 18-0410-2101
(New Chapter – Zero-Based Regulation Rulemaking)

18.04.10 – MEDICARE SUPPLEMENT INSURANCE STANDARDS

000. LEGAL AUTHORITY.
Title 41, Chapters 2 and 44, Idaho Code. ( )

001. SCOPE.

a. Except as specifically provided in Sections 046, 051, 066, and 077, this chapter applies to: ( )

i. All Medicare supplement policies delivered or issued for delivery in this state; and ( )

ii. All certificates issued under group Medicare supplement policies, which certificates have been delivered or issued for delivery in this state. ( )

b. This chapter does not apply to a policy or contract of one (1) or more employers or labor organizations, or of the trustees of a fund established by one (1) or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organization. ( )

002. INCORPORATION BY REFERENCE.
This chapter incorporates by reference Appendixes A (Refund Calculation and Calculation of Benchmark forms Model Regulation 651 pages 651-94 to 651-97), B (Form for Reporting Medicare Supplement Policies, page 651-98), and C (Disclosure Statements pages 651-99 to 651-108), and all other outlines of coverage and specific plan designs of the National Association of Insurance Commissioners (NAIC) Model Regulation 651 (pages 651-42 to 651-85) implementing the Medicare supplement insurance minimum standards (2018). The Model Regulation is available from the National Association of Insurance Commissioners and from the Idaho Department of Insurance. ( )

003. -- 009. (RESERVED)

010. DEFINITIONS.

01. Applicant. ( )

a. In the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and ( )

b. In the case of a group Medicare supplement policy, the proposed certificate holder. ( )

02. Bankruptcy. A Medicare Advantage organization that is not an issuer has filed, or has had filed
against it, a petition for declaration of bankruptcy and has ceased doing business in the state.

03. **Continuous Period of Creditable Coverage.** The period during which an individual was covered by creditable coverage, if during the period of the coverage the individual had no breaks in coverage greater than sixty-three (63) days.

04. **Creditable Coverage.**

   a. With respect to an individual, coverage of the individual provided under any of the following:

      i. A group health plan;
      ii. Health insurance coverage;
      iii. Part A or Part B of Title XVIII of the Social Security Act (Medicare);
      iv. Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928;
      v. Title 10, Chapter 55, United States Code (CHAMPUS);
      vi. A medical care program of the Indian Health Service or of a tribal organization;
      vii. A state health benefits risk pool;
      viii. A health plan offered under Title 5, Chapter 89, United States Code (Federal Employees Health Benefits Program);
      ix. A public health plan as defined in federal regulation; and
      x. A health benefit plan under Section 5(e) of the Peace Corps Act (22 United States Code 2504(e)).

   b. Creditable coverage does not include one (1) or more, or any combination of, the following:

      i. Coverage only for accident or disability income insurance, or any combination thereof;
      ii. Coverage issued as a supplement to liability insurance;
      iii. Liability insurance, including general liability insurance and automobile liability insurance;
      iv. Workers’ compensation or similar insurance;
      v. Automobile medical payment insurance;
      vi. Credit-only insurance;
      vii. Coverage for on-site medical clinics; and
      viii. Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

   c. Creditable coverage does not include the following benefits if they are provided under a separate policy, certificate or contract of insurance or are not an integral part of the plan:
DEPARTMENT OF INSURANCE
Medicare Supplement Insurance Standards
Docket No. 18-0410-2101
Proposed Rulemaking

i. Limited scope dental or vision benefits; ( )

ii. Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof; and ( )

iii. Such other similar, limited benefits as are specified in federal regulations. ( )

d. Creditable coverage does not include the following benefits if offered as independent, non-coordinated benefits: ( )

i. Coverage only for a specified disease or illness; and ( )

ii. Hospital indemnity or other fixed indemnity insurance. ( )

e. Creditable coverage does not include the following if it is offered as a separate policy, certificate, or contract of insurance: ( )

i. Medicare supplemental health insurance as defined under Section 1882(g)(1) of the Social Security Act; ( )

ii. Coverage supplemental to the coverage provided under Title 10, Chapter 55, United States Code; and ( )

iii. Similar supplemental coverage provided to coverage under a group health plan. ( )

f. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) specifically addressed separate, noncoordinated benefits in the group market at PHSA Section 2721(d)(2) and the individual market at Section 2791(c)(3). HIPAA also references excepted benefits at PHSA Sections 2701(c)(1), 2721(d), 2763(b) and 2791(c). In addition, credible coverage has been addressed in an interim final rule (62 Fed. Reg. At 16960-16962 (April 8, 1997)) issued by the Secretary of Health and Human Services, pursuant to HIPAA, and may be addressed in subsequent regulations. ( )


06. Insolvency. When an issuer, licensed to transact the business of insurance in this state, has had a final order of liquidation entered against it with a finding of insolvency by a court of competent jurisdiction in the issuer’s state of domicile. ( )

07. Medicare Advantage Plan. A plan of coverage for health benefits under Medicare Part C as defined in 42 U.S.C. 1395w-28 (b)(1), and includes: ( )

a. Coordinated care plans which provide health care services, including but not limited to managed care organization (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; ( )

b. Medical savings account plans coupled with a contribution into a Medicare Advantage medical savings account; and ( )

c. Medicare Advantage private fee-for-service plans. ( )

08. Medicare Supplement Policy. As defined in Section 41-4402 and in addition, “Medicare Supplement Policy” does not include Medicare Advantage plans established under Medicare Part C. Outpatient Prescription Drug plans established under Medicare Part D, or any Health Care Prepayment Plan (HCPP) that provides benefits pursuant to an agreement under Section 1833(a)(1)(A) of the Social Security Act; provided, however, that under Section 104(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), policies that are advertised, marketed or designed primarily to cover out-of-pocket costs under Medicare
Advantage Plans (established under Medicare Part C) need to comply with the Medicare supplement requirements of Section 1882(o) of the Social Security Act.

09. **Pre-Standardized Benefit Plan.** A group or individual policy of Medicare supplement insurance issued prior to July 1, 1992.

10. **1990 Standardized Benefit Plan.** A group or individual policy of Medicare supplement insurance issued on or after July 1, 1992 and with an effective date for coverage prior to June 1, 2010 and includes Medicare supplement insurance policies and certificates renewed on or after that date which are not replaced by the issuer at the request of the insured.

11. **2010 Standardized Benefit Plan.** A group or individual policy of Medicare supplement insurance with an effective date for coverage issued on or after June 1, 2010.

12. **Secretary.** The Secretary of the United States Department of Health and Human Services.

011. **POLICY DEFINITIONS AND TERMS.**

No policy or certificate may be advertised, solicited or issued for delivery in this state as a Medicare supplement policy or certificate unless the policy or certificate contains definitions or terms which conform to the requirements of this section.

01. **Accident, Accidental Injury, or Accidental Means.** To employ “result” language and does not include words that establish an accidental means test or use words such as “external, violent, visible wounds” or similar words of description or characterization.

a. The definition will not be more restrictive than the following: “Injury or injuries for which benefits are provided means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while insurance coverage is in force.”

b. The definition may provide that injuries cannot include injuries for which benefits are provided or available under any workers’ compensation, employer’s liability or similar law, or motor vehicle no-fault plan, unless banned by law.

02. **Benefit Period or Medicare Benefit Period.** Will not be defined more restrictively than as defined in the Medicare program.

03. **Convalescent Nursing Home, Extended Care Facility, or Skilled Nursing Facility.** Will not be defined more restrictively than as defined in the Medicare program.

04. **Health Care Expenses.** For purposes of Section 051, expenses of managed care organizations associated with the delivery of health care services, which expenses are analogous to incurred losses of insurers.

05. **Hospital.** Defined in relation to its status, facilities, and available services or to reflect its accreditation by the Joint Commission on Accreditation of Hospitals, but not more restrictively than as defined in the Medicare program.

06. **Medicare.** Is defined in the policy and certificate, substantially as “The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended,” or “Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof.”

07. **Medicare Eligible Expenses.** Expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.
08. Physician. Will not be defined more restrictively than as defined in the Medicare program. ( )

09. Sickness. Will not be defined to be more restrictive than the following: “Sickness means illness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force.” The definition may be further modified to exclude sicknesses or diseases for which benefits are provided under any workers’ compensation, occupational disease, employer’s liability, or similar law. ( )

012. POLICY PROVISIONS.

01. Medicare Supplement Policy. Except for permitted preexisting condition clauses as described in Paragraph 022.01.a., no policy or certificate may be advertised, solicited, or issued for delivery in this state as a Medicare supplement policy if the policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare. ( )

02. Waivers. No Medicare supplement policy or certificate may use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions. ( )

03. Duplicate Benefits. No Medicare supplement policy or certificate in force in this state may contain benefits which duplicate benefits provided by Medicare. ( )

013. — 021. (RESERVED)

022. BENEFIT STANDARDS FOR 2010 STANDARDIZED BENEFIT PLAN POLICIES OR CERTIFICATES ISSUED FOR DELIVERY WITH AN EFFECTIVE DATE FOR COVERAGE ON OR AFTER JUNE 1, 2010.

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state with an effective date for coverage on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered, or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit standards. No issuer may offer any 1990 Standardized benefit plan for sale on or after June 1, 2010. Benefit standards applicable to policies and certificates issued with an effective date for coverage prior to June 1, 2010 remain in effect. ( )

01. General Standards. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this regulation. ( )

a. A Medicare supplement policy or certificate cannot exclude or limit benefits for losses incurred more than six (6) months from the effective date of coverage because it involved a preexisting condition. The policy or certificate will not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage. ( )

b. A Medicare supplement policy or certificate will not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents. ( )

c. A Medicare supplement policy or certificate provides that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, copayment, or coinsurance amounts. Premiums may be modified to correspond with such changes. ( )

d. No Medicare supplement policy or certificate may provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium. ( )

e. Each Medicare supplement policy is guaranteed renewable. ( )

i. The issuer cannot cancel or nonrenew the policy solely on the ground of health status of the individual. ( )
ii. The issuer cannot cancel or nonrenew the policy for any reasons other than nonpayment of premium or material representation.

iii. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under Subparagraph 022.01.e.v., the issuer offers certificateholders an individual Medicare supplement policy which (at the option of the certificateholder):

(1) Provides for continuation of the benefits contained in the group policy; or
(2) Provides for benefits that meet the requirements of this Subsection.

iv. If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer:

(1) Offers the certificateholder the conversion opportunity described in Subparagraph 022.01.e.iii.; or
(2) At the option of the group policyholder, offers the certificate holder continuation of coverage under the group policy.

v. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy offers coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy cannot exclude preexisting conditions that would have been covered under the group policy being replaced.

f. Terminations of a Medicare supplement policy or certificate need to be without prejudice to any continuous loss that commenced while the policy was in force. Such extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

g. A Medicare supplement policy or certificate provides that benefits and premiums under the policy or certificate may be suspended at the request of the policyholder or certificateholder for the period (not to exceed twenty-four (24) months) in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act, but only if the policyholder or certificateholder notifies the issuer of the policy or certificate within ninety (90) days after the date the individual becomes entitled to assistance.

i. If suspension occurs and if the policyholder or certificateholder loses entitlement to medical assistance, the policy or certificate is automatically reinstituted (effective as of the date of termination of entitlement) as of the termination of entitlement if the policyholder or certificateholder provides notice of loss of entitlement within ninety (90) days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.

ii. Each Medicare supplement policy provides that benefits and premiums under the policy may be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder is entitled to benefits under Section 226 (b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act). If suspension occurs and if the policyholder or certificateholder loses coverage under the group health plan, the policy is automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within (90) days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.

iii. Reinstatement of coverages as described in Subparagraphs 022.01.g.i. and 022.01.g.ii.;
(1) Does not provide for any waiting period with respect to treatment of preexisting conditions;
(2) Provides for resumption of coverage that is substantially equivalent to coverage in effect before the date of suspension; and

(3) Provides for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

h. An issuer makes available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic (core) benefits, as defined in Subsection 022.02.

i. If an issuer makes available any of the additional benefits described in Subsection 022.03, or offers standardized benefit Plans K or L (as described in Paragraphs 022.04.h. and 022.04.i.), then the issuer makes available to each prospective policyholder and certificateholder, in addition to a policy form or certificate form with only the basic (core) benefits as described in Paragraph 022.01.h., a policy form or certificate form containing either standardized benefit Plan C (as described in Paragraph 022.04.c.) or standardized benefit Plan F (as described in Paragraph 022.04.e.).

j. No groups, packages or combinations of Medicare supplement benefits other than those listed in this section are offered for sale in this state, except as may be permitted in Subsection 022.05 and in Section 031.

k. Benefit plans are uniform in structure, language, designation and format to the standard benefit plans listed in this Subsection and conform to the definitions in Section 010. Each benefit is structured in accordance with the format provided in Subsections 022.02 and 022.03; or, in the case of plans K or L., in Paragraphs 022.04.h. and 022.04.i. and list the benefits in the order shown. For purposes of this section, “structure, language, and format” means style, arrangement and overall content of benefit.

l. In addition to the benefit plan designations prescribed in Paragraph 022.01.k., an issuer may use other designations to the extent permitted by law.

02. Standards for Basic (Core) Benefits Common to Medicare Supplement Insurance Benefit Plans A, B, C, D, F, F with High Deductible, G, M, and N. Every issuer of Medicare supplement insurance benefit plans makes available a policy or certificate including only the following basic “core” package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic core package, but not in lieu of it.

a. Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the sixty-first day through the ninetieth day in any Medicare benefit period;

b. Coverage of Part A Medicare eligible expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;

c. Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept the issuer’s payment as payment in full and will not bill the insured for any balance;

d. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;

e. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;

f. Hospice Care. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite
care expenses. ( )

03. Standards for Additional Benefits. The following additional benefits are included in Medicare supplement benefit Plans B, C, D, F, F with High Deductible, G, M, and N as provided by Section 024. ( )

a. Medicare Part A Deductible. Coverage for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per benefit period. ( )

b. Medicare Part A Deductible. Coverage for fifty percent (50%) of the Medicare Part A inpatient hospital deductible amount per benefit period. ( )

c. Skilled Nursing Facility Care. Coverage for the actual billed charges up to the coinsurance amount from the twenty-first day through the one hundredth day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A. ( )

d. Medicare Part B Deductible. Coverage for one hundred percent (100%) of the Medicare Part B deductible amount per calendar year regardless of hospital confinement. ( )

e. One Hundred Percent (100%) of the Medicare Part B Excess Charges. Coverage for all the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge. ( )

f. Medically Necessary Emergency Care in a Foreign Country. Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000). For purposes of this benefit, “emergency care” means care needed immediately because of an injury or an illness of sudden and unexpected onset. ( )

04. Make-up of 2010 Standardized Benefit Plans. ( )

a. Standardized benefit Plan A includes only the following: The basic (core) benefits as defined in Subsection 022.02. ( )

b. Standardized benefit Plan B includes only the following: The basic (core) benefit as defined in Subsection 022.02, plus one hundred percent (100%) of the Medicare Part A deductible as defined in Paragraph 022.03.a. ( )

c. Standardized benefit Plan C includes only the following: The basic (core) benefit as defined in Subsection 022.02, plus one hundred percent (100%) of the Medicare Part A deductible, skilled nursing facility care, one hundred percent (100%) of the Medicare Part B deductible, and medically necessary emergency care in a foreign country as defined in Paragraphs 022.03.a., 022.03.c., 022.03.d., and 022.03.f., respectively. ( )

d. Standardized benefit Plan D includes only the following: The basic (core) benefit as defined in Subsection 022.02, plus one hundred percent (100%) of the Medicare Part A deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in Paragraphs 022.03.a., 022.03.c., 022.03.d., and 022.03.f., respectively. ( )

e. Standardized [regular] Plan F includes only the following: The basic (core) benefit as defined in Subsection 022.02, plus one hundred percent (100%) of the Medicare Part A deductible, the skilled nursing facility care, one hundred percent (100%) of the Medicare Part B deductible, one hundred percent (100%) of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in Paragraphs 022.03.a., and 022.03.c., through 022.03.f., respectively. ( )

f. Standardized Plan F with High Deductible includes only the following: One hundred percent (100%) of covered expenses following the payment of the annual deductible set forth in Subparagraph 022.04.f.ii.
i. The basic (core) benefit as defined in Subsection 022.02, plus one hundred percent (100%) of the Medicare Part A deductible, skilled nursing facility care, one hundred percent (100%) of the Medicare Part B deductible, one hundred percent (100%) of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in Paragraphs 022.03.a., 022.03.c., and 022.03.f., respectively.

ii. The annual deductible in Plan F with High Deductible consists of out-of-pocket expenses, other than premiums, for services covered by [regular] Plan F, and is in addition to any other specific benefit deductibles. The basis for the deductible is one thousand five hundred dollars ($1,500) and is adjusted annually from 1999 by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the twelve-month period ending with August of the preceding year, and rounded to the nearest multiple of ten dollars ($10).

g. Standardized benefit Plan G includes only the following: The basic (core) benefit as defined in Subsection 022.02, plus one hundred percent (100%) of the Medicare Part A deductible, skilled nursing facility care, one hundred percent (100%) of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in Paragraphs 022.03.a., 022.03.c., 022.03.e., and 022.03.f., respectively. Effective January 1, 2020, the standardized benefit plans described in Paragraph 025.01.d. (Redesignated Plan G High Deductible) may be offered to any individual who was eligible for Medicare prior to January 1, 2020.

h. Standardized Plan K is mandated by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, and includes only the following:

i. Part A Hospital Coinsurance sixty-first through ninetieth days: Coverage of one hundred percent (100%) of the Part A hospital coinsurance amount for each day used from the sixty-first through the ninetieth day in any Medicare benefit period.

ii. Part A Hospital Coinsurance ninety-first through one hundred fiftieth day: Coverage of one hundred percent (100%) of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the ninety-first through the one hundred fiftieth day in any Medicare benefit period;

iii. Part A Hospitalization After One Hundred Fiftieth Day: Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider accepts the issuer’s payment as payment in full and will not bill the insured for any balance;

iv. Medicare Part A Deductible: Coverage for fifty percent (50%) of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in Subparagraph 022.04.h.x.

v. Skilled Nursing Facility Care: Coverage for fifty percent (50%) of the coinsurance amount for each day used from the twenty-first day through the one hundredth day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in Subparagraph 022.04.h.x.

vi. Hospice Care: Coverage for fifty percent (50%) of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in Subparagraph 022.04.h.x.

vii. Blood: Coverage for fifty percent (50%), under Medicare Part A or B, of the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in Subparagraph 022.04.h.x.

viii. Part B Cost Sharing: Except for coverage provided in Subparagraph 022.04.h.ix., coverage for fifty percent (50%) of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B
deductible until the out-of-pocket limitation is met as described in Subparagraph 022.04.h.x.

ix. Part B Preventive Services: Coverage of one hundred percent (100%) of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and

x. Cost Sharing After Out-of-Pocket Limits: Coverage of one hundred percent (100%) of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of four thousand dollars ($4,000) in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary.

i. Standardized Medicare supplement Plan L is mandated by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, and includes only the following:

   i. The benefits described in Subparagraphs 022.04.h.i. through 022.04.h.iii., and 022.04.h.ix.
   ii. The benefits described in Subparagraphs 022.04.h.iv. through 022.04.h.viii. but substituting seventy-five percent (75%) for fifty percent (50%); and
   iii. The benefit described in Subparagraph 022.04.h.x. but substituting two thousand dollars ($2,000) for four thousand dollars ($4,000).

j. Standardized Medicare supplement Plan M includes only the following: The basic (core) benefit as defined in Subsection 022.02, plus fifty percent (50%) of the Medicare Part A deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in Paragraphs 022.03.b., 022.03.c., and 022.03.f., respectively.

k. Standardized Medicare supplement Plan N includes only the following: The basic (core) benefit as defined in Subsection 022.02, plus one hundred percent (100%) of the Medicare Part A deductible, skilled nursing facility care, and medically necessary emergency care in foreign country as defined in Paragraphs 022.03.a., 022.03.c., and 022.03.f., respectively, with copayments in the following amounts:

   i. The lesser of twenty dollars ($20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and
   ii. The lesser of fifty dollars ($50) or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment is waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

05. **New or Innovative Benefits.** An issuer may, with the prior approval of the director, offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits include only benefits that are appropriate to Medicare supplement insurance, are new or innovative, are not otherwise available, and are cost-effective. Approval of new or innovative benefits cannot adversely impact the goal of Medicare supplement simplification. New or innovative benefits cannot include an outpatient prescription drug benefit. New or innovative benefits cannot be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.

023. -- 024. (RESERVED)

025. **Standard Medicare Supplement Benefit Plans for 2020 Standardized Benefit Plan Policies or Certificates Issued for Delivery to Individuals Newly Eligible for Medicare on or After January 1, 2020.**

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires the following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state to individuals newly eligible for Medicare on or after January 1, 2020. No policy or certificate that provides coverage of the Medicare Part B deductible may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate to individuals newly eligible for Medicare on or after January 1, 2020. All
policies need to comply with the following benefit standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued to individuals eligible for Medicare before January 1, 2020, remain subject to the requirements of Section 022.

01. Benefit Requirements. The standards and requirements of Section 024 apply to all Medicare supplement policies or certificates delivered or issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020, with the following exceptions:

a. Standardized benefit Plan C is redesignated as Plan D and provides the benefits contained in Paragraph 022.04.c. but will not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible.

b. Standardized benefit Plan F is redesignated as Plan G and provides the benefits contained in Paragraph 022.04.e. but will not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible.

c. Standardized benefit plans C, F, and F with High Deductible will not be offered to individuals newly eligible for Medicare on or after January 1, 2020.

d. Standardized benefit Plan F With High Deductible is redesignated as Plan G With High Deductible and provides the benefits contained in Paragraph 022.04.f., but will not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible; provided further that, the Medicare Part B deductible paid by the beneficiary is considered an out-of-pocket expense in meeting the annual high deductible.

e. The reference to Plans C or F contained in Paragraph 022.01.i. is deemed a reference to Plans D or G for purposes of this section.

02. Applicability to Certain Individuals. This section applies only to individuals that are newly eligible for Medicare on or after January 1, 2020:

a. By reason of attaining age sixty-five (65) on or after January 1, 2020; or

b. By reason of entitlement to benefits under part A pursuant to section 226(b) or 226A of the Social Security Act, or who is deemed eligible for benefits under section 226(a) of the Social Security Act on or after January 1, 2020.

03. Guaranteed Issue for Eligible Persons. For purposes of Subsection 041.05, in the case of any individual newly eligible for Medicare on or after January 1, 2020, any reference to a Medicare supplement policy C or F (including F With High Deductible) is deemed a reference to Medicare supplement policy D or G (including G With High Deductible) respectively that meet the requirements of Subsection 025.01.

04. Offer of Redesignated Plans to Individuals Other Than Newly Eligible. On or after January 1, 2020, the standardized benefit plans described in Paragraph 025.01.d. may be offered to any individual who was eligible for Medicare prior to January 1, 2020 in addition to the standardized plans described in Subsection 022.04.

026. -- 035. (RESERVED)

036. OPEN ENROLLMENT.

01. Offer of Coverage.

a. An issuer cannot deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this state, nor discriminate in the pricing of a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the six (6) month period beginning with:
i. The first day of the first month in which an individual is both sixty-five (65) years of age or older and is enrolled for benefits under Medicare Part B. 

ii. The first day of the first month of Medicare Part B eligibility due to disability or end stage renal disease, for an individual that is both under sixty-five (65) years of age and enrolled for benefits under Medicare Part B; or

iii. The first day of the first month after the individual receives written notice of retroactive enrollment under Medicare Part B due to a retroactive eligibility decision made by the Social Security Administration.

b. Each Medicare supplement policy and certificate currently available from an issuer is made available to all applicants who qualify under Paragraph 036.01.a. without regard to age.

02. Treatment of Preexisting Conditions.

a. If an applicant qualifies under Subsection 036.01 and applies during the time period referenced in Subsection 036.01 and, as of the date of application, has had a continuous period of creditable coverage of at least six (6) months, the issuer cannot exclude benefits based on a preexisting condition.

b. If the applicant qualifies under Subsection 036.01 and submits an application during the time period referenced in Subsection 036.01 and, as of the date of application, has had a continuous period of creditable coverage that is less than six (6) months, the issuer reduces the period of any preexisting condition exclusion by the aggregate of the period of creditable coverage applicable to the applicant as of the enrollment date. The Secretary specifies the manner of the reduction under this Subsection.

c. Except as provided in Paragraphs 036.02.a. and 02.b., and Sections 041 and 081, nothing in this chapter prevents the exclusion of benefits under a policy, during the first six (6) months, based on a preexisting condition for which the policyholder or certificateholder received treatment or was diagnosed during the six (6) months before the coverage became effective.

037. -- 040. (RESERVED)

041. GUARANTEED ISSUE FOR ELIGIBLE PERSONS.

01. Guaranteed Issue.

a. Eligible persons are those individuals described in Subsection 041.02 who seek to enroll under the policy during the period specified in Subsection 041.03, and who submit evidence of the date of termination or disenrollment or Medicare Part D enrollment with the application for a Medicare supplement policy.

b. With respect to eligible persons, an issuer cannot deny or condition the issuance or effectiveness of a Medicare supplement policy described in Subsection 041.05 that is offered and is available for issuance to new enrollees by the issuer, cannot discriminate in the pricing of such a Medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition, and will not impose an exclusion of benefits based on a preexisting condition under such a Medicare supplement policy.

02. Eligible Persons. An eligible person is an individual described here in any part of Subsection 041.02:

a. The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual; or the individual is enrolled under an employee welfare benefits plan that is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan;

b. The individual is enrolled with a Medicare Advantage organization under a Medicare Advantage
plan under Part C of Medicare, and any of the following circumstances apply, or the individual is sixty-five (65) years of age or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under Section 1894 of the Social Security Act, and there are circumstances similar to those described below that would permit discontinuance of the individual’s enrollment with such provider if such individual were enrolled in a Medicare Advantage plan:

i. The certification of the organization or plan under this part has been terminated; 

ii. The organization has terminated or discontinued providing the plan in the area in which the individual resides; 

iii. The individual is no longer eligible to elect the plan because of a change in the individual’s place of residence or other change in circumstances specified by the Secretary, but not including termination of the individual’s enrollment on the basis described in Section 1851(g)(3)(B) of the federal Social Security Act (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under Section 1856), or the plan is terminated for all individuals within a residence area; 

iv. The individual demonstrates, in accordance with guidelines established by the Secretary: 

   (a) That the organization offering the plan substantially violated a material provision of the organization’s contract under this part in relation to the individual, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or 

   (b) The organization, or agent, or other entity acting on the organization’s behalf, materially misrepresented the plan’s provisions in marketing the plan to the individual; or 

   (c) The individual meets such other exceptional conditions as the Secretary may provide. 

c. The individual is enrolled with:

i. An eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost); 

ii. A similar organization operating under demonstration project authority, effective for periods before April 1, 1999; 

iii. An organization under an agreement under Section 1833(a)(1)(A) of the Social Security Act (health care prepayment plan); or 

iv. An organization under a Medicare Select policy; and 

d. The enrollment ceases under the same circumstances that would permit discontinuance of an individual’s election of coverage under Paragraph 041.02.b. 

e. The individual is enrolled under a Medicare supplement policy and the enrollment ceases because: 

i. Of the insolvency of the issuer or bankruptcy of the non-issuer organization; or 

ii. Of other involuntary termination of coverage or enrollment under the policy; 

iii. The issuer of the policy substantially violated a material provision of the policy; or 

iv. The issuer, or an agent or other entity acting on the issuer’s behalf, materially misrepresented the policy’s provisions in marketing the policy to the individual.
f. The individual was enrolled under a Medicare supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any Medicare Advantage organization under a Medicare Advantage plan under Part C of Medicare, any eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under Section 1894 of the Social Security Act, or a Medicare Select policy; and

( )

g. The subsequent enrollment under Paragraph 041.02.f. is terminated by the enrollee during any period within the first twelve (12) months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under Section 1851(e) of the federal Social Security Act); or

( )

h. The individual, upon first becoming eligible for benefits under Part A of Medicare, enrolls in a Medicare Advantage plan under Part C of Medicare, or with a PACE provider under Section 1894 of the Social Security Act, and disenrolls from the plan or program by not later than twelve (12) months after the effective date of enrollment.

( )

i. The individual enrolls in a Medicare Part D plan during the initial enrollment period and at the time of enrollment in Part D, was enrolled under Medicare supplement policy that covers outpatient prescription drugs and the individual terminates enrollment in the Medicare supplement policy and submits evidence of enrollment in Medicare Part D along with the application for a policy described in Paragraph 041.05.e.

( )

j. The individual is enrolled in a Medicare Supplement policy, and, on or after March 1, 2022, voluntarily terminates enrollment and enrolls in another Medicare Supplement policy.

( )

03. Guaranteed Issue Time Periods.

( )

a. In the case of an individual described in Paragraph 041.02.a., the guaranteed issue period begins on the later of the date the individual receives a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of a termination or cessation); or the date that the applicable coverage terminates or ceases; and ends sixty-three (63) days thereafter.

( )

b. In the case of an individual described in Paragraphs 041.02.b., 041.02.c., 041.02.f., or 041.02.h., whose enrollment is terminated involuntarily, the guaranteed issue period begins on the date that the individual receives a notice of termination and ends sixty-three (63) days after the date the applicable coverage is terminated.

( )

c. In the case of an individual described in Paragraph 041.02.e., the guaranteed issue period begins on the earlier of:

( )

i. The date that the individual receives a notice of termination, a notice of the issuer’s bankruptcy or insolvency, or other such similar notice if any; and

( )

ii. The date that the applicable coverage is terminated, and ends on the date that is sixty-three (63) days after the date the coverage is terminated;

( )

d. In the case of an individual described in Paragraph 041.02.b. and Subparagraph 041.02.e.iii., and Subparagraph 041.02.e.iv., Paragraph 041.02.f., or 041.02.h., who disenrolls voluntarily, the guaranteed issue period begins on the date that is sixty (60) days before the effective date of the disenrollment and ends on the date that is sixty-three (63) days after the effective date; and

( )

e. In the case of an individual described in Paragraph 041.02.i., the guaranteed issue period begins on the date the individual receives notice pursuant to Section 1882(v)(2)(B) of the Social Security Act from the Medicare supplement issuer during the sixty-day (60) period immediately preceding the initial Part D enrollment period and ends on the date that is sixty-three (63) days after the effective date of the individual’s coverage under Medicare Part D; and

( )

f. In the case of an individual described in Subsection 041.02 but not described in the preceding provisions of Subsection 041.03, the guaranteed issue period begins on the effective date of disenrollment and ends
on the date that is sixty-three (63) days after the effective date. ( )

g. In the case of an individual described in Paragraph 041.02.j., the guaranteed issue period begins on
the individual’s birthday and ends sixty-three (63) days thereafter. ( )

04. Extended Medigap Access for Interrupted Trial Periods. ( )
a. In the case of an individual described in Paragraph 041.02.f. (or so described, pursuant to this
paragraph) whose enrollment with an organization or provider described in Paragraph 041.02.f. is involuntarily
terminated within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls
with another such organization or provider, the subsequent enrollment is deemed an initial enrollment described in
Paragraph 041.02.f.; ( )

b. In the case of an individual described in Paragraph 041.02.h. (or so described, pursuant to this
paragraph) whose enrollment with a plan or in a program described in Paragraph 041.02.h. is involuntarily terminated
within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls in another such
plan or program, the subsequent enrollment is deemed an initial enrollment described in Paragraph 041.02.h.; and ( )
c. For purposes of Paragraphs 041.02.f. and 041.02.h., no enrollment of an individual with an
organization or provider described in Paragraph 041.02.f. or with a plan or in a program described in Paragraph
041.02.h. may be deemed an initial enrollment under this paragraph after the two-year period beginning on the date
on which the individual first enrolled with such an organization, provider, plan or program. ( )

05. Products to Which Eligible Persons are Entitled. The Medicare supplement policy to which
eligible persons are entitled under: ( )
a. Paragraphs 041.02.a. through 041.02.e. is a Medicare supplement policy which has a benefit
package classified as Plan A, B, C, or F (including F with a high deductible), K or L offered by any issuer. ( )
b. Subject to Paragraph 041.05.c., Paragraph 041.02.g. is the same Medicare supplement policy in
which the individual was most recently previously enrolled, if available from the same issuer, or, if not so available, a
policy described in Paragraph 041.05.a. ( )
c. After December 31, 2005, if the individual was most recently enrolled in a Medicare supplement
policy with an outpatient prescription drug benefit, a Medicare supplement policy described in Subsection 041.05 is:
(i) The policy available from the same issuer but modified to remove outpatient prescription drug
coverage; or ( )
(ii) At the election of the policyholder, an A, B, C, F (including F with a high deductible), K or L policy
that is offered by any issuer; ( )
d. Paragraph 041.02.h. includes any Medicare supplement policy offered by any issuer. ( )
e. Paragraph 041.02.i. is a Medicare supplement policy that has a benefit package classified as Plan
A, B, C, F (including F with a high deductible), K, or L and that is offered and is available for issuance to new
enrollees by the same issuer that issued the individual’s Medicare supplement policy with outpatient prescription drug
coverage. ( )
f. Paragraph 041.02.j. includes any comparable or lesser Medicare policy offered by any issuer. For
the purposes of this Paragraph, a Medicare supplement policy or certificate will be considered to have comparable or
lesser benefits unless it contains one (1) or more significant benefits not included in the Medicare Supplement policy
or certificate being replaced. ( )

06. Notification Provisions. ( )
a. At the time of an event described in Subsection 041.02 because of which an individual loses coverage or benefits due to the termination of a contract or agreement, policy, or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, notifies the individual of the individual’s rights under this Section, and of the obligations of issuers of Medicare supplement policies under Subsection 041.01. Such notice is communicated contemporaneously with the notification of termination.

b. At the time of an event described in Subsection 041.02 because of which an individual ceases enrollment under a contract or agreement, policy, or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, notifies the individual of the individual’s rights under this section, and of the obligations of issuers of Medicare supplement policies under Subsection 041.01. Such notice is communicated within ten (10) working days of the issuer receiving notification of disenrollment.

