



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 HIV Counseling, Testing, Reporting, and Confidentiality [R23-6.3-HIV]

**3. Statutory Source of Authority**

RIGL 23-6.3

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

Implement the provisions of Public Laws 2009-196 and 2009-289, enacted by the General Assembly in November 2009, which require the Department of Health to promulgate regulations regarding HIV testing. The proposed amendments also address other changes in Chapter 23-6.3 of the General Laws enacted pursuant to these Public Laws. [NOTE: RIGL 23-6.3 replaced certain sections of RIGL 23-6, which were repealed, as the enabling authority.]

**5. Type of Filing**

**Emergency Rules**

A1. Emergency 120-day initial - §42-35-2.10

- Adoption
- Amendment of ERLID:
- Repeal of ERLID:

A2. Emergency 60-day renewal - §42-35-2.10

- Adoption
- Amendment
- Repeal

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

**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

Supersedes ERLID: 5401

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

Major revisions throughout the regulation due to requirements of new enabling legislation

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:05/14/2010

Date of Public Hearing - §42-35-2.8:06/18/2010

End of Comment Period - §42-35-2.8 :07/02/2010

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