



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: 5/20/14
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 § 25-203				
Title, Chapter, and Possible Docket (IDAPA) Number: IDAPA 02.04.24, Rules Governing Tuberculosis				
This rule is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Temporary		Effective Date:		
If this is a temporary rule: <input type="checkbox"/> Necessary to protect the public health, safety, or welfare; or <input type="checkbox"/> Compliance with deadlines in amendments to governing law or federal programs; or <input type="checkbox"/> Conferring a benefit. Please explain:				
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 checked="" type="checkbox"/> This rule is to be negotiated <input 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 checked="" type="checkbox"/> will be negotiated with interested persons as outlined in Idaho Code 67-5220(3). <i>(indicate which)</i>				
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 type="checkbox"/> Other. Please explain:				
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 for the need for this rule: The Idaho Cattle Association petitioned ISDA to change the Rules Governing the Importation of Animals, IDAPA 02.04.21.000 <i>et seq.</i> , related to the importation of dairy breed cattle that have not been tested for tuberculosis. As a result of that petition, ISDA reviewed the Rules Governing Tuberculosis, and determined that unlike the rules related to trichomoniasis and brucellosis, the Rules Governing Tuberculosis lack criteria for cattle of unknown testing status to be fed to slaughter in feedlots approved for finish feeding. The purpose of this rule change will be to establish those criteria.				

Provide a short summary of the changes this rule makes:
IDAPA 02.04.24.401 – The rule addition will establish criteria for cattle of unknown tuberculosis testing status to be fed to slaughter in feedlots approved for finish feeding.

Provide a list of those persons or interest group(s) affected by this rule:
Cattle producers, Approved Feedlot owners

Section 2 (To be Completed by DFM)

DFM Analyst Comments:

DFM Analyst Fiscal Impact Review:

DFM Analyst Signature & Date: Anita Hamann, May 27, 2014	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Gov Special Assistant Signature & Date: Cally Younger, May 30, 2014	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:
 5/30/2014

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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PARF No. 2014-210-20