



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 Emergency Medical Services-General		

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 Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.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

c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed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:	Rule Type
14	Community EMS Practitioners, Agencies and Education Programs	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
		<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
		<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
		<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
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		<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
		<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed

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**

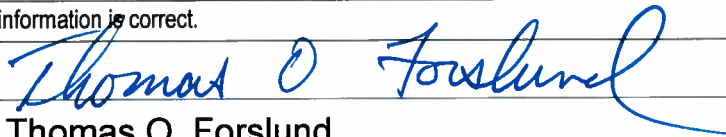
b. Date on which final rules were sent to the **Legislative Service Office**: **June 1, 2016**

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
(Blue ink as per Rules on Rules, Section 7)



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.

CHAPTER 14

Rules and Regulations for Wyoming Emergency Medical Services

Statement of Reasons

The Wyoming Department of Health proposes to adopt the following Rule pursuant to the provisions of Wyoming Statute §§ 35-1-801 through -805, the Wyoming Emergency Medical Services Act of 1977, Wyoming Statute §§ 33-36-101 through -115, and the Wyoming Administrative Procedure Act, Wyoming Statute §§ 16-3-101 through -115.

The Department in promulgating this Rule will establish and implement the procedures for the education and endorsement of Emergency Medical Technicians (EMT) as Community EMS Technicians or Clinicians, and for the establishment of Community EMS Programs as part of the comprehensive emergency medical services (EMS) and trauma system.

The National Highway Transportation and Safety Administration's (NHTSA) *Emergency Medical Services Agenda for the Future* has defined a "comprehensive EMS and trauma system" as an integrated, statewide, complete system of care provided by EMS agencies and personnel through the fourteen (14) attributes of an EMS. These attributes are:

1. The integration of EMS and its personnel with other health services;
2. Research;
3. The development and enforcement of regulation and policy for EMS Agencies and EMS personnel (regardless of the place of employment);
4. System financing;
5. Human resources;
6. Medical direction;
7. Education for EMS personnel;
8. Public education;
9. Prevention activities;
10. Access of the public to the EMS and trauma system;
11. Communications;
12. The provision of clinical care by EMS personnel;
13. Information and data collection; and
14. Evaluation of the system.

The goal of a Community EMS Agency is to reduce the burden on a comprehensive EMS and trauma system and other health care resources by integrating EMS personnel with primary and other health care providers in "non-traditional" roles, often in areas where there are few or no other healthcare resources. This integration enhances the comprehensive EMS and trauma system by ensuring that users of the emergency 9-1-1 system receive access to the most appropriate resources, and by collaborating with hospitals and primary care providers to provide care to identified patients before their conditions worsen or develop into an emergency. Services and activities offered by these programs are often preventative in nature including risk assessments, monitoring, and discharge care.

These Rules establish two types or levels of Agencies:

1. The Community EMS Technician Agencies are directed toward patients that access the global healthcare system through the 9-1-1 or emergency request channels. The purpose of these Agencies is to reduce the burden on the statewide, comprehensive EMS and trauma system through activities that include appropriately treating and releasing patients rather than transporting to a hospital emergency department or by providing transportation to a more appropriate destination for the patient's healthcare needs.
2. The Community EMS Clinician Agencies are directed toward the integration of EMS personnel in addressing specific gaps in a community's primary and public health care systems. Community EMS Clinician programs may incorporate the activities of a Community EMS Technician Agency if they choose.

The adoption of these rules will build upon previous amendments to existing rules that incorporated by reference the NHTSA *National EMS Scope of Practice*, and further align Wyoming's comprehensive EMS and trauma system with national standards of practice for EMS personnel.

Wyoming Statute § 33-36-103(a) requires the Department to confer with private and volunteer ambulance services prior to promulgating rules. A webinar was conducted on December 18, 2015, to fulfill this requirement.

As required by Wyoming Statute § 16-3-103(a)(i)(G), these rules and regulations meet minimum substantive state statutory requirements.

CHAPTER 14

COMMUNITY EMS PRACTITIONERS, AGENCIES AND EDUCATION PROGRAMS

Section 1. **Authority.** The Department adopts these rules under W.S. § 33-36-103 and W.S. § 35-1-804 to enhance the comprehensive Emergency Medical Services (EMS) and trauma system by establishing criteria for the establishment and operation of Community EMS Programs.

