

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 - §42-35-2.6

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 - §42-35-2.10 Adoption Amendment of ERLID: Repeal of ERLID:	loption		
dispensing antivirals and other pharmaceuticals protect the health, safety and welfare of the publication.	t Peril §42-35-2.10: mic flu response have been recently modified to utilize practitioners at community-based health centers for to the public, a practice not specifically authorized under the current regulations. Immediate filing will lic by ensuring that a sufficient number of geographically separate locations are available to ensure prompt obarmaceuticals (on a state-wide basis) as part of the Department s response to pandemic flu or a similar		
Agency Head Signature:	Governor/Governor's Designee Signature:		
Date:	Date:		
	Final Rules		
B1. Amendment - §42-35-3(a)	B2. Adoption - §42-35-3(a) B3. Repeal - §42-35-3(a)		
C. Technical Revision	D. Direct Final Rule - §42-35-2.11		
If B1 or C, please indicate new, amended, delete	ed, or revised sections:		
6. Notice and Hearing Information Date of Public Notice - \$42-35-2.8:Notice Not R Date of Public Hearing - \$42-35-2.8:Hearing No End of Comment Period - \$42-35-2.8:			
7. Agency Additional Information - Web Page http://			
8. Certification I hereby certify that the attached rules and regulacopies of this Department, attest,	ations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true		
Name	Notary Public		

	Subscribed and sworn before me	
Title	this	_ day of,,