



## Certification Page Regular and Emergency Rules

Revised September 2016

**Emergency Rules** (After completing all of Sections 1 through 3, proceed to Section 5 below)

**Regular Rules**

### 1. General Information

a. Agency/Board Name Wyoming Department of Health		
b. Agency/Board Address 6101 Yellowstone Road, Suite 420	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Jude Alden		f. Agency Liaison Telephone Number 307-777-6001
g. Agency Liaison Email Address jude.alden@wyo.gov		h. Adoption Date 7/24/2018
i. Program Wyoming Immunization Registry		

### 2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

No.     Yes. Please provide the Enrolled Act Numbers and Years Enacted:

### 3. Rule Type and Information

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.  
(Please use the Additional Rule Information form for more than 10 chapters and attach it to this certification)

Chapter Number:	Chapter Name:	New	Amended	Repealed
Ch. 1	General Provisions	<input 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"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. State Government Notice of Intended Rulemaking**

a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were: **July 31, 2017**

- approved as to form by the **Registrar of Rules**; and
- provided to the **Legislative Service Office** and **Attorney General**:

**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.  No.  Yes.  N/A

b. A public hearing was held on the proposed rules.  No.  Yes. Please complete the boxes below.

Date:	Time:	City:	Location:

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

**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**: **7/24/2018**

b. Date on which final rules were approved as to form by the **Secretary of State** and sent to the **Legislative Service Office**: **7/24/2018**

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

**6. Agency/Board Certification**

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual	
Printed Name of Signatory	Thomas O. Forslund
Signatory Title	Director
Date of Signature	7/24/2018

**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	

Intent to Repeal Rules

**WYOMING IMMUNIZATION REGISTRY**

Statement of Reasons

The Wyoming Department of Health proposes to repeal the following Rules pursuant to Wyo. Stat. Ann. §§ 14-4-116, 21-4-309, 35-1-240, 35-4-101, and 35-4-139.

**Wyoming Immunization Registry**

<b>Chapter #</b>	<b>Chapter Name</b>
1	General Provisions

Content from the repealed Chapters will be reflected in the **Wyoming Department of Health, Wyoming Immunization Program**, Chapters 1-5 that are being promulgated at the same time. Moving all of the immunization rules to one program will make it easier for the public and interested parties to find the rules. The rules are currently spread out among 3 programs.

CHAPTER 1  
Wyoming Immunization Registry

Summary of Public Comment

No public comments were given.

# Rules and Regulations for the Wyoming Immunization Registry

## Chapter 1

[These rules are repealed]

# Rules and Regulations for the Wyoming Immunization Registry

## Chapter 1

### General Provisions

~~Section 1. — Authority. The Wyoming Department of Health (Department) is promulgating rules and regulations for the management and control of communicable diseases to comply with Wyoming Statute (W.S.) §§ 35-4-101, 35-1-240, and 35-4-139.~~

~~Section 2. — Purpose. This Chapter authorizes the Department to implement, maintain, or otherwise supervise the Wyoming Immunization Registry (WyIR), establish accessibility of immunization data recorded and stored in the WyIR, define reporting guidelines for the WyIR, and outline consent, confidentiality, and guidelines for the WyIR.~~

~~Section 3. — Definitions. The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural and vice versa. Throughout these rules gender pronouns are used interchangeably except where the context dictates otherwise. The drafters have attempted to utilize each gender pronoun in equal numbers in random distribution. Words in each gender shall include individuals of the other gender.~~

~~(a) — “Authorized User” means any individual who is permitted to access immunization records of individuals falling within his administrative or clinical responsibilities. An Authorized User may designate the ability to access the system to others as appropriate.~~

~~(b) — “Designee” means an individual, acting under the authority of a health care provider or another category of Authorized User, who has been specifically delegated responsibility to access the WyIR, an Immunization Information System (IIS), and perform the functions permitted the primary Authorized User.~~

~~(c) — “Electronic Health Record” (EHR) means a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting.~~

~~(d) — “Health Information Exchange” (HIE) means the electronic movement of health-related data and information among organizations according to agreed standards, protocols, and other criteria.~~

~~(e) — “Health Care Provider” means a person who is licensed, certified, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession, but does not include a person who provides health care solely through the sale or dispensing of drugs or medical devices.~~

~~(f) — “Immunized or immunization” means initial immunization and any boosters or reimmunizations required to maintain immunization pursuant to the vaccination standards and recommendations issued by the State Health Officer.~~

~~(g) — “Immunization Information System” means a confidential, computerized information system that attempts to collect vaccination or immunization data about individuals.~~

~~(h) — “Immunization Section” means the program housed within the Wyoming Department of Health that orders and distributes publicly provided vaccines. — The Immunization Section is also responsible for the maintenance and coordination of the WyIR and related activities.~~

~~(i) — “Wyoming Immunization Registry” (WyIR) means the secure, confidential, Internet based, full lifespan immunization database maintained within or otherwise supervised by the Immunization Section.~~

