



Certification Page
Regular and Emergency Rules
 Revised May 2014

Emergency Rules *(After completing all of Sections 1 and 2, proceed to Section 5 below)*

Regular Rules

1. General Information

a. Agency/Board Name Wyoming Department of Health		
b. Agency/Board Address 6101 Yellowstone Rd., Ste. 400	c. City Cheyenne	d. Zip Code 82002
e. Name of Contact Person Andy Gienapp	f. Contact Telephone Number 307-777-7955	
g. Contact Email Address andy.gienapp@wyo.gov	h. Adoption Date June 1, 2016	
i. Program Cardiopulmonary Resuscitation Directives		

2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.

If "New," provide the Enrolled Act numbers and years enacted: **2015 Wyo. Session Laws., Ch. 189, 2016 HEA 95**

c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed
(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)

Chapter Number:	Chapter Name:	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended	<input checked="" type="checkbox"/> Repealed
1	Purposes and Definitions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Implementation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Requirements and Principles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. The Statement of Reasons is attached to this certification.

e. If applicable, describe the **emergency** which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

3. State Government Notice of Intended Rulemaking

a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the Secretary of State: **March 14, 2016**
b. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Legislative Service Office: **March 14, 2016**
c. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Attorney General: **March 14, 2016**

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. Yes No N/A
b. A public hearing was held on the proposed rules. Yes No

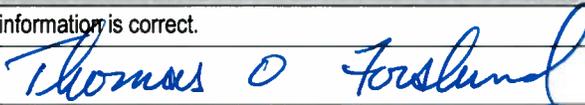
If "Yes:"	Date:	Time:	City:	Location:

5. Final Filing of Rules

a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: **June 1, 2016**
b. Date on which final rules were sent to the Legislative Service Office: **June 1, 2016**
c. Date on which a PDF of the final rules was electronically sent to the Secretary of State: **June 1, 2016**

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual <i>(Blue ink as per Rules on Rules, Section 7)</i>	
Printed Name of Signatory	Thomas O. Forslund
Signatory Title	Director
Date of Signature	June 1, 2016

7. Governor's Certification

I have reviewed these rules and determined that they:

- 1. Are within the scope of the statutory authority delegated to the adopting agency;
- 2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
- 3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

Attorney General: 1. Statement of Reasons; 2. Original Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; and 5. Memo to Governor documenting emergency (for emergency rules only).

LSO: 1. Statement of Reasons; 2. Copy of Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; 5. Electronic copy of rules (PDFs) emailed to Criss.Carlson@wyoleg.gov: clean and strike/underscore; and 6. Memo to Governor documenting emergency (for emergency rules only).

SOS: 1. PDF of clean copy of rules; and 2. Hard copy of Certification Page as delivered by the AG.

CHAPTERS 1-4

Cardiopulmonary Resuscitation Directives

Statement of Reasons

The Wyoming Department of Health proposes to repeal the following rules pursuant to the provisions of Wyo. Stat. Ann. §§ 35-22-201 to -208, 2015 Wyoming Session Laws Ch. 189, and the Wyoming Administrative Procedure Act at Wyo. Stat. Ann. §§ 16-3-101 to -115.

The Department is repealing these rules in compliance with House Enrolled Act No. 95 (HEA95) of the Sixty-Third Wyoming Legislature. This Act repealed Wyo. Stat. Ann. §§ 35-22-201 to -208 effective July 1, 2016.

The repeal of these rules, and the concurrent adoption of the rules for Provider Orders for Life Sustaining Treatment Program Act, will provide a seamless transition for the programs.

As required by Wyo. Stat. Ann. § 16-3-103(a)(i)(G), these rules meet minimum substantive state statutory requirements.

CHAPTER I

PURPOSES AND DEFINITIONS

[This chapter is repealed.]

CHAPTER I

PURPOSES AND DEFINITIONS

[This chapter is repealed.]