Section 2. **Definitions.** As used in this chapter, “Division” means the Department of Health, Office of Emergency Medical Services (OEMS). The terminology used in this chapter is intended to have the standard meaning used in healthcare, except as otherwise specified.

Section 3. **Endorsement.**

(a) A currently licensed EMT, AEMT, IEMT or Paramedic, may apply for endorsement as a Community EMS Technician or Community EMS Clinician.

(b) Applications for endorsement must contain a verifiable copy of a transcript showing the successful completion of the appropriate Division-approved Community EMS Education Program as described in section 3 of this chapter.

(c) The Division may deny endorsement to any person who submits incomplete or inaccurate information on an application. Fraudulent information shall also be cause for denial, revocation or suspension of the person’s EMT, AEMT, IEMT, or Paramedic license.

(d) A person may not hold himself out to be or provide the services of a Community EMS Technician or Community EMS Clinician without endorsement as such by the Division.

(e) An endorsement as a Community EMS Technician or Community EMS Clinician shall expire concurrently with the expiration of the person’s EMT, AEMT, IEMT, or Paramedic license.

(f) An endorsement as a Community EMS Technician or Community EMS Clinician may be renewed concurrent with the renewal of the person’s EMT, AEMT, IEMT or Paramedic license upon submission of documentation of ten (10) hours of continuing medical education in any subject covered in the Community EMS Technician or Community EMS Clinician curriculum described in section 3 of this chapter. These hours are in addition to the continuing education requirements for renewal of the EMT, AEMT, IEMT, or Paramedic license.

(g) The Division may endorse Paramedics who receive the standardized Certified Community Paramedic (CP-C) credential from the Board for Critical Care Transport Paramedic Certification as a Community EMS Clinician as long as the Paramedic's CP-C credential is maintained.

(h) The Division may revoke an endorsement of a Community EMS Technician or Community EMS Clinician for failure to maintain compliance with this section or for any reason established under chapter 5 of these rules.

Section 4. **Approved Educational Programs.**

(a) The Division may approve a Community EMS Education Program that:

(i) Submits an application for approval to the Division;

(ii) Is conducted by:

(A) A college or university;

(B) An educational institution that has an articulation agreement with a college or university; or

(C) An educational program accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), in which case approval shall only be for Community EMS Technician courses;

(iii) Tests student proficiency and periodically measures student learning;

(iv) Maintains records of student attendance at didactic sessions, practical laboratory requirements, and performance of clinical requirements;

(v) Provides, by policy, for the removal of a student from the course for unsatisfactory performance; and

(vi) Demonstrates that the program has adequate training space, equipment and other resources required to conduct the particular level of instruction.

(b) Community EMS Technician education programs must provide:

(i) A minimum of forty (40) hours of didactic training in the following subjects:

(A) The Community EMS Technician role in the health care system;

- (B) The social determinants of health model;
 - (C) The role of the Community EMS Technician in public health and primary care;
 - (D) Developing cultural competency;
 - (E) Personal Safety and Wellness of the Community EMS Technician; and
- (ii) A minimum of forty (40) hours of practical lab skills training and clinical experience in a primary or public health setting.
- (c) Community EMS Clinician education programs must provide:
 - (i) A minimum of one hundred fourteen (114) hours of didactic training and practical and lab skills covering the following subjects:
 - (A) The Community EMS Clinician's role in the health care system;
 - (B) The social determinants of health model;
 - (C) The role of the Community EMS Clinician in public health and primary care;
 - (D) Developing cultural competency;
 - (E) Personal safety and wellness of the Community EMS Clinician; and
 - (ii) A minimum of two hundred (200) hours of clinical experience, appropriate to the individual's established scope of practice, in a primary or public health care setting which provides instruction in:
 - (A) The compiling of the medical history of sub-acute, semi-chronic patients;
 - (B) The performance of physical examinations and documentation;
 - (C) The utilization of specialized equipment in performing physical examinations;

- populations;
- (D) The recognition of the clinical differences between
 - (E) Obtaining specimens and samples for laboratory testing;
 - (F) Interpreting test and report results;
 - (G) The use and maintenance of home health equipment and devices; and
 - (H) Proper accessing, care, and maintenance of implanted ports, central lines, catheters, and ostomies.