042. -- 045. (RESERVED)

046. STANDARDS FOR CLAIMS PAYMENT.

01. Compliance. An issuer will comply with Section 1882(c)(3) of the Social Security Act (as enacted by Section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (OBRA) 1987, Pub. L. No. 100-203) by:

a. Accepting a notice from a Medicare carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits in place of any other claim form needed and making a payment determination on the basis of the information contained in that notice;

b. Notifying the participating physician or supplier and the beneficiary of the payment determination;

c. Paying the participating physician or supplier directly;

d. Furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number and a central mailing address to which notices from a Medicare carrier may be sent;

e. Paying user fees for claim notices; and

f. Providing to the Secretary, at least annually, a central mailing address to which all claims may be sent by Medicare carriers.

02. Certification. Compliance with the requirements set forth in Subsection 046.01 is certified on the Medicare supplement insurance experience reporting form.

047. -- 050. (RESERVED)

051. LOSS RATIO STANDARDS AND REFUND OR CREDIT OF PREMIUM.

01. Loss Ratio Standards.

a. A Medicare supplement policy form or certificate form will not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form.

i. At least seventy-five percent (75%) of the aggregate amount of premiums earned in the case of group policies; or
ii. At least sixty-five percent (65%) of the aggregate amount of premiums earned in the case of individual policies;

b. Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a managed care organization on a service rather than reimbursement basis and earned premiums for the period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a managed care organization will not include:

i. Home office and overhead costs;

ii. Advertising costs;

iii. Commissions and other acquisition costs;

iv. Taxes;

v. Capital costs;

vi. Administrative costs; and

vii. Claims processing costs.

c. All filings of rates and rating schedules demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards. Demonstrations, at a minimum, account for:

i. Lapse rates;

ii. Medical trend and rationale for trend;

iii. Assumptions regarding future premium rate revisions; and

iv. Interest rates for discounting and accumulating.

d. For purposes of applying Paragraphs 051.01.a. and 056.05.b., only, policies issued as a result of solicitations of individuals through the mails or by mass media advertising (including both print and broadcast advertising) are individual policies.

02. Refund or Credit Calculation.

a. An issuer collects and files with the director by May 31 of each year the data contained in the applicable reporting form as defined by NAIC Model Regulation (Attachments) and accessible on the Department website for each type in a standard Medicare supplement benefit plan.

b. If on the basis of the experience as reported the benchmark ratio since inception (ratio one (1)) exceeds the adjusted experience ratio since inception (ratio three (3)), then a refund or credit calculation is needed. The refund calculation is done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year is excluded.

c. For policies or certificates issued prior to July 1, 1992, the issuer makes the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after July 1, 1992.

d. A refund or credit is made only when the benchmark loss ratio exceeds the adjusted experience loss
ratio and the amount to be refunded or credit exceeds a de minimis level. The refund includes interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary, but in no event less than the average rate of interest for thirteen (13) week Treasury notes. A refund or credit against premiums due is made by September 30 following the experience year upon which the refund or credit is based.

03. Annual Filing of Premium Rates. An issuer of Medicare supplement policies and certificates in this state annually files its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the director in accordance with the filing requirements and procedures prescribed by the director. The supporting documentation demonstrates in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration excludes active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage is demonstrated for policies or certificates in force less than three (3) years. As soon as practicable, but prior to the effective date of enhancements in Medicare benefits, every issuer of Medicare supplement policies or certificates in this state files with the director, in accordance with the applicable filing procedures of this state:

a. Appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. The supporting documents accompanying the filing need to justify the adjustment.
   i. An issuer’s adjustments need to produce an expected loss ratio under the policy or certificate that conforms to minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for the Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein is made with respect to a policy at any time other than upon its renewal date or anniversary date.
   ii. If an issuer fails to make premium adjustments acceptable to the director, the director may order premium adjustments, refunds, or premium credits deemed necessary to achieve the loss ratio prescribed by Section 051.

b. Any appropriate riders, endorsements, or policy forms needed to accomplish the Medicare supplement policy or certificate modifications necessary to eliminate benefit duplications with Medicare. The riders, endorsements, or policy forms provides a clear description of the Medicare supplement benefits provided by the policy or certificate.

052. -- 055. (RESERVED)

056. FILING AND APPROVAL OF POLICIES AND CERTIFICATES AND PREMIUM RATES.

01. Filing of Policy Forms.
   a. An issuer cannot deliver or issue for delivery a policy or certificate to a resident of this state unless the policy form or certificate form has been filed with and approved by the director in accordance with filing requirements and procedures prescribed by the director.

02. Filing of Premium Rates.
   a. An issuer cannot use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule, and supporting documentation have been filed with and approved by the director in accordance with the filing requirements and procedures prescribed by the director.
   b. Except as provided in Subsection 051.03, the insured cannot receive more than one (1) rate increase
in any twelve (12) month period. ( )

03. Except as provided in Paragraph 056.03.a., an issuer will not file for approval more than one (1) form of a policy or certificate of each type for each standard Medicare supplement benefit plan. ( )

a. An issuer may offer, with the approval of the director, up to three (3) additional policy forms or certificate forms of the same type for the same standard Medicare supplement benefit plan, one (1) or each of the following cases: ( )

i. The inclusion of new or innovative benefits; ( )

ii. The addition of either direct response or agent marketing methods; ( )

iii. The addition of either guaranteed issue or underwritten coverage; ( )

b. For the purposes of Section 056, “type” means an individual policy, a group policy, an individual Medicare Select policy, or a group Medicare Select policy. ( )

04. Availability of Policy Form or Certificate. Except as provided in Paragraph 056.04.a., an issuer continuously makes available for purchase any policy form or certificate form. A policy form or certificate form would not be considered available for purchase unless the issuer has actively offered it for sale continuously during the previous twelve (12) months. ( )

a. An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the director in writing its decision at least thirty (30) days prior to discontinuing the availability of the form of the policy or certificate. After receipt of this notice by the director, the issuer no longer offers for sale the policy form or certificate form in this state. ( )

b. An issuer that discontinues the availability of a policy form or certificate form pursuant to Paragraph 056.04.a. will not file for approval a new policy form or certificate form of the same type for the same standard Medicare supplement benefit plan as the discontinued form for a period of five (5) years after the issuer provides notice to the director of the discontinuance. The period of discontinuance may be reduced if the director determines that a shorter period is appropriate. ( )

c. The sale or other transfer of Medicare supplement business to another issuer is considered a discontinuance for the purposes of Subsection 056.04. ( )

d. A change in the rating structure or methodology is considered a discontinuance under this Subsection 056.04 unless the issuer complies with the following requirements: ( )

i. The issuer provides an actuarial memorandum, in a form and manner prescribed by the director, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. ( )

ii. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change. The director may approve a change to the differential which is in the public interest. ( )

05. Experience of Policy Forms. ( )

a. Except as provided in Paragraph 056.05.b., the experience of all policy forms or certificate forms of the same type in a standard Medicare supplement benefit plan is combined for purposes of the refund or credit calculation prescribed in Section 051. ( )

b. Forms assumed under an assumption reinsurance agreement are not combined with the experience of other forms for purposes of the refund or credit calculation. ( )
c. The experience of all policy forms or certificate forms for standardized benefit plans of the same type is combined for purposes of the rate change filing. Generally, any applicable percentage increase is filed and applied uniformly across all standardized plans within the same type, unless doing so would violate the federal lifetime loss ratio standards for specific forms within the same type.

06. Age Rating. With respect to Medicare supplement policies that conform to the Standard Benefit Plans under IDAPA 18.04.10:

a. It is an unfair practice and an unfair method of competition for any issuer, insurer, or licensee to use the increasing age of an insured, subscriber or participant as the basis for increasing premiums or prepayment charges for policyholders who initially purchase a policy after January 1, 1995. For issue-age rated policies:

i. For an individual who is sixty-five (65) years of age or older, the filed rate for any given age will not exceed the rate for any higher issue-age, similarly rated individual; and

ii. For an individual who is under sixty-five (65) years of age, the premium is no greater than one hundred fifty percent (150%) of the premium for an issue-age sixty-five (65) similarly rated individual, while the individual’s attained age is less than sixty-five (65). Upon attaining age sixty-five (65), a policyholder with an issue-age less than sixty-five (65) is charged the same premium rate as an issue-age sixty-five (65), similarly rated individual.

b. For policies issued after February 28, 2022, it is an unfair practice and an unfair method of competition for any issuer, insurer, or licensee to use the increasing age or issue age of an insured, subscriber or participant as a basis for premiums. For such community-rated policies:

i. For an individual who is eligible for Medicare Part B only due to disability or end stage renal disease, the premium is no greater than one hundred fifty percent (150%) of the premium for an enrollee otherwise eligible for Medicare Part B; and

ii. Upon attaining Medicare Part B eligibility due to age, a policyholder who was previously eligible for Medicare Part B only due to disability or end stage renal disease is to be charged the same premium rate as an individual eligible for Medicare Part B due to age.

07. Rating by Area and Gender. With respect to Medicare supplement policies that conform to the Standard Benefit Plans under IDAPA 18.04.10, it is an unfair practice and an unfair method of competition for any issuer, insurer, or licensee to use area or gender for rating purpose.

08. Other Rating Requirements. With respect to Medicare supplement policies that conform to the Standard Benefit Plans under this chapter, sold to residents of this State on or after January 1, 2018:

a. Any rate adjustments are uniform between 1990 Standardized and later Standardized plans throughout the lifetime of the policies, unless doing so would violate the federal lifetime loss ratio standards for specific forms within the same type.

b. The rating by the issuer does not differentiate on the basis of the reason for eligibility for Medicare Part B, except for an individual, at any given age, described at Subparagraph 056.06.c.i.

09. Discriminatory Discount or Other Payment Practices. With respect to Medicare supplement policies that conform to the Standard Benefit Plans under IDAPA 18.04.10:

a. No discount or underwriting factor of less than 1.0 will be available to policies issued outside of open enrollment, per Section 036, or guaranteed issue, per Section 041, unless the greatest discount or lowest underwriting factor is automatically applied to all policies issued under open enrollment and guaranteed issue.

b. For policies issued after February 28, 2022, it is an unfair practice and an unfair method of competition for any issuer to require application fees or to vary premium rates based on payment terms including, without limitation, payment method or frequency of payment.
c. Nothing in this Subsection is construed to limit the ability of an issuer of a Medicare supplement policy or certificate to allow a discount for:

   i. Multiple Medicare Supplement policies issued to individuals residing within the same household, ( )

   or;

   ii. Non-smoking or non-tobacco use. ( )

057. -- 060. (RESERVED)

061. PERMITTED COMPENSATION ARRANGEMENTS.

01. Commissions. An issuer or other entity may provide commission or other compensation to an agent or other representative for the sale of a Medicare supplement policy or certificate only if the first-year commission or other first-year compensation is no more than two hundred percent (200%) of the commission or other compensation paid for selling or servicing the policy or certificate in the second year or period. An issuer or other entity may not vary commission or otherwise pay commission differentials based upon variables such as age, guarantee issue status, or on any other basis. ( )

02. Compensation in Subsequent Years. The commission or other compensation provided in subsequent renewal years needs to be the same as that provided in the second year or period and be provided for no fewer than five (5) renewal years. ( )

03. Renewal Compensation. No issuer or other entity provides compensation to its agent or other producers and no agent or producer receives compensation greater than the renewal compensation payable by the replacing issuer on renewal policies or certificates if an existing policy or certificate is replaced. ( )

04. Compensation. For purposes of Section 061, compensation includes pecuniary or non-pecuniary remuneration of any kind relating to the sale or renewal of the policy or certificate, including but not limited to bonuses, gifts, prizes, awards, and finder’s fees. ( )

062. -- 065. (RESERVED)

066. DISCLOSURE PROVISIONS.

01. General Rules. ( )

   a. Medicare supplement policies and certificates includes a renewal or continuation provision. The language or specifications of the provision is consistent with the type of contract issued. The provision is appropriately captioned and appears on the first page of the policy, and includes any reservation by the issuer of the right to change premiums. ( )

   b. Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a Medicare supplement policy, or is needed to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy requires a signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term is agreed to in writing and signed by the insured, unless the benefits are prescribed by the minimum standards for Medicare supplement policies, or if the increased benefits or coverage is prescribed by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge is set forth in the policy. ( )

   c. Medicare supplement policies or certificates do not provide for the payment of benefits based on standards described as “usual and customary,” “reasonable and customary,” or words of similar import. ( )
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Medicare Supplement Insurance Standards Proposed Rulemaking  

1. Preexisting Condition Limitations  
   d. If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations appear as a separate paragraph of the policy and be labeled as “Preexisting Condition Limitations.”  

   e. Medicare supplement policies and certificates have a notice prominently printed on the first page of the policy or certificate or attached thereto, stating in substance that the policyholder or certificateholder has the right to return the policy or certificate within thirty (30) days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.  

   f. Issuers of accident and sickness policies or certificates that provide hospital or medical expense coverage on an expense incurred or indemnity basis to persons eligible for Medicare provide to those applicants a “Guide to Health Insurance for People with Medicare” in the form developed jointly by the National Association of Insurance Commissions and the Centers for Medicare & Medicaid Services and in a type size no smaller than twelve (12) point type. Delivery of the Guide is made whether or not the policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates. Except in the case of direct response issuers, delivery of the Guide will be made to the applicant at the time of application and acknowledgment of receipt of the Guide is obtained by the issuer. Direct response issuers deliver the Guide to the applicant upon request but not later than at the time the policy is delivered.  

   g. For the purposes of Section 066, “form” means the language, format, type size, type proportional spacing, bold character, and line spacing.  

2. Notice Requirements  
   a. As soon as practicable, but no later than thirty (30) days prior to the annual effective date of any Medicare benefit changes, an issuer notifies its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in a format acceptable to the director. The notice will:  
      i. Include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement policy or certificate, and  
      ii. Inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.  

   b. The notice of benefit modifications and any premium adjustments is in outline form and in clear and simple terms so as to facilitate comprehension.  

   c. The notices cannot contain or be accompanied by any solicitation.  


   a. Issuers provide an outline of coverage to all applicants at the time application is presented to the prospective applicant and, except for direct response policies, obtain an acknowledgment of receipt of the outline from the applicant; and  

   b. If an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate accompanies the policy or certificate when it is delivered and contains the following statement, in no less than twelve (12) point type, immediately above the company name:  
      “NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued.”  

   c. The outline of coverage provided to applicants pursuant to this section consists of four (4) parts: a
cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage is in the language and format prescribed below in no less than twelve (12) point type. All plans are shown on the cover page, and the plans that are offered by the issuer are prominently identified. Premium information for plans that are offered are shown on the cover page or immediately following the cover page and is prominently displayed. The premium and mode is stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant are illustrated.

05. Notice Regarding Policies or Certificates Which Are Not Medicare Supplement Policies.

a. Any accident and sickness insurance policy or certificate other than Medicare supplement policy and policy issued pursuant to a contract under Section 1876 of the Federal Social Security Act (42 U.S.C. Section 1395 et seq.), disability income policy; or other policy identified in Paragraph 001.02.b., issued for delivery in this state to persons eligible for Medicare notifies insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice is either printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. The notice is no less than twelve (12) point type and contains the following language: “THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.”

b. Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in Paragraph 066.04.a. disclose, using the applicable NAIC Model Regulation as incorporated by reference in Section 002 and referenced as Appendix C. The disclosure statement is provided as a part of, or together with, the application for the policy or certificate.

067. -- 070. (RESERVED)

071. REQUIREMENTS FOR APPLICATION FORMS AND REPLACEMENT COVERAGE.

01. Application Forms. Application forms include the following questions designed to elicit information as to whether, as of the date of the application, the applicant currently has another Medicare supplement, Medicare Advantage, Medicaid coverage, or another health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent containing such questions and statements may be used.

02. Statements.

a. You do not need more than one (1) Medicare supplement policy.

b. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

c. You may be eligible for benefits under Medicaid and not need a Medicare supplement policy.

d. If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for twenty-four (24) months. You need to request this suspension within ninety (90) days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within ninety (90) days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
e. If you are eligible for and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within ninety (90) days of losing your employer or union-based health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

f. Counseling services are available through the Senior Health Insurance Benefit Advisors program (SHIBA), to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

03. Agents. Agents will list any other health insurance policies they have sold to the applicant.

a. List policies sold which are still in force.

b. List policies sold in the past five (5) years which are no longer in force.

04. Direct Response Issuer. In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer, is returned to the applicant by the insurer upon delivery of the policy.

05. Notice Regarding Replacement of Medicare Supplement Coverage. Upon determining that a sale will involve replacement of Medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, furnishes the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of Medicare supplement coverage. One (1) copy of the notice signed by the applicant and the agent, except where the coverage is sold without an agent, is provided to the applicant and an additional signed copy is retained by the issuer. A direct response issuer delivers to the applicant at the time of the issuance of the policy the notice regarding replacement of Medicare supplement coverage.

06. SHIBA and Consumer Assistance Link. The notice prescribed in Subsection 071.05 for an issuer is provided in the NAIC Model Regulation as incorporated by reference in Section 002 of this rule, which includes NAIC Appendixes A, B, and C and all other outlines of coverage and specific plan designs which can be accessed on the Idaho Department of Insurance website. To obtain a copy of the NAIC Model Regulation, contact SHIBA at the Idaho Department of Insurance.

072. FILING REQUIREMENTS FOR ADVERTISING. An issuer provides a copy of any Medicare supplement advertisement intended for use in this state whether through written, radio, or television medium to the director for review or approval by the director.

073. STANDARDS FOR MARKETING.

01. Issuer. An issuer, directly or through its producers:

a. Establishes marketing procedures to assure that any comparison of policies by its agents or other producers will be fair and accurate.

b. Establishes marketing procedures to assure excessive insurance is not sold or issued.

c. Displays prominently by type, stamp, or other appropriate means, on the first page of the policy the following: “Notice to buyer: This policy may not cover all of your medical expenses.”

d. Inquires and makes every reasonable effort to identify whether a prospective applicant or enrollee
for Medicare supplement insurance already has accident and sickness insurance and the types and amounts of any such insurance. ( )

e. Establishes auditable procedures for verifying compliance with this Subsection 073.01. ( )

02. Banned Acts and Practices. In addition to the practices banned in Title 41, Chapter 13, Idaho Code, the following acts and practices are banned:

a. High pressure tactics. Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance. ( )

b. Cold lead advertising. Making use directly or indirectly of any method of marketing which fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance agent or insurance company. ( )

03. Banned Terms. The terms “Medicare supplement,” “Medigap,” “Medicare wrap-around,” and words of similar import cannot be used unless the policy is issued in compliance with this chapter. ( )

076. Appropriateness of Recommended Purchase and Excessive Insurance.
In recommending the purchase or replacement of any Medicare supplement policy or certificate, an agent makes reasonable efforts to determine the appropriateness of a recommended purchase or replacement. Any sale of Medicare supplement policy or certificate that will provide an individual more than one Medicare supplement policy or certificate is banned. An issuer cannot issue a Medicare supplement policy or certificate to an individual enrolled in Medicare Part C unless the effective date of the coverage is after the termination date of the individual’s Part C coverage. ( )

077. Reporting of Multiple Policies.

01. Reporting. On or before March 1 of each year, an issuer reports the following information for every individual resident of this state for which the issuer has in force more than one (1) Medicare supplement policy or certificate: ( )

a. Policy and certificate number, and ( )

b. Date of issuance. ( )

02. Grouping by Individual Policyholder. The items set forth above need to be grouped by individual policyholder. ( )

078. Prohibition Against Preexisting Conditions, Waiting Periods, Elimination Periods and Probationary Periods in Replacement Policies or Certificates.

01. Waiving of Time Periods. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate, the replacing issuer waives any time periods applicable to preexisting conditions, waiting periods, elimination periods and probationary periods in the new Medicare supplement policy or certificate for similar benefits to the extent such time was spent under the original policy. ( )

02. Replacing Policy. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate which has been in effect for at least six (6) months, the replacing policy does not provide any time period applicable to preexisting conditions, waiting periods, elimination periods, and probationary periods for benefits similar to those contained in the original policy or certificate. ( )
082. **PROHIBITION AGAINST USE OF GENETIC INFORMATION AND REQUESTS FOR GENETIC TESTING.**

01. **Banned Provisions.** An issuer of a Medicare supplement policy or certificate:

   a. Does not deny or condition the issuance of effectiveness of the policy or certificate (including the imposition of any exclusion of benefits under the policy based on a preexisting condition) on the basis of the genetic information with respect to such individual; and

   b. Does not discriminate in the pricing of the policy or certificate (including the adjustment of premium rates) of an individual on the basis of the genetic information with respect to such individual.

02. **Denial of Coverage.** Nothing in Subsection 082.01 is construed to limit the ability of an issuer, to the extent otherwise permitted by law, from:

   a. Denying or conditioning the issuance or effectiveness of the policy or certificate or increasing the premium for a group based on the manifestation of a disease or disorder of an insured or applicant; or

   b. Increasing the premium for any policy issued to an individual based on the manifestation of a disease or disorder of an individual who is covered under the policy (in such case, the manifestation of a disease or disorder in one individual will not also be used as genetic information about other group members and to further increase the premium for the group).

03. **Genetic Testing.** An issuer of a Medicare supplement policy or certificate cannot request or require an individual or a family member of such individual to undergo a genetic test.

04. **Payment.** Subsection 082.03 does not preclude an issuer of a Medicare supplement policy or certificate from obtaining and using the results of a genetic test in making a determination regarding payment (as defined for the purposes of applying the regulations promulgated under part C of title XI and Section 264 of the Health Insurance Portability and Accountability Act of 1996, as may be revised from time to time) and consistent with Subsection 082.01.

05. **Information.** For purposes of carrying out Subsection 082.04, an issuer of a Medicare supplement policy or certificate may request only the minimum amount of information necessary to accomplish the intended purpose.

06. **Allowed Genetic Testing.** Notwithstanding Subsection 082.03, an issuer of a Medicare supplement policy may request, but not require, that an individual or a family member of such individual undergo a genetic test if each of the following conditions is met:

   a. The request is made pursuant to research that complies with part 46 of title 45, Code of Federal Regulations, or equivalent Federal regulations, and any applicable State or local law or rules for the protection of human subjects in research.

   b. The issuer clearly indicates to each individual, or in the case of a minor child, to the legal guardian of such child, to whom the request is made that:

      i. Compliance with the request is voluntary; and

      ii. Non-compliance will have no effect on enrollment status or premium or contribution amounts.

   c. No genetic information collected or acquired under Subsection 082.06 is used for underwriting, determination of eligibility to enroll or maintain enrollment status, premium rates, or the issuance, renewal, or replacement of a policy or certificate.

   d. The issuer notifies the Secretary in writing that the issuer is conducting activities pursuant to the
exception provided for under Subsection 082.06, including a description of the activities conducted.

e. The issuer complies with such other conditions as the Secretary may by regulation require for activities conducted under Subsection 082.06.

f. An issuer of a Medicare supplement policy or certificate cannot request, require, or purchase genetic information for underwriting purposes.

g. An issuer of a Medicare supplement policy or certificate cannot request, require or purchase genetic information with respect to any individual prior to such individual’s enrollment under the policy in connection with such enrollment.

h. If an issuer of Medicare supplement policy or certificate obtains genetic information incidental to the requesting, requiring, or purchasing of other information concerning an individual, such request, requirement, or purchase is not considered a violation of Paragraph 082.06.g. if such request, requirement, or purchase is not in violation of Paragraph 082.06.f.

07. Definitions. For the purposes of this section only;

a. “Issuer of a Medicare supplement policy or certificate” includes third-party administrator, or other person acting for or on behalf of such issuer.

b. “Family member” means, with respect to an individual, any other individual who is a first-degree, second-degree, third-degree, or fourth-degree relative of such individual.

c. “Genetic information” means, with respect to an individual, information about such individual’s genetic tests, the genetic tests of family members of such individual, and the manifestation of a disease or disorder in family members of such individual. Such term includes, with respect to any individual, any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by such individual or any family member of such individual. Any reference to genetic information concerning an individual or family member of an individual who is a pregnant woman, includes genetic information of any fetus carried by such pregnant woman, or with respect to an individual or family member utilizing reproductive technology, includes genetic information of any embryo legally held by an individual or family member. The term “genetic information” does not include information about the sex or age of any individual.

d. “Genetic services” means a genetic test, genetic counseling (including obtaining, interpreting, or assessing genetic information), or genetic education.

e. “Genetic test” means an analysis of human DNA, RNA, chromosomes, proteins, or metabolites, that detect genotypes, mutations, or chromosomal changes. The term “genetic test” does not mean an analysis of proteins or metabolites that does not detect genotypes, mutations, or chromosomal changes; or an analysis of proteins or metabolites that is directly related to a manifested disease, disorder, or pathological condition that could reasonably be detected by a health care professional with appropriate training and expertise in the field of medicine involved.

f. “Underwriting purposes” means:

i. Rules for, or determination of, eligibility (including enrollment and continued eligibility) for benefits under the policy;

ii. The computation of premium or contribution amounts under the policy;

iii. The application of any preexisting condition exclusion under the policy; and

iv. Other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

083. -- 999. (RESERVED)
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 41-211, 41-1025, and 41-5820, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

<table>
<thead>
<tr>
<th>Monday, September 20, 2021 @ 2:00 p.m. (MT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>700 W State Street</td>
</tr>
<tr>
<td>3rd Floor</td>
</tr>
<tr>
<td>Boise, ID 83702</td>
</tr>
</tbody>
</table>

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This rule prescribes minimum education in approved subjects that a licensee must periodically complete, procedures and standards for the approval of such education, and a procedure for establishing that continuing education requirements have been met.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 2, 2021 Idaho Administrative Bulletin, Vol. 21-6, pages 56-57 under docket 18-ZBRR-2101.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Weston Trexler, (208) 334-4214, weston.trexler@doi.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 29, 2021.
THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 18-0604-2101
(New Chapter – Zero-Based Regulation Rulemaking)

18.06.04 – CONTINUING EDUCATION

000. LEGAL AUTHORITY.
Title 41, Chapters 2, 10, 11, and 58, Sections 41-211, 41-1013, 41-1108, 41-5813, and 41-5820, Idaho Code. ( )

001. SCOPE.
This rule prescribes a minimum education in approved subjects that impacts all resident licensees practicing insurance, except for producers licensed to sell only “limited lines insurance,” and requires them to periodically complete, procedures and standards for the approval of such education, and a procedure for establishing that continuing education requirements have been met. ( )

002. -- 009. (RESERVED)

010. DEFINITIONS.
01. Licensee. An individual holding a license as a producer, bail, adjuster, or public adjuster pursuant to Title 41, Chapters 10, 11, or 58, Idaho Code. ( )

011. (RESERVED)

012. BASIC REQUIREMENTS.
01. Proof of Completion. As a condition for the continuation of a license, a licensee must complete a total of 24 hours of continuing education credits, including a minimum of 3 ethics credits on or before the licensing renewal date every two (2) years. Proof of satisfactory completion of approved subjects or courses will be downloaded to licensing records by the system vendor in a format acceptable to the Director. ( )

a. No more than four (4) hours of continuing education credit from courses approved for adjusters or public adjusters can apply toward the continuation of a producer license. ( )

02. Completion Within Two Years. Each course to be applied toward satisfaction of the continuing education requirement is to be completed within the two (2) year period immediately preceding renewal of the license. Courses cannot have been duplicated in the same renewal period. The date of completion for a self-study course is the date of successful completion of exam. ( )

013. EXCEPTIONS/EXTENSIONS.
01. Exceptions and Extensions. The following exceptions and extensions may be made to the
continuing education rules:

a. Licensees on extended active duty with the Armed Forces of the United States for the period of such duty and all other exceptions allowed under Section 41-1008(4), Idaho Code.

b. Persons which hold a temporary license as provided in Section 41-1015, Idaho Code.

c. The Continuing Education Advisory Committee or the Director may approve an exception or extension for an extra ordinary situation that is requested by a licensee, in writing, setting forth the basis for the exception or extension and received prior to the renewal date by the Director or Committee.

014. CONTINUING EDUCATION ADVISORY COMMITTEE.

01. Continuing Education Advisory Committee. An eleven (11) member Continuing Education Advisory Committee (“Committee”) comprised of representatives from each segment of the insurance industry, is appointed by the Director. Committee members will serve a term of three (3) years.

02. Duties of the Committee. The Committee performs the following duties at the discretion of the Director:

a. Approve or disapprove courses as per the standards of this rule and assign the number of continuing education hours to be awarded.

b. Consider applications for exceptions and extensions as permitted under Section 013; and

c. Consider other matters as the Director may assign.

03. Quorum. Those present at any meeting of the Committee are a quorum for purposes of acting to perform the duties of the Committee pursuant to this rule. Matters before the Committee may be decided by a majority of those members present. In the event of a tie vote, the Chairman votes to break the tie.

015. PROGRAM REQUIREMENTS.

All continuing education programs need to be submitted to the Committee in accordance with Section 021 on forms promulgated by the Director. Any course provider that resides in and has had their continuing education program(s) approved by, a state in which the insurance department has signed a separate reciprocity agreement with the Idaho Department, need not have their continuing education program(s) reviewed and approved by the Committee. However, all such courses need to be filed with the Department in a format approved by the Director and course application fees paid.

016. PROGRAMS WHICH QUALIFY.

01. Requirements of Acceptable Program. A specific program will qualify as an acceptable continuing education program if it is a formal program of learning which contributes directly to the professional competence of a licensee. It will be left to each individual licensee to determine the course of study to be pursued. All programs need to meet the standards outlined in Section 018.

