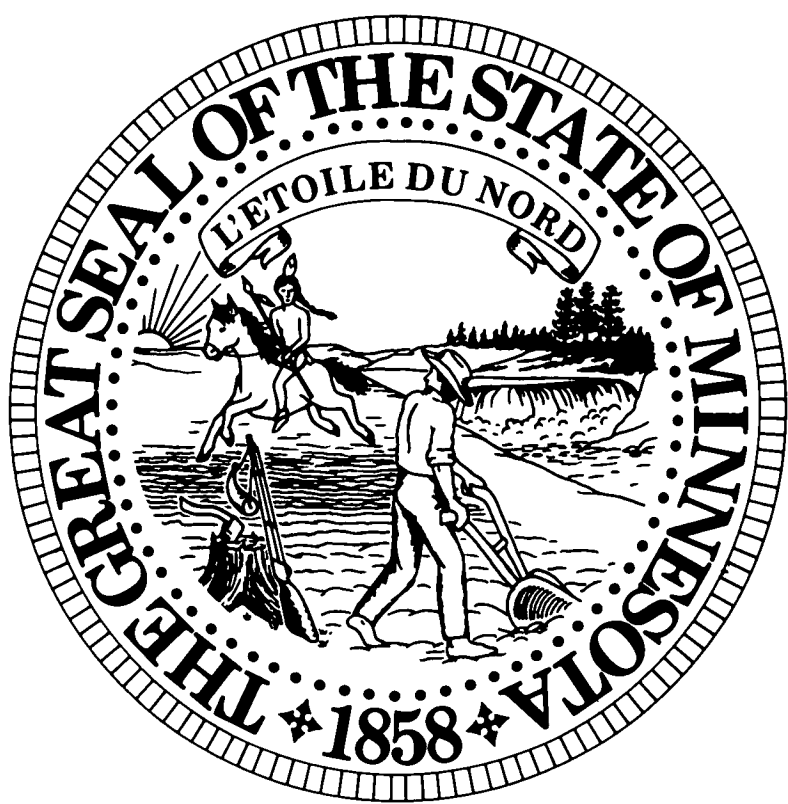


The Minnesota  
**State  
Register**

Department of Administration—Print Communications Division



Rules edition  
Published every Monday  
(Tuesday if Monday is a holiday)

**Monday 21 December 1992**  
**Volume 17, Number 25**  
**Pages 1481-1640**

# State Register

## Judicial Notice Shall Be Taken of Material Published in the *State Register*

The *State Register* is the official publication of the State of Minnesota, containing executive and commissioners' orders, proposed and adopted rules, official and revenue notices, state and non-state contracts, contract awards, grants, a monthly calendar of cases to be heard by the state supreme court, and announcements.

A *Contracts Supplement* is published every Thursday and contains additional state contracts and advertised bids, and the most complete source of state contract awards available in one source.

### Printing Schedule and Submission Deadlines

Vol. 17 Issue Number	*Submission deadline for Adopted and Proposed Rules, Commissioners' Orders**	*Submission deadline for Executive Orders, Contracts, and Official Notices**	Issue Date
25	Monday 7 December	Monday 14 December	Monday 21 December
26	Monday 14 December	Monday 21 December	Monday 28 December
27	Monday 21 December	Monday 28 December	Monday 4 January 1993
28	Monday 28 December	Monday 4 January	Monday 11 January

\*Deadline extensions may be possible at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

\*\*Notices of public hearings on proposed rules and notices of intent to adopt rules without a public hearing are published in the Proposed Rules section and must be submitted two weeks prior to the issue date.

Instructions for submission of documents may be obtained from the *State Register* editorial offices, 504 Rice Street, St. Paul, Minnesota 55103, (612) 296-0929.

The *State Register* is published every Monday (Tuesday when Monday is a holiday) by the State of Minnesota, Department of Administration, Print Communications Division, 117 University Avenue, St. Paul, Minnesota 55155, pursuant to *Minnesota Statutes* § 14.46. A *State Register Contracts Supplement* is published every Tuesday, Wednesday and Friday. The Monday edition is the vehicle for conveying all information about state agency rulemaking, including official notices; hearing notices; proposed, adopted and emergency rules. It also contains executive orders of the governor; commissioners' orders; state contracts and advertised bids; professional, technical and consulting contracts; non-state public contracts; state grants; decisions of the supreme court; a monthly calendar of scheduled cases before the supreme court; and other announcements. The *State Register Contracts Supplement* contains additional state contracts and advertised bids.

In accordance with expressed legislative intent that the *State Register* be self-supporting, the following subscription rates have been established: the Monday edition costs \$150.00 per year and includes an index issue published in August (single issues are available at the address listed above for \$3.50 per copy); the combined four editions cost \$195.00 (subscriptions are not available for just the *Contracts Supplement*); trial subscriptions are available for \$60.00, includes four editions, last for 13 weeks, and may be converted to a full subscription anytime by making up the price difference. No refunds will be made in the event of subscription cancellation.

Both editions are delivered postpaid to points in the United States, second class postage paid for the Monday edition at St. Paul, MN, first class for the Thursday edition. Publication Number 326630 (ISSN 0146-7751).

Subscribers who do not receive a copy of an issue should notify the *State Register* circulation manager immediately at (612) 296-0931. Copies of back issues may not be available more than two weeks after publication.

**Arne H. Carlson, Governor**

**Dana B. Badgerow, Commissioner**  
Department of Administration

**Kathi Lynch, Director**

Print Communications Division

Debbie George, Circulation Manager

**Jane E. Schmidley, Acting Editor**

612/297-7963

## FOR LEGISLATIVE NEWS

Publications containing news and information from the Minnesota Senate and House of Representatives are available free to concerned citizens and the news media. To be placed on the mailing list, write or call the offices listed below:

### SENATE

**Briefly-Preview**—Senate news and committee calendar; published weekly during legislative sessions.

**Perspectives**—Publication about the Senate.

**Session Review**—Summarizes actions of the Minnesota Senate.

Contact: Senate Public Information Office  
Room 231 State Capitol, St. Paul, MN 55155  
(612) 296-0504

### HOUSE

**Session Weekly**—House committees, committee assignments of individual representatives; news on committee meetings and action. House action and bill introductions

**This Week**—weekly interim bulletin of the House.

**Session Summary**—Summarizes all bills that both the Minnesota House of Representatives and Minnesota Senate passed during their regular and special sessions.

Contact: House Information Office  
Room 175 State Office Building, St. Paul, MN 55155  
(612) 296-2146

# Contents

## Minnesota Rules: Amendments & Additions

Issues 14-25 inclusive (issues # 1-13 appeared in #13) . . . 1484

### Proposed Rules

#### Health Department

Synthetic organic compounds . . . . . 1487

#### Labor and Industry Department

Workers' compensation; safety account grant and loan program . . . . . 1494

Workers' compensation; safety and health committees . . . 1500

Workers' compensation; fraud unit . . . . . 1501

Workers' compensation; insurance verification . . . . . 1504

Workers' compensation permanent partial disability schedules . . . . . 1504

Workers' compensation; rehabilitation services . . . . . 1571

OSHA; federal standards . . . . . 1588

#### Public Safety Department

Commercial driver training schools . . . . . 1591

#### State Retirement System

Mailing of benefit and refund checks . . . . . 1601

#### Waste Management Office

Solid waste source reduction grant and loan program . . . 1602

### Adopted Rules

#### Revenue Department

Disclosure of return information in investigation . . . . . 1608

### Emergency Rules

#### Natural Resources Department

Adopted emergency game and fish rules; closing Annie Battle Lake . . . . . 1608

### Official Notices

#### Human Services Department

Outside opinions sought regarding Federal Alcohol and Drug Abuse Block Grant . . . . . 1609

#### Labor and Industry

Prevailing wage certification for construction projects . . 1609

#### Pollution Control Agency

Notice on lead rule requesting volunteers for advisory committee . . . . . 1610

Outside opinions sought regarding proposed amendments to state air pollution control rules . . . . . 1610

#### Revenue Agency

Outside opinions sought regarding proposed amendments to rule governing the sales and use taxation of medicines, drugs, therapeutic and prosthetic devices . . . . . 1611

#### State Board of Investment

Private money management firms sought . . . . . 1611

## State Grants

### Human Services Department

Proposals sought for programs that provide services to American Indian citizens . . . . . 1612

Notice of proposed continuation of grant to Minnesota American Indian AIDS Task Force . . . . . 1612

Notice of proposed continuation of grant to Minnesota Indian Women's Resource Center . . . . . 1613

Funds available for services to prepare American Indian youth for adulthood . . . . . 1613

### Professional, Technical & Consulting Contracts

#### Health Department

Proposals sought for HIV CARE Services Programs: Early Intervention . . . . . 1614

Proposals sought for HIV CARE Services Programs: Housing . . . . . 1614

Proposals sought for HIV CARE Services Programs: Outreach and Access . . . . . 1615

Proposals sought for HIV CARE Services Programs: Case Management Services . . . . . 1616

#### Jobs and Training Department

Proposals sought for Total Quality Training for Managers and Supervisors . . . . . 1616

#### Natural Resources Department

Proposals sought for display preparation at Whitewater State Park . . . . . 1619

#### Public Service Department

Consultant sought in telephone rate case . . . . . 1619

Proposals sought for a commercial building lighting standards project . . . . . 1621

#### State Designer Selection Board

Proposals sought for a military affairs project . . . . . 1621

#### Department of Transportation

Notice of available consultant contract for Trunk Highway 610 . . . . . 1623

Notice of available consultant contract for Trunk Highway 55 . . . . . 1625

Notice of available consultant contract for Trunk Highway 212 . . . . . 1627

### Non-State Public Bids and Contracts

#### Minnesota Historical Society

Proposals sought for contract services in the construction trade . . . . . 1628

Proposals sought for artisan, craftsman and related projects . . . . . 1629

### Awards of State Contracts & Advertised Bids

#### Administration Department

Materials Management Division: Commodities and requisitions awarded . . . . . 1629

# Minnesota Rules: Amendments and Additions

## NOTICE: How to Follow State Agency Rulemaking in the *State Register*

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 75 state agencies have the authority to issue rules. Each agency is assigned specific *Minnesota Rule* chapter numbers. Every odd-numbered year the *Minnesota Rules* are published. This is a ten-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Proposed and adopted emergency rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the *Official Notices* section of the *State Register*. When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues 1-13 inclusive; issues 14-25 inclusive; issue 26, cumulative for issues 1-26; issues 27-38 inclusive; issue 39, cumulative for 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August. For copies of the *State Register*, a subscription, the annual index, the *Minnesota Rules* or the *Minnesota Guidebook to State Agency Services*, contact the Print Communications Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-657-3757.

Issues 14-25 inclusive Vol. 17

### Agriculture Department

1502.0027 (adopted) .....	922
1505.2100; .2200; .2300; .2400; .2500; .2600; .2700; .2800 (adopted) .....	711
1505.2000; .2010; .2020; .2030; .2040; .2050; .2060; .2070; .2080 (repealed) .....	711
1509.0010; .0015; .0020; .0025; .0030; .0035; .0040 (withdrawn) .....	1021
1535.4000; .4030; .4040; .4050; .4060; .4100; .4110; .4120; .4130; .4200; .4210; .4230; .4240; .4250; .4260; .4270; .4300; .4310; .4320; .4330; .4340; .4350; .4360; .4370; .4380; .4390; .4395; .4396; .4400; .4520; .4530; .4540; .4550; .4560 (adopted) .....	2230
1555.6950 (proposed) .....	870

### Agriculture Department—Rural Finance Authority

1650.0510; .0520; .0540; .0550; .0560 (adopted) .....	1016
1650.0600; .0610; .0620; .0630; .0640; .0650 (adopted) .....	1018
1651.0030; .0040; .0050; .0060; .0070; .0080 (adopted) .....	1446

### Animal Health Board

1700.0100; .0200; .0500; .0550; .0600; .0700; .0800; .1050; .1200; .1300; .1400; .1500; .1600; .1700; .1900; .2100; .2200; .2300; .2310; .2400; .2450; .2500; .3110; .3400; .3600; .3700; .3800; .4900; .5000; .5100; .5200; .5300; 1705.0060; .0260; .0310; .0320; .0430; .0460; .0510; .0840; .1040; .1081; .1082; .1083; .1084; .1085; 1715.0005; .0072; .0105; .0110; .0115; .0130; .0140; .0160; .0780; .0850; .0870; .0960; .1100; .1130; .1140; .1180 (adopted) .....	1272
1700.0100 s.12; .2000; .3100; 1705.0470; 1715.0005 s.6; .0070; .0080; .0100; .0120; .0180; .0780 s.8; 1720.0820; .0830; .0840; .0850 (repealed) .....	1272
1719.0100 s.4,5,7,8,10,12,13,14,15; .0200 through .3200 (withdrawn) .....	784
1719.0100; .4000; .4100; .4300; .4400; .4500; .4600 (adopted) .....	1357
1719.4200 (withdrawn) .....	1357
1720.0010 except s.1 and 2; .0280; .0290; .0300; .0310; .0540; .0550; .0560; .0570 (proposed repealer withdrawn) ....	784

### Architecture, Engineering, Land Surveying, Landscape Architecture and Interior Design Board

1800.0500 (adopted) .....	711
---------------------------	-----

### Attorney General

2010.0300; .0400; .0500; .0700; .1000; .1100; .1200; .1300; .1400; .9913; .9916; .9920; .9930; .9940; .9945; .9946; .9951; .9955; .9960 (proposed) .....	821
2010.9915; .9950 (proposed repealer) .....	838

### Commerce Department

2711.0020; .0030; .0040; .0050; .0060; .0070; .0080; .0090; .0100 (proposed) .....	872
2720.0100; .0350; .0400; .0500; .0600; .1100; .1200; .1300; .1400; .1500; .1600; .1700; .2000; .9910; .9920; .9930; .9940 (adopted) .....	1272
2720.0100 s.3 and 4 (repealed) .....	1273
2808.0100; .1000; .1100; .1200; .1300; .1400; .1500; .1600; .1700; .2000; .2100; .2200; .3000; .3100; .3200; .3300; .4000; .4100; .4200; .5000; .5100; .5200; .5300; .5400; .5500; .5600; .6000; .7000; .7100; .7200; .7300; .7400 (withdrawn) .....	784
2808.0100; .1000; .1100; .1200; .1300; .1400; .1500; .1600; .1700; .2000; .2100; .2200; .3000; .3100; .3200; .3300; .4000; .4100; .4200; .5000; .5100; .5200; .5300; .5400; .5500; .5600; .6000; .7000; .7100; .7200; .7300; .7400 (proposed) .....	741
2808.3000 s.3a; s.7 (proposed repealer) .....	767

### Corrections Department

2945.0100; .0110; .0120; .0130; .0500; .0510; .0520; .0530; .1000; .1010; .1600; .1610; .2100; .2110; .2120; .2130; .2500; .2510; .2520; .2530; .2540; .2550; .3400; .3410; .3420; .3430; .3440; .3450; .4700; .4710; .4720; .4730; .4740; .4750; .4760; .5400; .5410; .5420; .5430; .5440; .5450; .5460; .5470; .5480; .5490 (adopted) .....	711
--	-----

### Dentistry Board

3100.2000 (adopted) .....	1357
---------------------------	------

### Jobs and Training Department

3301.0180; .0190; .0200; .0210; .0220; .0230 (proposed) ....	1190
--	------

**Education Department**

3520.0400: .2400: .2500: .3680: .3701: .4201: .4301:  
 .4510: .4600: .4711: .4731: .4850: .4900: .4930: .5000:  
 .5010: .5120: .5160: .5200: .5220: .5310: .5380: .5450:  
 .5520: .5551: .5580: .5611: .5900 (proposed) ..... 1307  
 3520.2700: .3701 s.6: .4831: .4850 s.1: .5310 s.4: .5461:  
 .5611 s.30: .5900 s.4 (proposed repealer) ..... 1317  
 3525.1329: .1333: .1341: .1343: .2925 (proposed) ..... 885

**Minnesota Arts Education Center**

3600.0010: .0030: .0040: .0060: .0070 (adopted) ..... 1229

**Technical Colleges Board**

3700.0470 (adopted) ..... 850  
 3700.0565 (proposed) ..... 1271  
 3515.5500 s.9 (repealed) ..... 850

**Employee Relations**

3920.0100: .0200: .0300: .0400: .0500: .0600: .0700:  
 .0800: .0900: .1000: .1100: .1200: .1300 (adopted) ..... 712

**Health Department**

4610.2300: .4622.0100: .0300: .0400: .0600: .0700: .0900: .1000:  
 .1050: .1150: .1200: .4655.9070: .4675.2205 (proposed) .... 900  
 4643.0100: .0015: .0020: .0030: .0040 (adopted) ..... 1021  
 4655.1100: .1110: .1120: .1130: .1140: .1150  
 (proposed emergency) ..... 1165  
 4675.2200: .2300: .2400: .2500: .2600 (proposed repealer) .... 913  
 4670.1320: .4210: .4220: .4230: .4240 (proposed) ..... 897  
 4685.0100: .1010: .1115: .3300 (proposed) ..... 888  
 4685.0100 s.8a: .1000 (proposed repealer) ..... 897  
 4740.2040 (proposed) ..... 1487  
 4720.5000 (proposed repealer) ..... 1494  
 4761.0100: .0200: .0300: .0400: .0500: .0600: .0700:  
 .0710: .0720: .0730: .0740: .0750: .0760: .0780: .0790:  
 .0795 (proposed) ..... 1383  
 4760.0010: .0015 s.1,2,3,4,5, and 7: .0030: .0040: .0045:  
 .0050: .0500: .0510 s.1,2,4,5,6,7, and 8: .0530 s.1: .0540  
 (proposed repealer) ..... 1392

**Higher Education Coordinating Board**

4810.3010: .3030: .3040: 4811.0100: .0120: .0130:  
 .0140: .0150: .0160: .0170: 4812.0100: .0110: .0120:  
 .0130: .0140: .0150: .0160: .0170 (adopted) ..... 1021  
 4830.8510: .8535: .8540: .8550: .8570: .8575 (adopted) ..... 712  
 4830.8560: .8580 (repealed) ..... 712

**Housing Finance Agency**

4900.0900: .0920: .1030 (proposed) ..... 838  
 4900.0900: .0920: .1030 (proposed) ..... 1138  
 4900.1540 (proposed) ..... 840  
 4900.1540 (proposed) ..... 1139  
 4900.2005 (proposed) ..... 841  
 4900.2005 s.4 (proposed repealer) ..... 842  
 4900.2005 (proposed) ..... 1137  
 4900.2005 s.4 (proposed repealer) ..... 1137

**Labor and Industry Department**

5203.0010: .0020: .0030: .0040: .0050: .0060: .0070  
 (proposed) ..... 1494  
 5204.0010: .0020: .0030: .0040: .0050: .0060: .0070:  
 .0080: .0090 (proposed) ..... 1500  
 5205.0010: .1230: 5207.0410 (adopted) ..... 1273  
 5205.0010 (proposed) ..... 1588  
 5205.1240: .1250: .1260: .1270: .1280: .1290: .1300  
 (repealed) ..... 1273  
 5206.0100: .0300: .0400: .0600: .0700: .0800 (adopted) ..... 1456

5206.0300 s.5: .0900 (repealed) ..... 1456  
 5210.0150 (proposed) ..... 1270  
 5218.0100: .0210: .0220: .0230: .1000: .2000: .3000:  
 .4000: .5000: .6000: .7000: .8000: .9000 (adopted  
 emergency) ..... 923  
 5220.0100: .0105: .0110: .0120: .0130: .0410: .0450:  
 .0510: .0710: .0850: .1100: .1250: .1400: .1500: .1600:  
 .1800: .1801: .1802: .1803: .1805: .1806: .1900: .2510:  
 .2660: .2780 (proposed) ..... 1571  
 5220.0100 s.2: .0110 s.1,2,3,4: .0710: .0750 s.4: .1801 s.6:  
 .1910 (proposed repealer) ..... 1588  
 5222.2001 (proposed) ..... 1504  
 5223.0300: .0310: .0315: .0320: .0330: .0340: .0350:  
 .0360: .0370: .0380: .0390: .0400: .0410: .0420: .0430:  
 .0440: .0450: .0460: .0470: .0480: .0490: .0500: .0510:  
 .0520: .0530: .0540: .0550: .0560: .0570: .0580: .0590:  
 .0600: .0610: .0620: .0630: .0640: .0650 (proposed) ..... 1504  
 5228.0100: .0110: .0120: .0130 (proposed) ..... 1501

**Medical Practice Board**

5600.2500 (proposed) ..... 1193

**Natural Resources Department**

6132.0100: .0200: .0300: .1000: .1100: .1200: .1300:  
 .1400: .2000: .2100: .2200: .2300: .2400: .2500: .2600:  
 .2700: .2800: .2900: .3000: .3100: .3200: .4000: .4100:  
 .4200: .4300: .4400: .4500: .4600: .4700: .4800: .4900:  
 .5000: .5100: .5200: .5300 (proposed) ..... 946  
 6232.1700: 6236.0700: .0900: .1000 (adopted emergency) .... 1274  
 6287.0100: .0200: .0300: .0400: .0500: .0600: .0700:  
 .0800: .0900 (proposed) ..... 1140

**Pharmacy Board**

6800.0100: .0300: .0350: .0500: .0700: .0800: .0910:  
 .0950: .1010: .1050: .1150: .1210: .1250: .1300: .1460:  
 .1500: .2150: .2250: .2300: .2400: .2500: .2700: .2810:  
 .3000: .3100: .3110: .3120: .3300: .3350: .3400: .3450:  
 .3510: .3850: .3950: .4150: .4210: .4220: .4230: .4240:  
 .4250: .4400: .4500: .4600: .4700: .5100: .5200: .5300:  
 .5350: .5400: .5600: .6200: .6300: .6500: .6700: .7100:  
 .7510: .7520: .7530: .7900: .7950: .8000: .8001: .8002:  
 .8003: .8004: .8005: .8006: .8008: .8100: .8300: .8400:  
 .8500: .8600: .8700: .9200: .9700: .9900: .9923: .9924:  
 .9950: .9951: .9952: .9953: .9954 (proposed) ..... 1317  
 6800.4400 s.2: .7400 s.6 (proposed repealer) ..... 1350

