

NOTICE OF REGULATIONS DEVELOPMENT (NORD) FORM (PINK PAPER)

- (1) COMAR Number and Name: 10.
- (2) New Regulation? Amendment? Repeal?
- (3) Initiating Office:
- (4) Summary of proposed action:
- (5) Why are these proposed changes being initiated?
 State Federal Court Department/Board
 Statute Regulation Decision Decision
- (6) If changes are due to State Statute, indicate Bill #, Name, Year and Chapter Number of legislation and **attach** a copy of the legislation:
- (7) Do the proposed changes have a federal comparable? YES NO
- (8) Date draft will be sent to Regulations Office: _____
- (9) Describe potential impact on other DHMH programs and indicate who will be included in the development and review of this proposal.
- (10) List the groups outside of the Department who are interested in this proposal and who will be included in the development and review of this proposal.
- (11) Are the Local Health Departments (LHD) impacted by this proposal programmatically, fiscally, or would their involvement otherwise be required?

For **DSPHS Administrations, Medical Assistance, and Vital Statistics** this information is to be based on the LHD's responses to the Regulations Questionnaire – **attach** the Questionnaire memo and any responses received.

YES NO

- (a) **If yes, explain** how they are impacted and explain how they were involved in the development of this proposal.
- (b) **If no, explain** why they are not impacted.

(12) Contact person's name and phone number:

(13) Concept is consistent with existing law:

Assistant Attorney General
AAG's Comments:

Date

(14) Deputy Secretary's Approval:

_____ _____
Date