



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 for Determination of Need for New Health Care Equipment and New Institutional Health Care Services

**3. Statutory Source of Authority**

RIGL Chapter 23-15

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

These current amendments are being promulgated for the purpose of implementing changes mandated by PL 2009-287, PL 2011-151-15 and PL 2011-250. These amendments also remove all specific dollar value fees and replace the dollar value with a reference to the Department's master fee schedule regulation (being promulgated separately). One typo in Section 3.19(b)(1) was corrected as a result of comment received.

**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: 5342

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

Major changes in Sections 3.0 & 15.0 to address new CON requirements. Fee changes in Chapter 4.0

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:10/05/2012

Date of Public Hearing - §42-35-2.8:11/05/2012

End of Comment Period - §42-35-2.8 :11/05/2012

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