



# Notice of Intent to Adopt Rules

A copy of the proposed rules may be obtained at <http://rules.wyo.gov>

Revised November 2016

## 1. General Information

|   |                                    |             |
|---|------------------------------------|-------------|
| a. Agency/Board Name*                   |                                    |             |
| b. Agency/Board Address                 | c. City                            | d. Zip Code |
| e. Name of Agency Liaison               | f. Agency Liaison Telephone Number |             |
| g. Agency Liaison Email Address         |                                    |             |
| h. Date of Public Notice                | i. Comment Period End Date         |             |
| j. Public Comment URL or Email Address: |                                    |             |
| k. Program                              |                                    |             |

\*  By checking this box, the agency is indicating it is exempt from certain sections of the Administrative Procedure Act including public comment period requirements. Please contact the agency for details regarding these rules.

## 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: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |

#### **4. Public Comments and Hearing Information**

a. A public hearing on the proposed rules has been scheduled.  No.  Yes. Please complete the boxes below.

|       |       |       |           |
|-------|-------|-------|-----------|
| Date: | Time: | City: | Location: |
|-------|-------|-------|-----------|

b. What is the manner in which interested persons may present their views on the rulemaking action?

By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: \_\_\_\_\_

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members. Requests for a public hearing may be submitted:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: \_\_\_\_\_

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption. Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Agency Liaison listed in Section 1 above.

#### **5. Federal Law Requirements**

a. These rules are created/amended/revoked to comply with federal law or regulatory requirements.  No.  Yes. Please complete the boxes below.

|  |
|--|
| Applicable Federal Law or Regulation Citation: |
|--|

Indicate one (1):

The proposed rules meet, but do not exceed, minimum federal requirements.

The proposed rules exceed minimum federal requirements.

Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: \_\_\_\_\_

#### **6. State Statutory Requirements**

a. Indicate one (1):

The proposed rule change *MEETS* minimum substantive statutory requirements.

The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. Indicate one (1):

The Agency has complied with the requirements of W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:

By contacting the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: \_\_\_\_\_

Not Applicable.

**7. Additional APA Provisions**

a. Complete all that apply in regards to uniform rules:

These rules are not impacted by the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j).

The following chapters do not differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j):

\_\_\_\_\_ (Provide chapter numbers)

These chapters differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j) (see Statement of Principal Reasons).

\_\_\_\_\_ (Provide chapter numbers)

b. Checklist

The Statement of Principal Reasons is attached to this Notice and, in compliance with *Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council*, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule.

If applicable: In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Chapter 3, *Types of Rules Filings*, Section 1, Proposed Rules, of the Rules on Rules).

**8. Authorization**

a. I certify that the foregoing information is correct.

|  |  |
|--|--|
| <i>Printed Name of Authorized Individual</i> |  |
| <i>Title of Authorized Individual</i>        |  |
| <i>Date of Authorization</i>                 |  |

## **Chapter 1 Hemp Extract Registration**

### **Statement of Reasons**

The Wyoming Department of Health (Department) proposes to amend *Rules, Wyoming Department of Health, Hemp Extract Registry*, Chapter 1 (2015) pursuant to Wyoming Statutes 35-7-1901 to -1903. The Department proposes the following changes to Chapter 1:

1. The Chapter is revised to reduce the initial application fee and renewal fee from \$150 to \$0. This change is reflected throughout the Rule. W.S. 35-7-1902(e) states that the Department shall establish a fee for maintaining the registry in an amount to ensure that, to the extent practicable, the total revenue generated from the fees collected approximates, but does not exceed, the direct and indirect costs of administering the Hemp Extract Registry. When the original fee of \$150 was established, it was estimated that it would require one full-time employee to set up and administer the registry for the first 24 months. It was also estimated that the number of potential applicants could be approximately 175 individuals. Since the registry was established in 2015, only 30 cards have been issued, eight of which are renewals. The bulk of staff time was in the initial drafting of application documents and setting up a registry log to track applications received and cards issued. It currently requires approximately 1 hour of staff time to process an application, create and issue a card, and log the application and card in the registry log. Less than one card per month is issued, which results in less than 12 hours per year of staff time. Therefore, maintaining the registry results in a minimal cost to the program and eliminating the fee altogether is reasonable lest the total collected fees exceed this minimal cost. Eliminating the fee also removes the economic burden on those applying for a registry card.

