



State of Rhode Island and Providence Plantations  
Department of State | Office of the Secretary of State  
Nellie M. Gorbea, Secretary of State

Rules and Regulations Filing Form

**1. Agency Name and Address**

Department of Health  
Cannon Building Three Capitol Hill Providence

**2. Title of Rule**

Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services

**3. Statutory Source of Authority**

Chapter 23-15 of the Rhode Island General Laws, as amended

**4. Concise Explanatory Statement - §42-35-2.6**

For the purpose of establishing minimum standards and procedures regarding the determination of need for the development of new health care equipment and new institutional health services

**5. Type of Filing**

Emergency Rules	
A1. Emergency 120-day initial - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: <input type="checkbox"/> Repeal of ERLID:	A2. Emergency 60-day renewal - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment <input type="checkbox"/> Repeal Indicate ERLID of 120-day initial:
Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:	

Final Rules		
<input type="checkbox"/> B1. Amendment - §42-35-3(a)	<input type="checkbox"/> B2. Adoption - §42-35-3(a)	<input type="checkbox"/> B3. Repeal - §42-35-3(a)
<input type="checkbox"/> C. Technical Revision	<input type="checkbox"/> D. Direct Final Rule - §42-35-2.11	
If B1 or C, please indicate new, amended, deleted, or revised sections:		

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:12/02/2001  
Date of Public Hearing - §42-35-2.8:Hearing Not Required  
End of Comment Period - §42-35-2.8 :

**7. Agency Additional Information - Web Page**

**8. Certification**

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

\_\_\_\_\_  
Name  
  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Notary Public  
Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_