**Pollution Control Agency**

7035.0300: 7037.0100: .0200: .0300: .0400: .0500:  
 .0600: .0700: .0800: .0900: .1000: .1100: .1200: .1300:  
 .1400: .1500: .1600: .1700: .1800: .1900: .2000: .2100:  
 .2200: .2300: .2400: .2500: .2600: .2700: .2800: .2900:  
 .3000: .3100: .3200: .3300: .3400: .3500: .3600: .3700:  
 (proposed) ..... 1194  
 7044.0100: .0200: .0250: .0350: .0450: .0600: .0650:  
 .0750: .0850: .0950: .1100 (proposed) ..... 1392  
 7044.0200 s.5,6, and 8: .0500 s.2: .1200 (proposed repealer) . 1396

**Psychology Board**

7200.0100: .3400: .3610: .3810: .3820: .3830: .3840  
 (proposed) ..... 1215  
 7200.0650: .1300: .3000: .3400: .6100: (proposed) ..... 1218  
 7200.0100: .0600: .0700: .0800: .0810: .1300: .1900:  
 .2000: .2300: .2500: .3000: .3620: .4500: .4900: .5100:  
 .5300: .6000 (proposed) ..... 1222  
 7200.0100 s.4,10: .3900: .6000 s.3,4, and 5  
 (proposed repealer) ..... 1228  
 7200.6160 (proposed) ..... 1228

# Minnesota Rules: Amendments & Additions

## Public Safety Department

7403.0100; .0200; .0300; .0400; .0500; .0600; .0800; .0850; .0900; .1200; .1300; .1400 (proposed)	1146
7403.0100 s.5; .0400 s.3; .0500 s.2; .0600 s.2; .0700; .0800 s.3; .0900 s.5; .1000; .1100 (proposed repealer)	1152
7409.3700; .3710; .3720; .3730; .3740; .3750; .3760; .3770 (adopted)	1456
7411.0100; .0400; .0510; .0550; .0610; .0700; .0800 (proposed)	1591
7504.0100; .0200; .0300; .0400; .0500; .0600 (adopted emergency rules)	1167
7505.3100; .3200; .3400; .3500; .3700; .3800; .3900; .4000 (proposed)	1397
7505.3000 (proposed repealer)	1399
7520.0650; .1000; .1100 (proposed)	919
7570.0010; .0020; .0030; .0040; .0050 (proposed)	1439

## Public Service Department

7660.0010; .0020; .0100 (adopted)	1457
-----------------------------------	------

## Gambling Control Board

7861.0010; .0120; 7865.0025 (proposed)	1122
7861.0010; .0060; .0100; .7863.0020 (proposed)	1128
7861.0100 s.1,4 and 5 (proposed repealer)	1137

## State Retirement System

7900.1500 (proposed repealer)	1602
-------------------------------	------

## Revenue Department

8130.2100 (proposed)	847
8130.5500 (proposed)	969
8130.2000; .5500 s.3,4,5 (proposed repealer)	976
8130.9250 (proposed)	1399
8130.9200 (proposed repealer)	1403
8130.9700 (proposed)	1353
8130.9700 s.6 (proposed repealer)	1356
8130.9910 (proposed)	1351
8160.0300 (proposed)	1152
8160.0620; .0630 (proposed)	1152
8165.0100 (adopted)	1229
8170.0100 (adopted)	1608

## Water and Soil Resources Board

8420.0100; .0105; .0110; .0112; .0115; .0120; .0200; .0210; .0220; .0230; .0235; .0240; .0245; .0250; .0260; .0270; .0280; .0290; .0300; .0350; .0400; .0500; .0505; .0510; .0520; .0530; .0540; .0550; .0600; .0610; .0620; .0630; .0700; .0720; .0730; .0740; .0750; .0760; .1010; .1020; .1030; .1040; .1050; .1060 (proposed)	976
---	-----

## Teaching Board

8700.0210; 8750.3010 (proposed)	1403
---------------------------------	------

## Transportation Department

8820.0100; .2500; .4000; .4010; .4020; .4030; .4040; .4050; .4060; .4070; .4080; .4090; .9980; .9985; .9990 (proposed)	705
--	-----

## Veterinary Medicine Board

9100.0100; .0200; .0300; .0400; .0500; .0600; .0700; .0800; .0900 (proposed)	1155
--	------

## Waste Management Office

9210.0700; .0710; .0720; .0740; .0750; .0760; .0770 (proposed)	1602
9210.0710 s.8 (proposed repealer)	1607
9215.0500; .0510; .0520; .0530; .0540; .0550; .0560; .0570; .0580; .0590; .0600; .0610; .0620; .0630; .0640; .0650; .0660; .0670; .0680; .0690; .0700; .0710; .0720; .0730; .0740; .0750; .0760; .0770; .0780; .0790; .0800; .0810; .0820; .0830; .0840; .0850; .0860; .0870; .0890; .0900; .0910; .0920; .0930; .0940; .0950 (adopted)	1405
9215.0100; .0110; .0120; .0130; .0140; .0150; .0160; .0170; .0180; .0190; .0200; .0210; .0220; .0230; .0240; .0250; .0300; .0310; .0320; .0330; .0340; .0350; .0360; .0370; .0380; .0390; .0400; .0410; .0420 (repealed)	1405

## Human Services Department

9505.0175; .0221; .0287; .0365 (proposed)	842
9505.0175; .0260; .0322; .0323 (adopted)	1454
9505.0260 s.4; .0323 s.22 (repealed)	1454
9505.0324 (adopted)	1455
9505.0365 s.4 (proposed repealer)	847
9506.0010; .0020; .0030; .0040; .0050; .0060; .0070; .0080; .0090; .0100; .0110 (proposed emergency)	768
9510.2000; .2010; .2020; .2030; .2040; .2050 (proposed)	1266
9520.0900; .0902; .0903; .0904; .0905; .0906; .0907; .0908; .0909; .0910; .0912; .0914; .0916; .0917; .0918; .0919; .0920; .0922; .0923; .0924; .0926 (adopted)	1448
9505.0476; .0477; .0478; .0479; .0480; .0481; .0482; .0483; .0484; .0485; .0486; .0487; .0488; .0489; .0490; .0491 s.1,2,3,4,5,6,9, and 10 (repealed)	1453
9525.3010; .3015; .3020; .3025; .3030; .3035; .3040; .3045; .3050; .3055; .3060; .3065; .3070; .3075; .3080; .3085; .3090; .3095; .3100 (proposed)	768
9535.1700; .1705; .1710; .1715; .1720; .1725; .1730; .1735; .1740; .1745; .1750; .1755; .1760 (adopted)	922
9535.0100; .0200; .0300; .0400; .0500; .0600; .0700; .0800; .0900; .1000; .1100; .1200; .1300; .1400; .1500; .1600 (repealed)	922
9553.0035; .0040; .0050; .0060 (adopted)	784
9575.0350; .1500 (proposed)	913

## State Treasurer Office

9700.0100; .0200; .0300; .0400 (adopted)	1357
--	------

# Proposed Rules

Pursuant to Minn. Stat. §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

## Department of Health

### Proposed Permanent Rules Relating to Synthetic Organic Compounds

#### Notice of Intent to Adopt Rules Without a Public Hearing

**NOTICE IS HEREBY GIVEN** that the Minnesota Department of Health (hereinafter "Department") intends to adopt the above-entitled amendments to rules by expanding the list of analytes eligible for certification under state programs for Clean Water, Safe Drinking Water and Evaluation of Solid Waste. To accomplish this, the Department intends to amend *Minnesota Rules* part 4740.2040, by making minor modifications to subparts 1, 2 and 5 and by adding a new subpart 6. The amendments will be made without a public hearing, following the procedures set forth in the Administrative Procedure Act in *Minnesota Statutes*, §§ 14.22 to 14.28 (1990). The statutory authority to adopt the rules is *Minnesota Statutes*, §§ 144.97 and 144.98 (1990).

All persons have until January 25, 1993 to submit comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Comment is encouraged. Each comment should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rules within the comment period, ending January 25, 1993. If 25 or more persons submit a written request for a public hearing within the comment period, a public hearing will be held unless a sufficient number withdraw their requests in writing. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the Department will proceed pursuant to *Minnesota Statutes*, Sections 14.131 to 14.20 (1990).

Comments or written requests for a public hearing must be submitted to:

Allen C. Tupy, Lab Services Chief  
Public Health Laboratory Division  
Minnesota Department of Health  
717 Delaware Street Southeast  
Minneapolis, Minnesota 55440  
Telephone: (612) 623-5680

The proposed rule amendments may be modified if the modifications are supported by data and views submitted to the Department and do not result in a substantial change in the proposed rules as noticed.

The rule authorizes environmental testing laboratories to become certified by the Department to perform tests for certain specified analytes under two testing programs: the Safe Drinking Water Act, 42 *United States Code*, Section 300f et seq., *Minnesota Statutes*, Section 144.381 et seq., and 40 *Code of Federal Regulations* 141; and the Clean Water Act, 33 *United States Code*, Section 1251 et seq. and 40 *Code of Federal Regulations*, Section 136. This rule amendment lists synthetic organic compounds in part 4740.2040, subpart 6.

A copy of the proposed rule is attached to this notice.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

A Statement of Need and Reasonableness that describes the need for and reasonableness of the proposed amendment and identifies the data and information relied upon to support the proposed amendment has been prepared and is available from Allen C. Tupy at the above address.

Pursuant to *Minnesota Statutes* Section 14.115, subdivision 2, the impact on small businesses has been considered in the promulgation of this rule amendment. The Department's analysis and position regarding the impact of the amendment on small business is set forth in the Statement of Need and Reasonableness. Anyone wishing to present evidence or argument as to the amendment's effect on small businesses is encouraged to do so.

Pursuant to *Minnesota Statutes* Section 14.115, subdivision 4 (c), the Department, in order to provide an opportunity for small businesses to participate in the rule making process, will mail copies of the proposed rule amendment and this Notice to all laboratories which are currently certified or in the application process. These laboratories are encouraged to comment.

If no hearing is required, upon adoption of the amendment, the amendment and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General or who wish to receive a copy of the adopted amendment must submit the written request to Allen C. Tupy at the above address.

Dated: 3 December 1992

Marlene Marschall  
Commissioner of Health

### Rules as Proposed

#### 4740.2040 CERTIFIED TEST CATEGORIES.

Subpart 1. **Scope.** The commissioner shall certify the analytes in subparts 2 to 4 6 for a specific program. The programs for which the commissioner shall certify an analysis are:

- A. the Clean Water Program, *Code of Federal Regulations*, title 40, part 136; ~~and~~
- B. the Safe Drinking Water Program, *Code of Federal Regulations*, title 40, part 141; and
- C. the Resource Conservation and Recovery Program, Code of Federal Regulations, title 40, part 261.

To be certified for a specific program, the laboratory shall use the sample collection, preservation, and handling techniques required in the methodology meeting the conditions of the specific program.

#### Subp. 2. **Inorganic analytes.**

- A. Inorganic analytes eligible for certification under the Clean Water Program are:

[For text of subitems (1) to (13), see M.R.]

- (14) ~~Oxygen, dissolved~~ Organic Carbon, total;

[For text of subitems (15) to (25), see M.R.]

[For text of item B, see M.R.]

[For text of subps 3 and 4, see M.R.]

#### Subp. 5. **Volatile organic compounds (VOCs).**

[For text of item A, see M.R.]

- B. Analytes eligible for certification under the Safe Drinking Water Program are:

[For text of subitems (1) to (12), see M.R.]

- (13) ~~1,2-dichloropropene~~ 1,1-dichloropropene;

[For text of subitems (14) to (42), see M.R.]

- (43) o-Xylene; ~~and~~

- (44) Styrene;

- (45) 1,2,4-Trichlorobenzene; and

- (46) Isopropylbenzene.

#### Subp. 6. **Synthetic organic compounds (SOCs).**

- A. Analytes eligible for certification under the Clean Water Program are:

- (1) Acetone;



- (2) Acrolein;
- (3) Acrylonitrile;
- (4) Aldrin;
- (5) Benzidine;
- (6) delta-BHC;
- (7) beta-BHC;
- (8) alpha-BHC;
- (9) gamma-BHC (Lindane);
- (10) Bis(2-chloroethoxy) methane;
- (11) Bis(2-chloroethyl) ether;
- (12) 1,1'-Biphenyl;
- (13) 4-Bromophenylphenyl ether;
- (14) Chlordane;
- (15) 4-Chloro-3-methylphenol;
- (16) 2-Chloroethylvinyl ether;
- (17) 2-Chloronaphthalene;
- (18) 2-Chlorophenol;
- (19) 4-Chlorophenylphenyl ether;
- (20) 4,4'-DDD;
- (21) 4,4'-DDE;
- (22) 4,4'-DDT;
- (23) 3,3'-Dichlorobenzidine;
- (24) 2,4-Dichlorophenol;
- (25) Dieldrin;
- (26) 2,4-Dimethylphenol;
- (27) 2,4-Dinitrophenol;
- (28) 2,6-Dinitrotoluene;
- (29) 2,4-Dinitrotoluene;
- (30) p-Dioxane;
- (31) 1,2-Diphenylhydrazine;
- (32) Endosulfan I;
- (33) Endosulfan II;
- (34) Endosulfan sulfate;
- (35) Endrin;
- (36) Endrin aldehyde;
- (37) Ethyl ether;
- (38) Heptachlor;
- (39) Heptachlor epoxide;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

- (40) Hexachlorobenzene;
- (41) Hexachlorobutadiene;
- (42) Hexachlorocyclopentadiene;
- (43) Hexachloroethane;
- (44) Isophorone;
- (45) 2-Methyl-4,6-dinitrophenol;
- (46) Methyl ethyl ketone;
- (47) Nitrobenzene;
- (48) 2-Nitrophenol;
- (49) 4-Nitrophenol;
- (50) N-Nitrosodi-n-propylamine;
- (51) N-Nitrosodimethylamine;
- (52) N-Nitrosodiphenylamine;
- (53) Polyaromatic Hydrocarbons (PAHs):
  - (a) Acenaphthene;
  - (b) Acenaphthylene;
  - (c) Anthracene;
  - (d) Benzo(a)anthracene;
  - (e) Benzo(a)pyrene;
  - (f) Benzo(b)fluoranthene;
  - (g) Benzo(g,h,i)perylene;
  - (h) Benzo(k)fluoranthene;
  - (i) Chrysene;
  - (j) Dibenzo(a,h)anthracene;
  - (k) Fluoranthene;
  - (l) Fluorene;
  - (m) Indeno(1,2,3-cd)pyrene;
  - (n) Naphthalene;
  - (o) Phenanthrene; and
  - (p) Pyrene;
- (54) PCB-1016;
- (55) PCB-1221;
- (56) PCB-1232;
- (57) PCB-1242;
- (58) PCB-1248;
- (59) PCB-1254;
- (60) PCB-1260;
- (61) Pentachlorophenol;
- (62) Phenol;
- (63) Phthalates:
  - (a) Benzylbutyl phthalate;
  - (b) Di(2-ethylhexyl) phthalate;

- (c) Di-n-butyl phthalate;
- (d) Di-n-octyl phthalate;
- (e) Diethyl phthalate; and
- (f) Dimethyl phthalate;
- (64) Toxaphene;
- (65) 1,2,4-Trichlorobenzene; and
- (66) 2,4,6-Trichlorophenol.

B. Analytes eligible for certification under the Safe Drinking Water program are:

- (1) Alachlor;
- (2) Aldicarb;
- (3) Aldicarb sulfone;
- (4) Aldicarb sulfoxide;
- (5) Aldrin;
- (6) Atrazine;
- (7) Benzo(a)pyrene;
- (8) beta-BHC;
- (9) gamma-BHC (Lindane);
- (10) Butachlor;
- (11) Carbaryl;
- (12) Carbofuran;
- (13) Chlordane;
- (14) 2,4-D (2,4-Dichlorophenoxyacetic acid);
- (15) Dicamba;
- (16) Dieldrin;
- (17) Di-2(ethylhexyl) adipate;
- (18) Di-2(ethylhexyl) phthalate;
- (19) Dinoseb;
- (20) Diquat;
- (21) Endothall;
- (22) Endrin;
- (23) Glyphosate;
- (24) Heptachlor;
- (25) Heptachlor epoxide;
- (26) Hexachlorobenzene;
- (27) Hexachlorocyclopentadiene;
- (28) 3-Hydroxycarbofuran;
- (29) Methomyl;
- (30) Methoxychlor;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

- (31) Metolachlor;
- (32) Metribuzin;
- (33) Oxamyl;
- (34) PCBs;
- (35) Pentachlorophenol;
- (36) Picloram;
- (37) Propachlor;
- (38) Simazine;
- (39) 2,4,5-T;
- (40) Toxaphene; and
- (41) 2,4,5-TP.

C. Analytes eligible for certification under the Resource Conservation and Recovery Program are:

- (1) Acetone;
- (2) Acrylamide;
- (3) Benzidine;
- (4) Benzoic acid;
- (5) beta-BHC;
- (6) gamma-BHC (Lindane);
- (7) 1,1'-Biphenyl;
- (8) Bis(2-chloroisopropyl) ether;
- (9) Carbon disulfide;
- (10) Chlorpyrifos;
- (11) Dalapon;
- (12) 2,4-D (2,4-Dichlorophenoxyacetic acid);
- (13) 4,4'-DDT;
- (14) Dinoseb;
- (15) p-Dioxane;
- (16) 1,2-Diphenylhydrazine;
- (17) Endrin;
- (18) Ethyl ether;
- (19) MCPA;
- (20) Methyl ethyl ketone;
- (21) Methyl isobutyl ketone;
- (22) Methyl parathion;
- (23) 2-Methyl phenol;
- (24) 3-Methyl phenol;
- (25) N-Nitrosodi-n-butylamine;
- (26) Polyaromatic Hydrocarbons (PAHs):
  - (a) Benzo(a)anthracene;
  - (b) Benzo(a)pyrene;
  - (c) Benzo(b)fluoranthene;
  - (d) Benzo(j)fluoranthene;

- (e) Benzo(k)fluoranthene;
- (f) Dibenzo(a,h)anthracene;
- (g) Fluoranthene;
- (h) Indeno(1,2,3-cd)pyrene; and
- (i) Pyrene;
- (27) Pentachlorobenzene;
- (28) Phthalates:
  - (a) Benzylbutyl phthalate;
  - (b) Di-n-butyl phthalate;
  - (c) Di(2-ethylhexyl) phthalate; and
  - (d) Dimethyl phthalate;
- (29) Pronamide;
- (30) 1,2,4,5-Tetrachlorobenzene;
- (31) 2,3,4,6-Tetrachlorophenol;
- (32) Toxaphene;
- (33) 2,4,5-T; and
- (34) 2,4,5-TP.

D. The approved methods to be used to satisfy requirements of the Minnesota Pollution Control Agency for the following analytes are those prescribed in the Safe Water Drinking Program, Code of Federal Regulations, title 40, part 141:

- (1) Acifluorfen;
- (2) Alachlor;
- (3) Aldicarb;
- (4) Baygon (Propoxur);
- (5) Bentazon;
- (6) Bromacil;
- (7) Butylate;
- (8) Carbofuran;
- (9) Carboxin;
- (10) Chloramben;
- (11) Chlorothalonil;
- (12) Dacthal;
- (13) Diphenamid;
- (14) Diquat;
- (15) Endothall;
- (16) EPTC;
- (17) Fenamiphos;
- (18) Glyphosate;
- (19) Hexazinone;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

- (20) Methomyl;
- (21) Metolachlor;
- (22) Metribuzin;
- (23) Oxamyl;
- (24) Picloram;
- (25) Prometon;
- (26) Propachlor;
- (27) Tebuthiuron;
- (28) Terbacil; and
- (29) Terbufos.

**REPEALER.** Minnesota Rules, part 4720.5000, is repealed.

## Department of Labor and Industry

### Proposed Permanent Rules Relating to Workers' Compensation; Safety Account Grant and Loan Program

#### Notice of Hearing

**NOTICE IS HEREBY GIVEN** that a public hearing will be held pursuant to *Minnesota Statutes* § 14.14, subdivision 1 in the above-captioned matter. The hearing will be held at 9:00 a.m. on January 26, 1993, in room C-1 and C-2, St. Paul Civic Center, 143 West 4th Street (Kellogg Boulevard at West 7th) St. Paul, Minnesota and continuing until all interested persons and groups have had an opportunity to be heard concerning the proposed rule. The proposed rules may be modified as a result of the hearing process. You are encouraged to participate if you are in any way affected by these rules.

#### Description of the Proposed Rules; Statutory Authority; Notice of Small Business Consideration and Expenditure of Public Monies by Local Public Bodies

##### **1. Rehabilitation Rule Amendments, Chapter 5220.**

The statutory authority for these amendments is *1992 Minnesota Laws*, chapter 510, article 4, sections 2, 4, and 5, and *Minnesota Statutes* § 176.83, subs. 1, 2, 3, 5, 14 and 15 and section 176.102. Amendments to the rehabilitation rules will include those implementing 1992 rehabilitation law changes: Rehabilitation consultation only upon request; waiver of rehabilitation by the Department if the injured worker is expected to return to work with the date of injury employer within a reasonable time; time frames within which an initial rehabilitation plan must be developed and filed; choice or change of qualified rehabilitation consultant by the injured worker or other parties; means of limiting the fees of rehabilitation providers; allowing for the registration of occupational therapists (OTR) as qualified rehabilitation consultants; and further definition of registered rehabilitation vendor and qualified rehabilitation consultant roles.

Although small business rehabilitation providers will be affected by the proposed amendments, rehabilitation providers are service providers regulated for standards and costs, therefore the requirements of *Minnesota Statutes* 14.115 do not apply. The rules may have an impact on small business employers, but do not impose any substantive requirements on employers and are expected to provide overall cost savings in the rehabilitation system.

The rehabilitation rule amendments do not require the expenditure of public monies by local bodies.

##### **2. Permanent Partial Disability Schedule; Chapter 5223.**

The statutory authority for the Permanent Partial Disability Schedule is *Minnesota Statutes* 176.105, subd. 1. The Permanent Partial Disability Schedule in chapter 5223 is revised in accordance with *1992 Minnesota Laws*, chapter 510, article 2, section 4. Chapter 5223 assigns permanent impairment ratings to the body as a whole for loss of function of a part of the body from a work-related injury. The new schedule would apply only to injuries occurring on and after the new rules take effect. The proposed revisions fill in the gaps and correct inconsistencies in the current schedule. Several new categories have been added to the musculoskeletal sections. The eye and finger schedules have been changed considerably. The ratings of the new permanent partial disability schedule are based on the resulting permanent impairment rather than the cause of the impairment.

