



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		
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. Adoption Date	
i. Program		

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Chapter Number:	Chapter Name:	☐ New ☐ Amended ☐ Repealed
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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: **May 20, 2019**
- 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: **July 11, 2019**
- b. Date on which final rules were approved as to form by the Secretary of State and sent to the Legislative Service Office: **July 11, 2019**
- 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

Michael A. Ceballos

Signatory Title

Director

Date of Signature

July 15, 2019

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

Chapter 1

Repeal of Hemp Extract Registration

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

Chapter 1

Hemp Extract Registration

Statement of Reasons

The Wyoming Department of Health (Department) repealed *Rules, Wyoming Department of Health, Hemp Extract Registry*, Chapter 1 (2015). The Department repealed Chapter 1 because the authorizing statutes for the hemp extract registry, Wyoming Statutes 35-7-1901 to 1903, were repealed effective March 6, 2019. 2019 Wyo. Sess. Laws 492, 495 (ch. 173, § 3). Accordingly, the hemp extract registry is now terminated and has ceased operations.

Chapter 1

Hemp Extract Registration.

Repealed.

Chapter 1

Hemp Extract Registration.

~~Repealed. Section 1. Authority.~~ This rule is promulgated under authority granted in Wyoming Statutes §§ 35-7-1901 through 35-7-1903.

~~Section 2. Purpose.~~ This rule 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;~~
 - ~~(iv) A written certification from a qualifying Wyoming licensed neurologist;~~
- ~~and~~
- ~~(v) A non-refundable \$150 application fee.~~

~~(b) A parent or 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 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 guardian's photographic identification showing proof of Wyoming residency;~~
 - ~~(v) An attestation that the parent or guardian is responsible for health care decisions for the qualifying patient;~~
- ~~(vi) A written certification from a qualifying Wyoming licensed neurologist;~~
- ~~and~~
- ~~(vii) A non-refundable \$150 application fee.~~

(c) ~~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 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; and~~

(v) ~~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 year after the issuance date unless revoked or surrendered.~~

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

- (i) ~~A renewal application;~~
- (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 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.~~