02. Subjects Which Qualify.

a. The following general subjects are acceptable for producers.

i. Insurance, fixed and indexed annuities, and risk management.

ii. Insurance laws and rules.

iii. Mathematics, statistics, and probability.

iv. Economics.
v. Business law. ( )
vi. Finance. ( )
vii. Taxes, trusts, estate planning. ( )
viii. Business environment, management, or organization. ( )
ix. Securities. ( )
b. The following general subjects are acceptable for adjusters and public adjusters. ( )
i. Insurance. ( )
ii. Insurance laws and rules. ( )
iii. Mathematics, statistics, and probability. ( )
v. Business law. ( )
vi. Restoration. ( )
vii. Communications. ( )
viii. Arbitration. ( )
ix. Mitigation. ( )
x. Glass replacement and/or repair. ( )
c. Areas other than those listed above may be acceptable if the licensee can demonstrate that they contribute to professional competence and meet the standards set forth in this rule. The responsibility for substantiating that a particular program meets the requirements of this rule rests solely upon the licensee. ( )

017. PROGRAMS WHICH DO NOT QUALIFY.

01. Any Course Used to Prepare for Taking an Insurance Licensing Examination. ( )
02. Committee Service of Professional Organizations. ( )
03. Computer Science Courses. ( )
04. Motivation, Psychology, or Selling Skills Courses. ( )
05. Reviews, Quizzes and/or Examinations. ( )
06. Any Program Not in Accordance with This Rule. ( )

018. STANDARDS FOR CONTINUING EDUCATION PROGRAMS.
To qualify for credit, the following standards need to be met by all continuing education programs: ( )

01. Program Development. ( )
a. The program provides significant intellectual or practical content to enhance and improve the
insurance knowledge and professional competence of participants. ( )

b. The program is developed by persons who are qualified in the subject matter and instructional design. ( )

c. The program content is current or up to date. ( )

02. Program Presentation.

a. Instructors are qualified, both with respect to program content and teaching methods. Instructors will be considered qualified if, through formal training or experience, they have obtained sufficient knowledge to instruct the course competently. ( )

b. The number of participants and physical facilities is consistent with the teaching method specified. ( )

c. All programs will include some means for evaluating quality. ( )

019. MEASUREMENT OF CREDIT.

01. Credits Measured in Full Hours. Professional education courses are credited for continuing education purposes in full hours only. The number of hours is equivalent to the actual number of contact hours which need to include at least fifty (50) minutes of instruction or participation. No credit will be given for partial attendance. ( )

02. Internet Courses. Internet self-study courses will be credited one (1) hour of continuing education for every fifty (50) minutes of study material, excluding exams. Credit will be given in accordance with Section 021. ( )

03. Webinar Courses. Webinars will be credited as classroom instruction or participation. In the event one (1) course encompasses multiple webinars and self-study is necessary between webinars, the self-study material need to be submitted to the Committee to be evaluated for additional credit in accordance with Section 021. ( )

020. CONTROLS AND REPORTING.

01. Licensee to Retain Original Certificate as Evidence. The original certificate of completion received for each educational program or course is retained by the licensee to evidence completion during the two (2) year renewal period. The certificate of completion is in a format provided to the Department. ( )

02. Sign-In and Sign-Out Sheets. Sign-in and sign-out sheets are to be used and monitored to ensure attendance for the full length of the seminar. No certificate of completion is to be given to anyone arriving late or leaving prior to the conclusion of the seminar. Failure to comply with these requirements will result in loss of certification of the provider in accordance with Section 023. ( )

021. APPROVED PROGRAMS OF STUDY - CERTIFICATION BY DIRECTOR.

01. Requirements of Course Approval. All courses are approved by the Committee. If a course is not approved in advance of presentation, an application for credit may be submitted to the Committee within sixty (60) days of completion of the course. ( )

02. Nonrefundable Application Fee. Each course application is accompanied by a nonrefundable application fee (as set forth in IDAPA 18.01.02, “Schedule of Fees, Licenses and Miscellaneous Charges”). ( )

03. Course Approval Procedures. Any person intending to provide courses applies in a format prescribed by the Department and provides the following supporting documentation: ( )

a. A specific outline and/or course material; ( )
b. Time schedule; ( )

c. Method of presentation; ( )

d. Qualifications of instructor; and ( )
e. Other information supporting the request for approval. ( )

04. Method to Determine Completion. The submission includes a statement of the method used to determine the satisfactory completion of the course. Methods may be an examination, or certification by the provider of the agent’s program attendance or completion, or other methods approved by the Director. ( )

05. Certification of Program. Certification of a program is effective for two (2) years or until any material changes are made in the program, after which it may be resubmitted to the Committee for approval. ( )

022. PROOF OF COMPLETION. An authorized representative of the sponsoring organization will, within thirty (30) days of completion of the course, provide a certificate of completion to each individual who satisfactorily completed the course and certify to the Department electronically a list of all such individuals. ( )

023. APPROVED SUBJECTS - LOSS OF CERTIFICATION.

01. Program Suspension. The certification of a program may be suspended by the Director if it has been determined that:

a. The program teaching method or program content no longer meets the standards of this rule, or have been significantly changed without notice to the Director for recertification; ( )

b. The program certified to the Director that an individual completed the program, when in fact the individual had not done so; ( )

c. Individuals who have satisfactorily completed the program of study were not so certified by the program; ( )

d. The instructor or sponsoring organization is not qualified per the standards of this rule or lacks education or experience in the subject matter of the proposed course; ( )

e. The instructor, sponsoring organization, or any company or affiliate of a sponsoring organization has had a license revoked or suspended in any jurisdiction. This includes any firm or organization where a revoked or suspended individual has a substantial ownership interest, or other control in a firm or organization; or ( )

f. There is other good and just cause why certification should be suspended. ( )

02. Reinstatement of a Suspended Certification. Reinstatement of a suspended certification will be made upon proof satisfactory to the Committee or the Director, that the conditions responsible for the suspension have been corrected. ( )

024. CREDIT FOR INDIVIDUAL STUDY PROGRAMS.

01. Requirements for Credit of Independent Study Programs. All approved correspondence courses or independent study programs needs to include an examination which requires a score of seventy percent (70%) or better to earn a certificate of completion. For each approved course, the sponsoring organization will maintain multiple tests (two (2) or more) sufficient to maintain the integrity of the testing process. A written explanation of test security and administration methods will accompany the course examination materials. Each unit and/or chapter of a course will contain review questions that can be answered with a score of seventy percent (70%) or better before access to the following unit/chapter is allowed. ( )
02. **Completed Tests.** The examinations are administered, graded, and the results recorded by the organization to which approval was originally granted. Completed tests are retained by the sponsoring organization and will not be returned to any licensee.

03. **Prior Approval Needed for Correspondence Courses.** All correspondence courses need be submitted for approval and approved prior to being offered to licensees for continuing education credit.

025. **CREDIT FOR SERVICE AS LECTURER, DISCUSSION LEADER, OR SPEAKER.**
Only one (1) hour of continuing education credit will be awarded for each hour completed as an instructor or discussion leader.

026. -- 999. **(RESERVED)**
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 38-1304, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearings concerning this rulemaking will be held as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Address</th>
<th>Zoom Link</th>
<th>Phone Call Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, Sept 14</td>
<td>6:00 p.m.</td>
<td>Idaho Department of Lands</td>
<td>Louise Shadduck Building</td>
<td><a href="https://idl.zoom.us/j/84370856637?pwd=SVJRTlprN0FHaiBHMcFLVmw4YW12Zz09">Zoom Link</a></td>
<td>(253) 215 8782</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sundance Conference Room</td>
<td>3284 West Industrial Loop</td>
<td></td>
<td>Meeting ID: 843 7085 6637, Passcode: 861791</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coeur d’Alene, ID 83815</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The hearing sites will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The Forest Practices Advisory Committee (FPAC) voted to recommend language to the State Board of Land Commissioners which will provide for a simplified “Shade Rule” (030.07.e.ii. (2014)) next to fish-bearing (Class I) streams and refine the definition of Class I streams (010.47.a.) to apply only to aquatic life beneficial use. This simplification will promote rule understanding and make compliance easier and less costly. The objective is to retain management options for landowners while still affording appropriate protections to stream shade and large organic debris recruitment.
FPAC also identified a need to update rules specific to the use of ground-based equipment on steep slopes. The technology used in the industry has changed; machinery is now being used on steep slopes while tethered to an anchor with a specialized winch to improve traction. This traction assistance allows the machine to operate safely on steep slopes while minimizing soil disturbance. Reduced incidence of injuries and improvements in harvest efficiency have resulted from their use. Existing rule language does not allow for universal use of this new family of machines; modified rule language is needed to accommodate changing technology.

Additional amendments are proposed to remove words and restrictions, wherever possible, to comply with the Governor’s Executive Order 2020-01, Zero-Based Regulation. This includes some non-substantive editorial changes which were not in the draft rule text used for negotiated rulemaking.

Collectively, these proposed changes will reduce the rule set length, simplify the language, promote rule understanding, and provide economic benefit while maintaining or enhancing water-quality protection.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: Not Applicable.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking: No fiscal impact is anticipated.

**NEOTIATED RULEMAKING:** Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the April 7, 2021, Idaho Administrative Bulletin, Vol. 21-4, pages 44-46.

**INCORPORATION BY REFERENCE:** Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: Not Applicable.

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning the proposed rule, contact Gary Hess at (208) 666-8636 or ghess@idl.idaho.gov.

**SUBMISSION OF WRITTEN COMMENTS:** Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this 30th day of July, 2021.

Gary Hess
Regulatory and Stewardship Program Manager
Forestry and Fire Division
Idaho Department of Lands
3284 W Industrial Loop
Coeur d’Alene, Idaho 83815
Phone: (208) 666-8636
Fax: (208) 769-1524
rulemaking@idl.idaho.gov

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 20-0201-2101
(New Chapter – Zero-Based Regulation Rulemaking)
000. LEGAL AUTHORITY.
In accordance with Section 38-1304, Idaho Code, the Idaho Board of Land Commissioners has authority to adopt
rules establishing minimum standards for the conduct of forest practices on forest land.

001. SCOPE.
These rules constitute the minimum standards for the conduct of forest practices on forest land and describe
administrative procedures necessary to implement those standards.

002. -- 009. (RESERVED)

010. DEFINITIONS.
“Harvesting,” “Landowner,” “Operator,” “Rules,” “State,” and “Timber Owner,” have meanings provided in Section
38-1303, Idaho Code. In addition to the definitions set forth in the Act, the following definitions apply to these rules:


02. Acceptable Tree Species. Any tree species normally marketable in the region, which are suitable
to meet stocking requirements. Acceptable trees must be of sufficient health and vigor to assure growth and harvest.

03. Additional Hazard. Debris, slashings, and forest fuel resulting from a forest practice.

04. Average DBH. Average diameter in inches of trees cut or to be cut, measured at four and one-half
(4.5) feet above mean ground level on standing trees.

05. Board. The Idaho State Board of Land Commissioners or its designee.

06. Buffer Strip. A protective area adjacent to an area requiring special attention or protection.

07. Cable Yarding. Techniques that use winch systems, secured to stationary base machines, to
transport fully or partially suspended logs or trees to landings.

08. Chemicals. Substances applied to forest lands or timber to accomplish specific purposes and
includes pesticides (as defined in Title 22, Chapter 34, Idaho Code), fertilizers, soil amendments, road dust abatement
products and other materials that may present hazards to the environment.

09. Constructed Skid Trail. A skid trail created by the deliberate cut and fill action of a dozer or
skidder blade resulting in a road-type configuration.

10. Commercial Products. Saleable forest products of sufficient value to cover cost of harvest and
transportation to available markets.

11. Condition of Adjoining Area. Those fuel conditions in adjoining areas that relate to spread of fire
and to economic values of that area.

12. Contaminate. To introduce into the atmosphere, soil, or water sufficient quantities of substances
that are injurious to public health, safety, or welfare; domestic, commercial, industrial, agricultural or recreational
uses; or livestock, wildlife, fish or other aquatic life.

13. Cross-Drain. A diversion, depression, slope, or hump in a trail or road for the purpose of carrying
surface water runoff into the vegetation, duff, ditch, or other dispersion area to minimize volume and velocity of runoff which might cause soil erosion.


15. Deterioration Rate. Rate of natural decomposition and compaction of fuel debris which decreases the hazard and varies by site.

16. Director. The Director of the Idaho Department of Lands or his designee.

17. Emergency Forest Practice. A forest practice initiated during or immediately after a fire, flood, windthrow, earthquake, or other catastrophic event to minimize damage to forest lands, timber, or public resources.

18. Fertilizers. Any substance or any combination or mixture of substances used principally as a source of plant food or soil amendment.

19. Fire Trail. Access routes that are located and constructed in a manner to be useful in fire control efforts or fire spread deterrence in the hazard area.

20. Fuel Quantity. The diameter, number of stems and predominant species to be cut or already cut, and the size of the continuous thinning block, all of which determine quantity of fuel per unit of area.

21. Ground-based Equipment. Mobile equipment such as trucks, tractors, dozers, skidders, excavators, loaders, mechanized harvesters and forwarders used for forest practices.

22. Habitat Types. Forest land capable of producing similar plant communities at climax.


24. Hazard Offset. Improvements or a combination of practices which reduce the spread of fire and increases the ability to control fires.

25. Hazard Points. The number of points assigned to certain hazardous conditions on an operating area, to actions designed to modify those conditions or to actions by the operator, timber owner or landowner to offset those conditions on the same operating area.

26. Hazard Reduction. The burning or physical reduction of slash by treatment in some manner which will reduce the risk from fire.

27. Lake. A body of perennial standing open water, natural or human-made, larger than one (1) acre in size. Lakes include the beds, banks or wetlands below the ordinary high water mark. Lakes do not include drainage or irrigation ditches, farm or stock ponds, settling or gravel ponds. Any reference in these rules to Class I streams also applies to lakes.

28. Large Organic Debris (LOD). Live or dead trees and parts thereof that are large enough; or longer than the channel width or twenty (20) feet; or sufficiently buried in the stream bank or bed to be stable during high flows. LOD creates diverse fish habitat and stable stream channels by reducing water velocity, trapping stream gravel and allowing scour pools and side channels to form.

29. Noncommercial Forest Land. Habitat types not capable of producing twenty (20) cubic feet of wood fiber per acre per year.

30. Operating Area. That area where a forest practice is taking place or will take place.

31. Ordinary High Water Mark. That mark on all water courses, which will be found by examining the beds and banks and ascertaining where the presence and action of waters are so common and usual, and so long
continued in all ordinary years as to mark upon the soil a character distinct from that of the abutting upland, in respect to vegetation, as that condition exists on the effective date of this chapter, or as it may naturally change thereafter.

32. **Outstanding Resource Water.** A high-quality water, such as water of national and state parks and wildlife refuges and water of exceptional recreational or ecological significance, designated by the legislature. ORW constitutes as outstanding national or state resource that requires protection from nonpoint activities, including forest practices, which may lower water quality.

33. **Prescribed Fire.** The controlled application of fire to wildland fuels, in either their natural or modified state, under conditions of weather, fuel moisture and soil moisture that allow the fire to be confined to a predetermined area while producing the intensity of heat and rate of spread required to meet planned objectives.

34. **Present Condition of Area.** The amount or degree of hazard present before a thinning operation commences.

35. **Public Resource.** Water, fish, wildlife, and capital improvements of the State or its political subdivisions.

36. **Reforestation.** Establishment of an adequately stocked stand of trees of species acceptable to the Department to replace those removed by harvesting or a catastrophic event on commercial forest land.

37. **Relative Stocking.** A measure of site occupancy calculated as a ratio of actual stand density to the biological maximum density for a given forest type. This ratio, expressed as a percentage, shows the extent to which trees use a plot of forestland. This term was used in the Class I tree retention rule (030.07.e.ii) and has been replaced with Weighted Tree Count as described in the same rule.

38. **Relief Culvert.** A structure to relieve surface runoff from roadside ditches to prevent excessive volume and velocity.

39. **Slash.** Any vegetative residue three inches (3”) or less in diameter resulting from a forest practice or clearing of land.

40. **Site.** An area with the combination of biotic, climatic, and soil conditions or ecological factors that create capacity for forest vegetation.

41. **Site Factor.** A combination of average slope and predominant aspect of the operating area which relate to rate of fire spread.

42. **Site-Specific Best Management Practice.** A BMP that is adapted to and takes account of the specific factors influencing water quality, water quality objectives, on-site conditions, and other factors applicable to the site where a forest practice occurs which has been approved by the Department or by the Board in consultation with the Department and the Forest Practices Advisory Committee.

43. **Size of Thinning Block.** Acres of continuous fuel creating an additional hazard within an operating area. Distance between the perimeter of thinning blocks containing continuous fuel must be a minimum of six (6) chains apart to qualify as more than one (1) block.

44. **Snags.** Dead, standing trees taller than twenty (20) feet.

45. **Soil Erosion.** Movement of soils resulting from forest practices.

46. **Soil Stabilization.** The minimizing of soil movement.

47. **Stream.** A natural water course of perceptible extent with definite beds and banks which confines and conducts continuously or intermittently flowing water. Definite beds are defined as having a sandy or rocky
bottom which results from the scouring action of water flow. Any reference in these rules to Class I streams applies to lakes.

a. Class I streams are important for the spawning, rearing or migration of fish.

b. Class II streams are usually headwater streams or minor drainages that are used by only a few, if any, fish for spawning or rearing. Where fish use is unknown, consider streams as Class II where the total upstream watershed is less than two hundred forty (240) acres in the north forest region and four hundred sixty (460) acres in the south forest region. Their principal value lies in their influence on water quality or quantity downstream in Class I streams.

c. Class I Stream Protection Zone (SPZ) means the area encompassed by a slope distance of seventy-five (75) feet on each side of the ordinary high water marks. (Figure 1.)

FIGURE 1
CLASS 1 STREAM PROTECTION ZONE

( )

d. Class II Stream Protection Zone (SPZ) means the area encompassed by a minimum slope distance of thirty (30) feet on each side of the ordinary high water marks. (Figure 2.) For Class II streams that do not contribute surface flow into Class I streams, a variance to this requirement may be requested. In no case will this width be less than five (5) feet slope distance on each side of the ordinary high water marks. Operators must provide for soil stabilization and water filtering effects by leaving undisturbed soils in widths sufficient to prevent washing of sediment.
48. **Time of Year of Forest Practice.** Parts of a year assigned hazard points when the forest practice takes place. Points are: October through December - two (2) points; August through September - four (4) points; January through April - seven (7) points; May through July - ten (10) points.

49. **Traction-Assisted Harvesting.** Techniques that use winch systems to tether ground-based equipment to a stationary base for stabilizing and assisting steep-slope operation. Cable tension from the winch will be synchronized or automatically held constant. Enhanced traction for the equipment must minimize soil disturbance and risk of sediment delivery to streams.

50. **Watershed Advisory Group.** A formal group of citizens that provides the Idaho Department of Environmental Quality with local public input and guidance regarding specific watersheds during watershed analysis and BMP development.

011. **ABBREVIATIONS.**

01. **BMP.** Best Management Practices.

02. **LOD.** Large Organic Debris.

03. **SPZ.** Stream Protection Zone.

012. -- 019. (RESERVED)

020. **GENERAL RULES.**

01. **Compliance.** Operators must comply with practices contained within a rule to accomplish the purpose of the rule.

a. If conditions of sites or activities require application of practices which differ from those prescribed by the rules, the operator must obtain a variance according to the following procedure:

i. The operator must submit a written request for variance to the Department. The request must
include a description of the site and particular conditions which necessitate a variance and a description of proposed practices which, if applied, will result in a violation of the rules.

ii. The Department will evaluate the request and notify the operator in writing within fourteen (14) calendar days whether the variance is granted or denied.

iii. All authorized variance practices must provide for results over the long term which are equivalent or better than those from rule to ensure site productivity, water quality and fish and wildlife habitat. A variance may be applied only at approved sites.

b. Practices must also be in compliance with the Stream Channel Protection Act (Title 42, Chapter 38, Idaho Code); Idaho Water Quality Standards and Waste Water Treatment Requirements (Title 39, Chapter 1, Idaho Code); the Idaho Pesticide Law (Title 22, Chapter 34, Idaho Code), and the Hazardous Waste Management Act of 1983 (Title 39, Chapter 44, Idaho Code), and rules promulgated thereunder.

c. Water may be diverted from a stream and used at any time to carry out Idaho forest practices and for forest road dust abatement, provided that: 1) The total daily volume diverted is no greater than two-tenths (0.2) acre-feet (65,170 gallons) from a single stream; and 2) The rate of diversion is no greater than twenty-five percent (25%) of the rate of flow then available in the stream at the point of diversion for these purposes.

i. No person may, under this Section 020, divert water from an irrigation canal, irrigation reservoir, or other irrigation facility while water is lawfully diverted, stored, captured, conveyed, used or otherwise physically controlled by an irrigator, irrigation district or canal company.

ii. No person may, under this Section 020, divert water from a stream within a water district, or from which an irrigation delivery entity diverts water, without first providing notice to the watermaster of the intent to divert.

iii. Water diversion intakes used for diversions under Subsection 020.01 must be screened with a maximum screen mesh size as follows: 1) fish-bearing Class I streams: 3/32 inch, and 2) all other streams: 1/4 inch.

d. Any alternative conservation measure having received a favorable Biological Opinion or Incidental Take Permit from the National Marine Fisheries Service or US Fish and Wildlife Service will be considered as complying with these rules.

02. Conversion of Forest Lands. Prior to converting forest lands to another use, the person converting the lands must file a written notification with the Department. These rules will continue to apply to the conversion and converting lands, except those relating to reforestation. On converted parcels larger than one (1) acre, acceptable vegetative cover sufficient to maintain soil productivity and minimize erosion must be planted. Cover must be established within one (1) year of forest practice completion, except that the Director may grant an extension of time if weather or other conditions interfere. Within three (3) years of forest practice completion, the Director will determine if the conversion has been accomplished by:

a. The presence or absence of improvements necessary for use of land for its intended purpose;

b. Evidence of actual use of the land for the intended purpose.

c. If the conversion has not been accomplished within three (3) years of harvest completion, supplemental reforestation Subsection 050.06 applies.

03. Annual Review and Consultation. The Director will, at least annually, meet with other state agencies and the Forest Practices Advisory Committee and review recommendations for amendments to or repeal of these rules. He will then provide the Board a summary of any meetings, together with recommendations regarding these rules.

04. Consultation. The Director may consult with other state agencies where expertise from such
05. Notification of Forest Practice. a. Before commencing a forest practice or a conversion of forest lands the operator must notify the Department as required in Paragraph 020.05.b. The notification may be provided by the timber owner or landowner. b. The notification required by Paragraph 020.05.a. must be on forms provided by the Department, will identify each forest practice to be conducted, and include the name and address of the operator, timber owner, and landowner; the legal description of the operating area; whether the forest practice(s) borders an outstanding resource water and other information the Department considers necessary for administration of the rules. No forest practice may begin until the applicable notification is formally accepted by the Department. No later than fourteen (14) calendar days after formal acceptance of the notice, the Department will send a copy of the notice to the operator, timber owner, and landowner. c. The operator, timber owner, or landowner that filed the original notification, must notify the Department of any subsequent change in information contained in the notice within thirty (30) calendar days of the change. No more than fourteen (14) calendar days from receipt of the notice, the Department will send a copy of the notice to the operator, timber owner, and landowner. d. The notification is valid for the same period as the certificate of compliance under Section 38-122, Idaho Code. If the forest practice is continuing when the notification expires, the notification must be renewed using the same procedures provided for in this subsection. e. If the notification required by Paragraph 020.05.a. of this subsection indicates that the forest practice will be continuing at the notification’s expiration, the operator, timber owner, or landowner must notify the Department and obtain a renewal of the notification at least thirty (30) calendar days prior. No more than fourteen (14) calendar days from receipt of the request, the Department will send a copy of the renewed notification to the operator, timber owner, and landowner.

06. Notification Exception. A notification is required for all forest practices except: a. Routine road maintenance, recreational uses, grazing by domestic livestock, cone picking, culture and harvest of Christmas trees on lands used solely for the production of Christmas trees, or harvesting of other minor forest products. b. Non-commercial cutting and removal of forest tree species by a person for their own personal use. c. Clearing forest land for conversion to surface mining or dredge and placer mining operations under a reclamation plan or dredge mining permit.

07. Emergency Forest Practices. No prior notification is required for emergency forest practices. Within forty-eight (48) hours after commencement of such practice, the operator, timber owner, or landowner must notify the Director and explain why emergency action was necessary. Such emergency forest practices are subject to the rules herein, except that the operator, timber owner, or landowner may take any reasonable action to minimize damage to forest lands, timber, or public resource from the direct or indirect effects of the catastrophic event.

08. Duty of Purchaser. Before purchasing, contracting to purchase or accepting delivery of a forest tree species harvested from forest lands in Idaho, the initial purchaser must receive and keep on file a copy of the notification of forest practice applicable to the acquired forest tree species. The notice
must be available for inspection upon request by the Department at all reasonable times.

09. **State Divided into Regions.** For the purpose of administering the Act and these rules, the State is divided into two (2) forest regions: one (1) north of the Salmon River and one (1) south of the Salmon River.

10. **Regions Divided into Forest Habitat Types.** For administration purposes, the forest regions can be divided into Habitat Types.

021. -- 029. (RESERVED)

030. **TIMBER HARVESTING.**

01. **Purpose.** Harvesting of forest tree species is a part of forest management. This is how wood for human use is obtained and how forests are established and tended. During harvesting operations there will be a temporary disturbance to the forest environment. These rules establish minimum standards for forest practices that will maintain the productivity of the forest land, minimize soil and debris entering streams, and protect wildlife and fish habitat.

02. **Quality of Residual Stocking.** Reforestation is required if harvesting reduces stocking of acceptable trees below minimums of Subsection 050.04.

03. **Soil Protection.** For each harvesting operation, operators should select the logging method and type of equipment adapted to the given slope, landscape and soil properties in order to minimize soil erosion.

a. An operation that uses ground-based equipment must not be conducted if it will cause rutting, deep soil disturbance, or accelerated erosion. On slopes exceeding forty-five percent (45%) gradient and which are immediately adjacent to a Class I or II stream, ground-based equipment, except for traction-assisted harvesting equipment, must not be used without an approved variance. Where slopes in the area to be logged exceed forty-five percent (45%) gradient, the operator, landowner or timber owner must notify the Department of these steep slopes upon filing the notification as provided for in Subsection 020.05.

b. The grade of constructed skid trails on geologically unstable, saturated, or highly erodible or easily compacted soils is limited to a maximum of thirty percent (30%).

c. In accordance with appropriate silvicultural prescriptions, keep skid trails to the minimum feasible width and number. Limit tractors used for skidding to that size appropriate for the job.

d. Uphill cable yarding is preferred. When downhill yarding, take reasonable care to lift the leading end of the log to minimize downhill movement of slash and soils.

04. **Location of Landings, Skid Trails, and Fire Trails.** Locate landings, skid trails, and fire trails on stable areas to prevent the risk of material entering streams.

a. Locate all new or reconstructed landings, skid trails, and fire trails on stable areas outside all SPZs. Locate fire and skid trails where sidecasting is held to a minimum.

b. Landing size is limited to that necessary for safe economical operation.

c. To prevent landslides, fill material used in landing construction must be free of loose stumps and excessive accumulations of slash. On slopes where sidecasting is necessary, stabilize landings by seeding, compacting, riprapping, benching, mulching or other suitable means.

05. **Drainage Systems.** Provide and maintain a drainage system for each landing, skid trail or fire trail that will control the dispersal of surface water to minimize erosion.

a. Stabilize skid trails and fire trails whenever they are subject to erosion, by water-barring, cross-draining, out-sloping, scarifying, seeding or other suitable means. Keep this work current to prevent erosion prior to
seasonal runoff.

b. Reshape landings as needed to facilitate drainage prior to seasonal runoff. Stabilize all landings by establishing ground cover or other means within one (1) year after harvesting is completed.

06. Treatment of Waste Materials. Leave or place all debris, overburden, and other waste material associated with harvesting in a way that prevents their entry into streams.

a. Fell, buck, and limb trees, whenever possible, so that the tree or any tree parts fall away from Class I streams. Continuously remove slash that enters Class I streams because of harvesting operations. Continuously remove other debris that enters Class I streams because of harvesting operations whenever there is a potential for stream blockage or if the stream has the ability for transporting such debris. Place removed material five (5) feet slope distance above the ordinary high water mark.

b. Remove slash and other debris that enters Class II streams whenever there is a potential for stream blockage or if the stream has the ability for transporting the debris immediately following skidding and place removed material above the ordinary high water mark or otherwise treat as prescribed by the Department. No formal variance is required.

c. Deposit waste material from construction or maintenance of landings and skid and fire trails in geologically stable locations outside of the appropriate SPZ.

07. Stream Protection. During and after forest practice operations, protect stream beds and streamside vegetation to provide the most natural condition possible to maintain water quality and aquatic habitat.

a. Lakes require an approved site-specific riparian management prescription prior to conducting forest practices within the SPZ.

b. Prior to conducting forest practice operations that cross streams using ground-based equipment, install temporary or permanent structures adequate to carry stream flow; skidding or forwarding directly in or through streams or fords is not permitted. Minimize the number of stream crossings and make direct approaches to minimize ground disturbance in the SPZ. Remove all temporary crossings immediately after use and, where applicable, cross-drain the approaches. (Construction of hydraulic structures in stream channels is regulated by the Stream Channel Protection Act - Title 42, Chapter 38, Idaho Code, and Paragraphs 040.02.e. and 040.02.g.)

c. Operation of ground-based equipment is not allowed within the SPZ except at approaches to stream crossings.

d. When cable yarding is necessary, across or inside the SPZs, it must be done in a way that minimizes stream bank vegetation and channel disturbance.

e. Provide for LOD, shading, soil stabilization, wildlife cover and water filtering effects of vegetation along streams.

i. Leave shrubs, grasses, and rocks wherever they afford shade over a stream or maintain the integrity of the soil near a stream. Landowners are strongly encouraged to leave all trees immediately adjacent to streams.

ii. During commercial harvest within Class I SPZs, retain the following weighted tree count per one-hundred (100) linear feet of stream:

(1) Fifty-seven (57) north of the Clearwater/Lochsa Rivers;

(2) Forty-nine (49) between the Clearwater/Lochsa and Salmon Rivers;

(3) Forty-one (41) south of the Salmon River; and
(4) Thirty-seven (37) in drier forests with SPZs dominated by Douglas-fir and ponderosa pine. (        )

(5) At least four (4) of the above weighted tree count must be retained in the outer twenty-five feet (25’) of the SPZ. (        )

iii. Calculate weighted tree count by multiplying the number of live conifers and hardwoods present in each diameter range by the weight below and then sum the results.

