



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

3. Statutory Source of Authority

RIGL Chapter 23-6.3

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

These amendments will allow the Department to evaluate indicators of care according to the National HIV/AIDS Strategy from the Centers for Disease Control and Prevention.

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-2.10</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 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p>	

Final Rules		
<p><input checked="" type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input type="checkbox"/> C. Technical Revision</p>	<p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p>	<p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p>
<p>Supersedes ERLID: 6087</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections: Changes are in Section 13.0</p>		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:10/12/2012
 Date of Public Hearing - §42-35-2.8:Hearing Not Required
 End of Comment Period - §42-35-2.8 :11/13/2012

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 _____, _____