



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**

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

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

**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 \_\_\_\_\_, \_\_\_\_\_