<table>
<thead>
<tr>
<th>Diameter Range (inches)</th>
<th>4-11.9&quot;</th>
<th>12-19.9&quot;</th>
<th>20-27.9&quot;</th>
<th>28-35.9&quot;</th>
<th>≥36&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>

iv. Prior to and during harvest, cutting in any part of a given one hundred foot (100’) Class I SPZ segment is only allowed if the weighted tree count in the inner fifty feet (50’) of that segment is above: thirty-three (33) north of the Clearwater/Lochsa Rivers, twenty-eight (28) between the Clearwater/Lochsa and Salmon Rivers, twenty-three (23) South of the Salmon River, and twenty-one (21) in drier forests with SPZs dominated by Douglas-fir and ponderosa pine. Note that the combination of minimum values for the inner fifty feet (50’) and outer twenty-five feet (25’) do not meet the minimum for the SPZ segment; additional trees must be left in one or both areas to meet the rule. (        )

v. To protect filtering and shade effects of streamside vegetation adjacent to all Class II streams following harvesting and hazard management activities, retain live trees or establish new trees within thirty (30) feet on each side of the streams’ ordinary high water mark to comply with the minimum stocking standards expressed in Subsection 050.04. (        )

vi. During harvesting, carefully remove timber from the SPZ in such a way that LOD, shading and filtering effects are maintained and protected. When portions of harvested or naturally fallen trees land in or over a Class I stream, leave the portion consistent with the LOD definition of Subsection 010.28. When salvaging uprooted trees, leaving the section with the root ball attached is preferred. (        )

vii. During harvesting operations, portions of felled or bucked trees not meeting the LOD definition must be removed, consistent with the slash removal requirements of Subsection 030.06. (        )

viii. To obtain a variance from the tree retention requirements, the operator must develop a site-specific riparian management prescription and submit it to the Department for approval. The prescription should consider stream characteristics and the need for LOD, stream shade and wildlife cover which will achieve the objective of these rules. (        )

ix. Stream width will be measured as average between ordinary high water marks. (        )

f. Limit direct ignition of prescribed burns to hand piles within SPZs; all other direct ignitions must occur outside of SPZs, so a backing (cooler) fire will more likely occur within the SPZ. (        )

i. Hand piles must be at least five (5) feet from the ordinary high water mark of streams. (        )

ii. No mechanical piling of slash or natural forest fuels is allowed in an SPZ (an exception is filter windrows for erosion control which must not be ignited). (        )

08. Maintenance of Productivity and Related Values. Design harvesting practices to assure the continuous growing and harvesting of forest tree species by suitable economic means and to protect soil, air, water, and wildlife resources. (        )

a. Where major scenic attractions, highways, recreation areas or other high-use areas are located
within or traverse forest land, give special consideration to scenic values by prompt cleanup and regeneration. ( )

b. Give special consideration to preserving any critical aquatic or wildlife habitat, including snags, especially within SPZs. Wherever practical, preserve fruit, nut, and berry producing trees and shrubs. ( )

c. Avoid conducting operations along or through bogs, swamps, wet meadows, springs, seeps, wet draws or other locations where the presence of water is indicated by associated vegetation; temporary crossings can be used as referred to in Paragraph 030.07.b. Protect soil and vegetation from disturbance which would cause adverse effects on water quality, quantity and wildlife and aquatic habitat. ( )

d. Harvesting operations within a single ownership, in which essentially all trees have been removed in one operation, must be planned so that adequate wildlife escape cover (e.g., topography, vegetation, SPZs, etc.) is available within one-quarter (¼) mile. ( )

031. CUMULATIVE WATERSHED EFFECTS.

01. Purpose. In accordance with Section 38-1305(8), Idaho Code, the Department has developed methods for controlling cumulative watershed effects (CWE). The methods and procedures are described in the department manual entitled “Forest Practices Cumulative Watershed Effects Process for Idaho.” Proper application of this process will help ensure watersheds are managed to protect water quality so that beneficial uses are supported. This rule describes how the process is to be implemented on forest land. ( )

02. Process Application. ( )

a. Application of the CWE process and any resulting site-specific BMPs are encouraged but not mandatory. ( )

b. The process may be initiated by either the Department, a watershed advisory group, or an individual landowner or group of landowners that collectively own at least twenty-five percent (25%) of the forested land in a watershed. In any case, a reasonable effort will be made to notify forest landowners within the watershed, and the landowners will be given the opportunity to participate in the process. ( )

c. The Department must be notified prior to the initiation of the CWE process. ( )

d. The Department will review and approve the watershed assessment and CWE site-specific BMPs for compliance with the Act. ( )

03. Site-Specific BMP Implementation. Site-specific BMPs developed by a watershed advisory group are encouraged and applied on a voluntary basis. ( )

032. -- 039. (RESERVED)

040. ROAD CONSTRUCTION, RECONSTRUCTION AND MAINTENANCE.

01. Purpose. Provide standards and guidelines for road construction, reconstruction, and maintenance that will maintain forest productivity, water quality, and fish and wildlife habitat. ( )

02. Road Specifications and Plans. Road specifications and plans must be consistent with good safety practices. Landowners and Operators should plan each road to the minimum use standards adapted to the terrain and soil materials to minimize disturbances and damage to forest productivity, water quality, fish, and wildlife habitat. In addition, landowners and operators must:

a. Plan transportation networks to avoid road construction within SPZs, except at approaches to stream crossings. Leave or reestablish areas of vegetation between roads and streams. ( )

b. Plan roads no wider than necessary to safely accommodate the anticipated use. Minimize cut and fill volumes by aligning the road to fit the natural terrain features as closely as possible. Adequately compact fill
material. Dispose of excess material on geologically stable sites.

c. Plan roads to drain naturally by out-sloping or in-sloping with cross-drainage and by grade changes where possible. Install dips, water bars, cross-drainage, or subsurface drainage on roads when necessary.

d. When natural drainage will not protect the surface, cut slopes or fill slopes, plan roads with relief culverts and roadside ditches. Install culverts to prevent erosion of the fill by properly sizing, bedding and compacting. Ensure drainage structures avoid direct discharge of sediment into streams.

e. This rule applies to new culvert installations, or reinstallations during road reconstructions or because of catastrophic events. Temporary culvert crossings are exempt from the fifty (50) year peak flow design requirement but must be removed before seasonal run-off.

i. Culverts in fish-bearing streams must provide for fish passage.

ii. Design stream crossings to carry the fifty (50) year peak flow using Department accepted engineering methods or the culvert sizing table below. Armor the inlet or use a flared inlet structure on thirty (30) inch or greater diameter culverts. The minimum diameter culvert allowed is eighteen (18) inches.

**CULVERT SIZING TABLE**

The left side of this culvert sizing table will be used for the area of the state north of the Salmon River and within the South Fork Salmon River drainage; the right side will be used for the area of the state south of the Salmon River and outside the South Fork Salmon River drainage. It was developed to carry the fifty (50) year peak flow at a headwater-to-diameter ratio of one (1).

<table>
<thead>
<tr>
<th>North Forest Region and South Fork Salmon River Drainage</th>
<th>South Forest Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watershed Area (acres)</td>
<td>Required Culvert Diameter (inches)</td>
</tr>
<tr>
<td>Ditch relief, seeps, springs, wet areas, draws</td>
<td>12</td>
</tr>
<tr>
<td>less than 32</td>
<td>18</td>
</tr>
<tr>
<td>33 - 74</td>
<td>24</td>
</tr>
<tr>
<td>75 - 141</td>
<td>30</td>
</tr>
<tr>
<td>142 - 240</td>
<td>36</td>
</tr>
<tr>
<td>241 - 366</td>
<td>42</td>
</tr>
<tr>
<td>367 - 546</td>
<td>48</td>
</tr>
<tr>
<td>547 - 787</td>
<td>54</td>
</tr>
<tr>
<td>788 - 1027</td>
<td>60</td>
</tr>
<tr>
<td>1028 - 1354</td>
<td>66</td>
</tr>
<tr>
<td>1355 - 1736</td>
<td>72</td>
</tr>
<tr>
<td>1737 - 2731</td>
<td>84</td>
</tr>
<tr>
<td>2732 - 4111</td>
<td>96</td>
</tr>
<tr>
<td>4112 - 5830</td>
<td>108</td>
</tr>
<tr>
<td>5831 - 8256</td>
<td>120</td>
</tr>
</tbody>
</table>

Culverts larger than one hundred twenty (120) inches must be designed; consider alternative structures.
iii. Relief culverts, and those used for seeps, springs, wet areas, and draws must not be less than twelve (12) inches in diameter for permanent installations.

f. On existing roads that are not reconstructed or damaged by catastrophic events, landowners or operators are encouraged, but not required, to replace or provide mitigation for culverts that do not provide for fish passage in accordance with Subparagraph 040.02.e.i. or cannot carry the fifty (50) year peak flow of Subparagraph 040.02.e.ii.

g. Plan and install stream crossings in compliance with the Stream Channel Protection Act (Title 42, Chapter 38, Idaho Code), Paragraph 030.07.b. and the culvert sizing requirements of Paragraph 040.02.e. Fords are acceptable stream crossing structures on small, shallow streams, with gradients less than four percent (4%). For fords: cross-drain and rock the road surface on each side of the stream for at least seventy-five (75) feet for Class I and at least thirty (30) feet for Class II streams; minimize sediment delivery to streams by limiting use to low water, dry, or frozen conditions; minimize hauling or equipment crossing trips during times of salmonid spawning and egg incubation.

h. Avoid reconstruction of existing roads located in SPZs, except for approaches to stream crossings, unless it will result in the least long-term impact on site productivity, water quality, and fish and wildlife habitat. Reconstruction of existing roads in SPZs requires a variance. Reusing existing roads in SPZs for skidding or landing logs requires a variance. Reusing existing roads in SPZs only for hauling fully suspended logs does not require a variance.

03. Road Construction. Landowners and operators must use the following practices to construct or reconstruct roads in a way that prevents debris, overburden, and other material from entering streams.

a. Construct roads in compliance with the planning guidelines of Subsection 040.02.

b. Clear all debris generated during construction or maintenance which potentially interferes with drainage or water quality. Deposit excess material and slash on geologically stable sites outside the SPZs.

c. Where sediments would enter streams, stabilize exposed material (road surface, cut slopes, fill slopes, borrow pits, waste piles, etc.) prior to seasonal runoff. Install supplemental stabilization measures such as seed and mulch, slash mats, or rock. Rock the road surface through the entire SPZ over Class I stream crossings.

d. Compact road fills. Minimize snow, ice, or frozen soil buried in embankments. Significant woody material is not allowed in fills, but slash may be used as a filter windrow along the fill toe in compliance with the Idaho Forestry Act and Fire Hazard Reduction Programs, Title 38, Chapters 1 and 4, Idaho Code.

e. During and following operations on out-sloped roads, retain out-slope drainage and remove berms on the outside edge, except those intentionally constructed for road grade fill protection.

f. Provide for drainage of quarries to prevent sediment from entering streams.

g. Construct cross-drains and relief culverts to minimize erosion. Use riprap, vegetative matter, downspouts, and similar devices to minimize erosion of the fill. Install drainage structures or cross-drain incomplete roads prior to seasonal runoff. If effective forest floor filtration is not available within SPZs, install supplemental filtration at drainage structure outlets or additional drainage structures outside SPZs to prevent road surface erosion from entering streams.

h. Postpone earthwork or material hauling during wet periods if erodible material would enter streams.

i. Remove or stabilize cut-slope material subject to sloughing concurrent with construction.

j. Construct full-bench roads, without fill slope disposal on slopes greater than sixty percent (60%) in unstable or erodible soils.
04. Road Maintenance. Landowners and operators must use the following practices for regular preventive maintenance operations to minimize disturbance and damage to forest productivity, water quality, and fish and wildlife habitat.

a. Place all debris or slide material associated with road maintenance in a manner to prevent their entry into streams.

b. Repair slumps, slides, and other erosion sources causing stream sedimentation to minimize sediment delivery.

c. Active forest roads are used for hauling forest products, rock and other road building materials. Conduct the following maintenance on active roads.
   i. Keep culverts and ditches functional.
   ii. Crown, out-slope, in-slope, or cross-drain road surfaces during and upon completion of seasonal operations. Remove berms from the outside edge except those intentionally constructed for protection of fills.
   iii. Maintain the road surface and postpone hauling during wet periods as necessary to minimize erosion of the subgrade and provide proper drainage.
   iv. Apply road-surface stabilizing materials in a way that prevents their entry into streams.
   v. During active maintenance, ensure road surfaces within SPZs are sufficiently stabilized. Install supplemental filtration at drainage structure outlets within SPZs if effective forest floor filtration is not available.

d. Incidental haul roads are roads with a primary purpose other than forest practices that are used for hauling logs during active harvest. Active road maintenance requirements apply. Once active road maintenance is completed, no other maintenance is required under the Act.

e. Inactive forest roads are no longer used for commercial hauling, but maintained for access. Conduct the following maintenance on inactive roads.
   i. When active use is over, clear ditches and culverts, crown, out-slope, in-slope, cross-drain or otherwise treat the road surface to minimize erosion. Maintain drainage structures as needed.
   ii. The roads may be permanently or seasonally blocked to vehicle traffic.

f. Long-term inactive roads are forest roads that will not be used soon, but may be used again; no subsequent maintenance is required following completion of the practices below:
   i. Out-slope, cross-drain, seed or treat the surface to control erosion.
   ii. Block the road to vehicle traffic.
   iii. The Department may require the removal of bridges, culverts, ditches and unstable fills. The landowner must maintain any bridges or culverts left in place.

g. Permanently abandoned roads are forest roads not intended to be used again. Remove all drainage structures and treat road surfaces to minimize erosion.
   i. Restore stream gradients to their natural slope.
   ii. Treat the road surface to break up compacted areas.
iii. Pull back fill slopes of roads within SPZs to a stable configuration unless long-term stability is evident. ( )

iv. Pull back unstable side-hill fills to a stable configuration. ( )

v. Control ditch-line erosion by cross-draining, out-sloping, or regrading to eliminate ditches. ( )

vi. Stabilize soil exposed from regrading, ripping, and drainage removal by seeding, mulching, armoring, or other treatment. ( )

05. Winter Operations. To minimize erosion and prevent damage to roads and constructed skid trails from winter logging, operators must implement the practices below:

a. Install adequate road drainage prior to winter operations using rolling dips, drivable cross-drains, open-top culverts, out slopes, or other methods. ( )

b. Maintain roads to keep the surface drained during thaws or break up. This may require active maintenance of existing drainage, drain holes in snow berms, and installation of additional cross-drains or treatment of the road surface. ( )

050. RESIDUAL STOCKING AND REFORESTATION.

01. Purpose. To provide requirements for residual stocking and reforestation that will maintain a continuous growing and harvesting of forest tree species, and for sites not requiring reforestation, to maintain soil productivity and minimize erosion. The rules specify the minimum number of acceptable trees per acre and the maximum period of time allowed after harvesting for establishment of forest tree species. ( )

02. Quality of Residual Stocking. On any operation, trees left for future harvest must be of acceptable species and adequately protected from harvest damage to enhance their survival and growth. Locate roads and landings and conduct felling, bucking, skidding, yarding, and decking operations to minimize damage to residual trees. Acceptable residual trees should have a minimum live crown ratio of thirty percent (30%), minimum basal scarring, and should not have dead or broken tops. When stands have a high percentage of unacceptable trees, consider stand replacement rather than intermediate cuttings. ( )

03. Sites Impractical to Reforest. Sites impractical to reforest, generally ponderosa pine and drier Douglas-fir habitat types, must not be harvested below minimum stocking, unless the site is converted to some other use or, in instances of wildfire, insects, disease or other natural causes, where salvage of damaged timber is planned. ( )

a. When harvesting timber on these sites, one (1) of the following actions must be taken to ensure minimum stocking: ( )

i. Establish a new stand by leaving seed trees on the site and inter-planting at least once within five (5) years of harvest completion. ( )

ii. Establish a new stand of timber by planting the site with an acceptable tree species, and inter-planting at least once within five (5) years of the original planting. ( )

b. If the efforts listed above in a.i. and a.ii. do not provide the minimum stocking level, the landowner will be encouraged but not required to perform additional reforestation efforts. ( )

04. Stocking.

a. Stocking is satisfactory immediately following harvest if the following number of acceptable trees per acre, within each specified region, for at least one (1) diameter range are reasonably well distributed over the area
affected by harvesting. (NOTE: (1) DBH = Diameter (outside of the bark) of a tree four and one half (4.5) feet above mean ground level):

**MINIMUM STOCKING - ACCEPTABLE TREES**

<table>
<thead>
<tr>
<th>Idaho Region</th>
<th>Diameter Range DBH (inches)</th>
<th>Average Number of Retained Trees Per Acre</th>
<th>Average Spacing (feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>0” – 2.9”</td>
<td>170</td>
<td>16 x 16</td>
</tr>
<tr>
<td>South</td>
<td>0” – 2.9”</td>
<td>125</td>
<td>18 x 18</td>
</tr>
<tr>
<td>North</td>
<td>3.0” – 10.9”</td>
<td>110</td>
<td>19 x 19</td>
</tr>
<tr>
<td>South</td>
<td>3.0” – 10.9”</td>
<td>75</td>
<td>24 x 24</td>
</tr>
<tr>
<td>North</td>
<td>11.0” and greater</td>
<td>20</td>
<td>46 x 46</td>
</tr>
<tr>
<td>South</td>
<td>11.0” and greater</td>
<td>15</td>
<td>53 x 53</td>
</tr>
</tbody>
</table>

b. If the stand consists of retained trees of mixed diameter ranges reasonably well distributed over the harvested area and none of the diameter ranges individually equal or exceed the minimum trees per acre shown above, stocking is satisfactory if the weighted total of all of the diameter ranges of the retained trees exceeds a value of one hundred seventy (170) for a stand in the North Region and one hundred twenty-five (125) in the South Region. Calculate the weighted total by multiplying the number of retained trees per acre in each diameter range by the weight below and then sum the results.

<table>
<thead>
<tr>
<th>Diameter Range</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>0” – 2.9”</td>
<td>1</td>
</tr>
<tr>
<td>3.0” – 10.9”</td>
<td>1.6</td>
</tr>
<tr>
<td>11.0” and greater</td>
<td>8.4</td>
</tr>
</tbody>
</table>

c. Harvested stands which are not adequately stocked, as defined above, are subject to supplemental reforestation requirements specified in Subsection 050.06.

05. **Reforestation Exemptions.**

a. Reforestation is not required for:

i. Noncommercial forest land;

ii. Land converted to another use. This may include land converted to roads used in a forest practice;

iii. A forest practice which will result in ten (10) acres or less below minimum stocking levels.

b. On lands where reforestation is not being planned in accordance with Subsection 050.03, establish some form of grass or planted cover within one (1) year in order to maintain soil productivity and minimize erosion.

06. **Supplemental Reforestation.** Seeding and/or planting may be required if after three (3) growing seasons from the date of harvest, stocking levels do not meet the standards in Subsection 050.04. Complete required seeding and/or planting before the end of the fifth growing season following the time of harvest; the Director must grant an extension of time if suitable seeds or seedlings are not available or if weather or other conditions interfere.
a. Reforestation practices must ensure seedlings become established. This can be accomplished by adequate site preparation, using acceptable seed or seedlings, following accepted planting or sowing practices, or other suitable means.

b. The party responsible for reforestation is the landowner during the harvest which reduced stand stocking below the minimum levels stated in Subsection 050.04.

051. -- 059. (RESERVED)

060. USE OF CHEMICALS AND PETROLEUM PRODUCTS.

01. Purpose. Chemicals perform an important function in growing and harvesting forest tree species. These rules regulate chemical handling, storage and application for forest practices so that the public health and aquatic and terrestrial habitats will not be endangered by contamination of streams or other bodies of water.

02. Other Applicable Laws. Anyone mixing, loading, applying or otherwise using chemicals must comply with the applicable portions of state and federal law, including but not limited to the Pesticide and Chemigation Law, Title 22, Chapter 34, Idaho Code and IDAPA 02.03.03, “Rules Governing Pesticide and Chemigation Use and Application.”

03. Petroleum Products. Stationary or mobile petroleum storage containers with capacities greater than two hundred (200) gallons must not be located closer than one hundred (100) feet from any waterway or area of open water. Dikes, berms or embankments must be constructed to contain at least one hundred ten percent (110%) of the volume of petroleum products stored within the tanks. Diked areas must be sufficiently impervious and of adequate capacity to contain spilled petroleum products. In the event any leakage or spillage enters any waterway or area of open water, the operator must immediately notify the Department.

a. During fueling operations or petroleum product transfer to other containers, there must be a person attending the operation at all times. Fueling operations must not take place where the fuel will enter streams, lakes or other areas of open water, if spillage occurs.

b. Equipment and containers used to transport, store or transfer petroleum products must be maintained in a leakproof condition. If the Department finds evidence of petroleum product leakage or spillage, the equipment or containers may not be used until the deficiency has been corrected.

c. Waste resulting from logging operations, such as crankcase oil, filters, grease, oil containers, or other nonbiodegradable waste must be removed from the operating area and disposed of properly.

04. Equipment Maintenance. Equipment used to transport, store, or apply chemicals must be maintained in leakproof condition. If the Department finds evidence of chemical leakage, the Department may suspend further use of that equipment until the deficiency has been corrected.

05. Mixing and Cleaning.

a. A person using water to mix chemicals must provide an air gap or reservoir between the water source and the mixing tank and use uncontaminated tanks, pumps, hoses and screens to handle and transfer mix water.

b. Chemicals may be mixed and tanks and equipment cleaned only where spills will not enter any water source.

i. Landing areas must be located where spilled chemicals will not enter any water source.

ii. Rinsate and wash water should be recovered and used for make-up water, be applied to the target area, or disposed of according to state and federal laws.
06. Aerial Application:
   a. With the exception of pesticides approved for aquatic use and applied according to labeled directions, when applying pesticide leave at least one (1) swath width (minimum one hundred (100) feet) untreated on each side of all Class I streams, flowing Class II streams and other areas of open water. When applying pelletized fertilizer, leave a minimum of fifty (50) feet untreated on each side of all Class I streams, flowing Class II streams, and other areas of open water.

   b. Use a bucket or spray device capable of immediate shutoff.
   c. Shut off chemical application during turns and over open water.

07. Ground Application with Power Equipment.
   a. With exception of pesticides approved for aquatic use and applied according to labeled directions, when applying pesticide, leave at least twenty-five (25) feet untreated on each side of all Class I streams, flowing Class II streams and areas of open water.

   b. When applying fertilizer, leave at least ten (10) feet untreated on each side of all streams and areas of open water.

08. Hand Application.
   a. Apply only to specific targets, such as a stump, burrow, bait, or trap.
   b. Keep chemicals out of all water sources or streams.

09. Limitations on Applications.
   a. Chemicals must be applied in accordance with all limitations and instructions printed on the product registration labels, supplemental labels, and others established by regulation of the Director.

   b. Do not exceed allowable rates.
   c. Prevent direct entry of chemicals into any water source or stream.

   a. When pesticides are applied on forest land, the operator must maintain a daily record of spray operations which includes:

      i. Date and time of day of application.
      ii. Name and address of owner of property treated.
      iii. Purpose of the application.
      iv. Contractor’s name and applicator’s or pilot’s name.
      v. Location of project (section, township, range and county).
      vi. Air temperature (hourly).
      vii. Wind velocity and direction (hourly).
      viii. Pesticides used including trade or brand name, EPA product registration number, mixture, application rate, carrier used and total amounts applied.
b. Whenever fertilizers or soil amendments are applied, the operator must maintain a daily record of such application which includes Subsection 060.10 and the name of the fertilizer or soil amendment and application rate.

c. The records required in Subsection 060.10 must be maintained in compliance with the record-keeping requirements of IDAPA 02.03.03, “Rules Governing Pesticide and Chemigation Use and Application.”

d. All records required in Subsection 060.10 must be retained for three (3) years.

11. Container Disposal. Chemical containers must be: cleaned and removed from the forest and disposed of in a manner approved by the Director in accordance with applicable local, state and federal regulations; or removed for reuse in a manner consistent with label directions and applicable regulations of a state or local health department. Open burning of containers is prohibited.

12. Spills. In the event of a spill:

a. All chemical accidents and spills must be reported immediately to the Director.

b. Appropriate procedures must be taken immediately to control the spill source and contain the released material.

c. The applicator must collect, remove, and dispose of spilled material in accordance with applicable local, state and federal law and in a manner approved by the Director.

13. Misapplications. Whenever chemicals are applied to the wrong site or pesticides are applied in a manner inconsistent with the product label, the applicator must report those misapplications immediately to the Director.

061. -- 069. (RESERVED)

070. SLASHING MANAGEMENT.

01. Purpose. To provide for slashing and fire hazard management resulting from harvesting, forest management, forest tree species improvement, or defoliation caused by chemical applications necessary to protect reproduction and residual stands, reduce risk from fire, insects and disease or optimize the conditions for future forest tree species regeneration and to maintain air and water quality, fish and wildlife-habitat.

02. Commercial Slash. Fuels and debris resulting from a forest practice involving removal of a commercial product must be managed as set forth in the Idaho Forestry Act, Title 38, Chapters 1 and 4, Idaho Code and the rules and regulations pertaining to forest fire protection.

03. Non-Commercial Slash. Fuels and debris resulting from a forest practice where no commercial product is removed must be managed in a manner as hereinafter designated under authority of the Idaho Forest Practices Act, Title 38, Chapter 13, Idaho Code.

a. Within ten (10) days or a time mutually agreed upon following receipt by the Department of the “Notification of Forest Practice” as provided in Subsection 020.05, the Department will make a determination of the potential fire hazard and hazard reduction and/or hazard offsets, if any, needed to reduce, abate or offset the fire hazard. This determination will be based on a point system found in Paragraph 070.03.e.

b. The operator, timber owner and landowner will be notified in writing of the determination and of the hazard reductions and/or hazard offsets, if any, that must be accomplished by the operator, timber owner or landowner. The notification will specify a reasonable time period not to exceed twelve (12) months from the date the forest practice commenced the hazard reduction completion and will specify the number of succeeding years that on site improvements or extra protection must be provided.
c. A release of all obligations under Subsection 070.03 will be granted in writing when the hazard reduction and/or hazard offsets have been accomplished. When hazard offsets are to be accomplished during succeeding years, the release will be conditioned upon the completion of the required hazard offsets. Notification of release will be mailed to the operator, timber owner and landowner within seven (7) days of inspection by the Department. Inspections by the Department will be made within ten (10) days of notification by the operator, timber owner or landowner unless otherwise mutually agreed upon.

d. If the Department determines upon inspection that the hazard reduction or hazard offsets have not been accomplished within the specified time limit, the Department may grant extensions of time, each not to exceed three months, if the Director determines that a diligent effort has been made and that conditions beyond the control of the party performing the hazard reduction or hazard offsets prevented completion. If an extension is not granted the Department will proceed as required in Section 38-1307, Idaho Code (Idaho Forest Practices Act).

e. For the purpose of determining the potential fire hazard and the appropriate hazard reduction and/or hazard offsets, the Department will use a point system with the following rating guides. A value of eighty (80) points or less for any individual forest practice under Subsection 070.03, as determined by the Department, will be sufficient to release the operator, timber owner and landowner of all further obligations under Subsection 070.03. Total points of the proposed forest practice will be determined from Tables I and II. If the total points are greater than eighty (80), modification of the thinning practice to reduce points may be made as determined by Tables I and II, slash hazard offsets may be scheduled to reduce points as determined by Table III or a combination of these options may be used to reduce the hazards to a point total of eighty (80) or less. Consideration will be given to the operator’s, timber owner’s and landowner’s preference in selecting the options to reduce the points to eighty (80) or less.

**TABLE I – HAZARD POINTS**

<table>
<thead>
<tr>
<th>Ave. DBH</th>
<th>Thinned Stems Per Acre</th>
<th>250</th>
<th>500</th>
<th>750</th>
<th>1000</th>
<th>1250</th>
<th>1500</th>
<th>1750</th>
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**TABLE II – HAZARD POINTS**

<table>
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<th>Ave. DBH</th>
<th>Thinned Stems Per Acre</th>
<th>250</th>
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### TABLE I – HAZARD POINTS

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</tr>
</tbody>
</table>

| TABLE II - HAZARD POINTS WORKSHEET |

#### HAZARD CHARACTERISTICS

- Fuel Quantity
  - Hazard points from Slash Hazard Table I 1/
  - Record number of trees/acre to be cut
  - Average D.B.H.
  - Predominant species

#### Size of thinning block

<table>
<thead>
<tr>
<th>Points</th>
<th>0 - 15</th>
<th>16 - 30</th>
<th>31 - 45</th>
<th>46 - 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acres</td>
<td>20</td>
<td>20 - 40</td>
<td>40 - 80</td>
<td>80</td>
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</tbody>
</table>

#### Site Factor

- Record Slope
- % Aspect

Determine points from table below 1/

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>PERCENT SLOPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - 19</td>
</tr>
<tr>
<td>E or NE</td>
<td>0</td>
</tr>
<tr>
<td>E or NW</td>
<td>0</td>
</tr>
<tr>
<td>W or SE</td>
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</tr>
<tr>
<td>S or SW</td>
<td>0</td>
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</table>

1/ Max. 60 points
### TABLE III - HAZARD OFFSETS

<table>
<thead>
<tr>
<th>Offsets</th>
<th>Hazard Point Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition of operating area before forest practice commences</td>
<td>0 - 20 points</td>
</tr>
<tr>
<td>Condition of adjoining area</td>
<td>0 - 20 points</td>
</tr>
<tr>
<td>Presence of snags and culls</td>
<td>0 - 5 points</td>
</tr>
<tr>
<td>Deterioration rate of slash</td>
<td>0 - 5 points</td>
</tr>
<tr>
<td>Time of year forest practice operation</td>
<td>10 points</td>
</tr>
<tr>
<td>October thru December</td>
<td>2 points</td>
</tr>
<tr>
<td>August thru September</td>
<td>4 points</td>
</tr>
<tr>
<td>January thru April</td>
<td>7 points</td>
</tr>
<tr>
<td>May thru July</td>
<td>10 points</td>
</tr>
<tr>
<td>TOTAL FOREST PRACTICE AREA POINTS (Max. 240 points)</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Factors

- For each of the following factors, points are awarded based on their impact on forest practice operation:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition of operating area before forest practice commences</td>
<td>0 - 20 points</td>
</tr>
<tr>
<td>Condition of adjoining area</td>
<td>0 - 20 points</td>
</tr>
<tr>
<td>Presence of snags and culls</td>
<td>0 - 5 points</td>
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</tr>
<tr>
<td>May thru July</td>
<td>10 points</td>
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</table>

#### Offsets

<table>
<thead>
<tr>
<th>Offsets</th>
<th>Hazard Point Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Changes to the Hazard (1)</td>
<td></td>
</tr>
<tr>
<td>(1) Points will be proportional to the amount of hazard disposed of or modified.</td>
<td></td>
</tr>
<tr>
<td>Disposal by burning or removal.</td>
<td>0 - 160</td>
</tr>
<tr>
<td>Modification by reducing depth through crushing, chipping or lopping.</td>
<td>0 - 60</td>
</tr>
<tr>
<td>On Site Improvements</td>
<td></td>
</tr>
<tr>
<td>Condition of main access road to forest practice area should allow movement of heavy trucks without difficulty.</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Access control to forest practice area provided by closure to public traffic.</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Availability of water for tankers within one mile of forest practice area or within three miles for helicopter bucket use. Water supply to be sufficient to supply at least fifty thousand (50,000) gallons.</td>
<td>0 - 15</td>
</tr>
<tr>
<td>Buffer zones of unthinned areas at least two chains in width between roadways and thinned areas.</td>
<td>0 - 10</td>
</tr>
<tr>
<td>Fuel breaks with slash hazard removal around and/or through forest practice area, located so as to provide optimum fire control effect and of two to four chains in width.</td>
<td>0 - 25</td>
</tr>
<tr>
<td>Fire trails with fuel removed to expose mineral soil to a width of twelve (12) feet. Maximum points allowed if combined with a fuel break.</td>
<td>0 - 15</td>
</tr>
</tbody>
</table>
071. **PRESCRIBED FIRE.**

01. **Purpose.** Prescribed fire is a land management tool. Smoke from prescribed fires can have adverse impacts on ambient air quality or public health. These rules establish a management system for smoke from prescribed fires that will protect air quality.

02. **Notification.** The use of prescribed fire requires a valid notification in accordance with Subsection 020.05 to maintain air quality and to protect public health. Possession of a valid notification will not preclude meeting the fire safety requirements specified in Section 38-115, Idaho Code.

03. **Recommended Practices.** To maintain air quality and protect public health the following practices are recommended:

   a. Slash and large woody debris piles should be compact and free of stumps, soil, snow, and nonwoody organic material.

   b. Piles should be fully cured, dried at least two (2) months, prior to ignition. Piles should be at least partially covered with a water-resistant material so they can be ignited after enough precipitation to lower the fire danger.

   c. Broadcast burns should be conducted within a prescription that minimizes adverse effects on air quality.

   d. Membership in good standing in a recognized Airshed Group is encouraged.

072. -- 999. (RESERVED)
IDAPA 20 – IDAHO DEPARTMENT OF LANDS

20.03.09 – EASEMENTS ON STATE-OWNED NAVIGABLE WATERWAYS

DOCKET NO. 20-0309-2101 (NEW CHAPTER, FEE RULE)

NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 58-104(6), Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 15, 2021.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Following Executive Order 2020-01, Zero-Based Regulation, this rule chapter is scheduled to be repealed and replaced in 2021 for review during the 2022 legislative session. The overall regulatory burden has been reduced by decreasing both total word count and the number of restrictive words in the new rule chapter. Application fees have been increased to cover the costs of reviewing applications. Appraisals, if needed, will now be paid for by the applicant and will not be performed by qualified Department staff. The Director’s approval authority is raised from a compensation of $10,000 up to $25,000. This corresponds with the same approval authority for easements on endowment lands.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased:

The $300 application fee established in 1993 is increased to $500. Supplemental compensation for dams is kept at $1,000 plus $5 per megawatt up to a maximum of $20,000. Supplemental compensation for using navigable waterways in lieu of adjacent uplands will be determined based on the market value of those adjacent uplands. Assignment fees remain $50. Fees are being imposed pursuant to Sections 58-104, 58-127, and 58-603, Idaho Code.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year resulting from this rulemaking: N/A


INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Eric Wilson at (208) 334-0261 or ewilson@idl.idaho.gov.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this 30th day of July, 2021.