2. Section 3(a)(v) is deleted to remove the application fee.

3. Section 3(b)(vii) is deleted to remove the application fee.

4. Section 3(c) is revised to include application requirements for eligible applicants who are vulnerable adults. In 2018, the Legislature amended W.S. 35-7-1901 to provide a definition for the term “minor.” 2018 Wyo. Sess. Laws 147. As used in W.S. 35-7-1901 to -1903, “minor” is defined to mean a person (1) under the age of majority; or (2) who meets the definition of vulnerable adult in W.S. 35-20-102(a)(xvii). This amendment became effective on July 1, 2018.

5. The original Section 3(c) is renumbered as Section 3(d).

6. Section 4(b)(iv) is revised to include “seizure disorders” to be consistent with W.S. 35-7-1902(a)(iii) and 35-7-1902(b)(iii).

7. Section 4(b)(v) is revised to read “statement that the patient may benefit from treatment with hemp extract.” This is a requirement in W.S. 35-7-1902(a)(iii) and W.S. 35-7-1902(b)(iii), but was not included in the original Rules.

8. The original Section 4(b)(v) would now be 4(b)(vi).

9. Section 5(d)(iii) is deleted to remove the application fee.
10. Section 7(c) is amended to delete the fee for a replacement card.
11. Minor edits are also proposed to Sections 1, 2 and 5 so that these sections are consistent with similar provisions throughout the Department's Rules.

## Chapter 1

### Hemp Extract Registration

**Section 1. Authority.** The Wyoming Department of Health (Department) promulgates this Chapter under Wyoming Statutes 35-7-1901 to -1903.

**Section 2. Purpose.** This Chapter establishes the general procedures and requirements that an individual must follow to obtain and maintain a hemp extract registration card.

#### **Section 3. Application for a Hemp Extract Registration Card.**

(a) A person 18 years of age or older may apply for a registry card by submitting an application. The application packet must include:

- (i) The applicant's name, date of birth, and address;
- (ii) The name, address, and telephone number of the neurologist providing the written certification;
- (iii) A copy of the applicant's photographic identification showing proof of Wyoming residency; and
- (iv) A written certification from a qualifying Wyoming licensed neurologist.

(b) A parent or legal guardian 18 years of age or older may apply on behalf of a person under 18 years of age. The application packet must include:

- (i) The qualifying patient's name, date of birth, and address;
- (ii) The parent or legal guardian's name and address;
- (iii) The name, address, and telephone number of the neurologist providing the written certification;
- (iv) A copy of the parent or legal guardian's photographic identification showing proof of Wyoming residency;
- (v) An attestation that the parent or legal guardian is responsible for health care decisions for the qualifying patient; and
- (vi) A written certification from a qualifying Wyoming licensed neurologist.

(c) A parent or legal guardian eighteen (18) years of age or older may apply on behalf of an adult who meets the definition of a vulnerable adult in W.S. 35-20-102(a)(xviii). The application packet must include:

- (i) The qualifying patient's name, date of birth, and address;
- (ii) The parent or legal guardian's name and address;
- (iii) The name, address, and telephone number of the neurologist providing the written certification;
- (iv) A copy of the parent or legal guardian's photographic identification showing proof of Wyoming residency;
- (v) An attestation that the parent or legal guardian is responsible for health care decisions for the qualifying patient; and
- (vi) A written certification from a qualifying Wyoming licensed neurologist.

(d) All information submitted with the application will be maintained within the database created for the registry for a period of five (5) years.

#### **Section 4. Submission of an Evaluation Record.**

(a) The neurologist who signs the certification shall provide a copy of the evaluation and observation record of the patient to the Department within five (5) business days after signing a written certification.