The rules do not directly impact small businesses subject to *Minnesota Statutes* § 14.115.

The rules do not require the expenditure of additional public monies by local public bodies; the compensation payable as a result

of the rules are required by *Minnesota Statutes* § 176.105, subd. 4 to be based on the benefit levels which existed on January 1, 1983.

**3. Fraud Investigation Unit Rules; Chapter 5228.**

The statutory authority for these rules is *Minnesota Statutes* 176.83, subd 1. The fraud investigation unit rules implement 1992 *Minnesota Laws*, Chapter 510, Article 3, section 30 (to be codified at *Minnesota Statutes* section 176.87), which establishes a fraud investigation unit at the Department of Labor and Industry to investigate fraudulent and other illegal practices of health care providers, employees, employers, insurers, attorneys and others regarding workers' compensation. The proposed rules define terms, establish criteria for identification of suspected instances of fraud or payments not received in good faith, delineate and enumerate the investigative powers and duties of the fraud unit, and establish a standard for referral to the appropriate prosecuting authority to take enforcement actions.

The proposed rules do not directly impact small businesses subject to *Minnesota Statutes* § 14.115.

The commissioner reasonably anticipates these rules will not increase total expenditures of public monies by local public bodies to implement the rules within either of the two years following adoption. The rules address the referral and investigation functions of the fraud investigative unit of the Minnesota Department of Labor and Industry. Although referrals to local prosecutors are contemplated, it is not anticipated that any local cost increase will be necessary to implement the rule.

**4. Safety Account Grant and Loan Rules; Chapter 5203.**

The statutory authority for these rules is 1992 *Minnesota Laws*, Chapter 510, article 3, section 8, subd. 5. The safety account grant and loan rules implement 1992 legislation (to be codified at *Minnesota Statutes* § 79.253, sub. 1), which establishes a safety account in the special compensation fund in the state treasury. Principal and income of the account is to be annually appropriated to the Commissioner of Labor and Industry to be used for grants and loans which implement safety recommendations resulting from on-site safety inspections of employers covered for workers' compensation. The account is funded by penalties assessed under Chapter 176 (Chapter 510, article 3, sections 21-25). The proposed rules define terms, identify projects and costs that may be funded through the program, establish application procedures, establish criteria for evaluation and awarding grants and loans, and specify the content of grant and loan applications.

The rules will have an impact on business, including small business employers in the assigned risk plan, who apply for grants and loans under the program. However, this is a voluntary program expected to benefit employers implementing safety recommendations. Additional analysis of the impact on small business pursuant to *Minnesota Statutes* § 14.115 is found in the Statement of Need and Reasonableness.

The proposed rules do not require the expenditure of public monies by local public bodies under *Minnesota Statutes* § 14.11.

**5. Joint Labor-Management Safety & Health Committee Rules; Chapter 5204.**

The statutory authority for these rules is 1992 *Minnesota Laws*, Chapter 510, Article 3, Section 28 (to be codified at *Minnesota Statutes* 176.232). The rules govern the establishment and operation of joint labor-management safety and health committees. The proposed rules define terms, and establish minimum standards for the safety and health committees, protect employees, and impose a duty on an insurance company to provide information to the employer it insures.

The rules impose no greater burden on small business employers than is imposed by the statute. Its implementation is expected to ease the workers' compensation burden on small employers by reducing the number of injuries suffered by their employees.

The rules will not require additional expenditures of public monies by local units of government.

**6. Insurance Verification Rule Amendment, Chapter 5222.2000-.2006.**

The statutory authority for this amendment is *Minnesota Statutes* § 176.85, subd. 1. The amendment to the workers' compensation insurance verification rules in *Minnesota Rules*, chapter 5222 implements 1992 *Minnesota Laws*, chapter 510, article 3, section 32 by requiring workers' compensation insurers to report employer identification numbers to the Minnesota Workers' Compensation Insurers Association for placement in the association's insurance coverage data base. The purpose of the rule is to facilitate more efficient enforcement of the workers' compensation mandatory insurance law in *Minnesota Statutes* § 176.185.

The rule amendment does not have an adverse impact on small businesses, other than businesses not in compliance with the mandatory insurance law.

The amendment does not require the expenditure of public monies by local public bodies.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

# Proposed Rules

---

## How to Obtain a Copy of the Rules

The proposed rules follow this notice in the *State Register*. Copies will also be available at the door on the date of hearing. One free copy of the proposed rules may also be obtained in any of the following ways:

Downloading: If you have a personal computer with a modem and communication software, you may download any of the rules directly off the Department of Labor and Industry bulletin board by dialing (612) 282-2265.

Send in a Request: You may mail or Fax a request to Janis Keesling, Department of Labor and Industry, 443 Lafayette Road, St. Paul, Minnesota, 55155-4316. The fax number is (612) 296-9634.

Please check the rule(s) you request:

- |   |   |
|---|---|
| <input type="checkbox"/> Rehabilitation Rule Amendments         | <input type="checkbox"/> Joint Labor-Management Safety and Health Committee Rules |
| <input type="checkbox"/> Permanent Partial Disability Schedule  | <input type="checkbox"/> Fraud Investigation Unit Rules                           |
| <input type="checkbox"/> Insurance Verification Rule Amendments | <input type="checkbox"/> All of the Above   |
| <input type="checkbox"/> Safety Account Grant and Loan Rules    |   |

Please specify how you would like the rules:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> 3.5" computer disc (ASCII format) | <input type="checkbox"/> Paper copy |
|--|-------------------------------------|

Name and Address you would like the rules mailed to:

---

---

Personal Contact: You may obtain a paper or computer disc (3.5" ASCII format) copy of the rules in person from Janis Keesling at the above address or by phoning her at (612) 296-8213 from 8:00 a.m.-4:30 p.m., Monday-Friday.

## Statement of Need & Reasonableness

**NOTICE IS HEREBY GIVEN** that a Statement of Need and Reasonableness for each of the above proposed rules is now available for review at the agency and at the Office of Administrative Hearings. This Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the Department of Labor and Industry or the Office of Administrative Hearings at the cost of reproduction.

## Public Comment and Hearing Procedures

Any person may present views on the proposed rules in one or more of the following ways: by submitting written data to the administrative law judge at any time before the close of the hearing; by submitting oral or written data at the hearing; and by submitting written material to the administrative law judge during the comment period following the hearing. Statements may be submitted without appearing at the hearing.

Written material may be submitted and recorded in the hearing record for five working days after the public hearing ends. This comment period may be extended for a longer period not to exceed twenty calendar days if so ordered by the administrative law judge at the hearing. The written material received during this period shall be available for review at the Office of Administrative Hearings. The Department of Labor and Industry and any interested persons may respond in writing within five business days after the comment period ends to any new information submitted. Any written material or responses submitted must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the final day. No additional evidence may be submitted during this five-day period.

The Department of Labor and Industry requests that any persons submitting written views or data to the administrative law judge prior to the hearing or during the comment period also submit a copy of the written information to Penny Johnson, Legal Services, Department of Labor and Industry Building, 443 Lafayette Road, St. Paul, Minnesota, 55155-4310.

The rule hearings procedure is governed by *Minnesota Statutes* section 14.14 to 14.20 and by parts 1400.0200 to 1400.1200 of *Minnesota Rules*. Questions regarding procedure may be directed to the administrative law judge. The administrative law judge assigned to preside over the hearings is:

Bruce D. Campbell  
Administrative Law Judge  
Office of Administrative Hearings  
100 Washington Square, Suite 1700  
Minneapolis, MN 55401-2138  
Phone: (612) 341-7602

**NOTICE:** Any person may request notification of the date on which the administrative law judge's report will be available, after



which date the agency may not take any final action on the rules for a period of five working days. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the administrative law judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day that the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

### **Lobbyist Registration**

*Minnesota Statutes*, Chapter 10A requires each lobbyist to register with the State Ethical Practices Board.

Questions should be directed to the Ethical Practices Board, First Floor South, Centennial Building, 658 Cedar Street, St. Paul, Minnesota, 55155, telephone (612) 296-5615.

Dated: 7 December 1992

State of Minnesota  
John B. Lennes, Jr., Commissioner  
Department of Labor and Industry

### **Rules as Proposed (all new material)**

#### **5203.0010 SCOPE AND AUTHORITY.**

Parts 5203.0010 to 5203.0070 implement the safety account grant and loan program created and described by *Minnesota Statutes*, section 79.253, by establishing the criteria and procedural conditions under which the commissioner may award grants or loans from funds generated by fines levied against insurers pursuant to *Minnesota Statutes*, chapter 176, for costs of implementing safety recommendations.

#### **5203.0020 DEFINITIONS.**

Subpart 1. **Scope.** For the purposes of parts 5203.0010 to 5203.0070, the following terms have the meanings given them.

Subp. 2. **Account.** "Account" means the safety account established in *Minnesota Statutes*, section 79.253.

Subp. 3. **Commissioner.** "Commissioner" means the commissioner of the Department of Labor and Industry.

Subp. 4. **Eligible applicant.** "Eligible applicant" means an employer who is insured by an insurer subject to penalties under *Minnesota Statutes*, chapter 176, who has been the subject of an on-site safety survey conducted by Minnesota OSHA under *Minnesota Statutes*, section 79.253, chapter 182, or another similar authority, that results in specifically recommended safety practices and equipment designed to reduce the risk of injury to employees.

Subp. 5. **Eligible costs.** "Eligible costs" means all or part of the cost of purchasing and installing recommended safety equipment, the cost of operating or maintaining equipment, or the cost of purchasing or renting real property, if necessary to meet criteria established by the on-site safety inspection. Regardless of the amount of eligible costs, no grant or loan shall be awarded for an amount that exceeds the maximum established by the notice under part 5203.0030, subpart 1.

Subp. 6. **Eligible projects.** "Eligible projects" means projects that are designed to reduce the risk of injury to employees pursuant to recommendations resulting from on-site safety inspections of employers.

Subp. 7. **Employee.** "Employee" has the meaning given in *Minnesota Statutes*, section 176.011, subdivisions 9 and 9a.

Subp. 8. **Employer.** "Employer" has the meaning given in *Minnesota Statutes*, section 176.011, subdivision 10.

Subp. 9. **Person.** "Person" means an individual, partnership, association, public or private organization, or other legal entity, the state, or an agency, department, or political subdivision of the state.

Subp. 10. **Program.** "Program" means the safety account grant and loan program.

#### **5203.0030 APPLICATION PROCEDURES.**

Subpart 1. **Notification by commissioner.** To initiate the process for awarding program grants and loans, the commissioner shall publish a notice in the *State Register* advising eligible applicants of the availability of safety grants and loans. The notice shall describe the maximum amount of funding available for a project and establish a deadline by which proposals must be submitted. In the notice, the commissioner may also limit the types of projects for which a grant or loan would be awarded in the funding round initiated by the notice.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

Subp. 2. **Proposals.** Following the publication of a notice in the *State Register*, eligible applicants who seek assistance must submit proposals to the commissioner. Proposals must be received by the commissioner by the deadline established in the notice.

A. Proposals for grants under part 5203.0060 shall contain the information in part 5203.0060, subpart 2.

B. Proposals for loans under part 5203.0070 shall contain the information in part 5203.0070, subpart 2.

Subp. 3. **Determination of eligibility and completeness.** For all proposals received by the commissioner by the deadline established in the notice, the commissioner shall determine the eligibility of the applicant, the proposed project, the costs identified in the proposal, and the completeness of the proposal.

Subp. 4. **Notice of determination of eligibility and completeness.** The commissioner shall notify the applicant of the commissioner's determination of eligibility and completeness of the proposal. If the commissioner determines that the applicant or the project is ineligible, the commissioner shall reject the proposal and notify the applicant. If the commissioner determines that any of the project costs are ineligible or that the proposal is incomplete, the commissioner shall notify the applicant of the ineligible portion of the costs or of the deficiency. The applicant has 14 days after receiving the notice to correct any inadequacies. Extensions shall be granted if requested in a timely manner and good cause exists for the extension. If the inadequacies are not corrected within the time allowed, the proposal shall be rejected.

Subp. 5. **Evaluation of proposal.** The commissioner shall evaluate each proposal that is determined to be eligible and complete.

A. Proposals for grants under part 5203.0060 shall be evaluated using the criteria in part 5203.0060, subparts 3 and 4.

B. Proposals for loans under part 5203.0070 shall be evaluated using the criteria in part 5203.0070, subparts 3 and 4.

Subp. 6. **Award of grant or loan.** The commissioner shall award a grant or loan for those projects that the commissioner determines best satisfy the criteria applicable to the program under which the applicant is requesting financial assistance. The commissioner shall notify those applicants that do not receive grant or loan awards. An applicant that does not receive an award may resubmit a proposal upon future notice by the commissioner under subpart 1.

Subp. 7. **No grant or loan awards.** If the commissioner determines that no proposal will sufficiently advance the safety account's safety goals, the commissioner may decide not to award any grant or loan. The commissioner may then reinstate the process for awarding grants and loans by publishing a notice under subpart 1.

Subp. 8. **Safety surveys; consideration.** In the commissioner's evaluation of the proposal, the commissioner shall consider recommendations provided by on-site surveys of employers.

### 5203.0040 LIMITATIONS.

Subpart 1. **Reduced grant or loan awards.** The commissioner shall ask an applicant to document the impacts of reduced financial assistance before awarding funds less than the eligible amount requested by the applicant or less than the maximum award established in the notice under part 5203.0030, subpart 1. Reduced funds shall be awarded if the commissioner determines that:

A. program resources are insufficient to provide full assistance to all applicants to which the commissioner intends to award grants or loans; or

B. the reduced grant or loan could still achieve safety objectives.

Subp. 2. **Limitations on disbursement of funds.** No grant or loan funds shall be disbursed until the recipient has executed a written grant or loan agreement with the commissioner.

### 5203.0050 GRANT OR LOAN AGREEMENTS.

A grant or loan agreement shall:

A. incorporate by reference the proposal submitted to the commissioner;

B. provide that any cost overruns incurred in the development and implementation of the proposed project shall be the sole responsibility of the recipient;

C. require that the recipient provide periodic written reports to the commissioner on the implementation and results of the project;

D. identify the interest rate and repayment obligations for the loan recipient;

E. authorize the commissioner to rescind the grant and require the grant recipient to repay the grant in full if the commissioner determines that, due to the bad faith of the grant recipient, a project has not been developed and implemented according to the terms and conditions of the grant agreement;

F. authorize the commissioner to determine that the loan recipient is in default and require the loan recipient to immediately repay the loan in full if the commissioner determines that, due to the bad faith of the loan recipient, a project has not been developed and implemented according to the terms and conditions of the loan agreement;

G. authorize the commissioner to cease making further disbursements to the grant or loan recipient and to recover the unspent funds if the commissioner determines that, for reasons other than bad faith, a project has not been developed and implemented according to the terms and conditions of the grant or loan agreement and amendment of the agreement is not justified;

H. require that the recipient perform and complete project activities according to the work plan in the proposal submitted to the commissioner and incorporated into the grant or loan agreement;

I. require that all information developed as a result of a grant or loan shall be made public;

J. require that the recipient maintain detailed records of all expenditures related to the project; and

K. establish other conditions or terms needed to management or implement the grant or loan agreement.

#### **5203.0060 SAFETY ACCOUNT GRANT PROGRAM.**

Subpart 1. **Scope.** This part establishes the conditions under which the commissioner shall award grants for costs of implementing safety recommendations made to eligible applicants.

Subp. 2. **Proposal.** An eligible applicant shall submit a proposal in the form specified by the commissioner. The commissioner may request additional information from the applicant if it is necessary to clarify the proposal. A proposal must include the following information:

A. the names, qualifications, and addresses of the applicant and other project participants;

B. a description of the proposed project, including:

(1) a work plan that includes a list of project activities, an implementation schedule with specific timelines, and persons involved in completing each activity;

(2) the location of the proposed project;

(3) the current status of the proposed project; and

(4) a description or identification of employees that the proposed project will benefit in terms of reducing risk of injury;

C. a financial report, including:

(1) an itemized description of the proposed project costs, including the total estimated cost, the total grant eligible costs, the amount of grant funding requested, and a discussion of the economic feasibility of implementing the proposed project;

(2) an itemized description of the proposed project financing, including the applicant contributions, other government contributions, private contributions, and, where applicable, any projected revenues from the proposed project; and

(3) a business plan that demonstrates ongoing financial commitment over the life of the proposed project, including financial commitment over the projected life of equipment funded by the grant;

D. information demonstrating, where applicable, the technical feasibility of the proposed project, including preliminary design and engineering plans for capital expenditures; and

E. information demonstrating that the project will comply with applicable regulations, including a list of permits required for the project.

Subp. 3. **Evaluation of proposals.** The commissioner shall evaluate each proposal that is determined to be eligible and complete, and shall award grants to those projects that, in the commissioner's view, best satisfy the following criteria:

A. the proposed project is technically and economically feasible and is consistent with the recommendations resulting from the on-site safety survey of the employer;

B. the applicant has the experience and knowledge to complete the proposed project and is committed to implementing the proposed project in a timely manner upon receipt of a grant award;

C. the proposed project is consistent with the objective of reducing risk of injury to employees;

D. the proposed project has the necessary financial commitment to cover all proposed project costs;

E. the applicant has demonstrated that the proposed project has the support of all public entities that are involved in the proposed project; and

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

F. the proposed project complies with federal, state, and local regulations.

Subp. 4. **Proposal preference.** Proposals shall be evaluated in order of need and desirability on the basis of the following factors and in the descending order as listed:

A. a project that impacts a site of employment which provides goods producing, manufacturing, or processing jobs for a significant proportion of the workers in the area;

B. a project for operating a site where jobs have been lost or are in jeopardy because of problems relating to safety shortcomings addressed by the proposal; and

C. other projects that meet the criteria specified elsewhere.

### **5203.0070 SAFETY ACCOUNT LOAN PROGRAM.**

Subpart 1. **Scope.** This part establishes the conditions under which the commissioner shall award program loans for costs of implementing safety recommendations made to eligible applicants.

Subp. 2. **Proposal.** An eligible applicant shall submit a proposal in the form specified by the commissioner. The commissioner may request additional information from the applicant if it is necessary to clarify the proposal. A proposal must include the information required by part 5203.0060, subpart 2, and:

A. a credit history of the applicant; and

B. financial statements for the last three years.

Subp. 3. **Evaluation of proposals.** The commissioner shall evaluate each proposal that is determined to be eligible and complete and shall award loans to those projects that, in the commissioner's view, best satisfy the criteria in part 5203.0060, subpart 3, items A to D and F.

Subp. 4. **Proposal preference.** Proposals shall be evaluated in order of need and desirability according to part 5203.0060, subpart 4.

## Department of Labor and Industry

### Proposed Permanent Rules Relating to Workers' Compensation; Safety and Health Committees

#### Rules as Proposed (all new material)

#### **5204.0010 APPLICABILITY.**

Every employer required by *Minnesota Statutes*, section 176.232, to establish and administer a joint labor-management safety and health committee shall comply with the requirements of this part. If the size of the employer's work force fluctuates, the employer is required to have a safety and health committee during the periods when more than 25 employees are employed.

#### **5204.0020 LOCATION.**

If an employer required to establish a safety and health committee operates at more than one location, the employer shall establish a safety and health committee at each of its establishments at which 50 or more employees work. Multiple buildings in a reasonably close proximity engaged in a common enterprise such as a college campus may be considered to be a single establishment. If work is performed at other locations, one or more centralized safety and health committees representing the safety and health concerns of these other locations shall be established. At a site where the employees of more than one employer work, a multiemployer committee may be used to satisfy the requirements of this part. If an industry-wide safety committee has been established pursuant to a collective bargaining agreement, it will satisfy the requirements of this part.

#### **5204.0030 MEMBERSHIP.**

Employee representatives on safety and health committees shall be selected by the employee's collective bargaining agent if one exists. If more than one union has the right to select employee representatives for a safety and health committee, they shall collectively select the employee representatives. It is not necessary that the committee contain enough employee representatives to enable each union to be represented on the committee. If there is no collective bargaining agent, the employee representatives shall be selected by their peers. In the absence of volunteers, the employer may select the employee representatives. The number of employee representatives on a safety and health committee shall equal or exceed the number of management representatives on the committee. Unless a collective bargaining agreement provides to the contrary, being a member of a safety and health committee is considered part of an employee's job, and time spent performing the duties of a safety and health committee member shall be considered as time worked.

#### **5204.0040 SAFETY SURVEYS.**

The safety and health committees for any employer that has a workers' compensation insurance experience modification factor of

1.4 or greater or has a workers' compensation premium rate of \$30 or more per \$100 of payroll assigned to the greatest portion of the payroll for the employer shall conduct workplace safety and health surveys at each of the employer's workplaces at least quarterly. The safety and health committees of all other employers shall conduct workplace safety and health inspections as frequently as the committee considers necessary. On the request of a member of a safety and health committee, the commissioner of the Department of Labor and Industry shall order the employer to have surveys conducted more frequently if the commissioner determines that to do so would result in a substantially safer workplace. The employer shall keep a record of all hazards identified by and recommendations made by the safety and health committee.

**5204.0050 OTHER DUTIES AND RECORDS.**

The safety and health committee shall establish a system to obtain safety-related suggestions, reports of hazards, and other information from all persons involved in the operations of their workplace. The safety and health committee shall review and make recommendations about the employer's occupational safety and health program and occupational safety and health records. The safety and health committee shall review incidents resulting in work-related deaths, injuries, and illnesses and make recommendations to prevent further occurrences. The committee's review of these incidents may be limited to a review of a report made by others who have investigated the incident. The employer shall provide materials and facilities to the safety and health committee to enable it to perform its duties. All safety and health committee recommendations or reports made to the employer shall be kept by the employer for two years and shall be provided to the commissioner of the Department of Labor and Industry on the commissioner's request.

**5204.0060 DISCRIMINATION.**

An employee who is discharged or otherwise discriminated against because the employee has reported a safety hazard to the safety and health committee is subject to the protection afforded under *Minnesota Statutes*, section 182.669.

**5204.0070 ALTERNATIVE FORMS OF COMMITTEE.**

An employer may comply with this part by establishing a safety and health committee that is innovative or different in form or function if the committee satisfies the intent of *Minnesota Statutes*, section 176.232. A safety and health committee that is established under a collective bargaining agreement is considered to be in compliance with the requirements of this part and is exempt from the specific requirements of this part. A safety and health committee that is established as a part of a workplace accident and injury reduction program under *Minnesota Statutes*, section 182.653, that has substantial employee involvement is considered to be in compliance with the requirements of this part and is exempt from the specific requirements of this part.