Eric Wilson, Resource Protection & Assistance Bureau Chief
Idaho Department of Lands
300 N. 6th Street, Suite 103
P.O. Box 83720
Boise, Idaho 83720-0050
Phone: (208) 334-0261
Fax: (208) 334-3698
rulemaking@idl.idaho.gov
THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 20-0309-2101
(New Chapter – Zero-Based Regulation Rulemaking)

20.03.09 – EASEMENTS ON STATE-OWNED NAVIGABLE WATERWAYS

000. LEGAL AUTHORITY.
These rules are promulgated pursuant to, and are to be construed in a manner consistent with, the duties and responsibilities of the Board as set forth in Title 58, Chapters 1, 6, and 13, Idaho Code, and the Equal Footing Doctrine (Idaho Admission Act of July 3, 1890, 26 Stat. 215, Chapter 656).

001. SCOPE.
These rules apply to the issuance of easements for all uses above, across, over, in, through, upon, and under the beds of navigable waterways, including dams that span the entire width of a state-owned navigable waterway regardless of the dam’s purpose, with the following exceptions:

01. Small Water Delivery Structures. Irrigation facilities, diversion facilities, temporary irrigation berms, headgates, and turnouts that do not span the entire width of the navigable waterway, and domestic water supply intake lines capable of drawing less than five (5) cubic feet per second of water;

02. Uses Authorized by Lease. When a lease issued under IDAPA 20.03.17 is more usual and customary such as for marinas, docks, float homes, and similar facilities; and

03. Short Term Uses. Temporary uses, facilities, and structures with a lifespan of ten (10) years or less that are authorized by revocable temporary permits.

002. (RESERVED)

003. ADMINISTRATIVE APPEALS.
An applicant aggrieved by a decision of the Director under these rules may request a hearing before the Board, but must do so within thirty (30) calendar days after receipt of written notice of the Director’s decision. Failure to make said request within the thirty (30) day period constitutes a waiver of the applicant’s right to a hearing before the Board. Pursuant to Title 67, Chapter 52, Idaho Code, the applicant may appeal an adverse decision of the Board.

004. -- 009. (RESERVED)

010. DEFINITIONS.

01. Board. The Idaho State Board of Land Commissioners or its designee.

02. Dam. Any artificial barrier placed across a navigable river or stream.

03. Department. The Idaho Department of Lands.

04. Director. The Director of the Idaho Department of Lands or his designee.

05. Easement. A non-possessory interest in land for a specific purpose including rights of way. Such interest may be limited to a specific timeframe.

06. Grantee. The party to whom the easement is granted and their assigns and successors-in-interest.
07. **Grantor.** The State of Idaho and its assigns and successors-in-interest

08. **Hydroelectric Facilities.** The dam, diversion, penstock, transmission lines, water storage area, powerhouse and other facilities related to generating electric energy from water power.

09. **Market Value.** The most probable price at a specified date, in cash, or on terms reasonably equivalent to cash, that the property should bring in a competitive and open market under all conditions requisite to an arm’s-length sale, the buyer and seller each acting prudently and knowledgeably, and assuming the price is not affected by undue stimulus.

10. **Natural or Ordinary High Water Mark.** The line that the water impresses upon the soil by covering it for sufficient periods of time to deprive the soil of its vegetation and destroy its value for agricultural purposes. When the soil, configuration of the surface, or vegetation has been altered by human activity, the natural or ordinary high water mark will be located where it would have been if this alteration had not occurred.

11. **Person.** An individual, corporation, partnership, limited liability company, association, trust, unincorporated organization or other legal entity qualified to do business in the state of Idaho, and any federal, state, county, or local unit of government.

12. **State-Owned Navigable Waterways and Navigable Waterways.** As used in these rules, the beds of all navigable waterways up to the natural or ordinary high water mark as of the date Idaho was admitted into statehood. This includes any such bed that was formerly submerged and subsequently filled, and is now uplands because of human activity (e.g., dikes, berms, jetties) or by natural processes, and includes islands within navigable waterways resulting from human activity or by natural processes.

13. **Temporary Permit.** A revocable instrument authorizing a specific use on navigable waterways usually issued for five (5) years or less, but that may be issued for up to ten (10) years.

14. **Uplands.** The land bordering on navigable waterways.

011. **POLICY.**

01. **Regulation of the Beds of Navigable Waters.** It is the policy of the State of Idaho to regulate and control the use or disposition of the beds of navigable waterways so as to provide for their commercial, navigational, recreational or other public use; provided, that the Board will take no action in derogation of or seeking to interfere with the riparian or littoral rights of upland land owners.

a. These rules will not be construed as adversely affecting any valid easement or other right granted by the Department prior to May 23, 1984.

b. The Board or Director will not grant an easement for any use, facility, or structure that would impair those uses of navigable waterways protected under the public trust doctrine.

02. **Exercise of State Title.** The State of Idaho exercises its title over the beds of all lakes, rivers, and streams that are navigable in fact. Information about lakes, rivers, and streams deemed navigable by the State of Idaho is available from the Department.

03. **Stream Channel and Encroachment Permits.** Issuance of an easement is contingent upon the applicant first obtaining a stream channel alteration permit if required by the Idaho Department of Water Resources, pursuant to Title 42, Chapter 38, Idaho Code, or a lake encroachment permit if required by the Department, pursuant to Title 58, Chapter 13, Idaho Code.

04. **Other Permits.** Issuance of an easement does not relieve an applicant of acquiring other permits and licenses that are required by law.

05. **Existing Easements.** These rules apply to existing easements on navigable waterways. However, it
is not necessary for a person possessing a valid easement obtained on or after May 23, 1984 to file a new easement application if the location or use of the easement has not changed.

06. Limitation on Easement Grant. An easement grants only such interest to the grantee as is specified within the document, including the legal right to occupy and use the navigable waterways for the specified purpose in the easement without interference by the grantor, except as otherwise provided by law. The legal right to use the navigable waterways for all other purposes not inconsistent with the grantee’s interest remains with the grantor.

07. Minimum Width. The minimum width of any easement granted is eight (8) feet.

020. FEES AND COMPENSATION.

01. Administrative Fee. Applications for easements must be accompanied by a one-time nonrefundable administrative fee of five hundred dollars ($500). No supplemental compensation in excess of this fee is required for the following:

a. An easement for a use, facility, or structure for which the navigable waterway poses an obstacle or barrier for construction or operation of the use, facility, or structure, or where the applicant demonstrates, and the Director or Board concurs, that the impact of the use, facility, or structure on the navigable waterways is less than the impact on the other values associated with the adjacent upland such as conservation of resources, significant cost savings to the public, or accessibility.

b. An easement for a dam that does not produce hydroelectric power and is less than ten (10) feet in height as measured from the natural bed at the downstream side.

02. Supplemental Compensation. In addition to the fee in Subsection 020.01, supplemental compensation is required for:

a. New and renewed easements for all dams of any size that produce hydroelectric power and all dams that are ten (10) feet and higher as measured from the natural bed at the downstream side. Supplemental compensation for all such easements is one thousand dollars ($1,000), and hydroelectric facilities will also have an additional payment of five dollars ($5) per megawatt of installed capacity as determined by the nameplate rating of that facility. If the facility is situated on a Snake River segment that is a common border with the state of Oregon or the state of Washington, the installed capacity will be prorated based on the location of the common border across the dam’s centerline for the purpose of calculating the compensation. Total compensation for a new or renewed easement for a hydroelectric facility is a maximum of twenty thousand dollars ($20,000). If an easement for a hydroelectric facility has been issued prior to relicensing, the fee will be prorated based on a fifty (50) year use period. The fee for annual extensions that are frequently issued by United States Federal Energy Regulatory Commission (FERC) because of permitting delays prior to issuance of the major FERC license will be prorated based on a fifty (50) year use period.

b. An easement over navigable waterways for any use, facility, or structure, that is not a dam or hydroelectric facility, and would use navigable waterways as a substitute for, or to reduce or eliminate the use of, uplands. Supplemental compensation for such easements will be a one-time payment based on the market value of the adjacent uplands on which the use is avoided. In the case of filled lands, the value will be based on the highest and best use of the adjacent uplands. The compensation will be determined by appraisal.

03. Appraisal. The easement appraisal will be conducted by a licensed appraiser selected by the Department, although the applicant may propose an appraiser to the Department. The Department will provide appraisal instructions. The appraisal will be performed in a timely manner, and a copy sent to the Department and the applicant. The expense of the appraisal will be borne by the applicant.

021. -- 029. (RESERVED)
030. TERM OF EASEMENT.

01. Permanent Uses. A permanent easement will be issued for uses, facilities, and structures that are normally considered permanent in nature, such as bridges, utility crossings, highway fills, and dams.

02. Term Easements. A term easement will be issued for a specific time period of ten (10) to fifty-five (55) years and will be issued for those uses, facilities, and structures not normally considered permanent in nature.

03. Federally Licensed Facilities. The term of an easement for all federally licensed hydroelectric facilities on navigable waterways will run concurrently with the term of such license issued by FERC, or its successor, authorizing the facility. Easements for hydroelectric facilities for which FERC has issued a conduit exemption will not exceed fifty-five (55) years.

031. -- 039. (RESERVED)

040. USE, FACILITY, OR STRUCTURE MODIFICATION.
Modification of an existing use, facility, or structure will require an easement or an amendment to an existing easement and will be processed in the same manner as a new application. Modification includes expanding the use or easement area, or changing the location of the use or easement area. Modification does not include ordinary maintenance, repair, or replacement of existing structures such as poles, wires, and cables.

041. -- 049. (RESERVED)

050. ASSIGNMENTS.

01. Assignment Fee. Easements may be assigned upon prior approval of the Director. The assignor and assignee must complete the Department’s standard assignment form and forward it and the nonrefundable assignment fee of fifty dollars ($50) to any Department office.

02. Prior Written Consent. An assignment is not valid without the written consent of the Director which will not be unreasonably withheld. The Department will work diligently to complete assignments within sixty (60) days after receipt of the standard assignment forms and all associated information.

051. -- 059. (RESERVED)

060. ABANDONMENT, RELINQUISHMENT, AND TERMINATION.

01. Section 58-603, Idaho Code. The provisions of Section 58-603, Idaho Code relating to rights-of-way apply to all easements over state-owned navigable waterways.

02. Non-Use. Upon termination of an easement for any reason, the Director will provide the grantee with a specific, but reasonable, period of time (up to twelve (12) months) to remove all facilities or structures. Failure to remove all facilities or structures within such time period established by the Director will be deemed a trespass on state-owned navigable waterways.

03. Voluntary Relinquishment. The grantee may voluntarily relinquish the easement at any time by submitting a letter or relinquishment form in recordable format to the Department. Voluntary relinquishment of an easement does not waive or forgive any accrued obligation of the easement holder including the obligation to remove facilities as required in Subsection 060.02.

061. -- 069. (RESERVED)

070. PROCEDURE.

01. Application. An easement application submitted to the Department must contain:
IDaho DEPARTMENT OF LANDS
Easements on State-Owned Navigable Waterways
Docket No. 20-0309-2101
Proposed (Fee) Rule

02. Engineer Certification. All maps, plans, and field notes attached to an application for rights-of-way for ditches and reservoirs governed by Section 58-601, Idaho Code, must be certified by the engineer under whose direction such surveys or plans were made and filed with the Department and the Idaho Department of Water Resources.

03. Decision on Application. Upon proper application and payment of the fees, appraisal costs, and supplemental compensation required pursuant to these rules, the Director may, after appropriate review and consideration of the facts and the law, grant an easement encumbering navigable waterways for any public or private purpose. The Director may deny an application for easement upon a finding that issuance would not be consistent with law or these rules. Such denial or approval will be in writing within six (6) months of the receipt of a complete application.

04. Director's Decision. The Director may grant and renew easements in all cases except when the compensation will exceed twenty-five thousand dollars ($25,000), exclusive of the payment for any damage or impairment of rights to the remainder of the property.

05. Board Decision. Easement applications where compensation exceeds twenty-five thousand dollars ($25,000), or that are of a complex and unusual nature as determined by the Director, will be presented to the Board for appropriate action.

06. Notification. If the application is approved, the applicant will be notified in writing of the amount due to the Department. If the application is denied, the applicant will be notified in writing of the reasons for the denial.

080. EASEMENT ACCESS AND EMERGENCY WORK.

01. Use of Land. The grantee has the right to use such portion of the navigable waterways adjacent to and along said easement as may be reasonably necessary in connection with the installation, repair, and replacement of the use, facility, or structure authorized by the easement. If such activities cause soil disturbance, the destruction of vegetation, and/or entering the bed below the natural or ordinary high water mark, the grantee will obtain prior written authorization from the Department. The grantee is responsible for any damage to lands or other resources outside the easement area.

02. Emergency Work. The grantee is authorized to enter upon navigable waterways lying outside the easement area for the purpose of performing emergency repairs on an easement for damage due to floods, high winds, and other acts of God, provided that the grantee provides written notice to the Department within forty-eight (48) hours of the time work commences. The grantee is responsible for any damage to lands or other resources outside the easement area.
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 38-1208 and 38-1220, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

<table>
<thead>
<tr>
<th>Wednesday, September 15, 2021 – 10:00 a.m. (PT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho Department of Lands</td>
</tr>
<tr>
<td>Louise Shadduck Building</td>
</tr>
<tr>
<td>Sundance Conference Room</td>
</tr>
<tr>
<td>3284 West Industrial Loop</td>
</tr>
<tr>
<td>Coeur d’Alene, ID 83815</td>
</tr>
<tr>
<td>To attend by Zoom:</td>
</tr>
<tr>
<td><a href="https://idl.zoom.us/j/83863508799?pwd=SD1vUkpMQjBEREf6Wkk5QnBFenFzUT09">https://idl.zoom.us/j/83863508799?pwd=SD1vUkpMQjBEREf6Wkk5QnBFenFzUT09</a></td>
</tr>
<tr>
<td>To attend by telephone call: 1 (253) 215 8782</td>
</tr>
<tr>
<td>Meeting ID: 838 6350 8799, Passcode: 479216</td>
</tr>
</tbody>
</table>

The hearing site will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The Idaho Board of Scaling Practices is proposing adoption of a new cubic log scaling manual to give another option as to how logs are scaled. The new cubic manual would be an alternative to the current “Idaho Log Scaling Manual” and is not meant as a replacement. Current rules of the Idaho Board of Scaling Practices allow for cubic log scaling; however, the Scaling Board does not have a cubic scaling manual that establishes the rules and procedures for cubic log scaling. This rulemaking is needed to maintain a consistent cubic scale volume anywhere within the state should parties elect to scale in cubic volume. By adopting the “Idaho Cubic Log Scaling Manual,” this rulemaking would ensure that both Scribner and cubic scaling methods are compliant with the current rules as established by the Idaho Board of Scaling Practices.

Following Executive Order 2020-01, Zero-Based Regulation, this rule chapter is scheduled to be repealed and replaced in 2021 for review during the 2022 legislative session. This proposed rulemaking removes words and restrictions, wherever possible, to decrease the total word count and reduce the overall regulatory burden.

FEE SUMMARY: Following are the previously approved and codified fees that have not changed: scaling assessment fee paid to a dedicated scaling account for all scaled timber harvested within the state of Idaho; administrative fees for registration, renewal, and transfer of log brands; fees for testing and issuance of a temporary scaling permit, specialty scaling license, and standard scaling license; fee to renew a specialty or standard scaling license; and fee for a requested check scale involving a scaling dispute. These fees are being imposed pursuant to Section 38-1209, Idaho Code.

This rulemaking does not change any of the fees imposed.
FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking:

These rules will have no impact on the state general fund.


INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule:

The Idaho Log Scaling Manual and the Idaho Cubic Log Scaling Manual contain the rules and procedures used to scale logs in the state of Idaho. These rules and procedures vary from other states and are not available elsewhere.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the proposed rule, contact Russ Hogan at (208) 769-1445.

SUBMISSION OF WRITTEN COMMENTS: Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this 30th day of July, 2021.

Russ Hogan, Executive Director
Idaho Board of Scaling Practices
3284 W Industrial Loop
Coeur d’Alene, ID 83815
Phone: (208) 769-1445
Fax: (208) 765-1524
stibsp@ibsp.idaho.gov

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 20-0601-2101
(New Chapter – Zero-Based Regulation Rulemaking)

20.06.01 – RULES OF THE IDAHO BOARD OF SCALING PRACTICES

000. LEGAL AUTHORITY.
In accordance with Section 38-1208 and Title 67, Chapter 52, Idaho Code, the Board has the power to adopt and amend rules.

001. SCOPE.
These rules govern the assessments, payment for logging and hauling, licensing standards and renewals, method of scaling forest products for commercial purposes, and check scaling operations.

002. INCORPORATION BY REFERENCE.
The following documents are incorporated by reference herein:


003. -- 009. (RESERVED)

010. **DEFINITIONS.**

01. **Board.** The Idaho Board of Scaling Practices.

02. **Check Scaling.** The comparison of scaling practices between a Board-appointed check scaler and any other scaler.

03. **Combination Log.** Any multiple-segment log involving more than one (1) product classification.

04. **Cubic Volume.** A log rule that uses the Smalian formula as its basic unit of measure, determined on the basis of a mathematical formula, rounded to one tenth a cubic foot. The Smalian cubic foot volumes are listed in the “Idaho Cubic Log Scaling Manual” Appendix.

05. **Decimal “C.”** A log rule that uses tens of board feet as its basic unit of measure; one (1) decimal “C” equals ten (10) board feet. The Idaho Scribner decimal “C” volumes as listed in the Appendix of the “Idaho Log Scaling Manual” and the “Idaho Cubic Log Scaling Manual.”

06. **Gross Scale.** The log rule volume of timber products before deductions are made for defects.

07. **Log Brands.** A unique symbol or mark placed on or in forest products to identify ownership.

08. **Net Scale.** The remaining log rule volume of timber products after deductions are made for defects, based on product classification.

09. **Product Classification.** Classification as sawlog, pulp log, or cedar products log for purposes of net scale determination or check scaling.

10. **Purchaser.** The principal individual, partnership, or corporation entitled to ownership at the first determination of scale for forest products harvested in Idaho.

11. **Requested Check Scale.** A check scale performed pursuant to Section 820 of these rules.

12. **Relicense Check Scale.** A check scale requested and scheduled in advance, by a licensed scaler, for purposes of license renewal.

13. **Routine Check Scale.** A check scale that is not a relicense, temporary permit, or requested check scale.

14. **Temporary Permit Check Scale.** A check scale performed pursuant to Section 240 of these rules.

15. **Written Scaling Specifications.** A written document provided to the scaler that states the information necessary to scale logs in accordance with a contractual scaling agreement.

011. -- 049. (RESERVED)
050. ASSESSMENT. In accordance with Section 38-1209, Idaho Code, the Board is authorized and directed to levy an assessment. ( )

01. Purchaser. The purchaser pays the assessment levied by the Board. ( )

02. Assessment. The assessment must be transmitted to the Board on or before the twentieth (20th) day of each month for all timber harvested during the previous month. Forms provided by the Board must be completed and submitted with the assessment. ( )

03. Weight. There is no assessment on forest products harvested and purchased solely on the basis of weight. ( )

051. -- 099. (RESERVED)

100. PAYMENT FOR LOGGING OR HAULING. Provisions of Section 38-1220(b), Idaho Code, govern payment for logging or hauling. ( )

01. Gross Scale Determination. Gross scale is determined by the methodology stated in Chapter Two (2) of the “Idaho Log Scaling Manual” or the “Idaho Cubic Log Scaling manual.” ( )

02. Compliance with Gross Scale Determination. Notwithstanding the methodology contained in the “Idaho Log Scaling Manual,” or the “Idaho Cubic Log Scaling Manual,” compliance is met when check scale results on gross scale comparisons are within allowable standards of variation as provided in these rules. ( )

101. -- 199. (RESERVED)

200. LICENSES.

01. Application Form. Application for a scaling license is made on a form provided by the Board. ( )

02. Revocation or Suspension for Incompetency. If check scale results on three (3) occasions in any twelve (12) month period are unacceptable based on standards of variation established under Section 810, the scaler’s license may be revoked or suspended as provided in Section 38-1218, Idaho Code. ( )

201. -- 219. (RESERVED)

220. APPRENTICESHIP CERTIFICATE.

01. Procedure to Obtain Certificate. After submitting the application form, an apprentice candidate must take the written examination. Upon passing the written examination, the Apprenticeship Certificate will then be issued at no charge. ( )

02. Regulations Governing Use of Certificate. The apprentice may scale only under the direct supervision of a licensed scaler. The scale determined by the apprentice may not be used as the sole basis for payment. ( )

221. -- 239. (RESERVED)

240. TEMPORARY PERMIT.

01. General. Is issued for a period of time, not to exceed three (3) months, to individuals with previous scaling experience who need to scale for commercial purposes. ( )

02. Procedure to Obtain. Submit the application form; remit a twenty-five dollar ($25) fee; submit a letter from the employer requesting the temporary permit and identifying where the permittee would be scaling; take and pass the written portion of the scaler’s examination; and demonstrate practical scaling abilities through an
acceptable check scale.

03. Regulations Governing Use of Temporary Permit.
   a. Permits expire at the next practical examination date or three (3) months from the date of issuance, whichever comes first. The scale determined by a temporary permittee may be used as a basis for payment.
   b. Should a temporary permittee fail to take the practical portion of the scaler’s examination after being notified in writing of the time and place of said examination, the temporary permit will be canceled.
   c. Temporary permits will not be issued to anyone who has failed the practical examination two (2) or more times, until thirty (30) days following the individual’s last exam failure.

241. -- 259. (RESERVED)

260. SPECIALTY LICENSE.
   01. General. Is issued where the applicant is not required to possess the exacting skills needed to scale sawlogs.
   02. Procedure to Obtain. Submit the application form, a twenty-five dollar ($25) fee, a letter from the employer describing the justification for issuance of a specialty license, and successfully complete the examination.

   03. Regulations Governing Use of Specialty License. The holder may scale only the products specified on the individual’s license.

261. -- 279. (RESERVED)

280. STANDARD LICENSE.
   01. General. Is issued to individuals who demonstrate competency in scaling principles and techniques.
   02. Procedure to Obtain. Submit the application form, remit the required twenty-five dollar ($25) fee, and take and pass the examination as described under Section 300.

   03. Regulations Governing Use of Standard License. The holder is qualified to scale all species and products.

281. -- 299. (RESERVED)

300. STANDARD LICENSE EXAMINATION.
To be taken by all persons applying for the standard license.
   01. Written Examination.
   a. Based upon Chapters 1, 2, and 3 of the “Idaho Log Scaling Manual.”
   b. Any score of seventy percent (70%) or better is a passing grade.
   c. The written test must be taken and passed before the practical examination is attempted.

   02. Practical Examination.
   a. The practical examination for a scaler’s license will consist of scaling a minimum of not less than two hundred (200) logs with a net decimal “C” scale determination for sawlogs of not less than twenty thousand
(20,000) board feet, or not less than fifteen thousand (15,000) board feet in the southeast Idaho area.

b. The logs will first be scaled by three (3) qualified check scalers, or two (2) or more qualified check scalers in the southeast Idaho area, and the agreed-upon results will be the basis for grading the examination.

c. To obtain a passing grade, a scaler must be within allowable limits of variation in the following categories:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ALLOWABLE VARIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Volume</td>
<td>For logs in round form +/- 2.0%</td>
</tr>
<tr>
<td></td>
<td>For logs in fractional or slab form +/- 5.0%</td>
</tr>
<tr>
<td>Net Volume</td>
<td>Check scale percent of defect on logs checked</td>
</tr>
<tr>
<td></td>
<td>Up to 10 +/- 2.0%</td>
</tr>
<tr>
<td></td>
<td>10.1 to 15 +/- 3.0%</td>
</tr>
<tr>
<td></td>
<td>15.1 to 20 +/- 0.2% for each percent of defect</td>
</tr>
<tr>
<td></td>
<td>Over 20 +/- 5.0%</td>
</tr>
<tr>
<td></td>
<td>Species identification errors 3.0%</td>
</tr>
</tbody>
</table>

301. -- 399. (RESERVED)

400. RENEWAL OF STANDARD AND SPECIALTY LICENSES.
For scalers who hold “Standard” and “Specialty” licenses, the renewal process is as follows.

01. To Renew a License by the Expiration Date. Receive an acceptable check scale performed by a Board check scaler and pay renewal fee of twenty-five dollars ($25).

02. To Renew a License Within Two Years After The Expiration Date:

a. Receive an acceptable check scale performed by a Board check scaler. If the check scale is unacceptable, the individual must reapply for the standard license.

b. Pay renewal fee of twenty-five dollars ($25).

03. To Renew a License More Than Two Years After The Expiration Date. An individual must reapply for the standard license.

04. Option to a Check Scale for Standard License Renewal. A passing practical examination may be used in-lieu-of a check scale for renewal.

05. Option to a Check Scale for Specialty License Renewal. An examination set by the Board may be used in-lieu-of a check scale for specialty license renewal.

401. -- 499. (RESERVED)

500. METHOD OF SCALING FOREST PRODUCTS FOR COMMERCIAL PURPOSES.

01. Scribner Decimal “C”. Log scaling by the Scribner decimal “C” method must be made according to scaling practices and procedures described in the “Idaho Log Scaling Manual” or the “Idaho Cubic Log Scaling Manual” and Sections 501 through 504 of these rules.

02. Cubic Volume. Log scaling by a cubic volume method must be made according to scaling
practices and procedures described in the “Idaho Cubic Log Scaling Manual” and Sections 501 through 504 of these rules.

03. Other Scaling Methods. Log scaling by any method other than Scribner decimal “C” or cubic volume will be considered and determined by the Board upon written request.

501. GROSS VOLUME CONVERSIONS.

01. Conversion to Gross Decimal “C” or Gross Cubic Volume. Gross volume measurement determined in a manner other than decimal “C” or cubic volume will be converted to an equivalent decimal “C” or cubic volume gross scale.

02. Conversion Factors. Measurement procedures and converting factors described in the Special Situations Measurement section, Chapter Two (2) of the “Idaho Log Scaling Manual,” may be used to express decimal “C” board foot equivalents.

03. Other Conversion Factors. Measurement procedures and converting factors not listed in the “Idaho Log Scaling Manual” will be considered and determined by the Board upon written request.

502. GENERAL SCALING REQUIREMENTS.

01. Written Scaling Specifications. At any scaling site, licensed scalers will be provided with a written document that states the information necessary to scale logs in accordance with a contractual scaling agreement.

02. Recording Measurements on Scale Tickets. For each log scaled, scalers must record a combination of data from which both gross and net volume can be derived. This data includes scaling length and scaling diameter(s).

03. Load Identification. Scalers must ensure that all loads are readily identifiable upon completion of scaling.

503. GROSS SCALE DETERMINATION.

Contractual scaling agreements regarding gross scale determination may not establish any scaling requirement that differs from those stated in the “Idaho Log Scaling Manual” or the “Idaho Cubic Log Scaling Manual” except for a minimum top diameter that may be smaller than five and fifty-one hundredths inches (5.51”) actual measure. Licensed scalers will be provided with written scaling specifications that denote any minimum top diameter that is smaller than five and fifty-one hundredths inches (5.51”) actual measure.

504. NET DECIMAL “C” SCALE DETERMINATION.

Contractual scaling agreements regarding net scale determination may establish scaling requirements that differ from those stated in the “Idaho Log Scaling Manual” or the “Idaho Cubic Log Scaling Manual.” Licensed scalers will be provided with written scaling specifications that clearly describe any changes in net scale scaling practices.

505. -- 799. (RESERVED)

800. CHECK SCALING PROCEDURES.

01. Valid Check Scale.

a. Check scaling requires a minimum of fifty (50) logs containing a decimal “C” gross scale of at least ten thousand (10,000) board feet. When other methods of measurement are used, the check scaler will investigate the situation and determine the most logical method of check scaling.

b. Check scaling will be performed without scaler’s knowledge, when possible.

c. Check scales are performed only on logs that are in the same position as presented to the scaler.
d.  Check scales will not be performed if the logs are not spread adequately enough, in the check scaler’s discretion, to allow for accurate scaling. If these conditions arise, the check scaler must provide a written report describing the conditions and surrounding circumstances. The Board will make a decision as to the disposition of these conditions and direct the check scaler accordingly.

e.  The check scaler must use the written scaling specifications that have been provided to the scaler. In the absence or omission of written scaling specifications, logs will be check scaled according to scaling methodology stated within the “Idaho Log Scaling Manual” or the “Idaho Cubic Log Scaling Manual.”

02.  Cooperative Scaling.  Cooperative scaling involves two (2) scalers, using different scaling specifications, working together to determine the log scale volume. In these instances, each scaler is individually responsible for the scale recorded.

03.  Team Scaling.  Team scaling is two (2) scalers, using the same scaling specifications, working together to determine the log scale volume. In these instances, both scalers are responsible for the scale recorded, except that if one (1) of the individuals is an apprentice scaler, the licensed scaler is responsible for the scale recorded.

04.  Holding Check Scale Log Loads.  All log loads involved in an unacceptable check scale will be held at the point of the check scale until the logs have been reviewed with the scaler, or for a period up to forty-eight (48) hours.

a.  During this period the load(s) may not be moved or tampered with in any way.

b.  The Board’s check scaler will mark all loads that must be held, and notify the scaler and landing supervisors.

801. -- 809.  (RESERVED)

810.  CHECK SCALING STANDARDS OF VARIATION.

01.  Allowable Limits of Variation.  To determine a check scale as acceptable or unacceptable for Board consideration, and when the method of measurement is the Coconino Scribner decimal C log rule, a scaler must be within allowable limits of variation in the following categories:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th></th>
<th>ALLOWABLE VARIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Volume</strong></td>
<td>For logs in round form</td>
<td>+/- 2.0 percent</td>
</tr>
<tr>
<td></td>
<td>For logs in fractional or slab form</td>
<td>+/- 5.0 percent</td>
</tr>
<tr>
<td><strong>Net Volume</strong></td>
<td>Check scale percent of defect on logs checked</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sawlogs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 10</td>
<td>+/- 2.0 percent</td>
</tr>
<tr>
<td></td>
<td>10.1 to 15</td>
<td>+/- 3.0 percent</td>
</tr>
<tr>
<td></td>
<td>15.1 to 20</td>
<td>+/- 0.2 percent for each percent of defect</td>
</tr>
<tr>
<td></td>
<td>Over 20</td>
<td>+/- 5.0 percent</td>
</tr>
<tr>
<td></td>
<td>Pulp Logs</td>
<td>+/- 5.0 percent</td>
</tr>
<tr>
<td></td>
<td>Cedar Product Logs</td>
<td>+/- 8.0 percent</td>
</tr>
<tr>
<td></td>
<td>Species Identification Errors</td>
<td>3.0 percent</td>
</tr>
<tr>
<td></td>
<td>Product Classification Errors</td>
<td>3.0 percent</td>
</tr>
</tbody>
</table>
02. **Combination Logs.** For purposes of determining product classification errors, combination logs are counted as one-half (1/2), one-third (1/3), one-fourth (1/4) -- depending on the number of scaling segments -- to arrive at a piece or log count variation. Combination logs will be considered only when provided for in a contractual scaling agreement or written scaling specifications.

03. **Check Scales Involving Multiple Variations.** Some check scales will involve more than one (1) parameter of variation. The overall allowable limit of variation to determine acceptability or unacceptability of the total gross or net scales is determined by the following formula:

\[
\text{OAV} = \frac{(a \times E) + (b \times E) + (c \times F)}{(D + E + F)}
\]

- \(\text{OAV}\) = overall allowable percentage variation
- \(A\) = allowable percentage variation for gross/net sawlog scale
- \(B\) = allowable percentage variation for gross/net pulp log scale
- \(C\) = allowable percentage variation for gross/net cedar products scale
- \(D\) = check scaler's gross/net sawlog scale
- \(E\) = check scaler's gross/net pulp log scale
- \(F\) = check scaler's gross/net cedar products log scale

811. -- 819. (RESERVED)

820. **REQUESTED CHECK SCALE.**
A check scale may be performed upon request of any individual, company, or corporation.

01. **Submission of Request.**
   a. The request must be in writing and approved by the Board’s executive director.
   b. The request must be made by a party directly affected and involve disputes on scaling.

02. **Cost of a Requested Check Scale.** The fee is two hundred dollars ($200) for each day, or part of a day, that the check scaler is scaling the logs.