(b) The evaluation record must include the following:

- (i) The qualifying patient's name and date of birth;
  - (ii) Date of clinic office visit;
  - (iii) The neurologist's name, professional license number and expiration date;
  - (iv) A diagnosis of intractable epilepsy or seizure disorders;
  - (v) Statement that the patient may benefit from treatment with hemp extract;
- and
- (vi) If the record is submitted for a registration card renewal, the patient's response to hemp extract as to effect on seizure control and adverse effects attributable.

**Section 5. Issuance, Expiration, and Renewal of Hemp Extraction Registration Card.**

(a) If an applicant is approved, the Department shall issue a hemp extract registration card to the registrant.

(b) The hemp extract registration card must include the following:

(i) The registrant's name, date of birth, and address;

(ii) The patient's name, date of birth, and address if a minor under the registrant's care;

(iii) An issuance date and expiration date;

(iv) The neurologist's name, professional license number and expiration date;  
and

(v) A Department-issued registry identification number.

(c) A hemp extract registration card issued to a registrant is valid for one (1) year after the issuance date unless revoked or surrendered.

(d) To renew a hemp extract registration card, a registrant shall submit the following at least thirty (30) days prior to the expiration date:

(i) A renewal application; and

(ii) A new written certification.

**Section 6. Application Denial; Revocation of Hemp Extract Registration Card.**

(a) The Department shall deny an application for a hemp extract registration card that:

(i) Contains false information, including a false name, address, written certification, date of birth, or photo identification; or

(ii) Fails to provide an evaluation record or any of the information required.

(b) The Department shall return the denied application to the registrant, accompanied by an explanation of the reason for its return.

(c) The Department shall revoke a hemp extract registration card upon finding that a registrant or neurologist submitted false information to the Department.

**Section 7. Interim Changes.**

(a) When there has been a change in the qualifying patient's name, address, or neurologist, the registrant must notify the Department within ten (10) business days by submitting a change of information form to the Department.

(b) A registrant shall report to the Department upon discovery that the registrant's hemp extract registration card is lost, stolen, or damaged. The registrant may request a replacement card.

(c) If the Department issues a new hemp extract registration card to a registrant based on a request for a replacement card or an application to update information on the hemp extract registration card, the replacement card shall have the same expiration date as the hemp extract registration card being replaced or updated.

**Section 8. Verification of Registry to Law Enforcement: W.S. 35-7-1803.**

(a) The Department may verify to a law enforcement agency whether an individual is a lawful possessor of a hemp extract registration card, verification information shall be limited to information that is reasonably necessary to verify the authenticity of the hemp extract registration card.

## **Chapter 1 Hemp Extract Registration.**

**Section 1. Authority.** ~~The Wyoming Department of Health (Department) promulgates this Chapter. This rule is promulgated under authority granted in Wyoming Statutes §§ 35-7-1901 through 35-7 to -1903.~~

**Section 2. Purpose.** This ~~rule~~ Chapter establishes the general procedures and requirements that an individual must follow to obtain and maintain a hemp extract registration card.

### **Section 3. Application for a Hemp Extract Registration Card.**

(a) A person 18 years of age or older may apply for a registry card by submitting an application. The application packet must include:

- (i) The applicant's name, date of birth, and address; ~~and~~
- (ii) The name, address, and telephone number of the neurologist providing the written certification;
- (iii) A copy of the applicant's photographic identification showing proof of Wyoming residency; and
- (iv) A written certification from a qualifying Wyoming licensed neurologist; ~~and~~
- (v) ~~A non-refundable \$150 application fee.~~

(b) A parent or legal guardian 18 years of age or older may apply on behalf of a person under 18 years of age. The application packet must include:

- (i) The qualifying patient's name, date of birth, and address;
- (ii) The parent or legal guardian's name and address;
- (iii) The name, address, and telephone number of the neurologist providing the written certification;
- (iv) A copy of the parent or legal guardian's photographic identification showing proof of Wyoming residency;
- (v) An attestation that the parent/ or legal guardian is responsible for health care decisions for the qualifying patient; and
- (vi) A written certification from a qualifying Wyoming licensed neurologist; ~~and~~
- (vii) ~~A non-refundable \$150 application fee.~~

(c) A parent or legal guardian eighteen (18) years of age or older may apply on behalf of an adult who meets the definition of a vulnerable adult in W.S. 35-20-102(a)(xviii). The application packet must include:

- (i) The qualifying patient's name, date of birth, and address;
- (ii) The parent or legal guardian's name and address;
- (iii) The name, address, and telephone number of the neurologist providing the written certification;
- (iv) A copy of the parent or legal guardian's photographic identification showing proof of Wyoming residency;
- (v) An attestation that the parent or legal guardian is responsible for health care decisions for the qualifying patient; and
- (vi) A written certification from a qualifying Wyoming licensed neurologist.

~~(e)~~ (d) All information submitted with the application will be maintained within the database created for the registry for a period of five (5) years.

#### **Section 4. Submission of an Evaluation Record.**

(a) The neurologist who signs the certification shall provide a copy of the evaluation and observation record of the patient to the department within five (5) business days after signing a written certification.

- (b) The evaluation record must include the following:
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  - (ii) Date of clinic office visit;
  - (iii) The neurologist's name, professional license number and expiration date;
  - (iv) A diagnosis of intractable epilepsy or seizure disorders; ~~and~~
  - (v) Statement that the patient may benefit from treatment with hemp extract;  
and

~~(v)~~ (vi) If the record is submitted for a registration card renewal, the patient's response to hemp extract as to effect on seizure control and adverse effects attributable.

**Section 5. Issuance, Expiration, and Renewal of Hemp Extraction Registration Card.**

(a) If an application is approved, the department shall issue a hemp extract registration card to the registrant.

(b) The hemp extract registration card must include the following:

(i) The registrant's name, date of birth, and address;

(ii) The patient's name, date of birth, and address if a minor under the registrant's care;

(iii) An issuance date and expiration date;

(iv) The neurologist's name, professional license number and expiration date; and

(v) A department-issued registry identification number.

(c) A hemp extract registration card issued to a registrant is valid for one (1) year after the issuance date unless revoked or surrendered.

(d) To renew a hemp extract registration card, a registrant shall submit the following at least thirty (30) days prior to the expiration date; ~~the following to the department:~~

(i) A renewal application; and

(ii) A new written certification; ~~and~~

~~(iii) A non-refundable \$150 application fee.~~

**Section 6. Application Denial; Revocation of Hemp Extract Registration Card**

(a) The department shall deny an application for a hemp extract registration card that:

(i) Contains false information, including a false name, address, written certification, date of birth, or photo identification; or

(ii) Fails to provide an evaluation record or any of the information required.

(b) The Department shall return the denied application to the registrant, accompanied by an explanation of the reason for its return.

(c) The Department shall revoke a hemp extract registration card upon finding that a registrant or neurologist submitted false information to the department.

### **Section 7. Interim Changes.**

(a) When there has been a change in the qualifying patient's name, address, or neurologist, the registrant must notify the department within ten (10) business days by submitting a change of information form to the department.

(b) A registrant shall report to the department upon discovery that the registrant's hemp extract registration card is lost, stolen, or damaged. The registrant may request a replacement card.

(c) If the department issues a new hemp extract registration card to a registrant based on a request for a replacement card or an application to update information on the hemp extract registration card, the replacement card shall have the same expiration date as the hemp extract registration card being replaced or updated. ~~The registrant shall pay a fee of \$25.00 for the replacement card.~~

### **Section 8. Verification of Registry to Law Enforcement: W. S. 35-7-1803.**

(a) The department may verify to a law enforcement agency whether an individual is a lawful possessor of a hemp extract registration card, verification information shall be limited to information that is reasonably necessary to verify the authenticity of the hemp extract registration card.