~~Section 1. — Purpose. — The Department of Health has promulgated these regulations relating to cardiopulmonary resuscitation directives to ensure the timely and appropriate implementation and application of the Wyoming Cardiopulmonary Resuscitation Directive Statute.~~

~~Section 2. Authority. The specific statutory authority is W.S. 35-22-203(a).~~

~~Section 3. Definitions. Unless the context otherwise requires, the following definitions shall apply in the interpretation and enforcement of these rules and regulations:~~

~~(a) — “Act” shall mean W.S. 35-22-201 through 35-22-208 relating to cardiopulmonary resuscitation directives.~~

~~(b) — “Adult” shall mean a person at or over the age of 18 who is competent to execute a directive.~~

~~(c) — “Airway” shall mean a route for the passage of air into and out of the lungs.~~

~~(d) — “Ambulance attendant” shall mean an individual affiliated with an ambulance service located in this state who has been certified by the Division to render emergency medical care to patients.~~

~~(e) — “Ambulance Service” shall mean any organizational entity utilizing ambulances and providing authorized care to patients by attendants at the scene of an emergency and the transportation to a destination, and the authorized care during such transportation.~~

~~(f) — “Artificial airway” shall mean a device that is inserted through the nose or mouth to allow passage of air and oxygen to the lungs.~~

~~(g) — “Attending Physician” shall mean a person licensed by the State of Wyoming to practice medicine and who is the physician that assists the declarant in executing a cardiopulmonary resuscitation directive by explaining the purposes and countersigning the form.~~

~~(h) — “Cardiopulmonary resuscitation” or “CPR” means measures to restore cardiac function or to support breathing in the event of cardiac or respiratory arrest. “CPR” includes, but is not limited to, chest compression, delivering electric shock to the chest, manual or mechanical methods to assist breathing or placing tubes in the airway to assist breathing.~~

~~(i) — “Cardiopulmonary resuscitation bracelet” shall mean the unique, immediately recognizable bracelet of uniform size and design issued by the Department to the declarant, to be worn for immediate identification of the declarant by emergency medical service personnel and health care providers. The bracelet shall be considered the same as and have the same effect as an apparent, immediately available and identified CPR directive.~~

~~(j) — “Cardiopulmonary resuscitation directive” or “CPR directive” means an advance medical directive pertaining to the administration of cardiopulmonary resuscitation, consistent with this Act.~~

~~(k) — “Cardiopulmonary resuscitation directive form” means the document provided by the Department that is printed on distinctive security paper and is filled out by the declarant and attending physician to execute a CPR directive.~~

~~(l) — “Decisional capacity” means the ability to make an informed decision by being of sound mind.~~

~~(m) — “Declarant” shall mean a person at or over eighteen years of age who has the decisional capacity to provide informed consent to or refusal of medical treatment or any other person who is, pursuant to the laws of this state or any other state, authorized to make medical treatment decisions on behalf of a person, including a minor, who lacks such decisional capacity and who has executed a cardiopulmonary resuscitation directive, and which declaration remains unrevoked.~~

~~(n) — “Defibrillation” shall mean automatic, semi-automatic or manual application of electro-countershock therapy to persons in asystole, ventricular fibrillation or ventricular tachycardia.~~

~~(o) — “Department” shall mean the Emergency Medical Services Office of the Wyoming Department of Health.~~

~~(p) — “Emergency medical service personnel” means any emergency medical technician who is certified at any level by the Department of Health. “Emergency medical service personnel” includes a first responder certified by the Department.~~

~~(q) — “First Responder” shall mean an individual who has completed an approved training program sponsored or approved by the Department in locating, providing initial basic emergency treatment, and removing individuals from imminent danger, and who is presently certified.~~

~~(r) — “Health care facility” shall mean any ambulatory surgical center, assisted living facility, birthing center, boarding home, freestanding diagnostic testing center, freestanding emergency center, home health agency, hospice, hospital, intermediate care facility, and renal dialysis center as defined in W.S. 35-2-901.~~

~~(s) — “Health Care Provider” shall mean a person who is licensed, certified or otherwise authorized by the law of this state to administer health care in the ordinary course of business or practice of a profession.~~

~~(t) — “Person” shall mean an individual, firm, partnership, corporation, company, association, joint stock company or association, political subdivision, governmental agency, or other legal entity and shall include any trustee, receiver, assignee, or other legal representative thereof but shall not include any agency of the United States Government.~~

~~(u) — “Provider agency” shall mean any law enforcement agency, fire department, ambulance service, or other entity which is in the business of providing emergency response services.~~