



*Protecting, maintaining and improving the health of all Minnesotans*

December 1, 2004

Governor Tim Pawlenty

Greg Hubinger, Director  
Legislative Coordinating Commission

✓ Michele Timmons  
Revisor of Statutes

Policy and Funding Committees and Divisions with  
Jurisdiction over the Minnesota Department of Health  
[A complete list of addressees is at the end of the letter.]

REVISOR OF STATUTES  
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Subject: Annual Report on Obsolete, Unnecessary, or Duplicative Rules, as Required by  
Minnesota Statutes, Section 14.05, Subdivision 5.

Minnesota Statutes, section 14.05, subdivision 5, states:

“By December 1 of each year, an agency must submit to the governor, the Legislative Coordinating Commission, the policy and funding committees and divisions with jurisdiction over the agency, and the revisor of statutes, a list of any rules or portions of rules that are obsolete, unnecessary, or duplicative of other state or federal statutes or rules. The list must also include an explanation of why the rule or portion of the rule is obsolete, unnecessary, or duplicative of other state or federal statutes or rules. By December 1, the agency must either report a timetable for repeal of the rule or portion of the rule, or must develop a bill for submission to the appropriate policy committee to repeal the obsolete, unnecessary, or duplicative rule. Such a bill must include proposed authorization to use the expedited procedures of section 14.389 to repeal or amend the obsolete, unnecessary, or duplicative rule. A report submitted under this subdivision must be signed by the person in the agency who is responsible for identifying and initiating repeal of obsolete rules. The report also must identify the status of any rules identified in the prior year’s report as obsolete, unnecessary, or duplicative. If none of an agency’s rules are obsolete, unnecessary, or duplicative, an agency’s December 1 report must state that conclusion.”

We have identified the following Minnesota Department of Health (MDH) rules as obsolete for this report:

- 2004 (1) Chapter 4656 – Case Mix Classification System for the Medical Assistance Program. These rules relate to the implementation and operation of the old case mix system. A new case mix classification system was implemented in October of 2002 and does not rely on the assessment forms and procedures that were used under the old system. Operational language for the new system was incorporated into Minnesota Statutes. These rules are no longer required and are recommended for repeal.
- 2004 (2) Certain parts and subparts of Chapter 4685 – Health Maintenance Organizations.
- Part 4685.0801, subpart 2, third paragraph, is recommended for repeal. This applies to copays approved prior to the effective date of this rule. All contracts must be modified when there are certain legislative changes and, since this provision was effective in FY1992, there could be no remaining old copayment provisions.
  - Part 4685.0935, subpart 2, is recommended for repeal. This subpart applies to the renewal of group contracts for health care benefits that were issued before October 9, 1989. This subpart is obsolete because all such contracts have been renewed.
  - Part 4685.2400 pertains to determining the maximum number of enrollees in an HMO as this relates to enrollment at any point in time. It is obsolete because it is not used. We recommend it for repeal.
  - Part 4685.3300, subparts 6 and 7, set deadlines for reviewing and amending filings. These subparts should be repealed because they have been superseded by Minnesota Statutes, section 62D.08, subdivision 1, and section 62D.04, subdivision 2.
  - Part 4685.3300, subpart 11, requires that notice of participating entity changes be submitted on forms prescribed by the commissioner. This is recommended for repeal as it is unnecessary and we have never issued forms for this purpose.
- 2004 (3) Part 4736.0100 – Indian Health Grants to Community Health Boards. This rule deals with procedures to be followed by Community Health Boards which, until the 2003 legislative provisions, were the only entities eligible to apply for Indian Health Grants. The eligibility is now open to a wider group of entities, including, but not exclusive to, Community Health Boards, which now compete on the same basis as other groups and use the same procedures as those groups. Consequently, the procedures specific to them when they were the only eligible entities are obsolete and this rule is, therefore, recommended for repeal.

- 2004 (4) Chapter 4763 – Medical Education Assistance Programs. These rules are obsolete because they have been superceded by statute. Accordingly, these rules are recommended for repeal.
- 2004 (5) Certain parts and subparts of Chapter 4747 - Alcohol And Drug Counselor Licensing.
- Part 4747.0200 is obsolete by its own terms because it sets licensure requirements that will apply “for five years after January 27, 1998.” Further, these licensure requirements have been superseded by Minnesota Statutes, section 148C.04. Therefore, this rule is recommended for repeal.
  - Part 4747.1100, subpart 2, items A, B, C, D, E, and F, specified six clock hours for continuing education requirements in each of items A through F. Minnesota Statutes, section 148C.075, subdivision 2, which was adopted in 2003, set an overall requirement of 18 clock hours, which supersedes the specific item-by-item six clock hour requirements. Therefore, the word “six” is obsolete and we recommend it for repeal in each of these items.
  - Part 4747.1100, subpart 5, item A, subitem (3), requires that home study courses taken for continuing education credits be offered by an accredited school. Minnesota Statutes, section 148C.01, subdivision 2b, which was adopted in 2003, specifically superseded this by saying “A home study course need not be provided by an accredited school or education program to meet continuing education requirements.” Therefore, the word “accredited” is obsolete and we recommend it for repeal.
- 2004 (6) Certain parts of chapter 4617 - WIC Program. The Minnesota rules governing WIC local agencies were initially adopted in 1989. Although a few amendments were made in 1995, the local agency rules have remained largely unchanged since 1989. The rules have become outdated and reflect prior practices that are no longer applicable. Four parts are proposed for repeal. Part 4617.0037 concerns authorized participation levels for local agencies. Part 4617.0040 concerns administrative funding for local agencies. Part 4617.0042 concerns reporting requirements for local agencies. Part 4617.0043 concerns evaluations and monitoring of local agencies. Requirements in all four of these areas can be included and are now routinely included in agreements with local agencies. This allows more flexibility for both the commissioner and the local agencies. These rules are no longer necessary and are therefore obsolete. We recommend them for repeal.

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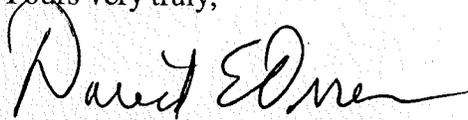
For the obsolete rules listed in items (1) through (5) of this report, MDH intends to repeal them using the expedited process for repealing obsolete rules found in Minnesota Statutes, section 14.3895. The obsolete rules listed in item (6) of this report will be repealed as part of the rulemaking process for updating other parts of Chapter 4617.

In last year's report, we identified the first four items from this year's report as being obsolete. We planned to repeal these rules during 2004, but did not get this done during 2004, so we will repeal the obsolete rules during 2005.

If you have any questions regarding this report, please contact me at:

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Yours very truly,



Dave Orren, Rules Coordinator  
Minnesota Department of Health

This is a complete list of addressees for MDH's 2004 Annual Obsolete Rules Report.

Governor Tim Pawlenty

Greg Hubinger, Director  
Legislative Coordinating Commission

Michele Timmons  
Revisor of Statutes

Senator Becky Lourey, Chair  
Senator Michelle Fischbach, Ranking  
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Senate Health and Family Security Committee

Senator Linda Berglin, Chair  
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