**5204.0080 INSURER'S DUTIES.**

An insurer that writes workers' compensation insurance in Minnesota shall have the capability to provide information on the operation of safety and health committees and hazard recognition for the employers it insures. This information must be provided within a reasonable time in a reasonable manner when requested by an insured. For purposes of this part, an administrator under *Minnesota Statutes*, section 79.251, subdivision 4, who provides administrative services for policies or contracts of coverage under the assigned risk plan is considered an insurance company.

**5204.0090 APPLICATION TO INDEPENDENT CONTRACTORS.**

For the purposes of this part, an "employee" includes an independent contractor engaged in construction activities and a person who has contracted with an independent contractor to supply construction services.

## Department of Labor and Industry

### Proposed Permanent Rules Relating to Workers' Compensation; Fraud Unit

#### Rules as Proposed (all new material)

**5228.0100 DEFINITIONS.**

Subpart 1. **Scope.** For purposes of parts 5228.0100 to 5228.0130, the following terms have the meanings given them.

Subp. 2. **Attorney.** "Attorney" means a person licensed to practice law in Minnesota who represents a party for a fee on matters over which the commissioner has jurisdiction.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

Subp. 3. **Commissioner.** "Commissioner" means the commissioner of the Department of Labor and Industry or the commissioner's designee.

Subp. 4. **Compensation or workers' compensation benefits.** "Compensation" or "workers' compensation benefits" has the meaning given compensation in *Minnesota Statutes*, section 176.011, subdivision 8.

Subp. 5. **Employee.** "Employee" has the meaning given it in *Minnesota Statutes*, section 176.011, subdivisions 9 and 9a.

Subp. 6. **Employer.** "Employer" has the meaning given it in *Minnesota Statutes*, section 176.011, subdivision 10.

Subp. 7. **Fraud unit.** "Fraud unit" means the workers' compensation investigative unit established at the Department of Labor and Industry under *Minnesota Statutes*, section 176.86.

Subp. 8. **Health care provider.** "Health care provider" has the meaning given it in *Minnesota Statutes*, section 176.011, subdivision 24, and includes managed care organizations certified by the commissioner.

Subp. 9. **Illegal activity.** "Illegal activity" for purposes of *Minnesota Statutes*, section 176.86, means acts, omissions, or material misrepresentations which are in violation of statutes or rules relating to workers' compensation, including *Minnesota Statutes*, section 176.178 or 609.52. The acts and omissions include, but are not limited to, the following:

A. making a knowingly false statement or misrepresentation to obtain or deny workers' compensation benefits;

B. presenting a knowingly false material written or oral statement in support of, or in opposition to, a claim for workers' compensation benefits, including a notice, proof of injury, bill and payment for services, test result, and medical or legal expense;

C. knowingly assisting persons or parties who engage in illegal activity; or

D. making a knowingly false material statement or material representation regarding entitlement to benefits with the intent to discourage an injured worker from pursuing a claim.

Subp. 10. **Insurer.** "Insurer" has the meaning given it in *Minnesota Statutes*, section 79.01, subdivision 2, and includes self-insurers.

Subp. 11. **Material fact.** "Material fact," for purposes of *Minnesota Statutes*, section 176.178, means a fact which if untruthfully asserted or wrongfully suppressed, if it had been known to the person paying workers' compensation benefits, would have influenced the decision to pay. Material facts include, but are not limited to:

A. representations or omissions regarding employment status, income, or job offers by any party which result in an underpayment or overpayment or payment of benefits;

B. representations or omissions regarding symptoms or ability to perform physical activities, including but not limited to standing, sitting, driving, walking, climbing, crawling, or any other aspect relating to a work or non-work-related medical condition or functional capacity which affects the payment or nonpayment of workers' compensation benefits;

C. representations or omissions regarding past or present medical conditions, illnesses, diseases, or injuries, whether related to employment or not, which influence the decision to pay or not pay workers' compensation benefits and which result in underpayment, overpayment, payment, or nonpayment of workers' compensation benefits;

D. representations or omissions concerning medical treatment or supplies or rehabilitation services submitted in connection with claims by health care providers under *Minnesota Statutes*, section 176.135, or rehabilitation providers under *Minnesota Statutes*, section 176.102, for reimbursement which result in an overpayment or nonpayment;

E. representations or omissions regarding compensable hours and costs or disputed amounts on attorney fee petitions which result in overpayment of attorney fees;

F. representations or omissions to the commissioner concerning the payment or receipt of workers' compensation benefits by employers, employees, insurers, third-party administrators, or attorneys;

G. representations or omissions to the commissioner concerning the filing of requested or required reports under *Minnesota Statutes*, chapter 176, by employers, employees, insurers, third-party administrators, or attorneys;

H. representations or omissions by a person regarding a notice of injury under *Minnesota Statutes*, section 176.141; and

I. representations or omissions by a party or person regarding the occurrence, nature, or extent of a claimed work injury under *Minnesota Statutes*, chapter 176.

Subp. 12. **Person.** "Person" means a party, individual, partnership, association, corporation, or other legal entity including, but not limited to, employers, employees, insurers, third-party administrators, attorneys, health care providers, vendors, and rehabilitation providers.

Subp. 13. **Probable cause.** "Probable cause" means evidence which leads fraud unit investigators to reasonably believe that illegal activity has been or is being committed.

Subp. 14. **Prosecuting authority.** "Prosecuting authority" means the attorney general, county attorney, or other appropriate law enforcement agency or agency designee having jurisdiction and authority to prosecute criminal, civil, or administrative violations of *Minnesota Statutes*, sections 176.178, 176.179, and 609.52.

Subp. 15. **Rehabilitation provider.** "Rehabilitation provider" has the meaning given it in part 5220.0100, subpart 28.

Subp. 16. **Request for action.** "Request for action" means the fraud unit standard for referral to the prosecuting authority based on probable cause that illegal activity has been or is being committed.

#### **5228.0110 IDENTIFICATION OF SUSPECTED FRAUD OR PAYMENTS NOT RECEIVED IN GOOD FAITH.**

The fraud unit shall be responsible for the investigation and identification of workers' compensation fraud under *Minnesota Statutes*, sections 176.178 and 609.52, subdivision 2, clauses (d) and (e), and other illegal practices related to workers' compensation. Evidence of overpayments not received in good faith as defined by *Minnesota Statutes*, section 176.179, may be referred to the appropriate paying party to commence proceedings to seek reimbursement.

#### **5228.0120 INVESTIGATIVE POWERS.**

Subpart 1. **Authority.** Fraud unit investigators shall have full investigating powers under *Minnesota Statutes*, section 175.20 and chapter 176, for the purpose of undertaking investigations.

Subp. 2. **Disclosure of information.** Fraud unit investigators may require the disclosure of personal or privileged information without written authorization under *Minnesota Statutes*, section 72A.502.

Subp. 3. **Violations.** Potential violations of *Minnesota Statutes*, sections 176.178, 176.179, and 609.52, include, but are not limited to:

- A. employee representations or omissions;
- B. employer representations or omissions;
- C. insurer representations or omissions;
- D. health care provider representations or omissions;
- E. rehabilitation provider representations or omissions;
- F. attorney representations or omissions; and
- G. other persons whose representations or omissions constitute material facts inducing the wrongful payment or receipt of workers' compensation benefits.

#### **5228.0130 DETERMINATIONS BY FRAUD UNIT.**

Subpart 1. **Investigation; scope.** The fraud unit shall determine:

A. whether violations of statutes or rules relating to workers' compensation, including *Minnesota Statutes*, section 176.178, 176.179, or 609.52, exist and can be documented by evidence sufficient to warrant a request for action or to support proceeding with civil, criminal, or administrative legal action;

B. whether there is probable cause for a request for action to the appropriate prosecuting authority; and

C. whether other referrals should be made for civil, criminal, or administrative action.

Subp. 2. **Post-investigative action.** Following the completion of an investigation, the fraud unit shall take one or more of the following actions:

A. determine that no further action is necessary;

B. refer to the paying party entitled to seek an order for reimbursement of overpayment of benefits not received in good faith under *Minnesota Statutes*, section 176.179;

C. refer by request for action to the appropriate prosecuting authority for criminal review and legal action;

D. refer for civil legal action or review;

E. refer to the appropriate state licensing authorities having disciplinary jurisdiction over licensees or registrants including, but not limited to, the commissioners of commerce, health, and labor and industry;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

## Proposed Rules

---

---

F. refer to the Lawyers Professional Responsibility Board for review or investigation of attorneys;

G. refer to the Department of Commerce for review or action concerning insurers, third-party administrators, or other business entities;

H. refer to the commissioner for review of whether administrative sanctions for licensees, registrants, or rehabilitation and health care providers under *Minnesota Statutes*, chapter 176, are appropriate;

I. refer to the boards, commissions, or departments having regulatory oversight of rehabilitation or health care providers including, but not limited to, the health-related licensing boards enumerated and defined in *Minnesota Statutes*, section 214.01, subdivision 2, the medical services review board, and the rehabilitation review panel;

J. refer to the Department of Human Rights, the Equal Employment Opportunity Commission, or the United States Department of Justice, Civil Rights Division, Office of the Americans with Disabilities Act, for review and action concerning disability discrimination; or

K. refer to the commissioner for further investigation, review, or action regarding safety or labor standards violations.

## Department of Labor and Industry

### Proposed Permanent Rules Relating to Workers' Compensation; Insurance Verification

#### Rules as Proposed

#### 5222.2001 CONTENTS OF NOTICE.

[For text of subpart 1, see M.R.]

Subp. 2. **Use of declaration sheets.** An insurer's policy declaration sheet or insurance binder may be used in place of forms prescribed by the commissioner if the declaration contains at least the following information:

[For text of items A to M, see M.R.]

N. Every employer's federal employer identification number (FEIN) and unemployment account number.

[For text of subp 3, see M.R.]

Subp. 4. Data contract. A party who contracts with the commissioner for the collection of appropriate insurance coverage data under *Minnesota Statutes*, section 176.185, subdivision 10, must enter the data elements required subpart 2, and other data elements according to the terms of the contract, in an insurance coverage data base.

## Department of Labor and Industry

### Proposed Permanent Rules Relating to Workers' Compensation Permanent Partial Disability Schedules

#### Rules as Proposed (all new material)

#### 5223.0300 WORKERS' COMPENSATION PERMANENT PARTIAL DISABILITY SCHEDULES.

Subpart 1. **Purpose of schedules.** *Minnesota Statutes*, section 176.105, subdivision 4, requires the commissioner of labor and industry to adopt rules assigning specific percentages of disability of the whole body for specific permanent partial impairments. Parts 5223.0300 to 5223.0650 assign percentages of disability of the whole body for permanent partial impairment.

Subp. 2. **Effective date.** Parts 5223.0300 to 5223.0650 are effective July 1, 1993.

Subp. 3. **Interpretation of schedules.** In applying these schedules, the rules of construction in items A to H apply.

A. Only the categories in the schedules in parts 5223.0300 to 5223.0650 may be used when rating the extent of impairment. If a category applicable to the impairing condition cannot be found in parts 5223.0300 to 5223.0650, then the category most closely resembling the impairment or the percentage of permanent partial disability based on analogy shall be chosen.

B. If a category represents the impairing condition, the disability determination shall not be based on the cumulation of lesser included categories.

C. If more than one category may apply to a condition, the category most closely representing the condition shall be selected.

D. If more than one category is necessary to represent all of the mutually exclusive impairing conditions resulting from an injury, categories shall be selected to avoid double compensation for any part of a condition.



E. The percentages of disability to the whole body as provided in two or more categories shall not be averaged, prorated, or otherwise deviated from, unless specifically provided in the schedule. Unless provided otherwise, if an impairment must be rated under more than one category, the ratings must be combined using the  $A + B(1 - A)$  formula set forth in *Minnesota Statutes*, section 176.105, subdivision 4, paragraph (c), where A is the rating with the largest percentage and B is the rating with the next largest percentage. If there are more than two impairments, the combination of the largest and next largest percentages becomes the new A and the third largest percentage becomes the new B. This process is continued interactively until all percentages are combined.

F. In certain situations as specifically noted elsewhere in these schedules, the percentages of disability must be added (A + B) rather than combined. These summed percentages may then be combined or added with other percentages as appropriate.

G. With respect to the musculoskeletal schedule, the percent of whole body disability for motor or sensory loss of a member shall not exceed the percent of whole body disability for amputation of that member.

H. A category not found within parts 5223.0300 to 5223.0650 shall not be used to determine permanent partial disability.

Subp. 4. **Incorporations by reference.** The technical terms in parts 5223.0300 to 5223.0650 are defined either in part 5223.0310 or by the documents incorporated by reference in parts 5223.0300 to 5223.0650. Documents are incorporated by reference only to the extent necessary for definition or to the extent specifically referenced in a schedule. The documents incorporated by reference are not subject to frequent change, although new editions occasionally may be published. These documents are common medical references and are conveniently available to the public at the University of Minnesota, Biomedical Library and are accessible through the Minitex interlibrary loan system. These documents are as follows:

A. "Adult Normal for the Nine Hole Peg Test of Finger Dexterity," V. Mathiowetz et al. *The Occupational Therapy Journal of Research*, volume 5, pp. 24-38 (1985).

B. *Guides to the Evaluation of Permanent Impairment*, published by the American Medical Association, Committee on Rating of Mental and Physical Impairment, 3rd edition, 1988. This document is also referred to as the A.M.A. Guides.

C. S3.1-1977 *Criteria for Permissible Ambient Noise during Audiometric Testing*, published by the American National Standards Institute, Inc., 1973.

D. S3.6-1969 (R1973) *Specification for Audiometers*, published by the American National Standards Institute, Inc., 1977.

E. *Metropolitan Life Insurance Company Height and Weight Tables*, published by the Metropolitan Life Insurance Company, 1983, and reproduced in the A.M.A. Guides, 3rd edition, page 178.

F. F. F. Plum and J. B. Posner, *Diagnosis of Stupor and Coma*, 2nd edition, published by F. A. Davis, Philadelphia, 1972.

G. *Dorland's Illustrated Medical Dictionary*, 27th edition, published by W. B. Saunders Company, 1988. This document is also referred to as Dorland's.

H. D.S.M. III, *Diagnostic and Statistical Manual of Mental Disorders*, published by American Psychiatric Association, 1980. This document is also referred to as D.S.M. III.

I. *Fractures*, 2nd edition, Charles A. Rockwood and David Green, published by Lippencott, 1984.

J. *Textbook on Anatomy*, William Henry Hollinshead, published by Harper & Row, 1985.

K. "The Estimation of Areas of Burns," in *Surgery, Gynecology and Obstetrics*, by Lund and Browder, pages 352-358, volume 79, published by Surgical Publishing Company of Chicago, 1944. This document is also referred to as Lund and Browder.

L. *Stedman's Medical Dictionary*, 25th edition, published by Williams and Wilkins, 1990. This document is also referred to as Stedman's.

#### **5223.0310 DEFINITIONS.**

Subpart 1. **Scope.** For the purpose of parts 5223.0300 to 5223.0650, the terms defined in this part have the meanings given them unless the context clearly indicates otherwise. Terms not defined in this part are defined in documents incorporated by reference. If the definition in a document incorporated by reference conflicts with or differs from the definition in parts 5223.0300 to 5223.0650, the specific definition in parts 5223.0300 to 5223.0650 shall govern.

Subp. 2. **Acromioclavicular grade 1.** "Acromioclavicular grade 1" means an undisplaced acromioclavicular joint.

Subp. 3. **Acromioclavicular grade 2.** "Acromioclavicular grade 2" means a 50 percent displacement of the clavicle in relationship

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

to the acromion at the acromioclavicular joint as measured on standard X-ray view of the acromioclavicular joint in comparison to an uninjured contralateral acromioclavicular joint or in comparison to normative values.

Subp. 4. **Acromioclavicular grade 3.** "Acromioclavicular grade 3" means a completely disrupted acromioclavicular joint as measured on standard X-ray view of the acromioclavicular joint in comparison to an uninjured contralateral acromioclavicular joint or in comparison to normative values.

Subp. 5. **Activities of daily living.** "Activities of daily living" means the ability to perform all of the following:

- A. self cares: urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, and eating;
- B. communication: writing, seeing, hearing, and speaking;
- C. normal living postures: sitting, lying down, and standing;
- D. ambulation: walking and climbing stairs;
- E. travel: driving and riding;
- F. nonspecialized hand functions: grasping and tactile discrimination;
- G. sexual function: participating in usual sexual activity;
- H. sleep: ability to have restful sleep pattern; and
- I. social and recreational activities: ability to participate in group activities.

Subp. 6. **Adaptive equipment for ambulation.** "Adaptive equipment for ambulation" means a crutch, cane, walker, prosthesis, orthosis, or other medical device other than a wheelchair which allows an individual, who would otherwise be unable, to walk without assistance from another person.

Subp. 7. **Ankylosis.** "Ankylosis" means the abnormal immobility and consolidation of a joint.

Subp. 8. **Appropriate, consistent, and reproducible clinical findings.** "Appropriate, consistent, and reproducible clinical findings" means that all of the following statements are true of the clinical findings as a whole in regard to the alleged organic pain syndrome:

- A. the clinical findings are the same from one examination to another, that is, there is intraexaminer reliability;
- B. the clinical findings are the same from one examiner to another, that is, there is interexaminer reliability;
- C. the majority of those clinical findings expected in an instance of the alleged organic pain syndrome are found on examination, that is, the findings are sensitive;
- D. there are few if any clinical findings that are not expected in an instance of the alleged organic pain syndrome, that is, the findings are specific.

Subp. 9. **ANSI.** "ANSI" means the American National Standards Institute.

Subp. 10. **Articulation.** "Articulation" means the enunciation of words.

Subp. 11. **Banding.** "Banding" means a thick, ropelike cord of hypertrophic scarring.

Subp. 12. **Cardiopulmonary exercise testing.** "Cardiopulmonary exercise testing" means a standardized, graduated exercise test performed according to a protocol, for the purpose of determining maximum exercise capacity expressed as VO<sub>2</sub> max.

Subp. 13. **Carpal instability.** "Carpal instability" means either an incompetence of the ligament support system of the wrist or a change in the joint contact surface configuration of the carpal bones such that there is abnormal alignment or movement of the proximal carpal row.

Subp. 14. **Category.** "Category" means a permanent partial impairment as described in parts 5223.0300 to 5223.0650 and the corresponding percent of disability to the whole body for that permanent partial impairment.

Subp. 15. **Chronic.** "Chronic" means the repeated or continuous occurrence of a specific condition or symptom.

Subp. 16. **Colostomy.** "Colostomy" means the surgical creation of a new opening of the colon on the surface of the body.

Subp. 17. **Coma.** "Coma" means a state of unconsciousness from which the individual cannot be aroused, even by powerful stimulation.

Subp. 18. **Contracture.** "Contracture" means a condition of fixed resistance to passive movement at a joint resulting from fibrosis of the soft tissues. A contracture is named by the direction in which the fibrosis draws the joint, that is, a joint drawn into flexion has a flexion contracture and there is a fixed resistance to passive extension.

Subp. 19. **DCO.** "DCO" means the diffusion capacity of carbon monoxide as measured by a test performed as described in the A.M.A. Guide, 3rd edition, pp. 112-113. The measurement is expressed as a percentage of the normal value. The normal values used are those listed in the A.M.A. Guide, 3rd edition, pp. 114-115, incorporated by reference in part 5223.0300, subpart 4, item B.

Subp. 20. **Delirium.** “Delirium” means a mental disturbance marked by illusions, hallucinations, delusions, cerebral excitement, physical restlessness, and incoherence, and having a comparatively short course.

Subp. 21. **Desirable level of weight.** “Desirable level of weight” means preferred weights in the tables created by the Metropolitan Life Insurance Company. For purposes of parts 5223.0300 to 5223.0650, the following are the minimums of the preferred weights (in pounds) for men and women of various heights and builds:

Height	Small Frame		Medium Frame		Large Frame	
	Male	Female	Male	Female	Male	Female
4' 10"		102		109		118
4' 11"		103		111		120
5'		104		113		122
5' 1"		106		115		125
5' 2"	128	108	131	118	138	128
5' 3"	130	111	133	121	140	131
5' 4"	132	114	135	124	142	134
5' 5"	134	117	137	127	144	137
5' 6"	136	120	139	130	146	140
5' 7"	138	123	142	133	149	143
5' 8"	140	126	145	136	152	146
5' 9"	142	129	148	139	155	149
5' 10"	144	132	151	142	158	152
5' 11"	146	135	154	145	161	155
6'	149	138	157	148	164	158
6' 1"	152		160		168	
6' 2"	155		164		172	
6' 3"	158		167		176	
6' 4"	162		171		181	

Subp. 22. **Disarticulation.** “Disarticulation” means an amputation occurring through a joint.

Subp. 23. **Distance vision.** “Distance vision” means the ability to distinguish letters at a distance of 20 feet according to any eye chart in which the 20/20 (6/6) letters subtend five minutes of arc.

Subp. 24. **Dysequilibrium.** “Dysequilibrium” means any derangement of proper balance.

Subp. 25. **Esophagostomy.** “Esophagostomy” means the creation of an artificial opening into the esophagus.

Subp. 26. **Executive functions.** “Executive functions” means such activities as managing a checkbook, entering into contracts, and making medium- and long-range financial plans.

Subp. 27. **Family member.** “Family member” means cohabitant and is not limited to those related by blood or marriage. In cases of institutionalization or similar nonhome environment, family member may include staff members who care for the individual on a regular basis.

Subp. 28. **FEV1.** “FEV1” means the forced expiratory volume in one second as measured by a spirometric test performed as described in the A.M.A. Guide, 3rd edition, pp. 111-112. The measurement used must be taken from the spirogram which is both technically acceptable and represents the best effort of the patient. The measurement is expressed as a percentage of the normal value. The normal values used are those listed in the A.M.A. Guide, 3rd edition, pp. 112-113, incorporated by reference in part 5223.0300, subpart 4, item B.

Subp. 29. **14/14 Snellen rating.** “14/14 Snellen rating” means a measurement of visual acuity for near vision. The numerator is the test distance in inches. The denominator is the distance at which the smallest letter on the test instrument can be seen.

Subp. 30. **Fusion.** “Fusion” means the operative formation of an ankylosis.