821. -- 829. (RESERVED)

830. **CHECK SCALE REPORT.**
01. **Check Scale Results.** The check scaler will make a report of his findings to the Board.

02. **Persons Entitled to a Copy of the Check Scale Report.**
   a. Persons directly affected and entitled to a copy of the check scale report on temporary permits and relicensure check scales are the scaler and the scaler’s employer(s).
   b. Persons directly affected and entitled to a copy of the check scale report on routine and requested check scales include the scaler, the scaler’s employer(s), the scaler’s supervisor(s), the logging contractor(s), or other persons directly affected by the check scale report as determined by the Board’s executive director.

831. -- 919. (RESERVED)
920. COMPLAINTS.

01. Submittal of Complaint. Is submitted in writing in the name of the primary complainant. ( )

02. Contents of Complaint. Must state:

a. The name and address of the person or entity actually aggrieved; ( )

b. A short and plain statement of the nature of the complaint, including the location and date of the alleged violation; ( )

c. The complainant’s notarized signature; ( )

d. The complainant must submit written or documentary evidence in support of the alleged violation; and ( )

e. In the case of a gross scale complaint, which alleges violations of Section 38-1220(b), Idaho Code, the complainant must also provide a readable copy of the contract, payment slips, and scale tickets for each transaction involved in the alleged complaint. ( )

921. -- 999. (RESERVED).
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 42-1734(19), 42-1805(8), and 42-3803, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 15, 2021.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Idaho Code § 42-3803(c) states that “[r]ules, regulations and orders adopted or issued pursuant to this section may include, but are not limited to, minimum standards to govern projects or activities for which a permit or permits have been received . . . .” Idaho Code § 42-3803(d) states that “the [Idaho Water Resource] Board may, by regulation, dispense with procedural requirements for permit application and approval contained in this chapter for projects and activities which, in all respects, at least meet minimum standards adopted pursuant to this section.”

Existing IDAPA 37.03.07 Rule 61 – Suction Dredges and Non-Powered Sluice Equipment (Rule 61), describes minimum standards that allow the Idaho Department of Water Resources (IDWR) to expedite authorization of select qualifying suction dredge mining operations in Idaho streams and rivers. Proposed projects meeting the minimum standards removes the necessity for IDWR to furnish copies of applications to other state and federal agencies and seek comment from those agencies. IDWR currently expedites authorization of suction dredge operations meeting minimum standards with the Idaho Recreational Mining Authorization Letter Permit (“Letter Permit”). The Letter Permit is an immediate authorization with no agency comment process. The Letter Permit is analogous to an Idaho fishing license; it only requires an applicant to give his or her name, address, the name or names of streams the applicant plans to dredge, and submission of a fee ($10 for Idaho resident, $30 for non-resident). The applicant’s signature to the Letter Permit certifies that the applicant agrees to conduct his or her operations in accordance with Letter Permit conditions and instructions, and the minimum standards set forth in Rule 61.

The Proposed Rule incorporates changes to Rule 61 as a result of negotiated rulemaking conducted as a part of the Governor’s Executive Order 2020-01 zero-based regulation initiative and in response to concerns raised by certain small scale suction dredge miners during the 2020 Legislative Session. The Proposed Rule makes certain changes to the existing expedited minimum standard-based Idaho Recreational Mining Authorization Letter Permit (“Letter Permit”), replacing it with a similarly functioning Small Scale Mining Permit regime. The majority of stakeholders expressed support during negotiated rulemaking to maintain an expedited permit process for small scale dredge mining (and similar) de minimis mining activities with some changes to the current requirements. The Proposed Rule maintains and clarifies the expedited permitting processes, clarifies current permit exemptions for select non-powered mining activities, and modifies and updates some of the minimum standards associated with Rule 61 that allow for an expedited permit process. Other areas of the Stream Channel Alteration Rules, such as the definitional section at IDAPA 37.03.07.010, also needed to be updated as a result of changes made to Rule 61.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased:

Idaho Code § 42-3803(a) authorizes the Idaho Water Resource Board to collect “statutory filing fees” in association with stream channel alteration activities including permitted activities authorized under Rule 61. This Proposed Rule does not change current application filing fee amounts.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year resulting from this rulemaking: N/A
NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the April 7, 2021 Idaho Administrative Bulletin, Vol. 21-4, pages 53-54.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Mathew Weaver at (208) 287-4800.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2021.

DATED this July 30, 2021.

Gary Spackman, Director
Idaho Department of Water Resources
322 E. Front Street
PO Box 83720
Boise, ID 83720-0098
Phone: (208) 287-4800

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 37-0307-2101
(New Chapter – Zero-Based Regulation Rulemaking)

37.03.07 – STREAM CHANNEL ALTERATION RULES

000. LEGAL AUTHORITY (RULE 0).
The purpose of these rules and minimum standards is to specify procedures for processing and considering applications for stream channel alterations under the provisions of Title 42, Chapter 38, Idaho Code. (    )

001. TITLE AND SCOPE (RULE 1).

01. Title. These rules are titled IDAPA 37.03.07, “Stream Channel Alteration Rules.” (    )

02. Scope. The minimum standards are intended to enable the Director to process, in a short period of time, those applications which are of a common type and which do not propose alterations which will be a hazard to the stream channel and its environment. It is intended that these rules and minimum standards be administered in a reasonable manner, giving due consideration, to all factors affecting the stream and adjacent property. (    )

002. -- 009. (RESERVED)

010. DEFINITIONS (RULE 10).

01. Alteration. To obstruct, diminish, destroy, alter, modify, relocate or change the natural existing shape of the channel or to change the direction of flow of water of any stream channel within or below the mean high water mark. It includes removal of material from the stream channel and emplacement of material or structures in or
across the stream channel where the material or structure has the potential to affect flow in the channel as determined by the director.

02. **Applicant.** Any individual, partnership, company, corporation, municipality, county, state or federal agency, their agent, or other entity proposing to alter a stream channel or actually engaged in constructing a channel alteration, whether authorized or not.

03. **Base Food Elevation.** The Base Flood (BF) is referred to as the one hundred (100) year flood and is a measure of flood magnitude based on probability. The BF has a one percent chance of occurring or being exceeded in any given year, with the Base Flood Elevation (BFE) being the level of flooding reached during the BF or the one hundred (100) year flood event.

04. **Board.** The Idaho Water Resource Board.

05. **Continuously Flowing Water.** A sufficient flow of water that could provide for migration and movement of fish, and excludes those reaches of streams which, in their natural state, normally go dry at the location of the proposed alteration. IDWR will assume, subject to information to the contrary, that the USGS quadrangle maps accurately depict whether a stream reach is continuously flowing, at the location of the proposed alteration. Such exclusion does not apply to minor flood channels that are a part of a stream which is continuously flowing in the reach where the alteration is located. Also, such exclusion does not apply to streams which may be dry as a result of upstream diversion or storage of water.

06. **Department.** The Idaho Department of Water Resources.

07. **Drop Structures, Sills and Barbs.** Physical obstructions placed within a stream channel for the purpose of stabilizing the channel by decreasing stream gradient and velocity and by dissipating stream energy.

08. **Director.** The Director of the Idaho Department of Water Resources.

09. **Human Life Support System.** Any artificial or natural system that provides all or some of the items (such as oxygen, food, water, control of temperature, or disposition of carbon dioxide) necessary for maintaining human life or health.

10. **Mean High Water Mark.** As defined in Idaho Code, § 42-3802(h), the mean high water mark is water level corresponding to the “natural or ordinary high water mark” and is the line which the water impresses on the soil by covering it for sufficient periods of time to deprive the soil of its terrestrial vegetation and destroy its value for commonly accepted agricultural purposes.

11. **Non-Powered Equipment.** Equipment which is powered only by human strength.

12. **Plans.** Maps, sketches, engineering drawings, photos, work descriptions and specifications sufficient to describe the extent, nature, and location of the proposed stream channel alteration and the proposed method of accomplishing the alteration.

13. **Powered Equipment.** Equipment which is powered by means other than human strength such as a gasoline engine or electric motor.

14. **Repair.** Any work needed or accomplished, to protect, maintain, or restore any water diversion structure and the associated stream channel upstream and downstream as necessary for the efficient operation of the water diversion structure.

15. **Stream Channel.** A natural water course of perceptible extent with definite beds and banks which confines and conducts continuously flowing water. The channel referred to is that which exists at the present time, regardless of where the channel may have been located at any time in the past. For the purposes of these rules only, the beds of lakes and reservoir pool areas are not considered to be stream channels.
025. EXEMPTIONS (RULE 25).

01. Work on Existing or Proposed Reservoir Projects. Permits are not required under the provisions of Title 42, Chapter 38 for construction work on any existing or proposed reservoir project, including the dam, and such areas downstream as the Director may determine is reasonably necessary for construction and maintenance of the dam.

02. Snake and Clearwater Rivers. Permits are not required for work within that portion of the Snake and Clearwater rivers from the state boundary upstream to the upper boundary of the Port of Lewiston Port District as it now exists or may exist in the future.

03. Cleaning, Maintenance, Construction or Repair Work. No permit is required of a water user or his agent to clean, maintain, construct, or repair any diversion structure, canal, ditch, or lateral or to remove any obstruction from a stream channel which is interfering with the delivery of any water under a valid existing water right or water right permit.

04. Removal of Debris. No permit is required for removal of debris from a stream channel provided that no equipment will be working in the channel and all material removed will be disposed of at some point outside the channel where it cannot again reenter the channel.

05. Mining Operations Using Non-Powered Equipment. No permit is required for mining activities using non-powered equipment to move one-quarter (1/4) cubic yard per hour or less below the mean high water mark, except as otherwise described in Rule 61.05.

030. APPLICATIONS (RULE 30).

01. Alteration of Stream Channels Permit Required. No person shall engage in any activity which will alter a stream channel without first applying for a permit as provided by § 42-3803, Idaho Code.

02. Joint Application Permit Form. The Department of Water Resources, Department of Lands, and the U.S. Army Corps of Engineers have developed a joint application for permit form which will suffice for the required permit application under the Stream Protection Act. An application should be filed at least sixty (60) days before the applicant proposes to start the construction and shall be upon the joint application form furnished by the Department. The application shall be accompanied by plans which clearly describe the nature and purpose of the proposed work.

03. Applicant Following Minimum Standards. In those cases where the applicant intends to follow the minimum standards (Rule 055), detailed plans may be eliminated by referring to the specific minimum standard; however, drawings necessary to adequately define the extent, purpose, and location of the work may be required. Plans shall include some reference to water surface elevations and stream boundaries to facilitate review. The application should show the mean high water mark on the plans; however, any water surface or water line reference available will be helpful as long as this reference is described. (Examples: present water surface, low water, high water.)

04. Submission of Copies. The applicant shall submit one (1) copy of all necessary plans along with the application form. When drawings submitted are larger than eight and one half by eleven (8 1/2 x 11), the applicant shall provide the number of copies specified by the department.

031. APPLICATION REVIEW (RULE 35).

01. Prior to Issuance of Permit. The following items shall be among those considered by the Director...
prior to issuing a permit:

a. What is the purpose of doing the work? (        )

b. What is the necessity and justification for the proposed alteration? (        )

c. Is the proposal a reasonable means of accomplishing the purpose? (        )

d. Will the alteration be a permanent solution? (        )

e. Will the alteration pass anticipated water flows without creating harmful flooding or erosion problems upstream or downstream? (        )

f. What effect will the alteration have on fish habitat? (        )

g. Will the materials used or the removal of ground cover create turbidity or other water quality problems? (        )

h. Will the alteration interfere with recreational use of the stream? (        )

i. Will the alteration detract from the aesthetic beauty of the area? (        )

j. What modification or alternative solutions are reasonably possible which would reduce the disturbance to the stream channel and its environment and/or better accomplish the desired goal of the proposed alteration? (        )

k. Is the alteration to be accomplished in accordance with the adopted minimum standards? (        )

l. Are there public safety factors to consider? (        )

02. Proposed Alteration Which Does Not Follow Minimum Standards. In those cases where a proposed alteration does not follow the minimum standards, a copy of the application will be sent for review to those state agencies requesting notification. The Director shall provide for review by the Department of Lands, copies of applications on navigable rivers. The Director will provide a copy of any other application requested by the Department of Lands and may request review by other state agencies regardless of whether or not the proposed alteration will comply with the minimum standards. (        )

036. -- 039. (RESERVED)

040. APPROVAL (RULE 40).

01. Conformance to Application. All work shall be done in accordance with the approved application, subject to any conditions specified by the department. (        )

02. Permits Allowed Without Review. A permit may be approved by the Director of the Department of Water Resources without review by other agencies in situations where the work is of a nature not uncommon to the particular area and where it is clear that the work will not seriously degrade the stream values except on navigable rivers which require review by the Department of Lands. All work approved in this manner shall be accomplished in accordance with the minimum standards. (        )

03. Reinstatement of Expired Permit. A permit which has expired may be reinstated by the Director after review by other agencies as determined by the Director. (        )

041. -- 044. (RESERVED)

045. ENFORCEMENT OF ACT (RULE 45).
01. Written Orders Issued by Designated Employees of Department. Employees of the Department designated by the Director may issue written orders directing an applicant to cease and desist, to ensure proper notice to applicants who are found to be altering a stream without a permit or not in compliance with the conditions of a permit. Such orders shall be in effect immediately upon issuance and will continue in force until a permit is issued or until the order is rescinded by the Director.

02. Failure to Comply with Stream Protection Act. Failure to comply with any of the provisions of the Stream Protection Act (Chapter 38, Title 42, Idaho Code), may result in issuance of an Idaho uniform citation and/or the cancellation of any permit by the Director without further notice and the pursuit in a court of competent jurisdiction, such civil or criminal remedies as may be appropriate and provided by law. The Director may allow reasonable time for an applicant to complete stabilization and restoration work.

046. -- 049. (RESERVED)

050. EMERGENCY WAIVER (RULE 50).

01. Waiver of Provisions of Stream Protection Act. Section 42-3808, Idaho Code, provides for waiver of the provisions of the Stream Protection Act in emergency situations where immediate action must be taken to protect life or property including growing crops. The Director will not consider failure to submit an application for a stream channel alteration far enough ahead of the desired starting time of the construction work as an emergency situation.

02. Verbal Waivers. A verbal waiver may be granted initially; however, all verbal requests for waivers shall be followed up by the applicant in writing within fifteen (15) days of any initial authorization to do work. If the applicant is unable to contact the Director to obtain an emergency waiver, he may proceed with emergency work; however, he must contact the Director as soon as possible thereafter. Proving that a bonafide emergency did actually exist will be the responsibility of the applicant.

03. Emergency Waiver. Work authorized by an emergency waiver shall be limited to only that which is necessary to safeguard life or property, including growing crops, during the period of emergency.

04. Conformance to Conditions of Waiver. The applicant shall adhere to all conditions set by the Director as part of a waiver.

05. Waivers Granted by Designated Employees. The Director may delegate the authority to grant waivers to designated employees of the Department. Names and telephone numbers of such employees will be made available to any interested applicant upon request.

051. -- 054. (RESERVED)

055. MINIMUM STANDARDS (RULE 55). These standards are intended to cover the ordinary type of stream channel alteration and to prescribe minimum conditions for approval of such construction. Unless otherwise provided in a permit, these standards shall govern all stream channel alterations in this state. An applicant should not assume that because an application utilizes methods set forth in these standards it will automatically be approved. These minimum standards include the following items:

01. Construction Procedures.

02. Dumped Rock Riprap.

03. Drop Structures, Sills and Barbs.

04. Culverts and Bridges.

05. Removal of Sand and Gravel Deposits.
06. Small Scale Mining with Suction Dredges, Powered Sluices, or Non-Powered Equipment. (        )

07. Piling. (        )

08. Pipe Crossings. (        )

09. Concrete Plank Boat Launch Ramps. (        )

056. CONSTRUCTION PROCEDURES (RULE 56).

01. Conformance to Procedures. Construction shall be done in accordance with the following procedures unless specific approval of other procedures has been given by the Director. When an applicant desires to proceed in a manner different from the following, such procedures should be described on the application. (        )

02. Operation of Construction Equipment. No construction equipment shall be operated below the existing water surface without specific approval from the Director except as follows: Fording the stream at one (1) location only will be permitted unless otherwise specified; however, vehicles and equipment will not be permitted to push or pull material along the streambed below the existing water level. Work below the water which is essential for preparation of culvert bedding or approved footing installations shall be permitted to the extent that it does not create unnecessary turbidity or stream channel disturbance. Frequent fording will not be permitted in areas where extensive turbidity will be created. (        )

03. Temporary Structures. Any temporary crossings, bridge supports, cofferdams, or other structures that will be needed during the period of construction shall be designed to handle high flows that could be anticipated during the construction period. All structures shall be completely removed from the stream channel at the conclusion of construction and the area shall be restored to a natural appearance. (        )

04. Minimizing Disturbance of Area. Care shall be taken to cause only the minimum necessary disturbance to the natural appearance of the area. Streambank vegetation shall be protected except where its removal is absolutely necessary for completion of the work adjacent to the stream channel. (        )

05. Disposal of Removed Materials. Any vegetation, debris, or other material removed during construction shall be disposed of at some location out of the stream channel where it cannot reenter the channel during high stream flows. (        )

06. New Cut of Fill Slopes. All new cut or fill slopes that will not be protected with some form of riprap shall be seeded with grass and planted with native vegetation to prevent erosion. (        )

07. Fill Material. All fill material shall be placed and compacted in horizontal lifts. Areas to be filled shall be cleared of all vegetation, debris and other materials that would be objectionable in the fill. (        )

08. Limitations on Construction Period. The Director may limit the period of construction as needed to minimize conflicts with fish migration and spawning, recreation use, and other uses. (        )

057. DUMPED ROCK RIPRAP (RULE 57).

01. Placement of Riprap. Riprap shall be placed on a granular bedding material or a compact and stable embankment. (        )

02. Sideslopes of Riprap. Sideslopes of riprap shall not be steeper than 2:1 (2’ horizontal to 1’ vertical) except at ends of culverts and at bridge approaches where a 1 1/2:1 sideslope is standard. (        )

03. Minimum Thickness of Riprap. The minimum thickness of the riprap layer shall equal the dimension of the largest size riprap rock used or be eighteen (18) inches, whichever is greater. When riprap will be placed below high water level, the thickness of the layer shall be fifty percent (50%) greater than specified below. (        )
04. **Riprap Protection.** Riprap protection must extend at least one (1) foot above the anticipated high water surface elevation in the stream.

05. **Rock Used for Riprap.** Rock for riprap shall consist of sound, dense, durable, angular rock fragments, resistant to weathering and free from large quantities of soil, shale, and organic matter. The length of a rock shall not be more than three (3) times its width or thickness. Rounded cobbles, boulders, and streambed gravels are not acceptable as dumped riprap.

06. **Size and Gradation of Riprap.** Riprap size and gradation are commonly determined in terms of the weight of riprap rock. The average size of riprap rock shall be at least as large as the maximum size rock that the stream is capable of moving. The maximum size of riprap rock used shall be two (2) to five (5) times larger than the average size.

07. **Methods Used for Determining Gradation of Riprap.** There are many methods used for determining the gradation of riprap rock. One of these many acceptable methods is shown in Table 1 below. Another acceptable method is the Far West States (FWS) method shown in APPENDIX A - Table 1A.

<table>
<thead>
<tr>
<th>Max. Weight of Stone required (lbs)</th>
<th>Min. and Max. Range in weight of Stones (lbs)</th>
<th>Weight Range 75 percent of Stones (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td>25 - 150</td>
<td>50 - 150</td>
</tr>
<tr>
<td>200</td>
<td>25 - 200</td>
<td>50 - 200</td>
</tr>
<tr>
<td>250</td>
<td>25 - 250</td>
<td>50 - 250</td>
</tr>
<tr>
<td>400</td>
<td>25 - 400</td>
<td>100 - 400</td>
</tr>
<tr>
<td>600</td>
<td>25 - 600</td>
<td>150 - 600</td>
</tr>
<tr>
<td>800</td>
<td>25 - 800</td>
<td>200 - 800</td>
</tr>
<tr>
<td>1000</td>
<td>50 - 1000</td>
<td>250 - 1000</td>
</tr>
<tr>
<td>1300</td>
<td>50 - 1300</td>
<td>325 - 1300</td>
</tr>
<tr>
<td>1600</td>
<td>50 - 1600</td>
<td>400 - 1600</td>
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<tr>
<td>2000</td>
<td>75 - 2000</td>
<td>600 - 2000</td>
</tr>
<tr>
<td>2700</td>
<td>100 - 2700</td>
<td>800 - 2700</td>
</tr>
</tbody>
</table>

08. **Use of Filter Material.** A blanket of granular filter material or filter fabric shall be placed between the riprap layer and the bank in all cases where the bank is composed of erodible material that may be washed out from between the riprap rock. Filter material shall consist of a layer of well-graded gravel and coarse sand at least six (6) inches thick.

09. **Toe Protection.** Some suitable form of toe protection shall be provided for riprap located on erodible streambed material.

a. Various acceptable methods of providing toe protection are shown in APPENDIX B, Figure 2 at the end of this chapter.

b. In addition to the approved methods of providing toe protection as shown in APPENDIX B, any other reasonable method will be considered by the Director during review of a proposed project.
10. **Extension of Riprap Area.** Riprap shall extend far enough upstream and downstream to reach stable areas, unless the riprap is protected against undermining at its ends by the method shown in APPENDIX C, Figure 3 at the end of this chapter. On extremely long riprap sections, it is recommended that similar cutoff sections be used at several intermediate points to reduce the hazard that would be created if failure of the riprap occurred at any one (1) location.

11. **Finished Surface.** Placement shall result in a smooth, even finished surface. Compaction is not necessary.

12. **Placement of Riprap.** The full course thickness of the riprap shall be placed in one (1) operation. Dumping riprap long distances down the bank or pushing it over the top of the bank with a dozer shall be avoided if possible. Material should be placed with a backhoe, loader, or dragline. Dumping material near its final position on the slope or dumping rock at the toe and bulldozing it up the slope is a very satisfactory method of placement, if approval is obtained for the use of equipment in the channel.

13. **Design Procedure.** Design procedure using the Far West States (FWS) method.

a. The FWS method uses a single equation to deal with variables for riprap.

\[ D75 = \frac{3.5}{CK} \text{ WDS for Channel Banks} \]

where: \( D75 \) = Size of the rock at seventy five percent (75%) is finer in gradation, in inches.

<table>
<thead>
<tr>
<th>W</th>
<th>D</th>
<th>S</th>
<th>C</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>W = Specific weight of water, usually 62.4 lbs./cu.ft.</td>
<td>D = Depth of flow in stream, in feet in flood stage</td>
<td>S = Channel slope or gradient, in ft/ft.</td>
<td>C = A coefficient relating to curvature in the stream</td>
<td>K = A coefficient relating to steepness of bank slopes</td>
</tr>
</tbody>
</table>

b. The coefficient, C, is based on the ratio of the radius of curvature of the stream, (CR), to the water surface width, (WSW), so it is necessary for the user to make field determination of these values. The coefficient varies from 0.6 for a curve ratio of 4 to 6, up to 1.0 for a straight channel. If the computed ratio for a particular project is less than 4, the designer should consider some modification less than 4.

<table>
<thead>
<tr>
<th>CR/WSW</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 - 6</td>
<td>0.60</td>
</tr>
<tr>
<td>6 - 9</td>
<td>0.75</td>
</tr>
<tr>
<td>9 - 12</td>
<td>0.90</td>
</tr>
<tr>
<td>Straight Channel</td>
<td>1.00</td>
</tr>
</tbody>
</table>

c. The coefficient, K, ranges from 0.5 for a 1.5:1 sideslope to 0.87 for 3:1 sideslope. No values are given for steeper or flatter slopes. Slopes steeper than 1.5:1 are not recommended. If slopes flatter than 3:1 are desired, it would be conservative to use the K-value for 3:1 slopes.

<table>
<thead>
<tr>
<th>Bankslope</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5:1</td>
<td>0.50</td>
</tr>
</tbody>
</table>
058. DROP STRUCTURES, SILLs AND BARBS (RULE 58).

**01. Drop Structures.** A drop structure shall be constructed of rocks, boulders and/or logs placed within a stream channel to act as a low level dam. Placement of a drop structure perpendicular to stream flow will decrease the stream gradient, dissipate stream energy and decrease stream velocity through an increase in water surface elevation immediately above the structure. Drop structures shall comply with the following criteria:

a. Maximum water surface differential across (upstream water surface elevation minus downstream water surface elevation) a drop structure shall not exceed two (2) feet. The department shall approve the final elevation of any structure.

b. Rock drop structures shall be constructed of clean, sound, dense, durable, angular rock fragments, and/or boulders of size and gradation, such that the stream is incapable of moving the material during peak flows. Rocks shall be keyed into the stream banks to minimize the likelihood of bank erosion. (See APPENDIX D located at the end of this chapter).

c. Log drop structures are acceptable in four (4) designs including the single log dam, the stacked log dam, the three (3) log dam, and the pyramid log dam. Log ends shall be keyed into both banks at least one-third (1/3) of the channel width or a distance sufficient to prevent end erosion. To prevent undercutting, the bottom log shall be imbedded in the stream bed or hardware cloth, cobbles or boulders shall be placed along the upper edge. Minimum log size for a single log structure shall be determined by on-site conditions and shall be placed to maintain flow over the entire log to prevent decay. Each log drop structure must be accompanied by downstream scour protection, such as a rock apron. (See APPENDIX E located at the end of this chapter).

d. All drop structures shall be constructed to facilitate fish passage and centralized scour pool development.

**02. Sills.** A sill shall be constructed of the same material and in the same manner as a drop structure. The top of the sill may not exceed the elevation of the bottom of the channel. The purpose of a sill is to halt the upstream movement of a headcut, thus precluding the widening or deepening of the existing channel. (See APPENDIX F located at the end of this chapter).

**03. Barb or Partial Drop Structure.** A barb or partial drop structure shall be constructed in the same manner and of the same material as a drop structure and placed into the stream channel to act as a low level dam and grade control structure. The barb will decrease stream gradient, dissipate stream energy and redirect stream flow.

a. Barbs shall be constructed of clean, sound, dense, angular rock fragments, of size and gradation such that the stream is incapable of moving the material during peak flows.

b. Barbs shall be constructed with a downstream angle of no less than one hundred (100) degrees and no greater than one hundred thirty-five (135) degrees unless otherwise specified.

c. Barbs shall “extend” into the channel a distance of not more than twenty percent (20%) of the width of the channel unless otherwise specified by the Director.

<table>
<thead>
<tr>
<th>Bankslope</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.75:1</td>
<td>0.63</td>
</tr>
<tr>
<td>2.0:1</td>
<td>0.72</td>
</tr>
<tr>
<td>2.5:1</td>
<td>0.80</td>
</tr>
<tr>
<td>3.0:1</td>
<td>0.87</td>
</tr>
</tbody>
</table>
d. Barbs shall be keyed into the bank a distance equal to or greater than the width of the structure and
down to bed level. Whenever moisture is encountered in the construction of the keyways, willow cuttings or clumps
shall be placed before and during rock placement in such a manner that the base of the cutting is in permanent
moisture and the top extends a minimum of six (6) inches above grade (see APPENDIX G located at the end of this
chapter).

059. CULVERTS AND BRIDGES (RULE 59).

01. Culverts and Bridges. Culverts and bridges shall be capable of carrying streamflows and shall not
significantly alter conditions upstream or downstream by causing flooding, turbidity, or other problems. The
appearance of such installations shall not detract from the natural surroundings of the area.

02. Location of Culverts and Bridges. Culverts and bridges should be located so that a direct line of
approach exists at both the entrance and exit. Abrupt bends at the entrance or exit shall not exist unless suitable
erosion protection is provided.

03. Ideal Gradient. The ideal gradient (bottom slope) is one which is steep enough to prevent silting
but flat enough to prevent scouring due to high velocity flows. It is often advisable to make the gradient of a culvert
coincide with the average streambed gradient.

a. Where a culvert is installed on a slope steeper than twenty percent (20%), provisions to anchor the
culvert in position will be required. Such provisions shall be included in the application and may involve the use of
collars, headwall structures, etc. Smooth concrete pipe having no protruding bell joints or other irregularities shall
have such anchoring provisions if the gradient exceeds ten percent (10%).

04. Size of Culvert or Bridge Opening. The size of the culvert or bridge opening shall be such that it
is capable of passing design flows without overtopping the streambank or causing flooding or other damage.

a. Design flows shall be based upon the following minimum criteria:

<table>
<thead>
<tr>
<th>Drainage Area</th>
<th>Design Flow Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50 sq. mi.</td>
<td>25 Years</td>
</tr>
<tr>
<td>Over 50 sq. mi. or more</td>
<td>50 years or greatest flow of record, whichever is more</td>
</tr>
</tbody>
</table>

b. For culverts and bridges located on U.S. Forest Service or other federal lands, the sizing should
comply with the Forest Practices Act as adopted by the federal agencies or the Department of Lands.

c. For culverts or bridges located in a community qualifying for the national flood issuance program,
the minimum size culvert shall accommodate the one hundred (100) year design flow frequency.

d. If the culvert or bridge design is impractical for the site, the crossing may be designed with
additional flow capacity outside the actual crossing structure, provided there is no increase in the Base Flood
Elevation. (NOTE: When flow data on a particular stream is unavailable, it is almost always safe to maintain the existing
gradient and cross-section area present in the existing stream channel. Comparing the proposed crossing size with
others upstream or downstream is also a valuable means of obtaining information regarding the size needed for a
proposed crossing.)

e. Minimum clearance shall be at least one (1) foot at all bridges. This may need to be increased
substantially in the areas where ice passage or debris may be a problem. Minimum culvert sizes required for stream
crossings:

i. Eighteen (18) inch diameter for culverts up to seventy (70) feet long;
ii. Twenty-four (24) inch diameter for all culverts over seventy (70) feet long.

f. In streams where fish passage is of concern as determined by the director, an applicant shall comply with the following provisions and/or other approved criteria to ensure that passage will not be prevented by a proposed crossing.

g. Minimum water depth shall be approximately eight (8) inches for salmon and steelhead and at least three (3) inches in all other cases.

h. Maximum flow velocities for streams shall not exceed those shown in Figure 17 in APPENDIX H, located at the end of this chapter, for more than a forty-eight (48) hour period. The curve used will depend on the type of fish to be passed.

i. Where it is not feasible to adjust the size or slope to obtain permissible velocities, the following precautions may be utilized to achieve the desired situation.

j. Baffles downstream or inside the culvert may be utilized to increase depth and reduce velocity. Design criteria may be obtained from the Idaho Fish and Game Department.

k. Where multiple openings for flow are provided, baffles or other measures used in one (1) opening only shall be adequate provided that the opening is designed to carry the main flow during low-flow periods.

05. Construction of Crossings. When crossings are constructed in erodible material, upstream and downstream ends shall be protected from erosive damage through the use of such methods as dumped rock riprap, headwall structures, etc., and such protection shall extend below the erodible streambed and into the banks at least two (2) feet unless some other provisions are made to prevent undermining.

a. Where fish passage must be provided, upstream drops at the entrance to a culvert will not be permitted and a maximum drop of one (1) foot will be permitted at the downstream end if an adequate jumping pool is maintained below the drop.

b. Downstream control structures such as are shown in Figure 18 in APPENDIX I, located at the end of this chapter, can be used to reduce downstream erosion and improve fish passage. They may be constructed with gabions, pilings and rock drop structures.

06. Multiple Openings. Where a multiple opening will consist of two (2) or more separate culvert structures, they shall be spaced far enough apart to allow proper compaction of the fill between the individual structures. The minimum spacing in all situations shall be one (1) foot. In areas where fish passage must be provided, only one (1) opening shall be constructed to carry all low flows. Low flow baffles may be required to facilitate fish passage.

07. Areas to be Filled. All areas to be filled shall be cleared of vegetation, topsoil, and other unsuitable material prior to placing fill. Material cleared from the site shall be disposed of above the high water line of the stream. Fill material shall be reasonably well-graded and compacted and shall not contain large quantities of silt, sand, organic matter, or debris. In locations where silty or sandy material must be utilized for fill material, it will be necessary to construct impervious sections both upstream and downstream to prevent the erodible sand or silt from being carried away (see Figure 19, APPENDIX J, located at the end of this chapter). Sideslopes for fills shall not exceed one and one half to one (1.5:1). Minimum cover over all culvert pipes and arches shall be one (1) foot.

