



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 the Medical Marijuana Program [R21-28.6-MMP]

**3. Statutory Source of Authority**

RIGL 21-28.6

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

The purpose of the proposed changes is to implement the provisions of Public Laws 2009-016 and 2009-017, enacted by the General Assembly in June 2009, regarding establishment of medical marijuana compassion centers.

**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: 5030</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:                  Changes are extensive. A summary of proposed regulatory changes is attached.</p>			

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):12/18/2009  
 Date of Public Hearing - §42-35-3(a)(2):02/02/2010  
 End of Comment Period:02/16/2010

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