Subp. 31. **FVC.** “FVC” means the forced vital capacity as measured by a spirometric test performed as described in the A.M.A. Guide, 3rd edition, pp. 111-112. The measurement used must be taken from the spirogram which is both technically acceptable and represents the best effort of the patient. The measurement is expressed as a percentage of the normal value. The normal values used

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated “all new material.” **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

are those listed in the A.M.A. Guide, 3rd edition, pp. 110-111, incorporated by reference in part 5223.0300, subpart 4, item B.

Subp. 32. **Gastrostomy.** "Gastrostomy" means the creation of an artificial opening into the stomach.

Subp. 33. **Hypertrophic scar.** "Hypertrophic scar" means an elevated irregularly shaped mass of scar tissue.

Subp. 34. **Ileostomy.** "Ileostomy" means the creation of an artificial opening into the ileum.

Subp. 35. **Jejunostomy.** "Jejunostomy" means the creation of an artificial opening into the jejunum.

Subp. 36. **Lethargy.** "Lethargy" means in relation to an injury to the brain, that an individual is drowsy, but can be aroused.

Subp. 37. **Method of Lund and Browder.** "Method of Lund and Browder" means a method of estimating the body surface area of body parts as represented by the following values for adults:

Part	Surface Area (as a percentage of total body surface area)
Head	7
Neck	2
Anterior trunk	13
Posterior trunk	13
Right buttock	2.5
Left buttock	2.5
Genitals	1
Right upper arm	4
Left upper arm	4
Right lower arm (exclusive of hand)	3
Left lower arm (exclusive of hand)	3
Right hand	2.5
Left hand	2.5
Right thigh	9.5
Left thigh	9.5
Right leg (exclusive of foot)	7
Left leg (exclusive of foot)	7
Right foot	3.5
Left foot	3.5

Subp. 38. **Motility chart.** "Motility chart" means the chart of figure 3, p. 160 of the A.M.A. Guides, 3rd edition.

Subp. 39. **Near vision.** "Near vision" means the ability to read text or to distinguish letters at a distance of 14 inches as measured by any eye test for use at 14 inches and is measured using the appropriate optical correction for the 14-inch distance.

Subp. 40. **Nine hole peg test.** The "Nine hole peg test" is a commonly used, relatively inexpensive, and quickly administered measurement of finger dexterity as described in the "Adult Normal for the Nine Hole Peg Test of Finger Dexterity," incorporated by reference in part 5223.0300, subpart 4, item A.

Subp. 41. **Painful organic syndrome.** "Painful organic syndrome" means a musculoskeletal condition characterized by pain with use of the affected member which limits the voluntary active range of motion, without any limitation of forced passive range of motion, and attributed to a lesion in the soft tissues, that is, capsule, ligament, tendon, fascia, and muscle, and defined by a set of clinical findings.

Subp. 42. **Presbycusis.** "Presbycusis" means a decline in hearing acuity that occurs with the aging process.

Subp. 43. **Pseudophakia.** "Pseudophakia" means that the crystalline lens of the eye has been replaced with a surgically implanted lens.

Subp. 44. **Radicular pain.** "Radicular pain" means pain described as radiating distally into an extremity in the distribution of a nerve root and characterized by consistent findings on provocation testing, that is, the straight leg raising test.

Subp. 45. **Radicular paresthesia.** "Radicular paresthesia" means abnormal sensations, that is, burning or prickling, described as involving an extremity in the distribution of a nerve root.

Subp. 46. **Self cares.** "Self cares" means urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, and eating.

Subp. 47. **Speech intensity.** "Speech intensity" means the level of sound intensity of an individual's speech. Speech intensity determines the ability to be heard versus intelligibility which determines the ability to be understood.

Subp. 48. **Spinal stenosis.** "Spinal stenosis" means the narrowing of the spinal canal.

Subp. 49. **Spondylolisthesis.** "Spondylolisthesis" means the forward movement of one vertebral body on the vertebrae below it or upon the sacrum.

Subp. 50. **Spondylolisthesis grade 1.** "Spondylolisthesis grade 1" means forward movement from zero to 25 percent of the vertebral body as measured on standard X-ray view of the spine.

Subp. 51. **Spondylolisthesis grade 2.** "Spondylolisthesis grade 2" means forward movement from 25 to 50 percent of the vertebral body as measured on standard X-ray view of the spine.

Subp. 52. **Spondylolisthesis grade 3.** "Spondylolisthesis grade 3" means movement from 50 to 75 percent of the vertebral body as measured on standard X-ray view of the spine.

Subp. 53. **Spondylolisthesis grade 4.** "Spondylolisthesis grade 4" means forward movement from 75 to 100 percent of the vertebral body as measured on standard X-ray view of the spine.

Subp. 54. **Stupor.** "Stupor" means, in relation to a nervous system injury to the brain, that a strong stimulus or pain is needed to arouse consciousness or response.

Subp. 55. **Table for loss of central visual acuity.** "Table for loss of central visual acuity" means the table of Table 2, p. 155 of the A.M.A. Guides, 3rd edition.

Subp. 56. **Tandem gait.** "Tandem gait" means walking by placing one foot directly in front of the other in a heel-to-toe fashion.

Subp. 57. **Tinnitus.** "Tinnitus" means a subjective sense of noises in the head or ringing in the ear for which there is no observable external cause.

Subp. 58. **Trigeminal neuralgia.** "Trigeminal neuralgia" means paroxysmal pain extending along the course of the trigeminal nerve.

Subp. 59. **20/20 Snellen rating.** "20/20 Snellen rating" means a measurement of visual acuity for distance vision. The numerator is the test distance in feet. The denominator is the distance at which the smallest letter discriminated by a patient would subtend five minutes of arc.

Subp. 60. **Vertigo.** "Vertigo" means a sensation of moving around in space or having objects move about the person. It is the result of a disturbance of the equilibratory apparatus.

Subp. 61. **Visual field chart.** "Visual field chart" means the charts of figure 1, p. 156 of the A.M.A. Guides, 3rd edition.

Subp. 62. **VO2 max.** "VO2 max" means the maximum exercise capacity of an individual as measured by cardiopulmonary exercise testing and expressed as oxygen consumption in milliliters/(kilograms x minutes).

Subp. 63. **Wrinkling.** "Wrinkling" means small ridges on the skin formed by shrinking or contraction of the skin.

#### **5223.0315 PREEXISTING IMPAIRMENTS.**

This part may be used only for the rating of preexisting impairments for determining apportionment under *Minnesota Statutes*, section 176.101, subdivision 4a. Ratings of permanent partial disability under *Minnesota Statutes*, section 176.101, subdivisions 3a and 3b, shall be determined under parts 5223.0300 to 5223.0310 and 5223.0320 to 5223.0650. If an impairment is subject to apportionment under *Minnesota Statutes*, section 176.101, subdivision 4a, the rating for the impaired condition under a category of the schedules of parts 5223.0300 to 5223.0650 must be reduced as provided in this part. As used in this part, "impaired condition" includes the preexisting impairment.

A. This part applies where the preexisting impairment has not been rated and neither item B nor C is applicable.

(1) The preexisting impairment must be rated under a category of the schedules of parts 5223.0300 to 5223.0650.

(2) The whole body disability rating assigned to the impaired condition of the member by the schedules of parts 5223.0300 to 5223.0650 must be reduced by the rating assigned to the preexisting impairment of the member in subitem (1).

(3) For example, the medical report establishes a preexisting amputation of the great toe at the metatarsophalangeal joint. This condition is a five percent preexisting disability to the body as a whole under part 5223.0550, subpart 1, item K, subitem (2). The new work-related condition is an amputation of the rest of the toes of the same foot at the metatarsophalangeal joints, best rated at eight percent disability to the body as a whole under part 5223.0550, subpart 1, item J, which rates the disability for amputation of all toes at metatarsophalangeal joint. The disability rating of eight percent must therefore be adjusted for the preexisting condition,

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

which is a lesser included category. This is done by subtracting five percent for the preexisting condition from eight percent for the overall condition. Payment is made for the resulting three percent disability rating at the rate appropriate for the overall disability rating of eight percent in this example.

B. This item applies if the preexisting impairment of a member has been rated in another proceeding or state and the rating represents a percentage of disability to the whole body. The rating of the impaired condition under a category of these schedules shall be reduced by the rating assigned to the preexisting impairment of the member.

C. This item applies if the injury producing the preexisting impairment occurred prior to January 1, 1984, and the preexisting impairment is governed by *Minnesota Statutes*, section 176.101, subdivision 3; or if *Minnesota Statutes*, chapter 176, is inapplicable, the rating represents a percentage of disability of a member, and the rating was made prior to the current injury.

(1) From Table 1, determine the maximum whole body disability assignable to the preexisting impairment. Use Table 2 if impairment to an internal organ is rated as a percentage of disability to the particular organ rather than a percentage of disability to the internal organs as a whole. If the preexisting impairment is not listed in Table 1 or Table 2, the maximum whole body disability is the maximum disability assigned to the affected member by the schedules of parts 5223.0300 to 5223.0650.

**Table 1**

Member	Maximum Whole Body Disability (Percent)
Thumb	16
Index finger	11
Middle finger	9
Ring finger	4
Little finger	2
Great toe	5
Lesser toe	1
Hand	54
Hand and wrist	54
Arm	60
Foot	21
Foot and ankle	28
Leg	40
Eye	24
Eyes (both)	85
Hearing loss (one ear)	6
Hearing loss (both ears)	35
Back	71
Voice	70
Burns and skin impairments, including disfigurement	70
Internal organs, excluding brain	85
Brain	100
Head	20

**Table 2**

Member	Maximum Whole Body Disability (Percent)
Stomach	65
Pancreas	65
Colon	50
Spleen	0
Bladder	30
Sexual organs or function	20
Circulatory system	90
Heart	85
Lungs	85
Liver	75
Solitary kidney	10
Kidney, excluding solitary kidney	77

(2) Multiply the prior rating of the member's preexisting impairment by the maximum whole body disability determined in subitem (1). If a disputed rating has been closed out to a stipulated rating but payments were made on a different rating, the rating for purposes of this part is the closed-out rating.

(3) Subtract the percentage amount determined in subitem (2) from the whole body disability rating assigned to the impaired condition of the member by the schedules of parts 5223.0300 to 5223.0650. The remainder is the amount due for the impaired condition after apportionment for the preexisting impairment.

(4) For example, a pre-1984 back injury was rated at 25 percent of the back. The whole body disability attributable to this injury is 25 percent multiplied by 71 percent, which equals 17.75 percent. After 1984, a second back injury is rated at 24.5 percent under parts 5223.0300 to 5223.0650 (24.5 percent minus 17.75 percent equals 6.75 percent). Six and three-fourths (6.75) percent is the amount assigned to the impaired condition after apportionment.

D. If *Minnesota Statutes*, sections 176.101, subdivision 4a, and 176.105, subdivision 4, paragraph (c), apply, apportionment must be determined according to subitems (1) and (2).

(1) For each impairing condition, determine the percentage of whole body disability under items A to C, as appropriate.

(2) Combine the percentages obtained in subitem (1) as described in part 5223.0300, subpart 3, item E. Before the next application of the formula, the result of an application of the formula must be stated as a decimal, not as a percentage, that is rounded up or down to four decimal places.

### **5223.0320 FACE, NOSE, MOUTH, OR THROAT.**

Subpart 1. **General.** For permanent partial impairment to the face, nose, mouth, or throat other than for cosmetic disfigurement, disability of the whole body is as provided in subparts 2 to 4. Permanent partial impairment due to cosmetic disfigurement is as provided in part 5223.0650 and may be combined with ratings under this part as described in part 5223.0300, subpart 3, item E.

Subp. 2. **Chewing or swallowing.** Signs or symptoms of organic disease of the face, nose, mouth, or throat are present or there is an objectively demonstrated neurological lesion of a type known to interfere with chewing or swallowing; and, in the case of organic disease of the face, nose, mouth, or throat, there is anatomic loss or alteration; and signs or symptoms have persisted despite treatment.

A. Restricted to mechanical soft diet, ten percent.

B. Diet restricted to liquids, 25 percent.

C. Diet by tube feeding or gastrostomy, 50 percent.

Subp. 3. **Articulation.** Signs or symptoms of organic disease of the face, nose, mouth, or throat are present or there is an objectively demonstrated neurological lesion of a type known to interfere with articulation, as defined in part 5223.0310, subpart 10; and, in the case of organic disease of the face, nose, mouth, or throat, there is anatomic loss or alteration, and signs or symptoms have persisted despite treatment.

A. Speech intensity, as defined in part 5223.0310, subpart 47, is sufficient and 95 percent or more of words, that is, nearly all words, are understood by persons who are not family members, but speech is distorted, three percent.

B. Speech intensity can be sustained but is insufficient in noisy environments, or 95 percent or more of words, that is, nearly all words, are understood by family members, as defined in part 5223.0310, subpart 27, but strangers have difficulty understanding anything but basic communications, that is, name, address, or rote information, ten percent.

C. Speech intensity cannot be sustained for more than a few seconds and 95 percent or more of words, that is, nearly all words, are understood by family members though strangers have difficulty understanding anything but basic communications, 15 percent.

D. Speech is understood by family members only, 20 percent.

E. Can produce only a barely heard whisper or unintelligible except for basic communication with family members, 25 percent.

F. Completely inaudible or completely unintelligible, 35 percent.

Subp. 4. **Upper respiratory tract.** Signs or symptoms of upper respiratory tract obstruction are present, and there is anatomical loss or alteration of nares, nasal cavities, sinuses, eustachian tubes, mouth, pharynx, larynx, upper trachea to fourth ring, or lower trachea to bifurcation, and signs or symptoms have persisted despite treatment.

A. Incomplete or unilateral obstruction of the upper respiratory tract, including, but not limited to, chronic mastoiditis, chronic

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

rhinitis, chronic sinusitis, or chronic eustachian tube defects, two percent.

B. Complete bilateral obstruction of the nose or nasopharynx, five percent.

C. Other disorders, the rating is as provided in part 5223.0560.

Subp. 5. **Temporomandibular joint.** Impairment of the temporomandibular joint is ratable only under subparts 2 and 3 and part 5223.0650, subpart 2.

Subp. 6. **Jaw and facial bones.** Impairment of the jaw and facial bones is ratable only under subparts 2, 3, and 4 and parts 5223.0330 and 5223.0650, subpart 2.

Subp. 7. **Loss of teeth.** Ratings under this subpart are not combinable with any other subpart under this part. Ratings under this part may not exceed a total of ten percent whole body impairment.

A. Upper incisors, one percent each.

B. All other teeth, 0.5 percent each.

### 5223.0330 EYE.

Subpart 1. **General.** For permanent partial impairment to vision from any cause, disability of the whole body is as provided in subparts 2 and 3. Permanent partial disability due to cosmetic disfigurement is as provided in part 5223.0650 and may be combined with ratings under this part as described in part 5223.0300, subpart 3, item E. Permanent partial disability due to impairment of the jaw and facial bones is as provided in part 5223.0320, subpart 6, and may be combined with ratings under this part as described in part 5223.0300, subpart 3, item E.

#### Subp. 2. **Complete loss of vision.**

A. Complete loss of vision in both eyes, 85 percent.

B. Complete loss of vision in one eye if vision in the other eye is completely normal in regard to acuity, motility, and visual field, 24 percent.

C. Enucleation:

(1) unilateral, 24 percent;

(2) bilateral, 85 percent.

D. In all other cases of loss of vision, the rating is as provided in subpart 3.

#### Subp. 3. **Incomplete loss of vision.**

A. Disability shall not be determined until all medically acceptable attempts to correct the defect have been made. Before the final examination on which disability must be determined, at least six months shall elapse after all visible inflammation has disappeared. In cases of disturbance of extrinsic ocular muscles, optic nerve atrophy, injury of the retina, sympathetic ophthalmia, and traumatic cataract, at least 12 months shall elapse before the final examination is made. Testing shall be conducted with corrective lenses applied, unless indicated otherwise in this part.

B. The primary coordinate factors of vision are central visual acuity, visual field efficiency, and ocular motility.

(1) The maximum limit for each coordinate function is established in units (a) to (c).

(a) The maximum limit of central visual acuity is the ability to recognize letters or characters which subtend an angle of five minutes, each unit part of which subtends a one-minute angle at the distance viewed. A 20/20 Snellen rating is 100 percent maximum central visual acuity for distance vision. A 14/14 Snellen rating is 100 percent maximum central visual acuity for near vision, as defined in part 5223.0310, subpart 39.

(b) The maximum visual field is 500 degrees. It is the sum of the degrees in the eight principal meridians from the point of fixation to the outermost limits of visual perception and defines the area in which a three millimeter white target is visible at 33 centimeters. One hundred percent visual field efficiency is the visual field that extends from the point of fixation outward 85 degrees, down and outward 85 degrees, down 65 degrees, down and in 50 degrees, inward 60 degrees, in and up 55 degrees, upward 45 degrees, and up and out 55 degrees.

(c) Maximum ocular motility is present if there is absence of diplopia in all parts of the field of binocular fixation, and if normal binocular motor coordination is present.

(2) The minimum limit for each coordinate function is established in units (a) to (c).

(a) The minimum limit of central visual acuity is a 20/800 Snellen rating for distance vision and a 14/140 Snellen rating for near vision.

(b) The minimum limit for field vision is established as a concentric central contraction of the visual field to five degrees.



(c) The minimum limit for ocular motility is established by the presence of diplopia in all parts of the field of binocular fixation or by absence of binocular motor coordination.

C. The measurement of the coordinate factors of vision shall be performed as specified in subitems (1) to (3).

(1) Central visual acuity shall be measured in a 20/20 Snellen rating for distance vision and a 14/14 Snellen rating for near vision, with each eye being measured separately, with correction. Test illumination shall be at least five foot-candles.

(a) Using the corrected near vision and the corrected far vision for an eye, refer to the table for loss of central vision, as defined in part 5223.0310, subpart 55, and locate the appropriate percentage of loss using the upper figure of the two provided. This is the percentage loss of central vision for that eye.

(b) In cases with aphakia, or pseudophakia as defined in part 5223.0310, subpart 43, proceed as in unit (a), but use the lower figure of the two provided in the table. This is the percentage loss of central vision corrected for aphakia or pseudophakia for that eye.

(2) For each eye, the extent of the field of vision shall be determined by perimetric test methods. A three millimeter white disk that subtends a 0.5 degree angle under illumination of not less than seven foot-candles shall be used. For aphakia, a six millimeter white disk shall be used. The result shall be plotted on the visual field chart as defined in part 5223.0310, subpart 61.

(a) The amount of radial contraction in the eight principal meridians shall be determined. The sum of the degrees of field vision lost on these meridians, divided by 500, is the visual field loss of one eye, expressed as a percentage. If the eye has a concentric central contraction of the field to a diameter of five degrees, the visual loss is 100 percent.

(b) If the impairment of field is irregular and not fairly disclosed by the eight radii, the determination shall be based on a number of radii greater than eight and the divisor in unit (a) shall be changed accordingly.

(c) If there is a loss of a quadrant or a half-field, the degrees of field vision lost in each included meridian are added to one-half the sum of the two boundary meridians.

(3) Ocular motility shall be measured in all parts of the motor field with any useful correction applied.

(a) All directions of gaze shall be tested with use of a test light and without the addition of colored lenses or correcting prisms. The extent of diplopia is determined on the perimeter at 330 millimeters or on a tangent screen at a distance of one meter from the eye.

(b) Plot the test results on a motility chart, as defined in part 5223.0310, subpart 38.

(c) Determine the percentage loss of ocular motility from the motility chart by adding the percentages for loss of ocular motility due to diplopia in the meridian of maximum impairment on the motility charts. This percentage is assigned to the injured eye or, if both eyes are injured, to the eye with the greatest impairment of central visual acuity and field vision. The eye with the greatest impairment means the eye for which the loss of central vision and visual field is the greatest. For the purpose of calculation, a value of zero percent is deemed to be one percent. For the other eye, the percentage loss of ocular motility is zero.

D. The visual impairment of one eye is the combination of the percentage losses of central vision acuity, visual field, and ocular motility as described in part 5223.0300, subpart 3, item E. This combination is calculated by combining the loss of vision and the loss of visual field for each eye. The combined loss for the eye with the larger combined loss is combined with the loss of ocular motility.

Impairment of the eye shall be increased by adding two percent for each of the following conditions which are present due to the injury:

- (1) loss of color vision;
- (2) loss of adaptation to light and dark;
- (3) metamorphopsia;
- (4) entropion or ectropion uncorrected by surgery;
- (5) lagophthalmos;
- (6) epiphora;
- (7) muscle disturbances such as ocular tics not included under diplopia.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

E. The procedure for determining whole body disability due to vision loss is described in subitems (1) to (5). The better eye has the lower percentage impairment. The poorer eye has the greater percentage impairment.

(1) Multiply the percentage impairment of the better eye by three.

(2) Add the percentage impairment of the poorer eye to the product obtained in item A.

(3) Divide the sum obtained in item B by four.

(4) The quotient obtained in item C is the percentage impairment of the visual system. Fractions shall be rounded to the nearest whole number percentage by rounding up from the midpoint and rounding down from below the midpoint.

(5) The percentage impairment of the visual system is translated to the percentage disability of the whole body by Table 3.

**Table 3**  
**Eye Schedule**

<b>Impairment of Visual System, Percent</b>	<b>Disability of Whole Body, Percent</b>	<b>Impairment of Visual System, Percent</b>	<b>Disability of Whole Body, Percent</b>
0	0	45	42
1	1	46	43
2	2	47	44
3	3	48	45
4	4	49	46
5	5	50	47
6	6	51	48
7	7	52	49
8	8	53	50
9	8	54	51
10	9	55	52
11	10	56	53
12	11	57	54
13	12	58	55
14	13	59	56
15	14	60	57
16	15	61	58
17	16	62	59
18	17	63	59
19	18	64	60
20	19	65	61
21	20	66	62
22	21	67	63
23	22	68	64
24	23	69	65
25	24	70	66
26	25	71	67
27	25	72	68
28	26	73	69
29	27	74	70
30	28	75	71
31	29	76	72
32	30	77	73
33	31	78	74
34	32	79	75
35	33	80	76
36	34	81	76
37	35	82	77
38	36	83	78
39	37	84	79
40	38	85	80

Impairment of Visual System, Percent	Disability of Whole Body, Percent	Impairment of Visual System, Percent	Disability of Whole Body, Percent
41	39	86	81
42	40	87	82
43	41	88	83
44	42	89	84
		90-100	85

Subp. 4. **Extraocular muscle.** Impairment of extraocular muscle is ratable only under subpart 3.