(d) An application for approval under this section must contain:

(i) A description of the structure of the program within the college, university or educational program showing reporting relationships and academic oversight of the Community EMS Education Program;

(ii) The name, contact information, and curriculum vitae of the individual supervising the conduct of the Community EMS Education Program. The curriculum vitae of supervising individuals must demonstrate by experience and education that the individual is qualified to provide the required supervision and instruction. Examples of acceptable qualifications include, but are not limited to:

(A) Experience or academic qualifications in teaching Community EMS Education Programs;

(B) Experience and familiarity with the provision of Emergency Medical Services;

(C) Experience in the provision of Community EMS services;

(D) Academic credentials demonstrating the ability to teach at the baccalaureate level; or

(E) Experience in the provision of primary and public health services; and

(iii) The curriculum vitae of any adjunct or assistant faculty or instructors demonstrating the knowledge and experience to teach within the Community EMS Education Program. Examples of acceptable qualifications include, but are not limited to:

(A) Significant experience and education as a Community EMS Technician or Community EMS Clinician or a comparable license, certification or endorsement in another state;

(B) Professors of medicine, nursing or related disciplines;

(C) Clinicians with experience in providing or supervising Community EMS services;

(D) Clinicians with experience in the provision of primary or public health; and

(iv) A description of the proposed curricula addressing the requirements in subsection (a).

(e) The Division may periodically review the program to determine compliance with the requirements of these rules.

(f) The Division may revoke the approval of a Community EMS Education Program for failure to maintain compliance with the requirements of this section.

Section 5. Community EMS Technician and Community EMS Clinician Scope of Practice and Authority.

(a) The authorized acts and scope of practice for a Community EMS Technician or Community EMS Clinician are limited to those skills listed for the individual's EMS license level as described in chapter 5 of these rules, and may only be exercised in accordance with protocols or standing orders approved by the Physician Medical Director of the Community EMS Agency.

Section 6. Agency Approval Requirements.

(a) EMS Agencies may apply for approval to provide services at one of the following levels:

(i) Community EMS Technician (CET) Agency. The activities of these agencies are directed towards reducing the burden of patients accessing the larger health care system through the emergency medical system. Community EMS Technician Agencies may utilize either Community EMS Technicians or Community EMS Clinicians to perform the following activities:

(A) Appropriately treating and releasing patients, rather than providing transport to a hospital or emergency department;

(B) Treating and transporting patients to appropriate destinations other than a hospital or an emergency department if the Community EMS Technician Agency is operated under a valid Ambulance Business License;

(C) Treatment and referral to a primary care or urgent care facility;

(D) Assessment of the patient and reporting to a primary care provider to determine an appropriate course of action.

(ii) Community EMS Clinician (CEC) Agency. The activities of these programs are directed toward the integration of EMS personnel in addressing specific gaps in a community's primary and public health care systems, and may incorporate the activities of a Community EMS Technician program. Community EMS Clinician Agencies may utilize Community EMS Clinicians for the purpose of integrating EMS personnel in addressing specific gaps in a community's primary and public health care systems. Community EMS Clinician Agencies may also utilize either Community EMS Technicians or Clinicians for activities listed in section 5(a)(i).

(b) Prior to initiation of operations as a Community EMS Agency, proposals for programs shall be submitted to the Division for approval. Proposals shall contain and describe:

(i) The area and population to be served;

(ii) The conclusions or recommendations of a healthcare gap assessment in the area and population;

(iii) The healthcare goals and objectives;

(iv) The benchmarks and performance measures that will be utilized to measure the efficacy of the program;

(v) The treatment protocols intended to meet the healthcare goals and objectives;

(vi) The name and contact information of the Physician Medical Director providing clinical oversight to the program;

(vii) The name and contact information of the person serving as the administrator of the program; and

(viii) A Memorandum of Agreement with the local ambulance service or services operating in the same area if the Community EMS Agency is not the ambulance service typically providing transport. Memoranda of Agreement must address:

(A) An acknowledgement by the local ambulance service or services that a Community EMS Agency is operating in the same service area;

(B) Coordination for the transport of a patient seen by the Community EMS Agency in the event of a real or perceived emergency;

(C) Coordination for the continuance of care in the event that a patient of the Community EMS Agency requires transport. If the Community EMS Technician or Clinician is licensed at the same level or lower than the EMT of the ambulance service, the ambulance service Agency shall assume control of the patient for transport. If the Community EMS Technician or Clinician is licensed at a level higher than that of the attending EMT of the ambulance service, the Community EMS Technician or Clinician may continue as the primary caregiver, assuming that the ambulance service has agreed to relinquish care in the Memorandum of Agreement; and

(D) Memoranda of Agreement must contain the signatures of the Ambulance Service Administrator, the Community EMS Agency Director or administrator, and the Physician Medical Directors of both the ambulance service and the Community EMS Agency.

(c) If a patient has a care plan, then the Community EMS Technician or Clinician may provide services of the care plan only if the plan has been developed by the patient's primary care provider and there is no duplication of services to the patient from another provider.

(d) The Community EMS Technician or Clinician shall provide only those services listed in a care plan that are within the scope of services and practice of the Community EMS Agency, and that are approved in protocols or standing orders by the medical director of the Community EMS Agency.

(e) The Division may approve the Community EMS Agency proposal when the Division is satisfied that the proposal adequately addresses the requirements of this section. The Division may request supplemental information or clarification of any information contained in the proposal prior to approval.

(f) Approval as a Community EMS Agency shall remain valid for a period of five (5) years from the date of approval.

(g) No later than one hundred and twenty (120) days prior to the expiration of the current approval, the Community EMS Agency must submit a request for continuation as a Community EMS Agency utilizing the requirements specified under paragraph (b) of this section. Requests for continued approval must include an evaluation of the efficacy of the Community EMS Agency in meeting its stated goals and objectives, supported by valid clinical and financial data.

(h) An approved Community EMS Agency may request an amendment to its proposal and functions at any time by a submitting the requested amendment in writing to the Division.

(i) The Division may revoke a Community EMS Agency's approval for:

(i) Failure to operate the Community EMS Agency in accordance with the approved proposal;

(ii) Failure to utilize EMTs endorsed at the appropriate level for the Community EMS Agency; or

(iii) Failure to maintain compliance with any of these rules or the Wyoming Emergency Medical Services Act of 1977.

Section 7. Documentation and Reporting.

(a) Community EMS Technician programs shall utilize the electronic patient care reporting system provided by the Division for the documentation of clinical care. It is the responsibility of the individual Community EMS Technician to ensure completion of the patient care report.

(b) Community EMS Clinician programs may utilize locally developed and approved forms or electronic reporting systems for documenting the provision of clinical care. Emergency requests for service must be documented in accordance with the requirements of chapter 4 of these rules.

(c) Community EMS Technician and Clinician programs shall provide reports of patient care activities as periodically required by the Division, in a format approved by the Division.

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(iii) The healthcare goals and objectives;

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(vii) The name and contact information of the person serving as the administrator of the program; and

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(D) Memoranda of Agreement must contain the signatures of the Ambulance Service Administrator, the Community EMS Agency Director or administrator, and the Physician Medical Directors of both the ambulance service and the Community EMS Agency.

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(i) Failure to operate the Community EMS Agency in accordance with the approved proposal;

(ii) Failure to utilize EMTs endorsed at the appropriate level for the Community EMS Agency; or

(iii) Failure to maintain compliance with any of these rules or the Wyoming Emergency Medical Services Act of 1977.

Section 7. Documentation and Reporting.

(a) Community EMS Technician programs shall utilize the electronic patient care reporting system provided by the Division for the documentation of clinical care. It is the responsibility of the individual Community EMS Technician to ensure completion of the patient care report.

(b) Community EMS Clinician programs may utilize locally developed and approved forms or electronic reporting systems for documenting the provision of clinical care. Emergency requests for service must be documented in accordance with the requirements of chapter 4 of these rules.

(c) Community EMS Technician and Clinician programs shall provide reports of patient care activities as periodically required by the Division, in a format approved by the Division.