08. Installation of Pipe and Arch Culvert. All pipe and arch culverts shall be installed in accordance with manufacturer’s recommendations.

a. The culvert shall be designed so that headwaters will not rise above the top of the culvert entrance unless a headworks is provided.
060. REMOVAL OF SAND AND GRAVEL DEPOSITS (RULE 60).

01. Removal of Sand and Gravel. This work consists of removal of sand and gravel deposits from within a stream channel. The following conditions shall be adhered to unless other methods have been specified in detail on the application and approved by the Director.

02. Removal Below Water Surface. Sand and gravel must not be removed below the water surface existing at the time of the work. Where work involves clearing a new channel for flow, removal of material below water level will be permitted to allow this flow to occur; however, this must not be done until all other work in the new channel has been completed.

03. Buffer Zone. A buffer zone of undisturbed streambed material at least five (5) feet in width or as otherwise specified by the Director shall be maintained between the work area and the existing stream. The applicant shall exercise reasonable precautions to ensure that turbidity is kept to a minimum and does not exceed state water quality standards.

04. Movement of Equipment. Equipment may cross the existing stream in one (1) location only, but shall not push or pull material along the streambed while crossing the existing stream.

05. Disturbing Natural Appearance of Area. Work must be done in a manner that will least disturb the natural appearance of the area. Sand and gravel shall be removed in a manner that will not leave unsightly pits or other completely unnatural features at the conclusion of the project.

061. SMALL SCALE MINING WITH SUCTION DREDGES, POWERED SLUICES, OR NON-POWERED EQUIPMENT (RULE 61).

01. Small Scale Mining Permit. The Director may issue a permit for the operation of a powered suction dredge or power sluice, or certain qualified non-powered mining activities that follow minimum standards (Rule 61), within stream channels designated as open by the Department or Board. A powered suction dredge or power sluice shall only be operated in accordance with the conditions of the Small Scale Mining Permit. A power sluice and a high-banker are synonymous for the purposes of these rules.

02. Standards for Small Scale Mining Permits. The following standards shall apply only to uses of suction dredges and power sluices below the mean high water mark with nozzle diameters of five (5) inches or less and powered equipment rated at fifteen (15) HP or less, or the use of non-powered sluice equipment moving more than one-quarter (1/4) cubic yard per hour.

03. Powered Equipment Prohibited Below High Water Mark. There shall be no use of powered equipment below the mean high water mark except for the suction dredge, or power sluice and any human life support system necessary to operate the suction dredge or power sluice.

04. Protection of Streambanks. The operation of a suction dredge or power sluice, or the use of non-powered equipment shall be carried out in a manner that prevents the undercutting of streambanks.

05. Permit Required for Certain Non-Powered Operations. A Small Scale Mining Permit is required for non-powered mining activities when those activities include: (1) the use of non-powered equipment by more than five (5) people mining the same area; or (2) the use of non-powered equipment where the disturbed area at the mining location exceeds thirty three (33) percent of the width of the wetted stream channel.

06. Limitation of Mining Sites. Only one (1) mining site per one hundred (100) linear feet of stream channel shall be worked at one (1) time unless waived by the Director.

062. PILING (RULE 62).

01. Standards for Piling. The following standards apply to a piling associated with a boat or swimming dock, a log boom, a breakwater, or bridge construction.
02. **Replacement of Pilings.** In replacing a piling the old piling shall be completely removed from the channel, secured to the new piling or cut at stream bed level.

03. **Condition of Pilings.** Chemicals or compounds used for protection of piles and lumber shall be thoroughly dried to prevent bleeding, weeping or dissolution before placing such piles and lumber over, in or near water.

04. **Prohibited Materials.** The application of creosote, arsenicals or phentachlorophenol (Penta) to timber shall not occur in, or over water.

063. **PIPE CROSSINGS (RULE 63).**

01. **Standards for Pipe Crossings.** The following standards apply to pipe crossings to be installed below the bed of a stream or river such as utility crossings of a gas line, sewer line, electrical line, communication line, water line or similar line.

02. **Depth of Line.** The line shall be installed below the streambed to a depth which will prevent erosion and exposure of the line to free flowing water. In areas of high stream velocity where scouring may occur, the pipe shall be encased in concrete or covered with rock riprap to prevent the pipeline from becoming exposed.

03. **Pipe Joints.** The joints shall be welded, glued, cemented or fastened together in a manner to provide a water tight connection.

04. **Construction Methods.** Construction methods shall provide for eliminating or minimizing discharges of turbidity, sediment, organic matter or toxic chemicals. A settling basin or cofferdam may be required for this purpose.

05. **Cofferdam.** If a cofferdam is used, it shall be completely removed from the stream channel upon completion of the project.

06. **Revegetation of Disturbed Areas.** Areas disturbed as a result of the alteration shall be revegetated with plants and grasses native to these areas.

064. **CONCRETE PLANK BOAT LAUNCH RAMPS (RULE 64).**

01. **Construction of Concrete Plank Boat Launch Ramps.** Concrete plank boat launch ramps, shall be constructed with individual sections of precast, reinforced concrete planks linked together to provide a stable non-erosive water access (see Figure 20, APPENDIX K, located at the end of this chapter).

02. **Construction of Concrete Planks.** Typical concrete plank size is twelve feet by fourteen inches by four inches (12’ x 14” x 4”). All planks shall be constructed with Type II low alkali cement. All planks shall have a broom form finish, free of rock pockets and loose materials. Figures 21 and 22 shows a typical launch plank detail. (See APPENDIXES L and M).

03. **Assembly of Planks.** The planks shall be assembled out of the water and slid into place on a constructed launch ramp where water velocities do not exceed two (2) feet per second. In waters exceeding (2) feet per second the ramp sections shall be linked together and fastened to pre-positioned stringers anchored into the launch ramp. (See Figure 23, APPENDIX N, located at the end of this chapter).

04. **Water Depth.** The water depth above the lower end of the ramp section shall not be less than three (3) feet during low level or low flow periods. (See Figure 20, APPENDIX K, located at the end of this chapter).

05. **Construction of Boat Ramp.** The boat launch ramp shall have a base constructed of sound, dense, durable, angular rock resistant to weathering and free from soil, shale and organic materials. Rounded cobbles, boulders and streambed material are not acceptable as base material in areas with stream flow velocities greater than two (2) fps. Base materials shall be covered with a layer of (three-fourths inches (3/4”) min.) crushed rock with a
minimum depth of two inches (2”). The ramp shall have a minimum and maximum slope of ten percent (10%) and fifteen percent (15%) respectively, and shall be constructed in a manner to avoid long incursions into the stream channel. All ramps and fill material shall be protected with rock riprap in accordance with Rule 057 when stream flow velocities exceed two (2) fps. (See Figure 24, APPENDIX O, located at the end of this chapter).

065. -- 069. (RESERVED)

070. HEARINGS ON DENIED, LIMITED, OR CONDITIONED PERMIT OR OTHER DECISIONS OF THE DIRECTOR (RULE 70).
Any applicant who is granted a limited or conditioned permit, or who is denied a permit, may seek a hearing on said action of the Director by serving on the Director written notice and request for a hearing before the Board within fifteen (15) days of receipt of the Director’s decision. Said hearing will be set, conducted, and notice given as set forth in the Rules promulgated by the Board under the provisions of Title 67, Chapter 52, Idaho Code.

071. -- 999. (RESERVED)

APPENDIX A
Table 1A

<table>
<thead>
<tr>
<th>% Finer by Weight (Lbs.)</th>
<th>Minimum Size (Lbs.)</th>
<th>Maximum Size (Lbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D_{100}</td>
<td>1.33 X D_{75}</td>
<td>2.0 X D_{75}</td>
</tr>
<tr>
<td>D_{75}</td>
<td>1.0 X D_{75}</td>
<td>1.67 X D_{75}</td>
</tr>
<tr>
<td>D_{50}</td>
<td>0.67 X D_{75}</td>
<td>1.17 X D_{75}</td>
</tr>
<tr>
<td>D_{25}</td>
<td>0.33 X D_{75}</td>
<td>0.77 X D_{75}</td>
</tr>
<tr>
<td>D_{0}</td>
<td>None</td>
<td>0.33 X D_{75}</td>
</tr>
</tbody>
</table>

Riprap Gradation Using FWS Method
APPENDIX B

METHOD 1: This is most suited to areas where the toe is dry during construction.

METHOD 2: Used when streambed is very wet or groundwater present makes using Method 1 impractical.

METHOD 3: Often used when toe is underwater during construction. Both Methods 2 and 3 utilize the idea that undermining will cause rock at toe blanket to settle into eroded area providing protection during scouring.

FIGURE 2. Acceptable toe protection
APPENDIX B (CONTINUED)

METHOD 4: Used underwater in areas with extremely bad streambed erosion conditions which make Method 3 unfeasible. This method may also be preferred where Method 3 would destroy fish spawning beds.

METHOD 5: When the streambed is non-erodible, no special provisions for toe protection are needed other than insuring that the riprap is well keyed to the rock.

FIGURE 2. Acceptable toe protection continued
APPENDIX C

View shown above is cross section at end of riprap looking down along the scarface toward streambed.

FIGURE 3. Protection against undermining
APPENDIX D

![Diagram of a rock drop structure]

**ROCK DROP STRUCTURE DETAILS**

- Place largest rocks along downstream face.
- Place rocks in key to provide a minimum distance equal to the width of the structure.
- Key into existing vegetation where possible.
- Key into existing vegetation.
- Place rocks in key and reseal.
- Decrease top elevation 0.5" on both legs immediately adjacent to angle point.
- Replace excavated material over key and reseal.
- Excavate as required to place rock.
- Engineering will occur below structure due to turbulence.
- Streambed will be restored as required to place rock.

Diagram notes:
- Water's Edge
- Angle Point
- Slack
- Left Leg
- Right Leg
- X-Section Perpendicular to Flow
- X-Section Parallel to Flow
APPENDIX E

![Diagrams of different types of log dams]

APPENDIX F

![Diagram of sill details]

Key into Bank as per Drop Structure Details

Match Existing Channel

Excavate as Required to Place Rock

X-Section Perpendicular to Flow

SILL DETAILS

No Scale
APPENDIX G

APPENDIX H

FIGURE 17: Swimming capability of migrating salmon and trout (Alaskan Curve)
APPENDIX K

LAUNCH RAMP SECTION
No Scale
Figure 20

APPENDIX L

CONCRETE PLANK
No Scale
Figure 21
APPENDIX O
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 19-850(1)(a), Idaho Code.

PUBLIC HEARING SCHEDULE: Two public hearings concerning this rulemaking will be held via Zoom and meeting site as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (PT)</th>
<th>Time (MT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, September 9, 2021</td>
<td>1:00 p.m.–3:00 p.m.</td>
<td>2:00 p.m.–4:00 p.m.</td>
</tr>
<tr>
<td>Friday, September 17, 2021</td>
<td>10:30 a.m.–12:30 p.m.</td>
<td>11:30 a.m.–1:30 p.m.</td>
</tr>
</tbody>
</table>

* Attendance via Zoom Meeting is Encouraged *
To register for the Zoom public hearings, use the link below for the hearing date you want to register for:

September 9th: https://us02web.zoom.us/meeting/register/tZMvcu-gqDsvEtc0IRMW6NFvogdV1CWsvZ88

September 17th: https://us02web.zoom.us/meeting/register/tZWkdeqgjpsoH9GotZJ7Isqdu-zHYZdsO1C

In-Person Meeting site:
Idaho Capitol Building
Senate Committee Room WW 53
700 West Jefferson Street
Boise, ID 83702

Masks, social distancing, and other COVID protocols at the time of the meeting will be enforced and consistent with the most recent State and Federal guidance

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The rulemaking is focused on the definition of Vertical Representation in IDAPA 61.01.01.010.22, as a result of additional input from stakeholders. The text was prepared in collaboration with stakeholders and presented to the legislature.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking:

This rule should have no fiscal impact.

010. DEFINITIONS.

01. **Active Case.** A Capital Case is active when it is not stayed. All other Cases are active when there is an appointment, appearance, filing or investigation in the reporting period or it is not stayed.  

02. **Annual Report.** The Defending Attorney report required by Section 19-864, Idaho Code, including CLEs, Caseloads, Workloads and other information requested for the October 1 through September 30 reporting period to complete the Annual Report form provided by PDC Staff. 

03. **Capital Case.** A case in which the state has given notice it will seek the death penalty or is legally entitled to seek the death penalty under Section 18-4004A, Idaho Code. 

04. **Capital Defending Attorney.** A Defending Attorney who meets the qualifications for and is on the Capital Defending Attorney Roster. 

05. **Capital Defending Attorney Roster.** The PDC’s list of Defending Attorneys eligible for appointment by a court to represent an Indigent Person at public expense in a Capital Case. 

06. **Case.** All related charges against an individual from a single incident, transaction or occurrence filed within a single case number. A probation violation or motion for contempt is counted as a separate Case. 

07. **Caseload.** A Defending Attorney’s total number of Active Cases during the applicable reporting period.
period as counted under IDAPA 61.01.02, “Requirements and Procedures for Representing Indigent Persons,” Paragraph 060.05.c. A county’s total Caseload to determine compliance with Workload rules is calculated as the mean of the Felony Case Equivalent calculation for each of the preceding three (3) years. (SineDie21)

08. Compliance Plan. A county’s plan for meeting Public Defense Rules and curing any Deficiencies including detailed action items and completion dates. (SineDie21)

09. Cost Analysis. A detailed explanation of the expected expenses for the county to complete its Compliance Plan and how the county is proposing to pay for those expenses. (SineDie21)

10. Defending Attorney. Any attorney employed by a county or under contract with a county as an institutional Defending Attorney or a contract Defending Attorney or otherwise appointed by a Court to represent adults or juveniles at public expense. (SineDie21)

11. Defending Attorney Roster. The PDC’s list of Defending Attorneys eligible for appointment by a court to represent an Indigent Person at public expense in a non-capital Case. (SineDie21)

12. Deficiency. The noncompliance with any Public Defense Rule by a county, Defending Attorney, employee, contractor, representative or other agent. (SineDie21)

13. Executive Director. PDC employee appointed by the Commission under Section 19-850(2)(a), Idaho Code. (SineDie21)

14. Felony Case Equivalent (FCE). The calculation after all Case types are converted to their felony equivalent to determine compliance with Caseload rules. (SineDie21)

15. Financial Assistance. The state funding a county may request and may be awarded under Section 19-862A, Idaho Code. (SineDie21)

16. Indigent Person. A person who, at the time his need is determined under Section 19-854, Idaho Code, is unable to provide for the full payment of a Defending Attorney and all other necessary expenses of representation. (SineDie21)

17. Initial Appearance. The first appearance of the defendant before any judge. In the event a defendant appears before more than one judge, the first appearance before the first judge constitutes the Initial Appearance. (SineDie21)

18. Material. An action or failure to act that could have an immediate and significant negative impact on the effective representation of Indigent Persons or result in the misuse of state funds. (SineDie21)

19. PDC. The Idaho State Public Defense Commission including PDC Staff and the Commission. Information reported to the PDC will be reported using available PDC forms. (SineDie21)

20. PDC Staff. Employees of the Commission who report to the Executive Director. References to PDC Staff include the Executive Director unless otherwise specified. (SineDie21)


22. Vertical Representation. A Defending Attorney appointed to represent is responsible for the continuous and personal representation and oversight of an Indigent Person’s case, to the extent reasonably practicable, continuously and personally oversee the representation of the client’s case through trial proceedings and preservation of right to appeal. For purposes of this definition reasonably practicable means a Defending Attorney will make all efforts to personally represent the client during all substantive proceedings where the facts of the case are discussed by counsel or the Court, providing accurate unavailable dates at the time of setting, and seek continuances in the case of unforeseen absences, filing a motion or stipulation to continue. The Indigent Person may consent to have another Defending
Attorney appear at a hearing. Each county is responsible to support and provide resources as necessary to ensure Vertical Representation. (SineDie21)

23. Willful. An action or failure to act that is deliberate and with knowledge. (SineDie21)

24. Workload. A Defending Attorney’s Caseload adjusted to account for available support staff, Case complexity, and distribution through the reporting year and other duties such as supervision. (SineDie21)

011. – 999. (RESERVED)
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 19-850(1)(a), Idaho Code.

PUBLIC HEARING SCHEDULE: Two public hearings concerning this rulemaking will be held via Zoom and meeting site as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, September 9, 2021</td>
<td>1:00 p.m.–3:00 p.m. (PT) / 2:00 p.m.–4:00 p.m. (MT)</td>
</tr>
<tr>
<td>Friday, September 17, 2021</td>
<td>10:30 a.m.–12:30 p.m. (PT) / 11:30 a.m.–1:30 p.m. (MT)</td>
</tr>
</tbody>
</table>

* Attendance via Zoom Meeting is Encouraged *

To register for the Zoom public hearings, use the link below for the hearing date you want to register for:

September 9th: [https://us02web.zoom.us/meeting/register/tZMvcu-gqDsvEtcoIRMW6NFvogdV1CwZ88](https://us02web.zoom.us/meeting/register/tZMvcu-gqDsvEtcoIRMW6NFvogdV1CwZ88)

September 17th: [https://us02web.zoom.us/meeting/register/tZwkdeqgpjsoH9GolZ7ISqdu-zHYZdsOm1C](https://us02web.zoom.us/meeting/register/tZwkdeqgpjsoH9GolZ7ISqdu-zHYZdsOm1C)

In-Person Meeting site:
Idaho Capitol Building
Senate Committee Room WW 53
700 West Jefferson Street
Boise, ID 83702

Masks, social distancing, and other COVID protocols at the time of the meeting will be enforced and consistent with the most recent State and Federal guidance

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The rulemaking is focused on the following subsections as a result of additional input from stakeholders. The text was prepared in collaboration with stakeholders and presented to the legislature:

- 61.01.02.020.01.a. – regarding engaging attorneys on the Defending Attorney Roster;
- 61.01.02.030.02.a. – regarding the selection recommendation committee;
- 61.01.02.030.02.b. – regarding the independence working group;
- 61.01.02.030.05 – regarding independent contract negotiation;
- 61.01.02.040.02 – regarding pay;
- 61.01.02.050.02.a.i. – regarding court inquiry about workload;
- 61.01.02.050.04 – regarding eligibility for appointment (this replaces 61.01.02.070.03);
- 61.01.02.060.03 – regarding qualifications;
- 61.01.02.060.03.c. – regarding vertical representation;
- 61.01.02.060.03.i.iv. – regarding entry of a not guilty plea;
- 61.01.02.060.03.n.xii. – regarding abilities for a case;
- 61.01.02.060.04.a. – regarding competence in capital cases;
• 61.01.02.070.01.a. – regarding the defending attorney roster requirements;
• 61.01.02.070.01.a.iv. – regarding time for completion of CLEs;
• 61.01.02.070.01.b. – regarding continuing eligibility to remain on the roster and addressing deficiencies;
• 61.01.02.070.02.a.iii. – regarding capital defending attorney roster forms;
• 61.01.02.070.03 – regarding eligibility for appointment (the replacement for this is 61.01.02.050.04);
• 61.01.02.080.03.a. – regarding list of situations requiring emergency removal;
• 61.01.02.080.03.c. – regarding the appeal of emergency removal; and
• 61.01.02.090.01 – regarding option to request CLE preapproval.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking:

This rule should have no fiscal impact.


INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Kathleen Elliott at (208) 332-1735.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 24, 2021.

DATED this 30th day of July 2021.

Kathleen J. Elliott, Executive Director
Idaho State Public Defense Commission
816 W. Bannock, Suite 201
Boise, Idaho 83702
Phone: (208) 332-1735
Fax: (208) 364-6147
Email: Kathleen.Elliott@pdc.idaho.gov

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 61-0102-2101
(Only Those Sections With Amendments Are Shown.)

020. COUNTIES TO ADEQUATELY RESOURCE PUBLIC DEFENSE TO ENSURE EFFECTIVE REPRESENTATION IS PROVIDED TO INDIGENT PERSONS AS PROVIDED IN SECTIONS 19-860(2), 19-861(2)-(3), 19-862(1) AND 19-862A(1), (2) AND (8), IDAHO CODE.

Counties shall ensure effective representation is provided to Indigent Persons by adequately resourcing public defense as follows: (SineDie21)

01. Supported Defense Model. Annually appropriate enough money to fund the public defense model selected under Section 19-859, Idaho Code: (SineDie21)
a. Employ or contract with attorneys to provide public defense services from the Defending Attorney Roster or require, if the attorney is not yet on the Defending Attorney Roster, have the attorney to apply for complete and submit to the PDC the Roster form within thirty (30) days from the date of their employment or contract under Subsection 070.03 of these rules; (SineDie21)

b. Employ or contract with qualified staff and contractors with professional certificates, licenses and permissions as required by applicable rules and laws; and (SineDie21)

c. Provide resources for compliance with Public Defense Rules. (SineDie21)

02. Defending Attorney Resources. Provide Defending Attorneys with resources for carrying out the Defending Attorney’s responsibilities, including:

   a. Confidential office, jail and courthouse meeting rooms to protect client confidentiality; (SineDie21)
   b. Confidential servers and systems to protect client confidentiality; (SineDie21)
   c. Sufficient equipment, technology, supplies; and (SineDie21)
   d. Other resources needed to provide constitutional representation. (SineDie21)

03. Contracting. Counties and contract Defending Attorneys will enter into a contract for public defense services as required by Section 19-859, Idaho Code, which must include the following core terms:

   a. All parties will comply with Public Defense Rules; (SineDie21)
   b. Description of services and Case types included in the contract; (SineDie21)
   c. Prohibition of a single fixed fee for services and expenses; (SineDie21)
   d. Fee structure and amount for services; (SineDie21)
   e. The county will pay client related expenses and costs; (SineDie21)
   f. Defending Attorney will safeguard and retain case files and records as necessary to protect Indigent Persons, and, at termination of their contract, transfer files to the successor contract Defending Attorney; proper safeguards will be put in place to ensure no file is transferred to an attorney who may have a conflict; (SineDie21)
   g. All parties keep detailed records of their public defense services and expenditures; (SineDie21)
   h. Defending Attorney will notify the county and the lead institutional or primary contracting Defending Attorney, as applicable, if the Idaho State Bar or other licensing organization files formal charges against a Defending Attorney or non-attorney staff; and (SineDie21)
   i. Authorization for and disclosure of the contract to the PDC. (SineDie21)

04. Communication. The County will frequently meet with the lead institutional or primary contracting Defending Attorneys who are the main providers of public defense services about the following:

   a. Review compliance with Public Defense Rules, including monitoring Workloads and Vertical Representation; and (SineDie21)
   b. Review county budget and expenditures for sufficient allocation of public defense resources and assess need for Financial Assistance. (SineDie21)
021. – 029. (RESERVED)

030. **PUBLIC DEFENSE INDEPENDENT OF POLITICAL AND JUDICIAL INFLUENCE.** Counties will ensure public defense is independent of political and to the extent possible, judicial influence, provided, however, the judiciary is encouraged to contribute information and advice concerning the delivery of public defense services. (SineDie21)

01. **No Judicial, Political or Conflict Influences.** The county’s selection and retention of Defending Attorneys will not involve conflicts of interest. (SineDie21)

02. **Independent Committees.** (SineDie21)
   a. **Selection Recommendation Committee.** The county will use an independent committee from within the county or region for recommendations to the Board of County Commissioners for the selection of the lead institutional Defending Attorney or primary contracting Defending Attorneys as the main providers of public defense services as set forth in Sections 19-859 and 19-860(2), Idaho Code; and (SineDie21)
   b. **Independence Working Group.** Each judicial district will may establish an independent committee of one (1) attorney for each county who practices public defense in or who is familiar or will become familiar with public defense in the county and who is not a Defending Attorney for the appointing county and who is not a prosecutor, to act as a liaison in independence issues between Defending Attorneys and county stakeholders. The Administrative District Judge (ADJ) or Trial Court Administrator (TCA) will identify the members of the committee for their District, and if the ADJ or TCA does not, the Commission will identify committee members. (SineDie21)
   c. Information about an attorney’s fitness to represent Indigent Persons is confidential and exempt from Public Records Act under Section 74-105(18)(a), Idaho Code. (SineDie21)

03. **Independent Advocate.** A Defending Attorney exercising their professional or ethical obligations or advocating for policies supporting constitutional representation of Indigent Persons is not cause for discipline or termination. Nothing in this Subsection 030.03 is intended to prohibit the discipline or termination of a Defending Attorney who has violated county employment policy or Idaho Rules of Professional Conduct. (SineDie21)

04. **Independence.** The county will limit prosecutor involvement in public defense matters that may jeopardize the independence of any Defending Attorney or undermine the delivery of public defense. (SineDie21)

05. **Independent Contract Review Negotiation.** The county should consider engaging independent legal counsel to negotiate Defending Attorney Contracts. (SineDie21)

031. – 039. (RESERVED)

040. **COUNTIES TO PROVIDE CONSISTENT RESOURCES FOR PUBLIC DEFENSE.** Counties will provide adequate and equitable resources for public defense consistent with a properly funded prosecutor as provided in Sections 19-860(1), 19-861(3) and 19-850(1)(a)(vii), Idaho Code. (SineDie21)

01. **Staff and Facilities.** Defending Attorneys and prosecutors will have equal access to quality staff and facilities. (SineDie21)

02. **Pay.** So far as is possible, Defending Attorneys and their staff will receive similar compensation as not be compensated less than a properly funded prosecutor and staff with similar experience and performing similar duties. (SineDie21)

03. **Other Resources.** Defending Attorneys and the prosecutor will have equal access to resources necessary for legal representation. This includes but is not limited to the independent investigation and evaluation of evidence. (SineDie21)
04. **Equity Review.** The county will frequently review and assess equity between, and resource needs of, Defending Attorneys and prosecutors. (SineDie21)

05. **Budget for Equity.** The county will frequently review resource needs with Defending Attorney and adequately budget to meet those needs. (SineDie21)

041. – 049. (RESERVED)

050. **COURT APPOINTMENT OF COMPETENT DEFENDING ATTORNEYS.**

Courts will appoint Defending Attorneys who are competent to represent Indigent Persons as provided in Sections 19-855 and 19-850(1)(a)(vi), Idaho Code, and Subsection 060 of these rules. (SineDie21)

01. **Appointment in Non-Capital Cases.** (SineDie21)

a. Courts will appoint a Defending Attorney from the Defending Attorney Roster except in extraordinary circumstances where the Court:

i. Finds there is good cause to appoint an attorney at public expense who is not on the Roster; (SineDie21)

ii. Finds the attorney is competent to represent the Indigent Person in the particular case; and (SineDie21)

iii. Directs the appointed attorney to notify the PDC of the appointment. (SineDie21)

b. Every attorney appointed under this Subsection 050.01 to represent an Indigent Person at public expense must comply with Subsection 060 of these rules. (SineDie21)

02. **Appointment in Capital Cases.** (SineDie21)

a. In Capital Cases, Courts will:

i. Appoint a Defending Attorney from the Capital Defending Attorney Roster to represent an Indigent Person at public expense; (SineDie21)

ii. Assess Inquire about the Defending Attorney’s Workload to ensure compliance with the Public Defense Rules; (SineDie21)

b. At or before the Initial Appearance in a Capital Case, appoint no less than two (2) qualified Capital Defending Attorneys, one (1) designated lead and the other(s) as co-counsel. (SineDie21)

03. **Conflicts of Interest.** A Court shall not appoint a Defending Attorney to any case with a conflict of interest in that case. (SineDie21)

04. **Eligibility.** Except as provided in Subsection 050.01.a. of these rules, attorneys who are not approved for inclusion on the applicable Roster are not eligible to represent Indigent Persons at public expense. (SineDie21)

051. – 059. (RESERVED)

060. **DEFENDING ATTORNEY MINIMUM REQUIREMENTS.**

Defending Attorneys shall meet the following minimum requirements for providing effective representation to Indigent Persons as provided in Sections 19-855, 19-860(2), 19-850(1)(a)(vi) and 19-850(1)(a)(v)(ii)5 and 8, Idaho Code.

01. **Idaho State License, Defending Attorney Roster, and County Employment or Contract Requirements:** (SineDie21)
a. Licensed to practice law in Idaho and in compliance with Idaho State Bar rules;  

b. Member of the Defending Attorney Roster, except as provided in Subsection 050 of these rules;  
c. Employed or under contract to provide public defense services to a county; and  
d. If a Court attempts to appoint an attorney to represent an Indigent Person at public expense and the attorney does not meet one or more of the requirements in this Subsection 060.01, the attorney will immediately notify the Court.  


03. Qualifications. Have demonstrated the ability, training, experience, and understanding regarding representing Indigent Persons and necessary for their appointed Cases to do the following:  
a. Apply laws, rules, procedures, and practices to the Case and perform thorough legal research and analysis;  
b. Protect client confidentiality, and if breached, notify the client and any other entities when necessary to preserve the client’s constitutional and statutory rights;  
c. Ensure Vertical Representation from the time a Defending Attorney is appointed in each Case. Nothing in this rule is intended to prohibit a different Defending Attorney from representing the client at Initial Appearance. Defending Attorneys who are unable to comply with this rule will notify their supervisor, Board of County Commissioners, or the Court and request appropriate resources;  
d. Dedicate sufficient time to each Case;  
e. Promptly and independently investigate the Case;  
f. Request funds as needed to retain an investigator;  
g. Request the assistance of experts where it is reasonably necessary to prepare the defense and rebut the prosecution’s case;  
h. Continually evaluate the Case for defense investigations or expert assistance;  
i. Be present at the Initial Appearance and available to the Indigent Person in person or via technology, and:  
   i. Preserve the client’s constitutional and statutory rights;  
   ii. Discuss the charges, case and potential and collateral consequences with the client;  
   iii. Obtain information relevant to Idaho Criminal Rule 46 (bail or release on own recognizance) and if appropriate, seek release;  
   iv. Encourage the entry of a not guilty plea at Initial Appearance except in extraordinary circumstances where a guilty plea is constitutionally appropriate;  
j. Work within Caseload or Workload limits, defined in Subsection 060.05 of these rules. If a Defending Attorney’s Caseload exceeds the numeric standard, the attorney must disclose this in the Annual Report. The Report must include the reasons for the excessive Caseload or Workload, and if and how the representation met constitutional standards;
k. Have sufficient time and private space to confidentially meet with Indigent Persons; (SineDie21)

l. Have confidential and secure information systems for Indigent Person’s confidential information; (SineDie21)

m. Identify and resolve conflicts of interests in compliance with Idaho Rules of Professional Conduct (IRCP) and other applicable laws and rules; (SineDie21)

n. Be familiar with and competent to identify or use: (SineDie21)
   i. Forensic and scientific methods used in prosecution and defense; (SineDie21)
   ii. Mental, psychological, medical, environmental issues and impacts; (SineDie21)
   iii. Written and oral advocacy; (SineDie21)
   iv. Motions practice to exhaust good faith procedural and substantive defenses; (SineDie21)
   v. Evidence presentation and direct and cross examination; (SineDie21)
   vi. Experts as consultants and witnesses and expert evidence; (SineDie21)
   vii. Forensic investigations and evidence; (SineDie21)
   viii. Mitigating factors and evidence; (SineDie21)
   ix. Jury selection methods and procedures; (SineDie21)
   x. Electronic filing, discovery and evidence and systems; (SineDie21)
   xi. Constitutional representation; and (SineDie21)
   xii. Understand their own professional limitations and When a Defending Attorney’s abilities do not match the nature and complexity of the Case, they will seek the advice of experienced attorneys, seek training, or decline appointments when necessary. (SineDie21)

04. Additional Qualifications for Capital Cases. Capital Defending Attorneys must meet the following additional requirements: (SineDie21)
   a. Have advanced familiarity and demonstrated competence with the above minimum requirements for Defending Attorneys; and (SineDie21)
   b. Have knowledge and experience in the following: (SineDie21)
      i. Capital laws, rules, procedures and practices; (SineDie21)
      ii. Capital mitigation; (SineDie21)
      iii. Use of mental health evaluations and evidence; (SineDie21)
      iv. Managing and litigating complex cases; (SineDie21)
      v. Assembling and leading a trial team; (SineDie21)
      vi. Capital jury selection methods and procedures; and (SineDie21)
vii. Qualifications meeting or exceeding the American Bar Association Guidelines for the Appointment and Performance of Defense Counsel in Death Penalty Cases to extent they do not conflict with Idaho law; (SineDie21)

c. Lead trial Defending Attorney in Capital Cases will meet or exceed the following experience levels: (SineDie21)
i. Active trial practitioner with no less than ten (10) years in criminal defense litigation; (SineDie21)
ii. Lead counsel in no less than ten (10) felony jury trial tried to verdict; and (SineDie21)
iii. Lead or co-counsel in no less than one (1) Capital Case tried to verdict or capital sentencing; (SineDie21)

d. Trial co-counsel Defending Attorney in Capital Cases who are not qualified as lead trial counsel will meet or exceed the following experience levels: (SineDie21)
i. Active trial practitioner with no less than five (5) years in criminal defense litigation and one (1) of the following: (SineDie21)
ii. Lead counsel in no less than five (5) felony jury trial tried to verdict; or (SineDie21)
iii. Lead or co-counsel in no less than one (1) Capital Case tried to verdict or capital sentencing; (SineDie21)

e. Lead appellate/post-conviction Defending Attorney in Capital Cases will meet or exceed the following experience levels: (SineDie21)
i. Active appellate/post-conviction attorney with no less than ten (10) years in criminal defense litigation; and (SineDie21)
ii. Lead counsel in no less than one (1) Capital or federal capital habeas corpus Case; (SineDie21)

f. Appellate/post-conviction co-counsel in Capital Cases who are not qualified as lead appellate or lead post-conviction counsel will meet or exceed the following experience levels: (SineDie21)
i. Active appellate and post-conviction practitioner with no less than five (5) years in criminal defense litigation; and (SineDie21)
ii. Attorney in no less than one (1) felony appeal with appellate argument, or if tried to evidentiary hearing either a post-conviction or federal habeas corpus Case; (SineDie21)

g. Lead trial or appellate/post-conviction counsel who do not meet the numeric years of practice or numeric number of trials/cases will meet the following alternate requirements: (SineDie21)
i. Meet all the other minimum requirements to ensure their abilities, training, and experience are appropriate given the nature and complexity of a Capital Case, and (SineDie21)
ii. Demonstrate they are qualified to provide lead trial representation or appellate and post-conviction representation in a Capital Case, as applicable, despite their years in practice and trials/cases handled; (SineDie21)

h. Minimum requirements for Capital Case defense teams: (SineDie21)
i. At least two (2) qualified Capital Defending Attorneys, one (1) designated lead and the other or others as co-counsel, appointed at or before the Initial Appearance; (SineDie21)
ii. Immediate assembly of a team by Capital Defending Attorneys consisting of no less than the
following:

(1) Fact investigator;
(2) Mitigation specialist;
(3) Person trained and professionally qualified to screen for mental and psychological screenings; and
(4) Other persons needed to provide effective and zealous representation; and
(5) Require ongoing training and compliance with standards.

