



Proposed/Temporary Administrative Rules Form

Section 1 (To be Completed by Agency)

Agency Name: Idaho State Department of Agriculture		STARS Agency Code: 210	Fax Number: 208-334-4062	Date: 5/6/13
Contact Person: Scott Leibsle	Title: Deputy State Veterinarian; Animal Health Bureau Chief	Phone: 208-332-8614	Email: scott.leibsle@agri.idaho.gov	
Person Authorizing Rule: Brian Oakey	Title: Deputy Director	Phone: 208-332-8500	Email: brian.oakey@agri.idaho.gov	
Statutory Authority for the rule making (Idaho Code, Federal Statute or Regulation): Idaho Code § 25-3704				
Title, Chapter, and Possible Docket (IDAPA) Number: IDAPA 02.04.19 Rules Governing Domestic Cervidae				
This rule is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Temporary			Effective Date:	
<p>If this is a temporary rule:</p> <p><input type="checkbox"/> Necessary to protect the public health, safety, or welfare; or</p> <p><input type="checkbox"/> Compliance with deadlines in amendments to governing law or federal programs; or</p> <p><input type="checkbox"/> Conferring a benefit.</p> <p>Please explain:</p>				
If this is a temporary rule which imposes a fee or charge, provide justification as described in Idaho Code 67-5226(2):				
Agency has determined according to Idaho Code 67-5220(1):				
<input type="checkbox"/> This rule is to be negotiated <input checked="" type="checkbox"/> Negotiation of this rule is not feasible				
If rule is negotiated:				
Agency certifies that the rule <input type="checkbox"/> has been or <input type="checkbox"/> will be negotiated with interested persons as outlined in Idaho Code 67-5220(3). (indicate which)				
If rule negotiation is not feasible, the agency has determined:				
<input type="checkbox"/> Rule is temporary; or <input type="checkbox"/> Lack of identifiable representatives of affected interests; or <input type="checkbox"/> Rule is simple in nature; or <input type="checkbox"/> Affected interests are not likely to reach consensus; or <input checked="" type="checkbox"/> Other.				
Please explain:				
The rule changes are necessary to make state requirements consistent with federal law.				
Provide a fiscal impact statement for all programs affected. Be sure to reflect both positive and negative impacts and to include all fund sources including both the General Fund and dedicated funds: ISDA does not anticipate any fiscal impact from the changes to be made to the Rule during this rulemaking.				

Provide a short explanation of the need for this rule:
 The animal identification requirements of the Animal and Plant Health Inspection Service (APHIS) National Chronic Wasting Disease (CWD) Herd Certification Program (HCP), which went into effect in December 2012, are more specific than Idaho's existing Domestic Cervidae rules. To maintain consistency with federal rules and avoid confusion among cervidae producers intending to export cervidae, the rule will be amended to include the specific herd identification requirements for farms voluntarily participating in the National CWD HCP.

Provide a short summary of the changes this rule makes:
 IDAPA 02.04.19.022 – The rule change specifies which forms of unique identification will be acceptable for producers exporting out of the state to utilize within their herd and to maintain compliance with the National CWD HCP.

Provide a list of those persons or interest group(s) affected by this rule:
 Cervidae producers and industry members that plan on exporting cervidae out of Idaho.

Section 2 (To be Completed by DFM)

DFM Analyst Comments:
 This change is necessary to comply with national standards and federal law, and will not be negotiated.

DFM Analyst Fiscal Impact Review:
 No fiscal impact is anticipated.

DFM Analyst Signature & Date: Anita Hamann, May 8, 2013	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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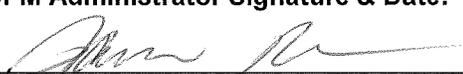
Gov Special Assistant Signature & Date: Bonnie Butler May 8, 2013	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Action:

Approved

Authorized to Advance Rulemaking Process, DFM to review draft rule prior to publication (See Section 3)

Not Approved

DFM Administrator Signature & Date:
 5/10/2013

Section 3 (To Be Completed By DFM if Required)

DFM Analyst Signature & Date:	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Signature & Date:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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