



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 Relating to Emergency Medical Services [R23-4.1-EMS]

**3. Statutory Source of Authority**

RIGL Chapter 23-4.1

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

Adopt requirements relating to annual seasonal influenza vaccination for Emergency Medical Technicians.

**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: 7073</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections:                  New Section 8.13 &amp; 8.14; "Housekeeping" changes throughout regulations</p>		

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:12/02/2013  
 Date of Public Hearing - §42-35-2.8:01/17/2014  
 End of Comment Period - §42-35-2.8 :01/17/2014

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