05. Caseloads and Workloads. Defending Attorneys will have Caseloads and Workloads that are appropriately sized to permit effective representation as follows:

a. Caseload standard. Maximum Caseloads by Active Case type shall not during the reporting period exceed:

i. Two (2) Capital Cases at a time;
ii. Two hundred ten (210) non-capital felony Cases;
iii. Five hundred twenty (520) misdemeanor Cases;
iv. Two hundred thirty-two (232) juvenile Cases;
v. One hundred five (105) child protection or parent representation Cases;
vi. Six hundred eight (608) civil contempt or mental health Cases; and
vii. Thirty-five (35) non-capital substantive appeal Cases.

viii. To determine maximum Caseloads for mixed Case types, add the percentage of the maximum Caseload for each category and the sum of those percentages is not to exceed one hundred percent (100%); and adjust the Caseload downward when the Case assignments are weighted toward more serious offenses, complex Cases, or those requiring significant expenditure of time and resources.

b. Maximum Caseloads will remain in effect until April 30, 2023, unless otherwise addressed by the Commission prior to that date. In the absence of a numerical Caseload rule, Defending Attorneys and counties should use the National Advisory Commission (NAC) Caseload limits recognized by the American Bar Association as a guideline for assessment.

c. Case Counting.

i. A felony Case is counted as follows:

(1) A Case filed as a felony is counted as one (1) felony, whether it is dismissed, remanded, pled, or tried to completion;

(2) A Case filed as a misdemeanor that is later amended to a felony is counted as a felony;

ii. A probation violation or motion for contempt is counted as a separate Case;

iii. A Case that is conflicted or consolidated is counted by the Defending Attorney assigned to the conflicted or consolidated Case and not counted by the initial Defending Attorney;
iv. A Case sent to a problem-solving court is counted once as initially filed as a felony, misdemeanor, or juvenile Case;  

v. A Case is counted as a Capital Case if, in any part of the reporting period, the state is legally entitled to seek the death penalty under Section 18-4004A, Idaho Code;  

vi. Post-judgment motions are not counted as a Case;  

d. Defending Attorneys who are unable to comply with the Caseload rules will notify their supervisor, Board of County Commissioners or the Court and request appropriate resources.  

e. Workloads. Caseloads maximums are based on the following considerations:  

i. Adequate support staff;  

ii. Cases of average complexity;  

iii. Reasonable distribution of Cases throughout the year; and  

iv. No supervisory duties;  

f. Defending Attorneys unable to comply with the Workload rules will notify their supervisor, Board of County Commissioners or the Court and request appropriate resources.  

061. – 069. (RESERVED)  

070. ATTORNEY ROSTERS REQUIREMENTS AND PROCEDURES.  

01. Defending Attorney Roster.  

a. For inclusion on the Attorneys who complete the PDC form verifying they meet the items in this Subsection 070.01 will be automatically included and remain on the Defending Attorney Roster, attorneys must until they request removal or are removed for failing to comply with Public Defense Rules. Attorneys who are unable to verify the items in this Subsection 070.01 may submit a new verification form at any time.  

i. Have an active license to practice law in Idaho;  

ii. Attest they are in compliance with the Public Defense Rules or will comply with the Rules when appointed and representing an Indigent Person;  

iii. New attorneys admitted to the Idaho State Bar within the previous year will name and be mentored by an experienced Defending Attorney on the Defending Attorney Roster;  

iv. Have completed the minimum continuing legal education (“CLE”) requirements in Paragraph 090.03 of these rules within the previous year or within the next sixty ninetynine (690) days of being placed on the Roster;  

v. Have completed the Defending Attorney Roster application and authorization forms.  

vi. Attorneys on the Defending Attorney Roster will complete Annual Reports as set forth in IDAPA 61.01.03, “Records, Reporting and Review,” Paragraph 020.01.a. Attorneys who at the time of inclusion on the Defending Attorney Roster are not under contract with a county will promptly provide PDC Staff notice and copy of any county contracts entered after inclusion.  

b. Attorneys who meet the requirements in Subsection 070.01.a. of these rules will be included and remain on the Defending Attorney Roster until their request removal or are removed for failing to comply with Public Defense Rules under written findings of the Executive Director.
Continuing Eligibility.

To remain on the Defending Attorney Roster attorneys must:

1. Comply with the Public Defense Rules and:
   
2. Have completed the minimum CLE requirements under Subsection 090.03 of these rules; and

3. Have completed an Annual Report.

To address Defending Attorney Deficiencies:

1. PDC Staff will review reported Defending Attorney Deficiencies and work directly with the Defending Attorney, and the county when appropriate, to resolve them.

2. If the Deficiency cannot be resolved at the review, PDC Staff may ask the Defending Attorney to submit a plan to cure the Deficiency with proposed detailed action items and completion dates.

3. If a plan is requested and is not submitted or completed, or if the Defending Attorney Deficiency is not cured, it will be referred to the Commission with the Executive Director’s order of removal, which the Defending Attorney may appeal as set forth in Subsection 080.04 of these rules. County Deficiencies, which are not Defending Attorney Deficiencies, are the responsibility of the county and not the Defending Attorney. County responsibilities are set forth in these rules including without limitation Section 020 of these rules and subject to the county Deficiency process set forth in IDAPA 61.01.03, “Records, Reporting and Review,” Sections 050 through 060.

02. Capital Defending Attorney Roster.

a. For Inclusion on the Capital Defending Attorney Roster, a Defending Attorney must:

i. Meet minimum qualifications under Subsection 060.04 of these rules; and

ii. Have completed minimum CLE requirements under Paragraph 090.03.b. of these rules within two years;

iii. Have completed Capital Defending Attorney Roster application and authorization forms.

b. PDC Staff or contractor investigates an applicant for initial inclusion on the Capital Defending Attorney Roster. The Commission appointed subcommittee reviews applications and PDC Staff reports and makes recommendations to the Commission. The Commission makes the final decision.

c. Continuing Eligibility. To remain on the Capital Defending Attorney Roster Defending Attorneys must comply with the Public Defense Rules and:

i. Have completed the minimum CLE requirements under Subsection 090.03 of these rules; and

ii. Have completed Capital Case reporting and authorization forms by November 1 every other year.

d. PDC Staff or contractor investigates continuing eligibility to remain on the Capital Defending Attorney Roster. The Commission appointed subcommittee reviews continuing eligibility and PDC Staff reports and makes recommendations to the Commission. The Commission makes the final decision. The Commission will remove attorneys who do not meet continuing eligibility requirements from the Capital Defense Roster.
03. **Attorneys Engaged Prior to Roster Membership.** Attorneys who are not on the Defending Attorney Roster at the time of employment or contract to provide representation at public expense must apply for Roster membership within thirty (30) days from the date of their employment or contract. Except as provided in Subsection 050 of these rules, attorneys who are not approved for inclusion on the applicable Roster are not eligible to represent Indigent Persons at public expense. (SineDie21)

043. **Confidentiality.** Information about an attorney’s fitness to represent Indigent Persons is confidential and exempt from the Public Records Act under Section 74-105(18)(a), Idaho Code. (SineDie21)

071. – 079. (RESERVED)

080. **REVIEW OF ROSTER DECISIONS.**

01. **Denial of Initial Inclusion on the Defending Attorney Roster.** (SineDie21)
   a. An attorney may appeal a denial of initial inclusion on the Defending Attorney Roster by submitting a notice of appeal within fourteen (14) days of the date of the notice of denial. (SineDie21)
   b. The Commission will review a timely appeal and issue a final agency order affirming or reversing the denial, or take other action deemed appropriate by the Commission. (SineDie21)

02. **Denial of Initial Inclusion on the Capital Defending Attorney Roster.** (SineDie21)
   a. A Defending Attorney may appeal a denial of initial inclusion on the Capital Defending Attorney Roster by submitting a notice of appeal within fourteen (14) days of the date of the notice of denial. (SineDie21)
   b. A hearing officer appointed by the Commission will review a timely appeal and issue a recommended order to the Commission. (SineDie21)
   c. The Commission will issue a final agency order adopting or rejecting the hearing officer’s recommended order, or take other action deemed appropriate by the Commission. (SineDie21)

03. **Emergency Removal of an Attorney from the Defending Attorney Roster or Capital Defending Attorney Roster.** (SineDie21)
   a. To prevent or avoid immediate danger when:
      i. An attorney’s Idaho license to practice law is suspended; (SineDie21)
      ii. An attorney is disbarred in Idaho; or (SineDie21)
      iii. An attorney’s Idaho license status is inactive; or (SineDie21)
      iv. An attorney is convicted of a serious crime as defined in IRPC 501(p); (SineDie21)
   b. The attorney will be removed by the Executive Director who will notify the attorney and Commission upon issuance of the notice of removal which will include a statement of the immediate danger and is effective immediately. (SineDie21)
   c. An appeal of the removal under Subsection 080.03 of these rules, may will be reviewed by the Commission in an emergency proceeding under Section 67-5247, Idaho Code; (SineDie21)
   d. An attorney may appeal their emergency removal by submitting a notice of appeal and all supporting documentation within fourteen (14) days of the date of the Executive Director’s notice of removal. (SineDie21)
   e. The Commission will review a timely appeal and issue a decision within twenty-eight (28) days of
04. Removal of an Attorney from the Defending Attorney Roster or Capital Defending Attorney Roster for Other Reasons.

a. An attorney removed from a Roster for reasons other than set forth in Subsection 080.03 of these rules, may appeal their removal by submitting a notice of appeal and all supporting documentation within fourteen (14) days of the Executive Director’s order of removal. A Defending Attorney will remain on the Roster pending resolution of the appeal. A Defending Attorney who fails to file a notice of appeal within fourteen (14) days will be immediately removed from the Roster.

b. The Commission will review a timely appeal and issue a final agency order affirming or reversing the Executive Director’s decision, or take other action deemed appropriate by the Commission.

05. Confidentiality. Information about an attorney’s fitness to represent Indigent Persons is confidential and exempt from Public Records Act under Section 74-105(18)(a), Idaho Code.

090. CONTINUING LEGAL EDUCATION.
Roster members must complete the minimum continuing public defense legal education requirements as provided in Sections 19-850(1)(a)(vii)5 and 8, Idaho Code, as follows.

a. Defending Attorney Roster – Minimum of seven (7) CLE credits each county fiscal year (October 1 – September 30);

b. Capital Defending Attorney Roster – Minimum of twelve (12) CLE credits with at least ten (10) from a nationally recognized and well-established capital trial training program, every other county fiscal year. Attorneys on both Rosters may count capital CLE credits toward the seven (7) CLE credits.

c. Defending Attorneys with supervisory or management duties – Minimum of two (2) CLE credits each county fiscal year in leadership skills, attorney management, or mentoring, which count toward the seven (7) CLE credits.
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LEGAL NOTICE

Summary of Proposed Rulemakings

PUBLIC NOTICE OF INTENT
TO PROPOSE OR PROMULGATE NEW OR CHANGED AGENCY RULES

The following agencies of the state of Idaho have published the complete text and all related, pertinent information concerning their intent to change or make the following rules in the latest publication of the state Administrative Bulletin.

The proposed rule public hearing request deadline is September 15, 2021, unless otherwise posted.
The proposed rule written comment submission deadline is September 22, 2021, unless otherwise posted.
(Temp & Prop) indicates the rulemaking is both Temporary and Proposed. (*PH) indicates that a public hearing has been scheduled.

IDAPA 18 – DEPARTMENT OF INSURANCE
PO Box 83720, Boise, ID 83720-0043

*18-0201-2101, Insurance Rates and Credit Rating. (*PH) New Zero Based Regulation (ZBR) Chapter prohibits insurers from using a customer’s credit history or rating to determine premium rates or whether to issue, cancel, or nonrenew a property or casualty policy or coverage.

*18-0305-2101, Credit Life and Credit Disability Insurance. (*PH) New ZBR Chapter provides a system of rate, policy form, and operating standards for the transaction of credit life and credit disability insurance.

*18-0401-2101, Health Carrier External Review. (*PH) New ZBR Chapter sets forth requirements for health carriers and independent review organizations when implementing external review procedures in accordance with statutory provisions.


*18-0407-2101, Restrictions on Discretionary Clauses in Health Insurance Contracts. (*PH) New ZBR Chapter restricts use of discretionary clauses by carriers in health insurance contracts – a contract for group coverage offered by an employer is not applicable under this rule.


*18-0604-2101, Continuing Education. (*PH) New ZBR Chapter details qualifying programs, subjects, standards, and reporting requirements pertaining to continuing education for insurance licensees.

IDAPA 20 – IDAHO DEPARTMENT OF LANDS
PO Box 83720, Boise, ID 83720-0050

Forestry and Fire Division / Board of Scaling Practices – 3284 W Industrial Loop, Coeur d’Alene, Idaho 83815

*20-0201-2101, Rules Pertaining to the Idaho Forest Practices Act. (*PH) New ZBR Chapter describes administrative procedures necessary to implement minimum standards for the conduct of forest practices on forest land in the state of Idaho.

20-0309-2101, Easements on State-Owned Submerged Lands and Formerly Submerged Lands. New ZBR Chapter applies to issuance of easements for all uses associated with navigable waterways, including dams regardless of purpose, with exceptions for Small Water Delivery Structures, uses authorized by lease, and short term uses with revocable temporary permits.

**IDAPA 37 – IDAHO DEPARTMENT OF WATER RESOURCES / IDAHO WATER RESOURCE BOARD**

PO Box 83720, Boise, ID 83720-0098

37-0307-2101, Stream Channel Alteration Rules. New ZBR Chapter provides minimum standards to process applications for alterations which do not impose environmental hazards to stream channels or adjacent property.

**IDAPA 61 – IDAHO STATE PUBLIC DEFENSE COMMISSION**

816 W Bannock, Ste 201, Boise, ID 83702


*61-0102-2101, Requirements and Procedures for Representing Indigent Persons. (*PH) As a result of stakeholder input, changes regard: Defending Attorney Roster engagement, requirements, and continuing eligibility; selection recommendation committee and independence working group; independent contract negotiation; compensation; workload inquiry; appointment eligibility and qualifications; vertical representation; entry of not guilty plea; case abilities and competence; CLE conditions; and situation for and appeal of emergency removal.

Please refer to the Idaho Administrative Bulletin September 1, 2021, Volume 21-9, for the notices and text of all rulemakings, proclamations, negotiated rulemaking and public hearing information and schedules, executive orders of the Governor, and agency contact information.


Office of the Administrative Rules Coordinator, Division of Financial Management

P.O. Box 83720, Boise, ID 83720-0032

Phone: 208-334-3900; Email: adminrules@dfm.idaho.gov
This index provides a history of all agency rulemakings beginning with the first Administrative Bulletin in July 1993 to the most recent Bulletin publication. It tracks all rulemaking activities on each chapter of rules by the rulemaking docket numbers and includes negotiated, temporary, proposed, pending and final rules, public hearing notices, vacated rulemaking notices, notice of legislative actions taken on rules, and executive orders of the Governor.

(PLR 2021) – Final Effective Date Is Pending Legislative Review in 2021
(eff. date)L – Denotes Adoption by Legislative Action
(eff. date)T – Temporary Rule Effective Date
SCR # – denotes the number of a Senate Concurrent Resolution (Legislative Action)
HCR # – denotes the number of a House Concurrent Resolution (Legislative Action)

(This Abridged Index includes all active rulemakings.)
**IDAPA 01 – IDAHO BOARD OF ACCOUNTANCY**

(MOVED AND REDESIGNATED) 01.01.01, Idaho Accountancy Rules

01-0000-2000 IDAPA 01 – IDAHO BOARD OF ACCOUNTANCY – Notice of Legislative and Executive Action Affecting the Idaho Board of Accountancy Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 30, Chapter 01 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000 IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 30, Chapter 01 – Bulletin Vol. 20-7 (eff. 7-1-20)

01-0101-2000F Idaho Accountancy Rules – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

**IDAPA 02 – IDAHO DEPARTMENT OF AGRICULTURE**

02-0000-2100 Rules of the Idaho Department of Agriculture – Notice of Omnibus Rulemaking – Adoption of Temporary Rule \ Rescission of Previous Temporary Rule Under Dockets 02-0106-2002, 02-0414-2001, and 02-0414-2102 – Reauthorizes Title 01, Chapter 03; Title 02, Chapters 02, 05; Title 03, Chapter 01; Title 04, Chapters 04, 13-15, 17, 20, 21, 23-25, 27, 29, 30; and Title 05, Chapter 01 – Bulletin Vol. 21-7SE (eff. 7-1-21)

02-0000-2100F Rules of the Idaho Department of Agriculture – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule and Rescission of Previous Temporary Rule Under Docket 02-0000-2000F – Reauthorizes Title 01, Chapters 04, 05; Title 02, Chapters 07, 11-15; Title 03, Chapter 03; Title 04, Chapters 03, 05, 19, 26, 32; and Title 06, Chapters 01, 02, 04-06, 09, 10, 33 – Bulletin Vol. 21-7SE (eff. 7-1-21)

02-ZBRR-2101 Rules of the Idaho Department of Agriculture – Notice of Intent to Promulgate Rules – Zero-Based Regulation Negotiated Rulemaking – Negotiates Title 04, Chapters 05, 13, 19, 21, 27; and Title 06, Chapters 06, 09, 33 – Bulletin Vol. 21-4

02-0000-2000F Rules of the Idaho Department of Agriculture – Notice of Omnibus Rulemaking – Amendment to Temporary Rule – Amends Title 03, Chapter 03 – Bulletin Vol. 21-6 (eff. 5-18-21) (temporary rule rescinded)

02-0000-2000F Rules of the Idaho Department of Agriculture – Notice of Omnibus Rulemaking – Adoption of Pending Fee Rule – Reauthorizes Title 01, Chapters 04, 05; and Title 06, Chapter 33 – Bulletin Vol. 20-11SE (PLR 2021)

02-0000-2000F Rules of the Idaho Department of Agriculture – Notice of Omnibus Rulemaking – Proposed (Fee) Rule – Reauthorizes Title 01, Chapters 04, 05; and Title 06, Chapter 33 – Bulletin Vol. 20-9SE

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02-0000-2000FA Rules of the Idaho Department of Agriculture – Notice of Omnibus Rulemaking – Adoption of Pending Fee Rule – Reauthorizes Title 02, Chapters 07, 11-15; Title 03, Chapter 03; Title 04, Chapters 05, 19, 26, 32; and Title 06, Chapters 01, 02, 04-06, 09, 10 – Bulletin Vol. 20-11SE (PLR 2021)

02-0000-2000FA Rules of the Idaho Department of Agriculture – Notice of Omnibus Rulemaking – Proposed (Fee) Rule – Reauthorizes Title 02, Chapters 07, 11-15; Title 03, Chapter 03; Title 04, Chapters 03, 05, 19, 26, 32; and Title 06, Chapters 01, 02, 04-06, 09, 10 – Bulletin Vol. 20-9SE


02-0701-2000F Rules of the Idaho Hop Growers Commission – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 07, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

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IDAPA 04 – OFFICE OF THE ATTORNEY GENERAL

04-0000-2100 Rules of the Attorney General – Notice of Omnibus Rulemaking – Adoption of Temporary Rule – Reauthorizes Title 02, Chapter 01; Title 11, Chapter 01; Title 12, Chapter 01; and Title 20, Chapter 01 – Bulletin Vol. 21-7SE (eff. 7-1-21)T

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**IDAPA 06 – STATE BOARD OF CORRECTION**

06-0000-2100  Rules of the State Board of Correction – Notice of Proclamation of Omnibus Rulemaking – Reauthorizes Title 01, Chapter 01; and Title 02, Chapters 01, 02 – Bulletin Vol. 21-7SE (eff. 7-1-21)T

**IDAPA 07 – DIVISION OF BUILDING SAFETY**

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07-0000-2000F  Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapter 01; Title 02, Chapter 02; Title 03, Chapters 01, 03, 11-12; Title 04, Chapter 02; Title 05, Chapter 01; Title 07, Chapter 01; Title 10, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)T

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07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 10 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 20 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F  Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)T

*(MOVED AND REDESIGNATED)* 07.02.02, Rules Governing Plumbing

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 20 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 20 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F  Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 02, Chapter 02 – Bulletin Vol. 20-4SE (eff. 3-20-20)T

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**MOVED AND REDESIGNATED** 07.03.03, **Rules for Modular Buildings**

### 07-0000-2000

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### 07-0000-2000F

**Rules of the Division of Building Safety** – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes **Title 03, Chapter 03** – Bulletin Vol. 20-4SE (eff. 3-20-20)T

**MOVED AND REDESIGNATED** 07.03.09, **Rules Governing Manufactured Homes – Consumers Complaints – Dispute Resolution**

### 07-0000-2000

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### 24-0000-2000

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**MOVED AND REDESIGNATED** 07.03.11, **Rules Governing Manufactured/Mobile Home Industry Licensing**

### 07-0000-2000

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### 07-0000-2000F

**Rules of the Division of Building Safety** – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes **Title 03, Chapter 11** – Bulletin Vol. 20-4SE (eff. 3-20-20)T

**MOVED AND REDESIGNATED** 07.03.12, **Rules Governing Manufactured or Mobile Home Installations**

### 07-0000-2000

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### 24-0000-2000

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07-0000-2000F Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 03, Chapter 12 – Bulletin Vol. 20-4SE (eff. 3-20-20)T

(MOVED AND REDESIGNATED) 07-03.13, Rules Governing Mobile Home Rehabilitation

07-0000-2000 IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 35 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000 IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Reauthorizes Title 03, Chapter 12 – Bulletin Vol. 20-4SE (eff. 3-20-20)T

(MOVED AND REDESIGNATED) 07.04.02, Safety Rules for Elevators, Escalators, and Moving Walks

07-0000-2000 IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 40 – Bulletin Vol. 20-7 (eff. 7-1-20)

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(MOVED AND REDESIGNATED) 07.05.01, Rules of the Public Works Contractors License Board

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24-0000-2000 IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 60 – Bulletin Vol. 20-7 (eff. 7-1-20)

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24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 70 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F  Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 07, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

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08-0201-2101 Adoption of Temporary Rule, Bulletin Vol. 21-1 (eff. 12-20-20)T

08-0201-2001 Adoption of Pending Rule, Bulletin Vol. 21-1 (PLR 2021)

08-0201-2001 Temporary and Proposed Rulemaking, Bulletin Vol. 20-10 (eff. 8-26-20)T


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08-0000-2000F Rules of the State Board of Education and the Department of Education – Notice of Omnibus Rulemaking –
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08-0000-2000F Rules of the State Board of Education and the Department of Education – Notice of Omnibus Rulemaking –
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<thead>
<tr>
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<tr>
<td>11-0000-2000F</td>
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</tr>
<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<th>Docket Number</th>
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<tr>
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**11.10.01, Rules Governing Idaho Public Safety and Security Information System**

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<th>Docket Number</th>
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<tr>
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12-0000-2100F Rules of the Department of Finance – Notice of Omnibus Rulemaking – Adoption of Pending Fee Rule – Rescission of Previous Temporary Rule Under Docket 12-0000-2000F – Reauthorizes Title 01, Chapter 08 – Bulletin Vol. 21-7SE (eff. 7-1-21)T


12-0000-2000F Rules of the Department of Finance – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapter 08 – Bulletin Vol. 20-4SE (eff. 3-20-20)T (temporary rule rescinded)

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13-0000-2000F Rules of the Idaho Fish and Game Commission – Notice of Omnibus Rulemaking – Adoption of Pending Fee Rule – Reauthorizes Title 01, Chapter 02, Sections 200 and 201 only; Title 01, Chapter 04, Section 601 only; Title 01, Chapter 08, Section 263 only; Title 01, Chapter 10, Section 410 only; and Title 01, Chapter 19, Section 102 only – Bulletin Vol. 20-11SE (PLR 2021)

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07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 01 – Bulletin Vol. 20-7 (eff. 7-1-20)

24.39.10, Rules of the Idaho Electrical Board *(Re-designated from IDAPA 07.01.01 to 24.39.10)


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 10 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 10 – Bulletin Vol. 20-7 (eff. 7-1-20)

24.39.20, Rules Governing Plumbing *(Re-designated from IDAPA 07.02.02 to 24.39.20)


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 20 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 20 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 02, Chapter 02 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.30, Rules of Building Safety (Building Code Rules) *(Re-designated from IDAPA 07.03.01 to 24.39.30)*

24-3930-2101 Notice of Intent to Promulgate Rules – Negotiated Rulemaking, Bulletin Vol. 21-4


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 30 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 30 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 03, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.31, Rules for Modular Buildings *(Re-designated from IDAPA 07.03.03 to 24.39.31)*


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 31 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 31 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 03, Chapter 03 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.32, Rules Governing Manufactured Homes – Consumer Complaints – Dispute Resolution *(Re-designated from IDAPA 07.03.09 to 24.39.32)*
24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 32 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 32 – Bulletin Vol. 20-7 (eff. 7-1-20)

24.39.33, Rules Governing Manufactured/Mobile Home Industry Licensing *(Re-designated from IDAPA 07.03.11 to 24.39.33)*


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 33 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 33 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F  Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 03, Chapter 11 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.34, Rules Governing Manufactured or Mobile Home Installations *(Re-designated from IDAPA 07.03.12 to 24.39.34)*


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 34 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 34 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F  Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 03, Chapter 12 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.35, Rules Governing Mobile Home Rehabilitation *(Re-designated from IDAPA 07.03.13 to 24.39.35)*

24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 35 – Bulletin Vol. 20-7 (eff. 7-1-20)
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24.39.40, Safety Rules for Elevators, Escalators, and Moving Walks *(Re-designated from IDAPA 07.04.02 to 24.39.40)


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 40 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 40 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000F Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 04, Chapter 02 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.50, Rules of the Public Works Contractors License Board *(Re-designated from IDAPA 07.05.01 to 24.39.50)


24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 50 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 50 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000F Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 05, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.60, Rules Governing Uniform School Building Safety *(Re-designated from IDAPA 07.06.01 to 24.39.60)

24-0000-2000  IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 60 – Bulletin Vol. 20-7 (eff. 7-1-20)

24-0000-2000  IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 60 – Bulletin Vol. 20-7 (eff. 7-1-20)

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07-0000-2000 IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 70 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000F Rules of the Division of Building Safety – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 07, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

24.39.80, Idaho Minimum Safety Standards and Practices for Logging *(Re-designated from IDAPA 07.08.01 to 24.39.80)

24-0000-2000 IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 80 – Bulletin Vol. 20-7 (eff. 7-1-20)

07-0000-2000 IDAPA 07 – DIVISION OF BUILDING SAFETY – Notice of Legislative and Executive Action Affecting the Division of Building Safety and Its Constituent Boards Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 80 – Bulletin Vol. 20-7 (eff. 7-1-20)

24.39.90, Rules Governing the Damage Prevention Board *(Re-designated from IDAPA 07.10.01 to 24.39.90)


24-0000-2000 IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES – Notice of Legislative and Executive Action Affecting Certain Boards and Commissions Under the Department of Self-Governing Agencies – House Bill 318, Session Law 96, and Executive Order 2020-10 and Assignment of New IDAPA Designation Number Under the Division of Occupational and Professional Licenses – Redesignated as IDAPA 24, Title 39, Chapter 90 – Bulletin Vol. 20-7 (eff. 7-1-20)

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IDAPA 25 – OUTFITTERS AND GUIDES LICENSING BOARD

(MOVED AND REDESIGNATED) 25.01.01, Rules of the Outfitters and Guides Licensing Board

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25-0101-2000F Rules of the Outfitters and Guides Licensing Board – Notice of Omnibus Rulemaking – Amendment to Temporary (Fee) Rule – Amends IDAPA 24, Title 35, Chapter 01 – Bulletin Vol. 20-9 (eff. 10-1-20)T

25-0101-2000F Rules of the Outfitters and Guides Licensing Board – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)T


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26-0000-2100F Rules of the Department of Parks and Recreation – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Rescission of Previous Temporary Rule Under Docket 26-0000-2000F – Reauthorizes Title 01, Chapters 10, 20, 33 – Bulletin Vol. 21-7SE (eff. 7-1-21)T


26-0000-2000F Rules of the Department of Parks and Recreation – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapters 10, 20, 33 – Bulletin Vol. 20-4SE (eff. 3-20-20)T (temporary rule rescinded)

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27-0101-2000F  \textit{Rules of the Idaho State Board of Pharmacy} – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

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33-0101-2000F Rules of the Idaho Real Estate Commission – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule – Reauthorizes Title 01, Chapter 01 – Bulletin Vol. 20-4SE (eff. 3-20-20)

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34-0000-2000F Rules of the Idaho Secretary of State – Notice of Omnibus Rulemaking – Adoption of Temporary (Fee) Rule \\ Recission of Previous Temporary Rule Under Docket 34-0000-2000F – Reauthorizes Title 05, Chapters 01-03, 06 – Bulletin Vol. 21-7SE (eff. 7-1-21)

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34-0000-2000F Rules of the Idaho Secretary of State – Notice of Omnibus Rulemaking – Adoption of Pending Fee Rule – Reauthorizes Title 05, Chapters 01-03, 06 – Bulletin Vol. 20-11SE (PLR 2021)

34-0000-2000F Rules of the Idaho Secretary of State – Notice of Omnibus Rulemaking – Proposed (Fee) Rule – Reauthorizes Title 05, Chapters 01-03, 06 – Bulletin Vol. 20-4SE (eff. 3-20-20) (temporary rule rescinded)

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