Subp. 5. **Ocular adnexa.** Impairment of the eyelid, eyelashes, conjunctiva, lacrimal duct, or lacrimal gland are ratable only under subpart 3 or part 5223.0650, subpart 2.

**5223.0340 EAR.**

Subpart 1. **General.** For permanent partial impairment to hearing, disability to the whole body is as provided in subparts 2 to 8. For hearing loss, the maximum disability of the whole body is 35 percent. Permanent partial impairment due to cosmetic disfigurement is rated as provided in part 5223.0650 and may be combined with ratings under this part as described in part 5223.0300, subpart 3, item E. Permanent partial impairment due to impairment of vestibular function is rated as provided in part 5223.0360, subpart 5, and may be combined with ratings under this part.

Subp. 2. **Standards for audiometric calibration and test environment.** To ensure accurate measurement of hearing loss, the standards in items A and B shall be observed in conducting the audiological evaluation required in subpart 4.

A. The audiometer used to measure hearing loss shall be calibrated to meet the specifications of ANSI, S3.6-1969 (R 1973), Specifications for Audiometers, as incorporated by reference in part 5223.0300, subpart 4, item D. The following are also required:

- (1) biological or electroacoustical calibration checks of the audiometer shall be performed monthly;
- (2) electroacoustical calibration shall be performed annually to certify the audiometer to the ANSI standard in this item;

and

- (3) the calibration records shall be preserved and shall be provided upon request.

B. Audiometric test rooms or booths shall meet the specifications of ANSI S3.1-1977, Criteria for Permissible Ambient Noise during Audiometric Testing, as incorporated by reference in part 5223.0300, subpart 4, item C.

Subp. 3. **Waiting period for final evaluation of hearing loss.** A waiting period of at least three months shall elapse between the date of the occurrence of the noise injury and the final evaluation of the permanent partial hearing loss.

Subp. 4. **Procedure for determining binaural hearing loss.** The calculation for the percent of binaural hearing loss is done with the worksheet provided in subpart 5 and consists of the steps in items A to F.

A. For each ear, test the hearing threshold levels at the four frequencies of 500, 1,000, 2,000, and 3,000 Hertz as determined by pure tone air conduction testing.

B. For each ear, determine the average four-frequency hearing level. The average four-frequency hearing level is one-fourth of the sum of the threshold levels at each of the four tested frequencies. The average four-frequency hearing level is expressed in decibels.

C. For each ear, subtract 25 decibels from the average four-frequency hearing level for that ear. The remainder, expressed in decibels, is the adjusted average four-frequency hearing level.

D. For each ear, multiply the adjusted average four-frequency hearing level by 1.5 percent. The product is the monaural hearing loss, expressed as a percentage. A product less than zero percent is deemed to be zero. A product greater than 100 percent is deemed to be 100 percent.

E. Considering both ears, compare the monaural hearing losses as determined in item D. The ear with the smaller monaural hearing loss is the better ear. The ear with the larger monaural hearing loss is the poorer ear.

F. Multiply the monaural hearing loss of the better ear by five, add this product to the monaural hearing loss of the poorer ear, and divide the sum by six. The quotient is the binaural hearing loss, expressed as a percentage. The formula is:

$$\frac{(5 \times \text{monaural hearing loss of better ear}) + (\text{monaural hearing loss of poorer ear})}{6} = \text{percent binaural hearing loss}$$

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

# Proposed Rules

## Subp. 5. Worksheet for calculating percent of binaural hearing loss.

Left Ear		Right Ear	
Hertz	Threshold	Hertz	Threshold
500	A. _____	500	A. _____
1,000	B. _____	1,000	B. _____
2,000	C. _____	2,000	C. _____
3,000	D. _____	3,000	D. _____
(A + B + C + D) ÷ 4 =	E. _____	(A + B + C + D) ÷ 4 =	E. _____
E - 25 =	F. _____	E - 25 =	F. _____
(if < 0 use 0)	(if < 0 use 0)		
F x 1.5 =	G. _____	F x 1.5 =	G. _____

Make G(1) the lesser of the two G's

Make G(2) the greater of the two G's

$[G(1) \times 5] + G(2) \div 6 =$  H. \_\_\_\_\_ (binaural hearing loss)

H converts to whole body impairment as provided in subpart 6

Subp. 6. **Procedure for determining disability due to binaural hearing loss.** The binaural hearing loss is translated to a percentage of disability of the whole body by the ear schedule in this subpart.

### Ear Schedule

Binaural Hearing Loss, Percent	Whole Body Disability, Percent
0.0 - 1.7	0
1.8 - 4.2	1
4.3 - 7.4	2
7.5 - 9.9	3
10.0 - 13.1	4
13.2 - 15.9	5
16.0 - 18.8	6
18.9 - 21.4	7
21.5 - 24.5	8
24.6 - 27.1	9
27.2 - 30.0	10
30.1 - 32.8	11
32.9 - 35.9	12
36.0 - 38.5	13
38.6 - 41.7	14
41.8 - 44.2	15
44.3 - 47.4	16
47.5 - 49.9	17
50.0 - 53.1	18
53.2 - 55.7	19
55.8 - 58.8	20
58.9 - 61.4	21
61.5 - 64.4	22
64.6 - 67.1	23
67.2 - 70.0	24
70.1 - 72.8	25
72.9 - 75.9	26
76.0 - 78.5	27
78.6 - 81.7	28
81.8 - 84.2	29
84.3 - 87.4	30
87.5 - 89.9	31
90.0 - 93.1	32
93.2 - 95.7	33
95.8 - 98.8	34
98.9 - 100.0	35

Subp. 7. **Presbycusis.** The calculation of the binaural hearing loss shall not include an additional adjustment for presbycusis.

Subp. 8. **Tinnitus.** No additional percentage of permanent partial impairment for hearing loss shall be allowed for tinnitus, as defined in part 5223.0310, subpart 57.

#### **5223.0350 SKULL DEFECTS.**

Subpart 1. **General.** For permanent partial impairment to the skull, disability of the whole body is as provided in subparts 2 and 3. Associated central nervous system deficits must be rated as provided in part 5223.0360 and may be combined with ratings under this part as described in part 5223.0300, subpart 3, item E.

##### **Subp. 2. Skull depressions.**

A. Unfilled skull defects are rated according to their surface area, rounded to the nearest square centimeter by rounding up from the midpoint and rounding down from below the midpoint:

- (1) up to five square centimeters, one percent;
- (2) six to ten square centimeters, three percent;
- (3) 11 to 16 square centimeters, five percent;
- (4) 17 to 26 square centimeters, ten percent;
- (5) 27 to 42 square centimeters, 15 percent;
- (6) 43 or more square centimeters, 20 percent.

B. Filled skull defects are rated at zero percent. If there is a cosmetic deformity, the rating is as provided in part 5223.0650.

Subp. 3. **Skull fractures.** For a fracture which deforms the face, the rating is as provided in part 5223.0650, subpart 2.

A. Basilar skull fracture without cerebrospinal fluid leak, zero percent.

B. Other fractures of the skull, zero percent.

#### **5223.0360 CENTRAL NERVOUS SYSTEM.**

Subpart 1. **General.** For permanent partial impairment of the central nervous system the percentage of disability of the whole body is as provided in subparts 2 to 7.

Subp. 2. **Trigeminal nerve.** For permanent partial impairment of the trigeminal nerve, the percent of disability is provided in items A to J.

A. partial unilateral sensory loss, three percent;

B. complete unilateral sensory loss, ten percent;

C. partial bilateral sensory loss, ten percent;

D. complete bilateral sensory loss, 25 percent;

E. intractable trigeminal neuralgia, as defined in part 5223.0310, subpart 58, 20 percent;

F. atypical facial neuralgia, five percent;

G. partial unilateral motor loss:

(1) less than 25 percent of function lost, zero percent;

(2) 25 to 75 percent of function lost, two percent;

H. complete unilateral motor loss, more than 75 percent of function lost, five percent;

I. partial bilateral motor loss:

(1) less than 25 percent of function lost, zero percent;

(2) 25 to 75 percent of overall function lost, ten percent;

J. complete bilateral motor loss, more than 75 percent of overall function lost, 30 percent.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

Subp. 3. **Taste or smell.** For permanent partial impairment of taste or smell, the percent of disability is provided in items A and B.

- A. total loss of taste, one percent;
- B. total loss of smell, one percent.

Subp. 4. **Facial nerve.** For injuries to the lower motor neuron, rate each side independently, then add the ratings for the overall impairment:

- A. partial unilateral motor loss, 25 to 75 percent of function lost, three percent;
- B. unilateral motor loss, more than 75 percent of function lost:
  - (1) able to close the eye without assistance, seven percent;
  - (2) unable to close the eye without assistance, ten percent.

Subp. 5. **Dysequilibrium or vertigo.** Signs or symptoms of dysequilibrium, as defined in part 5223.0310, subpart 24, or vertigo, as defined in part 5223.0310, subpart 60, are present and persistent despite therapy, and there is anatomic loss or alteration or objectively measurable neurologic deficit in the vestibular mechanism, ocular mechanism, proprioceptive sense organs, spinal cord, brain stem, cerebellum, or cerebral cortex of a type known to cause dysequilibrium or vertigo:

- A. can live independently without supervision or assistance but with restrictions on working at exposed heights, walking on scaffolding or girders, and activities such as riding a bicycle, ten percent;
- B. can live independently without supervision or assistance but with restrictions preventing the operation of any motor vehicle, 20 percent;
- C. able to perform self cares, as defined in part 5223.0310, subpart 46, independently but requires adaptive equipment for ambulation as defined in part 5223.0310, subpart 6, and is not capable of operating any motor vehicle, 40 percent;
- D. requires some assistance with self cares and a wheelchair or human assistance with ambulation, 75 percent;
- E. unable to perform self cares and dependent even with wheelchair locomotion, 95 percent.

Subp. 6. **Spinal cord.** To rate under this subpart, determine the impairment to the central nervous system, peripheral nervous system, respiratory system, urinary bladder, anus, penis, and any other members as provided in items A to G. The ratings obtained are then combined for the final rating as described in part 5223.0300, subpart 3, item E:

- A. central nervous system ataxia, movement disorder, tremor, or spasticity as provided in subpart 7, item E;
- B. the extremities as provided in parts 5223.0400 to 5223.0430;
- C. the respiratory system as provided in part 5223.0560;
- D. the urinary bladder as provided in part 5223.0600, subpart 4;
- E. the anus as provided in part 5223.0590, subpart 4;
- F. the penis as provided in part 5223.0600, subpart 6, or the vagina or vulva as provided in part 5223.0600, subpart 9;
- G. any other members as provided in the appropriate parts of this schedule.

Subp. 7. **Brain dysfunction.** Signs or symptoms of organic brain dysfunction due to illness or injury must be present and persistent with anatomic loss or alteration, or objectively measurable neurologic deficit. A rating under this part is the combination as described in part 5223.0300, subpart 3, item E, of the ratings assigned by items A to I.

A. Communications disturbances, expressive:

- (1) mild disturbance of expressive language ability not significantly impairing ability to be understood, such as mild word-finding difficulties, mild degree of paraphasia, ten percent;
- (2) unintelligible oral language, but still capable of functional communication with the use of additional methods such as gestures, facial expression, writing, word board, or alphabet board, 35 percent;
- (3) unable to produce any functional communication, 70 percent.

B. Communication disturbances, receptive:

- (1) unable to comprehend oral speech without the addition of visual cues such as gestures, facial expressions, or written material, 35 percent;
- (2) some ability to comprehend communication is present, but significant impairment even with use of visual cues such as gestures, facial expressions, and written material, 60 percent;
- (3) no evidence of functional comprehension of language, 95 percent.

C. Disturbances of consciousness or complex integrated cerebral function disturbances must be determined by medical observation, and in the case of complex integrated cerebral function, supported by psychometric testing. Functional overlay or primary psychiatric disturbances shall not be rated under this part. Disturbances of complex integrated cerebral function include defects in orientation, ability to abstract or understand concepts, memory, judgment, ability to initiate and perform planned activity, and acceptable social behavior. Disturbances of consciousness include lethargy, clouding of consciousness, delirium, stupor, and coma:

(1) mild impairment of complex integrated cerebral function is demonstrated by psychometric testing but able to live independently, ten percent;

(2) mild impairment of complex integrated cerebral function is demonstrated by psychometric testing and able to live independently but requiring supervision with executive function, as defined in part 5223.0310, subpart 26, 20 percent;

(3) moderate impairment of complex integrated cerebral function is demonstrated by psychometric testing or there is a mild clouding of consciousness and able to perform all activities of daily living, as defined in part 5223.0310, subpart 5, independently but requiring some supervision on a daily basis, 40 percent;

(4) moderately severe impairment of complex integrated cerebral function is demonstrated by psychometric testing or there is a moderate clouding of consciousness or persistent lethargy as defined in part 5223.0311, subpart 38, and requires supervision for activities of daily living, as defined in part 5223.0310, subpart 5, 75 percent;

(5) severe impairment of complex integrated cerebral function is demonstrated by psychometric testing or there is delirium as defined in part 5223.0310, subpart 20, and requires assistance as well as supervision in activities of daily living, 95 percent;

(6) stupor, as defined in part 5223.0310, subpart 54; coma, as defined in part 5223.0310, subpart 17; or persistent vegetative state, 99 percent.

D. Emotional disturbances and personality changes must be substantiated by medical observation and supported by psychometric testing. These disturbances may include irritability, outbursts of rage or aggression, absence of normal emotional response, inappropriate euphoria, depression, abnormal emotional interaction with others, involuntary laughing and crying, akinetic mutism, and uncontrollable fluctuation of emotional state. Primary psychiatric disturbances, including functional overlay, shall not be rated under this part:

(1) intermittent emotional disturbances requiring intervention by a caregiver are only present under stressful situations such as losing one's job, getting a divorce, or a death in the family, ten percent;

(2) mild emotional disturbance is present at all times but can live independently and relate to others, 20 percent;

(3) moderate emotional disturbance is present at all times and can live independently but requires some supervision on a daily basis, 40 percent;

(4) moderate to severe emotional disturbances are present at all times, and requires sheltering with some supervision of all activities, 75 percent;

(5) severe degree of emotional disturbance is present at all times and is confined to continuous supervision and protective care, 95 percent.

E. Ataxia, movement disorder including tremor, or spasticity:

(1) in the upper extremity:

(a) performance on the nine hole peg test better, that is, faster, than the tenth percentile of the age-sex specific normative value in both arms, zero percent;

(b) performance on the nine hole peg test worse, that is, slower, than the tenth percentile of the age-sex specific normative value in one arm, ten percent;

(c) performance on the nine hole peg test worse, that is, slower, than the tenth percentile of the age-sex specific normative value in both arms, 40 percent;

(d) requires some assistance with activities of daily living, as defined in part 5223.0310, subpart 5, 75 percent;

(e) unable to perform activities of daily living, 95 percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

- (2) the tenth percentile of the age-sex specific normative value, in seconds, of the nine hold peg test is:
- (a) at less than 25 years of age:
    - i. for a male: right hand - 18.5; left hand - 19.6;
    - ii. for a female: right hand - 18.5; left hand - 20.3;
  - (b) at 25 to 29 years of age:
    - i. for a male: right hand - 18.7; left hand - 19.7;
    - ii. for a female: right hand - 18.6; left hand - 19.9;
  - (c) at 30 to 34 years of age:
    - i. for a male: right hand - 20.9; left hand - 21.5;
    - ii. for a female: right hand - 18.7; left hand - 20.4;
  - (d) at 35 to 39 years of age:
    - i. for a male: right hand - 21.0; left hand - 23.9;
    - ii. for a female: right hand - 18.4; left hand - 19.9;
  - (e) at 40 to 44 years of age;
    - i. for a male: right hand - 20.5; left hand - 21.5;
    - ii. for a female: right hand - 19.5; left hand - 22.2;
  - (f) at 45 to 49 years of age:
    - i. for a male: right hand - 21.7; left hand - 24.1;
    - ii. for a female: right hand - 19.9; left hand - 20.8;
  - (g) at 50 to 54 years of age:
    - i. for a male: right hand - 21.5; left hand - 23.6;
    - ii. for a female: right hand - 21.2; left hand - 23.9;
  - (h) at 55 to 59 years of age:
    - i. for a male: right hand - 22.5; left hand - 25.1;
    - ii. for a female: right hand - 21.2; left hand - 22.3;
  - (i) at 60 to 64 years of age:
    - i. for a male: right hand - 23.6; left hand - 24.2;
    - ii. for a female: right hand - 21.0; left hand - 23.4;
  - (j) at 65 to 69 years of age:
    - i. for a male: right hand - 24.4; left hand - 27.4;
    - ii. for a female: right hand - 22.4; left hand - 24.9;
  - (k) at 70 to 74 years of age:
    - i. for a male: right hand - 26.2; left hand - 28.8;
    - ii. for a female: right hand - 23.7; left hand - 25.5;
  - (l) at greater than 74 years of age:
    - i. for a male: right hand - 28.0; left hand - 32.5;
    - ii. for a female: right hand - 25.2; left hand - 30.1;
- (3) in the lower extremity:
- (a) normal tandem gait, as defined in part 5223.0310, subpart 56, zero percent;
  - (b) abnormal tandem gait and with restriction on working on exposed heights and walking on scaffolding or girders, ten percent;
  - (c) unable to walk on level ground without adaptive equipment for ambulation, as defined in part 5223.0310, subpart 6, 40 percent;



(d) unable to walk and wheelchair bound, 75 percent;

(e) abnormal sitting balance impairs use of the upper extremities so unable to perform any activities of daily living, as defined in part 5223.0310, subpart 5, 95 percent.

F. Impairments of respiration, urinary bladder function, anorectal function, or sexual function, the rating is as provided in parts 5223.0560 to 5223.0600.

G. Episodic neurologic disorders, that is, syncope, epilepsy, or convulsive disorders:

(1) able to live independently without supervision or assistance but with restrictions preventing the operation of motor vehicles or dangerous machinery and working on exposed heights, 20 percent;

(2) able to live independently but having three or more seizures per 12-month period despite adequate treatment and with restrictions preventing the operation of motor vehicles or dangerous machinery and working on exposed heights, 30 percent;

(3) able to perform all self cares, as defined in part 5223.0310, subpart 46, independently, but some supervision is required, 40 percent;

(4) requires some assistance with self care, supervision is required, and some protective care is required, 75 percent;

(5) unable to perform any self cares, constant supervision and constant protective care is required, and confinement to home or domicile is necessary, 95 percent.

H. Recurring vascular headaches characterized as throbbing in nature, accompanied by nausea and vomiting, and associated with an inability to perform activities of daily living, as defined in part 5223.0310, subpart 5, in excess of 12 hours, two percent.

I. Motor or sensory impairments, the rating is as provided in parts 5223.0400 to 5223.0430.

#### **5223.0370 MUSCULOSKELETAL SCHEDULE; CERVICAL SPINE.**

Subpart 1. **General.** For permanent partial impairment to the cervical spine, disability of the whole body is as provided in subparts 2 to 5. The impairing condition in the cervical spine resulting from an injury may be rated only under one category of subpart 2, 3, or 4. Categories from more than one category in subpart 2, 3, or 4 cannot be used in rating the impairing condition resulting from a single injury. Categories in subparts 2 to 4 may not be combined or added together in rating the extent of impairment due to a single injury except as specifically provided. Categories in other subparts may be combined with the rating under subpart 3 or 4 as specifically provided in this part.

If any injury has resulted in mutually exclusive impairing conditions in other areas of the spine, such as thoracic spine or lumbar spine, the mutually exclusive impairing conditions must be rated separately and all impairments shall be combined as described in part 5223.0300, subpart 3, item E.

A. Permanent partial impairment due to injury of the spinal cord is as provided in part 5223.0360, subpart 6, and may be combined with ratings under subpart 2.

B. Permanent partial impairment due to injury of the nerve roots is as provided in parts 5223.0400 and 5223.0410 and may be combined with ratings under this part if the nerve injury results in complete loss, as defined in part 5223.0410, subpart 1, item A. If the loss is less than complete, the ratings under this part are inclusive of any injury to the nerve.

C. Permanent partial impairment due to bladder dysfunction is as provided in part 5223.0600, subpart 4, and may be combined with ratings under this part.

D. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts 7 and 10, and may be combined with ratings under this part.

E. Permanent partial impairment due to anal dysfunction is as provided in part 5223.0590, subpart 4, and may be combined with ratings under this part.

#### **Subp. 2. Fractures.**

A. Compression fracture of vertebral body, with no involvement of posterior elements, one or more vertebral bodies:

(1) decrease of up to ten percent in vertebral height, zero percent;

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in all compressed vertebrae, six percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

(3) decrease in vertebral height is greater than 26 percent but less than or equal to 50 percent in at least one vertebral segment, 14 percent;

(4) decrease of greater than 50 percent in vertebral height in at least one vertebral segment, 19 percent.

B. Vertebral fractures involving posterior elements and X-ray evidence of dislocation regardless of vertebral compression of any degree:

(1) normal reduction and no surgery required, 10.5 percent;

(2) surgery performed and normal reduction achieved, 14 percent;

(3) no surgery performed and reduction not normal, 15 percent;

(4) surgery performed with poor reduction, 19 percent.

C. Any other documented acute fracture other than as specified in item A or B, four percent.

D. For fractures of multiple vertebral levels, add three percent, regardless of the number of levels involved, to whichever of item A, B, or C is otherwise applicable.

### Subp. 3. Cervical pain syndrome.

A. Symptoms of pain or stiffness in the region of the cervical spine not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Symptoms of pain or stiffness in the region of the cervical spine, substantiated by persistent objective clinical findings, that is, involuntary muscle tightness in the paracervical muscle or decreased passive range of motion in the cervical spine, but no radiographic abnormality, 3.5 percent.

C. Symptoms of pain or stiffness in the region of the cervical spine, substantiated by persistent objective clinical findings, that is, involuntary muscle tightness in the paracervical muscle or decreased passive range of motion in the cervical spine, and with any radiographic, myelographic, CT scan, or MRI scan abnormality and is not specifically addressed elsewhere in this part:

(1) single vertebral level, seven percent;

(2) multiple vertebral levels, ten percent.

