



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 Pharmacists, Pharmacies and Manufacturers, Wholesalers and Distributors [R5-19.1-PHAR]

3. Statutory Source of Authority

§5-19.1-5 of the Rhode Island General Laws, as amended

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

Addition of new §21.10. See Brief Statement of Reason for Finding Imminent Peril for additional details

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial - §42-35-3(b)

Adoption

Amendment of ERLID:

". Repeal of ERLID:

A2. Emergency 90-day renewal - §42-35-3(b)

Adoption

Amendment

Indicate ERLID of 120-day initial: 5763

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

The Department's contingency plans for pandemic flu response have been recently modified to utilize practitioners at community-based health centers for dispensing antivirals and other pharmaceuticals to the public, a practice not specifically authorized under the current regulations. Immediate filing will protect the health, safety and welfare of the public by ensuring that a sufficient number of geographically separate locations are available to ensure prompt and efficient dispensing of antivirals and other pharmaceuticals (on a state-wide basis) as part of the Department's response to pandemic flu or a similar emergency situation

Final Rules

B1. Amendment

B2. Adoption

B3. Repeal

C. Technical Revision

Supersedes ERLID:

Repeals ERLID:

Expires ERLID:

If B1 or C, please indicate new, amended, deleted, or revised sections:

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1): Notice Not Required

Date of Public Hearing - §42-35-3(a)(2): Hearing Not Required

End of Comment Period:

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 _____, _____