



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 - 3 Capitol Hill - Providence, RI 02908-5097

2. Title of Rule

Rules and Regulations Pertaining to The Regional Health Information Organization And Health Information Exchange [R5-37.7-HIE]

3. Statutory Source of Authority

RIGL 5-37.7

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

Promulgation of regulations to implement the provisions of RIGL 5-37.7 regarding regulatory oversight of the Regional Health Information Organization [RHIO] & Health Information Exchange [HIE]. These regulations are promulgated pursuant to authority under RIGL 5-37.7-5.

5. Type of Filing

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

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

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:04/03/2009
 Date of Public Hearing - §42-35-2.8:05/12/2009
 End of Comment Period - §42-35-2.8 :05/26/2009

7. Agency Additional Information - Web Page

<http://www.health.ri.gov/regulations/index.php>

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 _____, _____