## 1. General Information

a. Agency/Board Name  
Department of Health, Aging Division, Community Living Section

b. Agency/Board Address  
6101 Yellowstone Rd, Suite 186A

c. City  
Cheyenne

d. Zip Code  
82002

e. Name of Contact Person  
Lindsay Hruby

f. Contact Telephone Number  
307-777-8735

g. Contact Email Address  
Lindsay.Hruby@wyo.gov

h. Adoption Date  
February 23, 2016

i. Program  
Provider Orders for Life Sustaining Treatment (POLST)

## 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For each chapter listed, indicate if the rule is New, Amended, or Repealed.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 Wyoming Session Laws, Ch. 189, 2015 HEA 95**

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- ☑ The Statement of Reasons is attached to this certification.

- 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: December 22, 2015

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: December 22, 2015

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: December 22, 2015

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: February 23, 2016

b. Date on which final rules were sent to the Legislative Service Office: February 23, 2016

c. Date on which a PDF of the final rules was electronically sent to the Secretary of State: February 23, 2016

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual
(Blue ink as per Rules on Rules, Section 7)

[Signature]

Printed Name of Signatory

Thomas O. Forslund

Signatory Title

Director

Date of Signature

February 23, 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


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

Rules and Regulations for the Provider Orders for Life Sustaining Treatment Program Act

Intent to Adopt New Rule

Statement of Reasons

The Wyoming Department of Health proposes to adopt the following New Rule pursuant to the provisions of W.S. § 35-22-501 through -509, 2015 Wyoming Session Laws, Ch. 189, 2015 HEA 95, and the Wyoming Administrative Procedure Act at W.S. § 16-3-102 through -103.

The Rule will establish and implement the procedures and corresponding responsibilities for implementing the use of the Provider Orders for Life Sustaining Treatment program. The rule will also provide for the execution of health care treatment documents and orders, require compliance with the stated medical orders, and continue the effectiveness of prior medical directives.

As required by W.S. § 16-3-103(a)(i)(G), the Rules and Regulations for the Provider Orders for Life Sustaining Treatment Program Act meet minimum substantive state statutory requirements.
WYOMING DEPARTMENT OF HEALTH
AGING DIVISION

CHAPTER 1
RULES FOR PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)

Section 1. Authority. These rules are promulgated by the Wyoming Department of Health pursuant to W.S.§ 35-22-501 through 509.

Section 2. Definitions.

(a) “Cardiopulmonary resuscitation bracelet” means 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 (EMS) 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 cardiopulmonary resuscitation (CPR) directive.

(b) “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.

(c) “POLST” means Provider Orders for Life-Sustaining Treatment, the statewide method of identifying a patient’s wishes regarding medical treatment when faced with life limiting illnesses, and converting those wishes into a set of medical orders.

(d) “POLST Form” is the standardized and easily identifiable document, approved by the Department, which converts a patient’s goals of care and treatment preferences into a provider order that transfers across health care settings.

(e) “Primary Health Care Provider” per W.S. § 35-22-402.

Section 3. Provider Orders for Life Sustaining Treatment (POLST) Forms.

(a) An individual who wishes to execute a POLST Form must use the form approved by the Department. The form may not be altered in layout or style, including font style and size.

(b) Any person, health care provider or health care facility may obtain a POLST Form from the Department and from the Department’s website.

(c) A health care provider, licensed health care facility or EMS provider shall act upon a copy of a POLST Form as if it were original.
(d) The standardized POLST Form shall contain:

(i) The person’s name, date of birth, and gender;

(iii) Standard protocols, recognized nationally, regarding end-of-life care;

(vi) Medical condition and patient goals;

(vii) An area allowing the person, executing the form, to forbid any changes to be made by the surrogate;

(ix) Printed name, address, and telephone number of the Primary Health Care Provider;

(x) Signature of Primary Health Care Provider;

(xi) Signature of person executing the POLST Form; and

(xii) Dates of signatures;

Section 4. Method of Identification.

(a) The POLST Form shall be printed on gold paper in order to be easily identifiable for patients and caregivers.

(b) Individuals, who have executed a POLST Form, shall be instructed to post a copy of the form in a visible area in their place of residence.

Section 5. Prior Orders and Out of State Orders.

(a) A POLST Form from another state, absent actual notice of revocation or termination, shall be presumed to be valid in this state.

(b) A POLST Form executed prior to this rule, from this state and other states, absent actual notice of revocation or termination, shall be presumed to be valid in this state.

(c) All previously issued CPR bracelets and CPR directive forms, from this state and other states, shall be considered valid.
Section 6. Responsibilities.

(a) A Primary Health Care Provider who is completing a POLST Form with a patient shall ensure that the patient:

(i) Receives an explanation of the expected consequences of choices made for each section of the POLST Form;

(ii) Is informed that if the POLST Form is not apparent and immediately available, interventions may be initiated by EMS personnel; and

(iii) Receives an explanation of how and by whom the POLST Form may be revoked or changed.

(b) The person executing a POLST Form is:

(i) Responsible for making informed decisions concerning the choices made within each section of the POLST Form;

(ii) Encouraged to post the completed POLST Form in a visible location in their place of residence; and

(iii) Responsible for notifying family members, next of kin, and the surrogate named within the POLST Form, of the existence of a completed POLST Form.
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