### Subp. 4. Radicular syndromes.

A. Radicular pain or paresthesia, as defined in part 5223.0310, subpart 45, with or without cervical pain syndrome, not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Radicular pain or paresthesia, with or without cervical pain syndrome, with persistent objective clinical findings confined to the region of the cervical spine, that is, involuntary muscle tightness in the paracervical muscle or decreased passive range of motion in the cervical spine, but no radiographic findings, 3.5 percent.

C. Radicular pain or paresthesia, with or without cervical pain syndrome, with persistent objective clinical findings confined to the region of the cervical spine, that is, involuntary muscle tightness in the paracervical muscle or decreased passive range of motion in the cervical spine, and with any radiographic, myelographic, CT scan, or MRI scan abnormality and is not specifically addressed elsewhere in this part:

(1) single vertebral level, seven percent;

(2) multiple vertebral levels, ten percent;

(3) if a surgery at one level, other than fusion, is performed as part of the treatment, ten percent;

(4) if a surgery at other levels, other than fusion, is performed as part of the treatment, 13 percent.

D. Radicular pain or paresthesia, with or without cervical pain syndrome, and with objective radicular findings, that is, hyporeflexia or EMG abnormality or nerve root specific muscle weakness in the upper extremity, on examination and myelographic, CT scan, or MRI scan evidence of intervertebral disc bulging, protrusion, or herniation that impinges on a cervical nerve root, and the medical imaging findings correlate anatomically with the findings on neurologic examination, nine percent with the addition of as many of subitems (1) to (4) as apply, but each may be used only once:

(1) if chronic radicular pain or paresthesia persist despite treatment, add three percent;

(2) if a surgery other than a fusion performed as part of the treatment, add two percent, if surgery included a fusion, the rating is as provided in subpart 5;

(3) for additional surgery, other than a fusion, regardless of the number of additional surgeries, add two percent, if the additional surgery included a fusion, the rating is as provided in subpart 5;

(4) additional concurrent lesion on contralateral side at the same level or on either side at any other level which meets all of the criteria of this item or item E, add nine percent.

E. Radicular pain or paresthesia, with or without cervical pain syndrome, and with objective radicular findings, that is, reflex changes or EMG abnormality or nerve root specific muscle weakness in the upper extremity, or myelopathic findings on examination and myelographic, CT scan, or MRI scan evidence of spinal stenosis, as defined in part 5223.0310, subpart 48, that impinges on a cervical nerve root or spinal cord and the medical imaging findings correlate with the findings on neurological examination, ten percent with the addition of as many of subitems (1) to (4) as apply, but each may be used only once:

(1) if chronic radicular pain or paresthesia, or myelopathic symptoms persist despite treatment, add three percent;

(2) if a surgery other than a fusion performed as part of the treatment, add five percent, if surgery included a fusion, the rating is as provided in subpart 5;

(3) for additional surgery, other than a fusion, regardless of the number of additional surgeries, add three percent, if the additional surgery included a fusion, the rating is as provided in subpart 5;

(4) additional concurrent lesion on contralateral side at same level or at either side at other level which meets all of the criteria of this item or item D, add nine percent.

**Subp. 5. Fusion.**

A. Fusion, as defined in part 5223.0310, subpart 30, at one level performed as part or all of the surgical treatment of a cervical pain or radicular syndrome, add 2.5 percent to the otherwise appropriate category in subpart 3 or 4.

B. Fusion at multiple levels performed as part or all of the surgical treatment of a cervical pain or radicular syndrome, add five percent to the otherwise appropriate category in subpart 3 or 4.

**5223.0380 MUSCULOSKELETAL SCHEDULE; THORACIC SPINE.**

Subpart 1. **General.** For permanent partial impairment to the thoracic spine, disability of the whole body is as provided in subparts 2 to 4. The impairing condition in the thoracic spine resulting from an injury may be rated only under one category of subpart 2, 3, or 4. Categories from more than one of subpart 2, 3, or 4 cannot be used in rating the impairing condition resulting from a single injury. Categories in subparts 2 to 4 may not be combined or added together in rating the extent of impairment due to a single injury except as specifically provided. Categories in other subparts may be combined with the rating under subpart 3 or 4 as specifically provided in this part.

If any injury has resulted in mutually exclusive impairing conditions in other areas of the spine, such as cervical spine, under part 5223.0370, or lumbar spine, under part 5223.0390, the mutually exclusive impairing conditions must be rated separately and then all ratings combined as described in part 5223.0300, subpart 3, item E.

A. Permanent partial disability due to injury of the spinal cord is as provided in part 5223.0360, subpart 6, and may be combined with ratings under subpart 2.

B. Permanent partial impairment due to bladder dysfunction is as provided in part 5223.0600, subpart 4, and may be combined with ratings under this part.

C. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts 7 and 10, and may be combined with ratings under this part.

D. Permanent partial impairment due to anal dysfunction is as provided in part 5223.0590, subpart 4, and may be combined with ratings under this part.

**Subp. 2. Fractures.**

A. Compression fracture of vertebral body, with no involvement of posterior elements, one or more vertebral bodies:

(1) decrease of up to ten percent of vertebral height, zero percent;

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in all compressed vertebrae, four percent;

(3) decrease in vertebral height is greater than 26 percent but less than or equal to 50 percent in at least one vertebral segment, 10.5 percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

(4) decrease of greater than 50 percent in vertebral height in at least one vertebral segment, 15 percent.

B. Vertebral fractures involving posterior elements and X-ray evidence of dislocation regardless of vertebral compression of any degree:

- (1) normal reduction and no surgery required, 10.5 percent;
- (2) surgery performed and normal reduction achieved, 14 percent;
- (3) no surgery performed and reduction is not normal, 15 percent;
- (4) surgery performed with poor reduction, 19 percent.

C. Any other documented acute fracture other than as specified in item A or B, four percent.

D. For fractures of multiple vertebral levels, add three percent, regardless of the number of levels involved, to item A, B, or C as otherwise applicable.

### Subp. 3. Thoracic pain syndrome.

A. Symptoms of pain or stiffness in the region of the thoracic spine not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Symptoms of pain or stiffness in the region of the thoracic spine, substantiated by persistent objective clinical findings, that is, involuntary muscle tightness in the paradorsal muscles, regardless of radiographic abnormality, 2.5 percent.

### Subp. 4. Radicular syndromes.

A. Radicular pain or radicular paresthesia, as defined in part 5223.0310, subparts 44 and 45, with or without thoracic pain syndrome, not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Radicular pain or radicular paresthesia, with or without thoracic pain syndrome, with persistent objective clinical findings confined to the region of the thoracic spine, that is, involuntary muscle tightness in the paradorsal muscles, but no radiographic findings, 2.5 percent.

C. Radicular pain or radicular paresthesia, with or without thoracic pain syndrome, with persistent objective clinical findings confined to the region of the thoracic spine, that is, involuntary muscle tightness in the paradorsal muscles, and with any radiographic, myelographic, CT scan, or MRI scan abnormality and is not specifically addressed elsewhere in this part, five percent.

D. Radicular pain or radicular paresthesia, with or without thoracic pain syndrome, and myelographic, CT scan, or MRI scan evidence of intervertebral disc bulging, protrusion, or herniation that impinges on a thoracic nerve root, and the medical imaging findings correlate anatomically, three percent with the addition of as many of subitems (1) to (4) as apply, but each may be used only once:

- (1) if chronic radicular pain or radicular paresthesia persist despite treatment, add two percent;
- (2) if a surgery is performed as part of the treatment, add two percent;
- (3) for additional surgery, regardless of the number of additional surgeries, add two percent;
- (4) additional concurrent lesion on contralateral side at same level or on either side at other level which meets all of the criteria of this item, add three percent.

## 5223.0390 MUSCULOSKELETAL SCHEDULE; LUMBAR SPINE.

Subpart 1. **General.** For permanent partial impairment to the lumbar spine, disability of the whole body is as provided in subparts 2 to 5. The impairing condition in the lumbar spine resulting from an injury may be rated only under one category of subpart 2, 3, or 4. Categories from more than one of subpart 2, 3, or 4 cannot be used in rating the impairing condition resulting from a single injury. Categories in subparts 2 to 4 may not be combined or added together in rating the extent of impairment due to a single injury except as specifically provided. Categories in other subparts may be combined with the rating under subpart 3 or 4 as specifically provided in this part.

If any injury has resulted in mutually exclusive impairing conditions in other areas of the spine, such as cervical spine, under part 5223.0370, or thoracic spine, under part 5223.0380, the mutually exclusive impairing conditions must be rated separately and then all impairments combined as described in part 5223.0300, subpart 3, item E.

A. Permanent partial impairment due to injury of the spinal cord is as provided in part 5223.0360, subpart 6, and may be combined with ratings under subpart 2.

B. Permanent partial impairment due to injury of the nerve roots is as provided in parts 5223.0420 and 5223.0430 and may be combined with ratings under this part if the nerve root injury results in complete loss as defined in part 5223.0420, subpart 1, item A, or 5223.0430, subpart 1, item A. If the loss is less than complete, the ratings under this part are inclusive of any injury to the nerve root.

C. Permanent partial impairment due to bladder dysfunction is as provided in part 5223.0600, subpart 4, and may be combined with ratings under this part.

D. Permanent partial impairment due to sexual dysfunction is as provided in 5223.0600, subparts 7 and 10, and may be combined with ratings under this part.

E. Permanent partial impairment due to anal dysfunction is as provided in part 5223.0590, subpart 4, and may be combined with ratings under this part.

**Subp. 2. Fractures.**

A. Compression fracture of vertebral body, with no involvement of posterior elements, one or more vertebral bodies:

(1) decrease of up to ten percent of vertebral height, zero percent;

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in all compressed vertebrae, four percent;

(3) decrease in vertebral height is greater than 26 percent but less than or equal to 50 percent in at least one vertebral segment, 10.5 percent;

(4) decrease of greater than 50 percent in vertebral height in at least one vertebral segment, 15 percent.

B. Vertebral fractures involving posterior elements and X-ray evidence of dislocation regardless of vertebral compression of any degree:

(1) normal reduction and no surgery required, 10.5 percent;

(2) surgery performed and normal reduction achieved, 14 percent;

(3) no surgery performed and reduction is not normal, 15 percent;

(4) surgery performed with poor reduction, 19 percent.

C. Any other documented acute fracture other than as specified in item A or B, four percent.

D. For fractures of multiple vertebral levels, add three percent, regardless of the number of levels involved, to item A, B, or C as otherwise applicable.

**Subp. 3. Lumbar pain syndrome.**

A. Symptoms of pain or stiffness in the region of the lumbar spine not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Symptoms of pain or stiffness in the region of the lumbar spine, substantiated by persistent objective clinical findings, that is, involuntary muscle tightness in the paralumbar muscles or decreased range of motion in the lumbar spine, but no radiographic abnormality, 3.5 percent.

C. Symptoms of pain or stiffness in the region of the lumbar spine, substantiated by persistent objective clinical findings, that is, involuntary muscle tightness in the paralumbar muscles or decreased range of motion in the lumbar spine, and with any radiographic, myelographic, CT scan, or MRI scan abnormality and is not specifically addressed elsewhere in this part:

(1) single vertebral level, seven percent;

(2) multiple vertebral levels, ten percent.

D. Symptoms of pain or stiffness in the region of the lumbar spine, substantiated by persistent objective clinical findings, that is, involuntary muscle tightness in the paralumbar muscles or decreased range of motion in the lumbar spine, and with radiographic evidence of spondylolisthesis, as defined in part 5223.0310, subpart 49:

(1) grade 1, as defined in part 5223.0310, subpart 50, seven percent;

(2) grade 2, as defined in part 5223.0310, subpart 51, 14 percent;

(3) grade 3 or 4, as defined in part 5223.0310, subparts 52 and 53, 24.5 percent.

**Subp. 4. Radicular syndromes.**

A. Radicular pain or radicular paresthesia, as defined in part 5223.0310, subparts 44 and 45, with or without lumbar pain

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

syndrome, not substantiated by persistent objective clinical findings, regardless of radiographic findings, zero percent.

B. Radicular pain or radicular paresthesia, with or without lumbar pain syndrome, with persistent objective clinical findings confined to the region of the lumbar spine, that is, involuntary muscle tightness in the paralumbar muscles or decreased range of motion in the lumbar spine, but no radiographic findings, 3.5 percent.

C. Radicular pain or radicular paresthesia, with or without lumbar pain syndrome, with persistent objective clinical findings confined to the region of the lumbar spine, that is, involuntary muscle tightness in the paralumbar muscles or decreased range of motion in the lumbar spine, and with any radiographic, myelographic, CT scan, or MRI scan abnormality not specifically addressed elsewhere in this part:

- (1) single vertebral level, seven percent;
- (2) multiple vertebral levels, ten percent;
- (3) if a surgery at one level, other than fusion, performed as part of the treatment, ten percent;
- (4) if a surgery at other levels, other than fusion, performed as part of the treatment, 13 percent.

D. Radicular pain or radicular paresthesia, with or without lumbar pain syndrome, and with objective radicular findings, that is, hyporeflexia or EMG abnormality or nerve root specific muscle weakness in the lower extremity, on examination and myelographic, CT scan, or MRI scan evidence of intervertebral disc bulging, protrusion, or herniation that impinges on a lumbar nerve root, and the medical imaging findings correlate anatomically with the findings on neurologic examination, nine percent with the addition of as many of subitems (1) to (4) as apply, but each may be used only once:

- (1) if chronic radicular pain or radicular paresthesia persist despite treatment, add three percent;
- (2) if a surgery other than a fusion performed as part of the treatment, add two percent, if surgery included a fusion, the rating is as provided in subpart 5;
- (3) for additional surgery, other than a fusion, regardless of the number of additional surgeries, add two percent, if the additional surgery included a fusion, the rating is as provided in subpart 5;
- (4) additional concurrent lesion on contralateral side at the same level or on either side at other level, which meets all of the criteria of this item or item E, add nine percent.

E. Radicular pain or radicular paresthesia, with or without lumbar pain syndrome, and with objective radicular findings, that is, reflex changes or EMG abnormality or nerve root specific muscle weakness in the lower extremity, on examination and myelographic, CT scan, or MRI scan evidence of spinal stenosis, as defined in part 5223.0310, subpart 48, that impinges on a lumbar nerve root, and the medical imaging findings correlate with the findings on neurological examination, ten percent with the addition of as many of subitems (1) to (4) as apply, but each may be used only once:

- (1) if chronic radicular pain or radicular paresthesia persist despite treatment, add three percent;
- (2) if a surgery other than a fusion performed as part of the treatment, add five percent, if surgery included a fusion, the rating is as provided in subpart 5;
- (3) for additional surgery, other than a fusion, regardless of the number of additional surgeries, add three percent, if additional surgery included a fusion, the rating is as provided in subpart 5;
- (4) additional concurrent lesion on contralateral side at the same level or on either side at other level, which meets all of the criteria of this item or item D, add nine percent.

### Subp. 5. Fusion.

A. Fusion, as defined in part 5223.0310, subpart 30, at one level performed as part or all of the surgical treatment of a lumbar pain or radicular pain syndrome, add five percent to the otherwise appropriate category in subpart 3 or 4.

B. Fusion at multiple levels performed as part or all of the surgical treatment of a lumbar pain or radicular pain syndrome, add ten percent to the otherwise appropriate category in subpart 3 or 4.

### 5223.0400 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-MOTOR LOSS.

Subpart 1. **General.** For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the upper extremity resulting from nerve injury or disease, and if there is total loss of motor function for those particular portions of the body served by the peripheral nerve, plexus, or nerve root, disability to the whole body is as provided in subparts 2 to 6.

A. Total or complete motor loss means that motor function is less than muscle strength grade 2/5.

B. If injury to a nerve, plexus, or nerve root results only in sensory loss, the rating is as provided in part 5223.0410.

C. If motor loss occurs together with sensory loss, the rating under this part may be combined as described in part 5223.0300, subpart 3, item E, with the rating under part 5223.0410.

D. The ratings in this part include the rating of the impairment due to any restriction of range of motion or ankylosis at any joint of the affected member that is strictly the result of the nerve lesion and no further rating for those losses must be combined with ratings under this part.

Subp. 2. **Peripheral nerve.** There is total or complete motor loss of the peripheral nerve, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

A. median nerve:

(1) entire motor distribution involved, 33 percent;

(2) involving the flexor pollicis longus, flexor digitorum profundus (index), flexor digitorum superficialis, pronator quadratus, and intrinsic muscles of the hand, 21 percent;

(3) involving the flexor pollicis longus, flexor digitorum profundus (index), and pronator quadratus (anterior interosseous syndrome), 15 percent;

B. radial nerve:

(1) entire motor distribution, 25 percent;

(2) with sparing of triceps, 22 percent;

(3) with sparing of triceps and wrist extensors, 15 percent;

C. ulnar nerve:

(1) entire motor distribution involved, 25 percent;

(2) only intrinsic muscles of the hand involved, 18 percent;

D. anterior thoracic nerve, three percent;

E. axillary nerve, 21 percent;

F. dorsal scapular nerve, three percent;

G. long thoracic nerve, nine percent;

H. musculocutaneous nerve, 15 percent;

I. subscapular nerve, three percent;

J. suprascapular nerve, 15 percent;

K. thoracodorsal nerve, three percent;

L. spinal accessory nerve, six percent.

Subp. 3. **Brachial plexus.** There is total or complete motor loss of the brachial plexus, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

A. upper trunk (C5, C6), 42 percent;

B. middle trunk (C7), 21 percent;

C. lower trunk (C8, T1), 42 percent;

D. entire plexus, unilateral, 60 percent.

Subp. 4. **Nerve root.** There is total or complete motor loss of the nerve root, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

A. C5 root, 18 percent;

B. C6 root, 21 percent;

C. C7 root, 21 percent;

D. C8 root, 27 percent;

E. T1 root, 12 percent.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

Subp. 5. **Incomplete loss.** Incomplete loss means that motor function is less than normal but at least antigravity. Motor function is measured in the specific muscles innervated by the injured or diseased nerve, plexus trunk, or nerve root, and muscle strength is graded as follows:

A. 5/5: majority of the tested muscles able to sustain contraction against expected resistance;

B. 4/5: majority of the tested muscles unable to sustain contraction against expected resistance but able to sustain contraction against some applied resistance;

C. 3/5: majority of the tested muscles unable to sustain contraction against any applied resistance but able to move part through full range of motion against gravity;

D. 2/5: majority of the tested muscles able to move part through full range of motion with gravity eliminated.

The rating for incomplete loss is made on the muscle strength grade of the majority of the affected muscles:

(1) muscle strength grade 5/5, zero percent;

(2) muscle strength grade 4/5, 25 percent of rating assigned in subpart 2, 3, or 4;

(3) muscle strength grade 3/5, 50 percent of rating assigned in subpart 2, 3, or 4;

(4) muscle strength grade 2/5, 75 percent of rating assigned in subpart 2, 3, or 4;

(5) muscle strength grade less than 2/5, 100 percent of rating assigned in subpart 2, 3, or 4.

Subp. 6. **Reflex sympathetic dystrophy, causalgia, and cognate conditions.** For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0540;

B. moderate: meets the requirements of this subpart and the involved member is limited to a helping role in bilateral upper extremity activities, 50 percent of the rating for the appropriate category in part 5223.0540;

C. severe: meets the requirements of this subpart and the involved member cannot be used for most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0540.

### 5223.0410 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-SENSORY LOSS.

Subpart 1. **Total loss.** For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the upper extremities resulting from nerve injury or disease and if there is loss of sensory function for those particular portions of the body served by the peripheral nerve, plexus, or root, the disability of the whole body is as provided in subparts 2 to 7.

A. Total or complete sensory loss means that there is no preserved sensation.

B. If injury to a nerve, plexus, or nerve root results only in motor loss, the rating is as provided in part 5223.0400.

C. If motor loss occurs together with sensory loss, then the rating under this part may be combined as described in part 5223.0300, subpart 3, item E, with the rating under part 5223.0400.

Subp. 2. **Peripheral nerve.** There is total or complete sensory loss of the peripheral nerve, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

A. in the distribution of the axillary, one percent;

B. in the distribution of the medial antebrachial cutaneous, two percent;

C. in the distribution of the medial brachial cutaneous, two percent;

D. in the distribution of the musculocutaneous, one percent;

E. in the distribution of the radial, three percent;

F. in the distribution of the suprascapular, three percent;

G. in the distribution of the median, 24 percent; or

H. in the distribution of the ulnar:

(1) entire distribution, ten percent;



(2) dorsal ulnar sensory nerve only, three percent;

(3) ulnar digital nerve to the fifth finger only, both proximal and distal to the metacarpophalangeal joint of the fifth finger, 5.5 percent, if only distal to the metacarpophalangeal joint, the rating is as provided in subpart 6, item A, subitem (5).

Subp. 3. **Brachial plexus.** There is total or complete sensory loss of the brachial plexus, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

- A. in the distribution of the entire plexus, unilateral, 60 percent;
- B. in the distribution of the upper trunk, 15 percent;
- C. in the distribution of the middle trunk, three percent;
- D. in the distribution of the lower trunk, 12 percent.

Subp. 4. **Nerve root.** There is total or complete sensory loss of the nerve root, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

- A. in the distribution of the C5 nerve root, three percent;
- B. in the distribution of the C6 nerve root, 12 percent;
- C. in the distribution of the C7 nerve root, seven percent;
- D. in the distribution of the C8 nerve root, ten percent;
- E. in the distribution of the T1 nerve root, three percent.

Subp. 5. **Partial loss.** Partial loss means that there is incomplete sensory loss. Partial loss is rated at 25 percent of the percentages assigned in subparts 2 to 4 except as provided for in subpart 6 in regard to sensory loss in the digits.

Subp. 6. **Loss of sensation in the digits.**

A. Total sensory loss in the digits: signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration, and sensory loss is confined to the digits and not part of a larger sensory loss rated in subpart 2, 3, or 4.

(1) Loss of sensation in the thumb:

- (a) whole, 10.5 percent;
- (b) radial side distal to the metacarpophalangeal joint, four percent;
- (c) ulnar side distal to the metacarpophalangeal joint, 6.5 percent.

(2) Loss of sensation in the index finger:

- (a) whole, 5.5 percent;
- (b) radial side distal to the metacarpophalangeal joint, whole, 3.5 percent;
- (c) ulnar side distal to the metacarpophalangeal joint, two percent.

(3) Loss of sensation in the middle finger:

- (a) whole, 5.5 percent;
- (b) radial side distal to the metacarpophalangeal joint, 3.5 percent;
- (c) ulnar side distal to the metacarpophalangeal joint, two percent.

