



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 Relating to Emergency Medical Services

**3. Statutory Source of Authority**

Chapter 23-4.1 of the Rhode Island General Laws, as amended

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

For the purpose of establishing prevailing standards for emergency medical technicians and ambulances in Rhode Island. Final regulations corrected typo in Section 1.36 and numbering cross-reference in Section 12.9.

**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>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</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>

Final Rules			
<p><input checked="" type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 4698</p>	<p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID:</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; 1.14; 1.20; 1.21; 1.26; 1.28; 1.31; 1.34; 1.36; 1.37; 1.38; 2.1; 2.2; 2.3; 4.1; 4.2; 4.4; 5.1; 5.2; 6.1; 6.2; 6.3; 6.4; 6.5; 6.6; 6.7; 6.8; 6.9; 6.10; 7.4; 7.9; 7.12; 7.13; 7.14; 7.15;</p>			

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):01/30/2009  
 Date of Public Hearing - §42-35-3(a)(2):03/03/2009  
 End of Comment Period:03/17/2009

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