~~Section 4. — Applicability. This rule shall apply to the WyIR.~~

~~Section 5. — General Provisions.~~

~~(a) — The WyIR shall establish a system to coordinate immunizations. That system shall:~~

~~(i) — Create an electronic immunization record;~~

~~(ii) — Provide electronic access to immunization records;~~

~~(iii) — Track an individual’s immunization status;~~

~~(iv) — Allow health care providers to identify and send reminders to individuals about immunizations that are necessary for vaccine series completion;~~

~~(v) — Allow health care providers to identify and contact individuals about vaccine-recall issues;~~

~~(vi) — Provide evidence based guidelines related to immunizations for health care providers;~~

~~(vii) — Reduce the likelihood of unnecessary immunizations;~~

~~(viii) — Provide official copies of an individual’s immunization record;~~

~~(ix) — Generate reports to determine compliance with immunization mandates and/or program evaluation; and~~

~~(x) — Generate reports required for participation in the state’s vaccine distribution program.~~

~~(b) — In addition to immunization data, the WyIR may also record results of Tuberculosis skin tests (PPD) and immunization exemption status.~~

~~Section 6. — Authorized Users.~~

~~(a) — Individuals requesting access to the WyIR shall be screened and approved by the Immunization Section in accordance with WyIR policy developed by the Department. Authorizer Users shall understand and agree to adhere to the confidentiality policies developed by the Department.~~

~~(b) — Authorized Users shall access the WyIR only to assure adequate immunization, to confirm compliance with mandatory immunization requirements, to control disease outbreaks, and for treatment and program oversight.~~

~~Section 7. — Access Levels.~~

~~(a) — WyIR access shall be role based. Authorized Users shall be assigned an appropriate Access Level by the Immunization Section. Role based access shall include:~~

~~(i) — Administrator Access: The Administrator Access Level or her designee shall have the ability to activate new accounts for Authorized Users based on their roles in an organization as defined by the organizational representative, to inactivate Authorized Users who should no longer have access to the WyIR, and to inactivate immunization records from the WyIR. Individuals who have Administrator Access shall be limited to employees of the Wyoming Department of Health who are responsible for supporting and maintaining the WyIR or authorized individuals who work for an organization that has a Business Associate Agreement on file with the Immunization Section.~~

~~(ii) — View or Read-Only Access: Read-only access allows Authorized Users to view records of those individuals under their administrative responsibility and to compile reports based on data aggregated on those records.~~

~~(iii) — Client or Read/Write Access: Only health care providers who order and/or administer immunizations or his designee and designated local and state Wyoming Department of Health personnel may generate reports and enter immunization information.~~

~~(iv) — Additional access may be granted if determined necessary to comply with Section 6(b) of this Chapter.~~

~~(b) — Individuals participating in a statewide Health Information Exchange supported by the Wyoming Department of Health shall be provided appropriate access in accordance with WyIR policy.~~

~~Section 8. — Reporting Guidelines.~~



~~(a) — Health care providers who administer vaccines or their designee(s) may record doses administered into the WyIR contingent upon receiving access approval from the Immunization Section. Immunization data entered by an Authorized User shall include demographic and vaccination information in accordance with WyIR policy.~~

~~(b) — In the event that the State Health Officer, in response to a public health emergency, orders vaccines such as smallpox, anthrax, or pandemic influenza vaccines, any health care providers who receive or administer such vaccines shall enter doses administered data into WyIR within a timeframe designated by the State Health Officer.~~

~~(c) — Health care providers or their designee(s) who have access to the WyIR shall record doses administered into the WyIR through one of the following methods:~~

~~(i) — Direct online entry of immunization information into the WyIR;~~

~~(ii) — Secure transmission of electronic files extracted from clinical management information systems, such as Electronic Health Records (EHR); or~~

~~(iii) — Information uploaded from other electronic media.~~

#### ~~Section 9. — Consent.~~

~~(a) — Any individual who receives vaccines from a Wyoming health care provider shall be provided notice that her immunization information may be entered into the WyIR. This notice shall be written in plain language and contain uses and disclosures, individual rights, and an assurance to maintain the privacy of protected health information.~~

~~(b) — Exclusion of immunization information from the WyIR may be obtained by submitting written notification to the Department in a format prescribed by the Department or substantially similar and mailed to the Immunization Section. The Department may not retain individually identifiable information about any person for whom exclusion has been requested.~~

~~(c) — Any inactivated immunization information shall be maintained in aggregate format.~~

~~Section 10. — Confidentiality. Immunization information recorded in the WyIR shall be protected in accordance with federal and state confidentiality laws and policies and shall not be disclosed except to protect the health of the individual and the health of others.~~

~~Section 11. — Security. Upon receipt of any information contained in the WyIR, Authorized Users shall be responsible for securing all such information at least to the minimum standards required by applicable law. Any violation of WyIR security policies by Authorized Users shall result in a suspension or termination of access to the WyIR.~~

~~Section 12. Hearing. If access to the WyIR has been suspended or terminated, an Authorized User may request a hearing pursuant to the Department's Procedures for the Conduct of Contested Case Hearings.~~