



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 Governing Electronic Data Transfer of Controlled Substances in Schedules II and III

3. Statutory Source of Authority

Chapter 21-28 of the Rhode Island General Laws, as amended

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

For the purpose of defining minimum standards for the establishment of an electronic data transfer system between the Department of Health and pharmacies in this state for schedules II and III controlled substances

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 _____, _____