



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**

Health, Department of

Cannon Building

**2. Title of Rule**

Rules and Regulations Pertaining to the Reporting of Communicable, Environmental, and Occupational Diseases

**3. Statutory Source of Authority**

Chapter 23-10 of the Rhode Island General Laws, as amended

**4. Concise Explanatory Statement - §42-35-2.3**

For the purpose of establishing standards pertaining to confidentiality and reporting of communicable, occupational, and environmentally related diseases in Rhode Island

**5. Type of Filing**

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 90-day renewal - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p>	

Final Rules			
<p><input checked="" type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 3844</p>	<p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID: 0</p>	<p><input type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections:                  Sections 1.13, 1.16; 2.0; 2.2; 2.4; 2.5; 2.6; 2.7; 2.8; 3.1; 3.2; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 5.6; 5.7; 5.8; 5.9; 6.3; 7.2; 7.3; 8.3; 8.4; 9.0; updated references; last filing in 01/07</p>			

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):05/23/2008  
 Date of Public Hearing - §42-35-3(a)(2):07/01/2008  
 End of Comment Period:07/15/2008

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

http://

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