(4) Loss of sensation in the ring finger:

- (a) whole, three percent;
- (b) radial side distal to the metacarpophalangeal joint, two percent;
- (c) ulnar side distal to the metacarpophalangeal joint, one percent.

(5) Loss of sensation in the little finger:

- (a) whole, three percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

(b) radial side distal to the metacarpophalangeal joint, one percent;

(c) ulnar side distal to the metacarpophalangeal joint, two percent.

B. Sensory loss distal to proximal interphalangeal joint, 75 percent of the value as provided in item A, either whole, radial side, or ulnar side as applicable.

C. Sensory loss distal to the middle of the distal phalanx, 50 percent of the value as provided in item A, either whole, radial side, or ulnar side as applicable.

D. The levels of sensory loss in the digits and the corresponding disabilities of the whole body are measured as follows:

(1) minimal, two-point discrimination at six millimeters or less, zero percent;

(2) moderate, two-point discrimination greater than six millimeters, one-half of the value in subpart 2;

(3) severe, two-point discrimination at greater than ten millimeters, three-fourths of the value in subpart 2;

(4) total, two-point discrimination at greater than 15 millimeters, the same value as in subpart 2.

**Subp. 7. Reflex sympathetic dystrophy, causalgia, and cognate conditions.** For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0540;

B. moderate: meets the requirements of this subpart and the involved member is limited to a helping role in bilateral upper extremity activities, 50 percent of the rating for the appropriate category in part 5223.0540;

C. severe: meets the requirements of this subpart and the involved member cannot be used for most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0540.

### **5223.0420 PERIPHERAL NERVOUS SYSTEM; LOWER EXTREMITY-MOTOR LOSS.**

**Subpart 1. Total loss.** For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the lower extremity resulting from nerve injury or disease, and if there is loss of motor function for those particular portions of the body served by the peripheral nerve, plexus, or nerve root, disability to the whole body is as provided in subparts 2 to 6.

A. Total or complete motor loss means that motor function is less than muscle strength grade 2/5.

B. If injury to nerve, plexus, or nerve root results in sensory loss alone, the rating is as provided in part 5223.0430.

C. If motor loss occurs together with sensory loss, the rating under this part may be combined as described in part 5223.0300, subpart 3, item E, with the rating under part 5223.0430.

D. The ratings in this part include the rating of the impairment due to any restriction of range of motion or ankylosis of any joint of the affected member that is strictly the result of the nerve lesion and no further rating for those losses must be combined with ratings under this part.

**Subp. 2. Peripheral nerve.** There is total or complete motor loss of the peripheral nerve, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

A. femoral:

(1) entire motor distribution involved, 17 percent;

(2) iliacus spared, 14 percent;

B. obturator nerve:

(1) entire motor distribution, four percent;

(2) only adductor magnus involved, zero percent;

C. inferior gluteal, six percent;

D. superior gluteal, eight percent;

E. sciatic, entire motor distribution involved, 30 percent;

F. common peroneal, 14 percent;

G. deep peroneal:

- (1) entire motor distribution involved, ten percent;
- (2) only the peroneus tertius and extensor digitorum brevis involved, two percent;

H. superficial peroneal, four percent;

I. tibial nerve:

- (1) entire motor distribution involved, 14 percent;
- (2) gastrocnemius innervation spared, eight percent;
- (3) gastrocnemius and soleus innervation spared, six percent;
- (4) lateral plantar branch, two percent;
- (5) medial plantar branch, two percent.

Subp. 3. **Lumbosacral plexus.** There is total or complete motor loss of the lumbosacral plexus, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration: entire lumbosacral plexus, unilateral, 50 percent.

Subp. 4. **Nerve root.** There is total or complete motor loss of the nerve root, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

- A. L3 nerve root, eight percent;
- B. L4 nerve root, 14 percent;
- C. L5 nerve root, 15 percent;
- D. S1 nerve root, 12 percent.

Subp. 5. **Incomplete loss.** Incomplete loss means that motor function is less than normal but at least antigravity. Motor function is measured in the specific muscles innervated by the injured nerve, plexus, or nerve root, and muscle strength is graded as follows:

- A. 5/5: majority of the tested muscles able to sustain contraction against expected resistance;
- B. 4/5: majority of the tested muscles unable to sustain contraction against expected resistance but able to sustain contraction against some applied resistance;
- C. 3/5: majority of the tested muscles unable to sustain contraction against any applied resistance but able to move part through full range of motion against gravity;
- D. 2/5: majority of the tested muscles able to move part through full range of motion with gravity eliminated.

The rating for incomplete loss is made on the muscle strength grade of the majority of the affected muscles:

- (1) muscle strength grade 5/5, zero percent;
- (2) muscle strength grade 4/5, 25 percent of rating assigned in subpart 2, 3, or 4;
- (3) muscle strength grade 3/5, 50 percent of rating assigned in subpart 2, 3, or 4;
- (4) muscle strength grade 2/5 or less, 100 percent of rating assigned in subpart 2, 3, or 4.

Subp. 6. **Reflex sympathetic dystrophy, causalgia, and cognate conditions.** For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

- A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0550;
- B. moderate: meets the requirements of this subpart and the individual can ambulate only with assistive devices or special shoes, 50 percent of the rating for the appropriate category in part 5223.0550;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

C. severe: meets the requirements of this subpart and the individual is unable to weight-bear to effectively perform most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0550.

### **5223.0430 PERIPHERAL NERVOUS SYSTEM; LOWER EXTREMITY-SENSORY LOSS.**

Subpart 1. **Total loss.** For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the lower extremities resulting from nerve injury or disease and where there is loss of sensory function for those particular portions of the body served by the peripheral nerve, plexus, or root, the disability of the whole body is as provided in subparts 2 to 6.

A. Total or complete sensory loss means that there is no preserved sensation.

B. If injury to a nerve, plexus, or nerve root results only in motor loss, the rating is provided in part 5223.0420.

C. If motor loss occurs together with sensory loss, the rating under this part may be combined as described in part 5223.0300, subpart 3, item E, with the rating under part 5223.0420.

Subp. 2. **Peripheral nerve.** There is total or complete sensory loss of the peripheral nerve, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration in the distribution of the:

A. femoral, anterior crural, two percent;

B. genitofemoral, or genitocrural, two percent;

C. lateral femoral cutaneous, four percent;

D. posterior cutaneous of thigh, two percent;

E. sciatic, ten percent;

F. superficial peroneal, two percent;

G. tibial nerve:

(1) entire sensory distribution, six percent;

(2) lateral plantar branch, two percent; or

(3) medial plantar branch, two percent;

H. sural (external saphenous), one percent.

Subp. 3. **Lumbosacral plexus.** There is total or complete sensory loss of the lumbosacral plexus, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration, and there is objective conformation by electrodiagnostic testing: in the distribution of the lumbosacral plexus, 16 percent.

Subp. 4. **Nerve root.** There is total or complete sensory loss of the nerve root, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration in the distribution of the:

A. L3 nerve root, two percent;

B. L4 nerve root, two percent;

C. L5 nerve root, three percent;

D. S1 nerve root, four percent;

E. S2, S3, and S4 nerve roots resulting in saddle anesthesia, two percent, for abnormality of penile sensation or function, the rating is as provided in part 5223.0600, subpart 6; for abnormality of vaginal sensation or function, the rating is as provided in part 5223.0600, subpart 9; for abnormality of anal function, the rating is as provided in part 5223.0590, subpart 4.

Subp. 5. **Partial loss.** Partial loss means that there is incomplete sensory loss. Partial loss is rated at 25 percent of the percentages assigned in subparts 2 to 4.

Subp. 6. **Reflex sympathetic dystrophy, causalgia, and cognate conditions.** For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0550;

B. moderate: meets the requirements of this subpart and the individual can ambulate only with assistive devices or special shoes, 50 percent of the rating for the appropriate category in part 5223.0550;

C. severe: meets the requirements of this subpart and the individual is unable to weight-bear to effectively perform most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0550.

**5223.0440 MUSCULOSKELETAL SCHEDULE; TRUNK, EXCLUDING SPINE.**

Subpart 1. **General.** For permanent partial impairment to the trunk, excluding the spine, disability of the whole body is as provided in this part. For purposes of rating, the trunk has been divided into:

- A. the chest, including the scapulae, clavicles, sternum, ribs, costal cartilages, and chest wall musculature; and
- B. the abdomen, including the abdominal musculature.

Subp. 2. **Chest.** Disorders of the chest resulting in a permanent impairment of the respiration must be rated under part 5223.0560.

A. Scapula:

(1) disorder, fracture, or surgical removal or alteration of the scapula not otherwise ratable under part 5223.0450, zero percent;

(2) disorder, dislocation, fracture, or surgical removal or alteration of the acromioclavicular joint not otherwise ratable under part 5223.0450, zero percent.

B. Clavicle:

(1) disorder, fracture, or surgical removal or alteration of the clavicle not otherwise ratable under part 5223.0450, zero percent;

(2) disorder, dislocation, fracture, or surgical removal or alteration of the sternoclavicular joint, zero percent.

C. Sternum disorder, dislocation, fracture, or surgical alteration or removal of:

(1) the sternum, zero percent;

(2) the manubriosternal joint, zero percent;

(3) the xiphisternal junction, zero percent;

(4) the xiphoid, zero percent.

D. Ribs, costal cartilage, and rib musculature, disorder, dislocation, fracture, or surgical alteration or removal of:

(1) rib or ribs, zero percent;

(2) costal cartilage, zero percent;

(3) costal muscles, zero percent.

Subp. 3. **Abdomen.**

A. Abdominal muscle:

(1) strain or sprain of abdominal muscle, zero percent;

(2) tear or other acquired defect in abdominal muscle not otherwise ratable under item B, zero percent.

B. Hernia:

(1) inguinal hernia, unilateral or bilateral, repaired, zero percent;

(2) inguinal hernia, direct or indirect, unilateral or bilateral and recurrent after two or more herniorrhaphies, three percent;

(3) abdominal hernia, repaired, zero percent;

(4) abdominal hernia, recurrent after two or more herniorrhaphies, one percent;

(5) femoral hernia, unilateral or bilateral, repaired, zero percent;

(6) femoral hernia, unilateral or bilateral, recurrent after two or more herniorrhaphies, one percent.

**5223.0450 MUSCULOSKELETAL SCHEDULE; SHOULDER AND UPPER ARM.**

Subpart 1. **General.** For permanent partial impairment to the shoulder and upper arm, disability of the whole body is as provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

amputation of the arm at the shoulder. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is represented by a category designated as combinable under subpart 3, it must be rated under that category and under the appropriate categories describing loss of function under subpart 4. The ratings obtained must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 4.

### Subp. 2. **Exclusive Categories.**

A. Acromioclavicular separation of the following severity:

- (1) grade 1, as defined in part 5223.0310, subpart 2, zero percent;
- (2) grade 2, as defined in part 5223.0310, subpart 3, one percent;
- (3) grade 3, as defined in part 5223.0310, subpart 4, three percent.

B. Anterior or posterior shoulder dislocation, documented by examination, imaging study, or invasive investigation:

- (1) single episode or occurring less than three times in six months, three percent;
- (2) occurring at least three times in six months, no surgical repair, ten percent;
- (3) recurring after attempted surgical repair, ten percent;
- (4) if repaired surgically and there is no recurrence after surgical repair, the rating is as provided under subpart 4.

C. Resection distal end of clavicle, three percent.

D. Chronic bicipital tendon rupture, one percent.

E. Resection arthroplasty, 36 percent.

F. Painful organic syndrome, as defined in part 5223.0310, subpart 41, not elsewhere specified and substantiated by appropriate, consistent, and reproducible clinical or medical imaging findings, as defined in part 5223.0310, subpart 8, which results in persistent limitation of active range of motion but no limitation of passive range of motion, zero percent.

### Subp. 3. **Combinable categories.**

A. Chronic rotator cuff tear, demonstrated by medical imaging study, with or without surgical repair:

- (1) partial thickness, two percent;
- (2) full thickness, six percent.

B. Implant arthroplasty, 18 percent.

C. Fracture or dislocation involving scapula, clavicle, humerus, not otherwise ratable under subpart 2 or 3, or part 5223.0460, zero percent.

Subp. 4. **Categories describing loss of function.** Function at the shoulder is measured by the available passive range of motion in three arcs at the shoulder: flexion or extension, abduction or adduction, and rotation. Examination with goniometer is performed to determine the limits of passive range of motion in each arc. If there is an impairment in more than one arc, the ratings for each arc are added to determine the final impairment for loss of function.

A. Extent of range of flexion or extension:

- (1) extension is greater than zero degrees and flexion is:
  - (a) to greater than 150 degrees, zero percent;
  - (b) to between 121 degrees and 150 degrees, three percent;
  - (c) to between 101 degrees and 120 degrees, five percent;
  - (d) to between 51 degrees and 100 degrees, eight percent;
  - (e) to between zero degrees and 50 degrees, 12.5 percent;
  - (f) to less than zero degrees, that is, there is an extension contracture, 18 percent;

(2) extension is limited to between zero and nine degrees flexion, that is, there is a flexion contracture, and flexion is:

- (a) to greater than 150 degrees, zero percent;
- (b) to between 121 degrees and 150 degrees, three percent;
- (c) to between 101 degrees and 120 degrees, five percent;
- (d) to between 51 degrees and 100 degrees, eight percent;
- (e) to less than 51 degrees, 12.5 percent;

(3) extension is limited to between ten degrees and 50 degrees flexion, that is, there is a flexion contracture, and flexion is:

- (a) to greater than 150 degrees, two percent;
- (b) to between 121 degrees and 150 degrees, five percent;
- (c) to between 101 degrees and 120 degrees, seven percent;
- (d) to between 51 degrees and 100 degrees, ten percent;
- (e) to less than 51 degrees, 14.5 percent;

(4) extension is limited to between 51 degrees and 100 degrees flexion, that is, there is a flexion contracture, and flexion is:

- (a) to greater than 150 degrees, eight percent;
- (b) to between 121 degrees and 150 degrees, 11 percent;
- (c) to between 101 degrees and 120 degrees, 13 percent;
- (d) to less than 101 degrees, 16 percent;

(5) extension is limited to between 101 degrees and 150 degrees flexion, that is, there is a flexion contracture, and flexion is:

- (a) to greater than 150 degrees, 14.5 percent;
- (b) to between 121 degrees and 150 degrees, 17.5 percent;
- (c) to less than 121 degrees, 18 percent;

(6) extension is limited to greater than 150 degrees flexion, that is, there is a flexion contracture, and flexion is to greater than 150 degrees, 18 percent;

(7) ankylosis, as defined in part 5223.0310, subpart 7, in flexion or extension occurs:

- (a) in extension, 18 percent;
- (b) between one degree and 50 degrees of flexion, 14.5 percent;
- (c) between 51 degrees of flexion and 100 degrees of flexion, 16 percent;
- (d) at greater than 101 degrees of flexion, 18 percent.

**B. Extent of range of abduction or adduction:**

(1) adduction is greater than zero degrees and abduction is:

- (a) to greater than 150 degrees, zero percent;
- (b) to between 121 degrees and 150 degrees, three percent;
- (c) to between 81 degrees and 120 degrees, eight percent;
- (d) to less than 81 degrees, 11 percent;

(2) adduction is limited to between zero and nine degrees abduction, that is, there is an abduction contracture, and abduction is:

- (a) to greater than 150 degrees, zero percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

- (b) to between 121 degrees and 150 degrees, three percent;
  - (c) to between 81 degrees and 120 degrees, eight percent;
  - (d) to less than 81 degrees, 11 percent;
- (3) adduction is limited to between ten degrees and 80 degrees abduction, that is, there is an abduction contracture, and abduction is:
- (a) to greater than 150 degrees, two percent;
  - (b) to between 121 degrees and 150 degrees, five percent;
  - (c) to between 81 degrees and 120 degrees, ten percent;
  - (d) to less than 81 degrees, 11 percent;
- (4) adduction is limited to greater than 80 degrees abduction, that is, there is an abduction contracture, 11 percent;
- (5) ankylosis, as defined in part 5223.0310, subpart 7, in abduction or adduction occurs:
- (a) in adduction, 11 percent;
  - (b) between one degree and 80 degrees of abduction, six percent;
  - (c) at greater than 80 degrees, 11 percent.
- C. Extent of range of rotation:
- (1) external rotation is greater than 40 degrees and internal rotation is:
- (a) to greater than 20 degrees, zero percent;
  - (b) to between zero degrees and 20 degrees, one percent;
  - (c) limited to between zero degrees and nine degrees external rotation, that is, there is an external rotation contracture, one percent;
  - (d) limited to between ten degrees and 40 degrees external rotation, that is, there is an external rotation contracture, three percent;
  - (e) limited to greater than 40 degrees external rotation, that is, there is an external rotation contracture, seven percent;
- (2) external rotation is limited to between ten degrees and 40 degrees and internal rotation is:
- (a) to greater than 20 degrees, one percent;
  - (b) to between zero degrees and 20 degrees, two percent;
  - (c) limited to between zero degrees and nine degrees external rotation, that is, there is an external rotation contracture, two percent;
  - (d) limited to between ten degrees and 40 degrees external rotation, that is, there is an external rotation contracture, four percent;
- (3) external rotation is limited to between zero degrees and nine degrees and internal rotation is:
- (a) to greater than 20 degrees, one percent;
  - (b) up to 20 degrees, two percent;
- (4) external rotation is limited to between ten degrees and 20 degrees internal rotation, that is, there is an internal rotation contracture, and internal rotation is:
- (a) to greater than 20 degrees, three percent;
  - (b) between ten degrees and 20 degrees, four percent;
- (5) external rotation is limited to greater than 20 degrees internal rotation, that is, there is an internal rotation contracture, and internal rotation is to greater than 20 degrees, seven percent;
- (6) ankylosis, as defined in part 5223.0310, subpart 7, in rotation occurs:
- (a) at greater than 20 degrees of internal rotation, seven percent;
  - (b) between 20 degrees of internal rotation and 40 degrees of external rotation, four percent;
  - (c) at greater than 40 degrees of external rotation, seven percent.



**5223.0460 MUSCULOSKELETAL SCHEDULE; ELBOW AND FOREARM.**

Subpart 1. **General.** For permanent partial impairment to the elbow and forearm, disability of the whole body is as provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for amputation of the arm at the elbow under part 5223.0540. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is represented by a category designated as combinable under subpart 3, it must be rated under that category and under the appropriate categories describing loss of function under subpart 4. The ratings obtained must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 4.

**Subp. 2. Exclusive categories.**

A. Flail elbow, 39 percent.

B. Resection head of radius, five percent.

C. Painful organic syndrome, as defined in part 5223.0310, subpart 41, including chronic epicondylitis, medial or lateral, not elsewhere specified, and substantiated by appropriate, consistent, and reproducible clinical findings, as defined in part 5223.0310, subpart 8, which results in persistent limitation of active range of motion but no limitation of passive range of motion, zero percent.

D. Nerve entrapment syndrome of the radial, median, or ulnar nerve at the elbow or in the forearm:

(1) resolved with treatment, zero percent;

(2) pain and paresthesia recurring or persisting despite treatment, but not substantiated by objective findings on electrodiagnostic testing, zero percent;

(3) pain and paresthesia persisting despite treatment, or recurring and persisting despite treatment and substantiated by persistent findings on electrodiagnostic testing, two percent;

(4) objectively demonstrable motor or sensory loss, the rating is as provided in parts 5223.0400 and 5223.0410.

**Subp. 3. Combinable categories.**

A. Arthroplasty:

(1) total elbow, 17 percent;

(2) radial head, five percent.

B. Elbow instability: excessive passive mediolateral motion in comparison to normal:

(1) subluxation in extension, reduced by flexion:

(a) intermittent, five percent;

(b) continuous, ten percent;

(2) dislocation:

(a) intermittent or elicited only by examination, six percent;

(b) spontaneous continuous, ten percent.

C. Elbow lateral deviation: permanent deformity; measured with elbow in full passive extension:

(1) less than 30 degrees, zero percent;

(2) greater than or equal to 30 degrees, three percent.

D. Fracture or dislocation involving humerus, radius, or ulna, not otherwise ratable under subpart 2 or 3 or part 5223.0450 or 5223.0470, zero percent.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

Subp. 4. **Categories describing loss of function.** Function at the elbow or forearm is measured by the available passive range of motion at the elbow.

The passive range of motion is measured in two arcs: flexion or extension and supination or pronation. Examination with goniometer is performed to determine the limitation of passive range of motion in each arc. If there is impairment in more than one arc, the ratings for each arc added to determine the overall disability for loss of motion.

A. Extent of range of flexion or extension:

(1) extension is limited to between zero and 30 degrees flexion, that is, any flexion contracture is less than 30 degrees, and flexion is:

- (a) to greater than 100 degrees, zero percent;
- (b) to between 61 degrees and 100 degrees, six percent;
- (c) to between 31 degrees and 60 degrees, 15 percent;
- (d) to less than 31 degrees, 25 percent;

(2) extension is limited to between 31 degrees and 60 degrees flexion, that is, there is a flexion contracture, and flexion is:

- (a) to greater than 100 degrees, three percent;
- (b) to between 61 degrees and 100 degrees, nine percent;
- (c) to less than 61 degrees, 18 percent;

(3) extension is limited to between 61 degrees and 100 degrees flexion, that is, there is a flexion contracture, and flexion is:

- (a) to greater than 100 degrees, seven percent;
- (b) to less than 101 degrees, 13 percent;

(4) extension is limited to greater than 100 degrees flexion, that is, there is a flexion contracture, and flexion is to greater than 100 degrees flexion, 25 percent;

(5) ankylosis, as defined in part 5223.0310, subpart 7, in flexion or extension occurs:

- (a) between zero degrees and 30 degrees, 25 percent;
- (b) between 31 degrees and 60 degrees, 18 percent;
- (c) between 61 degrees and 100 degrees, 13 percent;
- (d) at greater than 100 degrees, 25 percent.

B. Extent of range of rotation:

(1) pronation is greater than 45 degrees and supination is:

- (a) to greater than 45 degrees, zero percent;
- (b) to between zero degrees and 45 degrees, that is, there is a pronation contracture, one percent;
- (c) limited to between one degree and 45 degrees pronation, that is, there is a pronation contracture, three percent;
- (d) limited to greater than 45 degrees pronation, that is, there is a pronation contracture, 17 percent;

(2) pronation is limited to between one degree and 45 degrees and supination is:

- (a) to greater than 45 degrees, five percent;
- (b) to between zero degrees and 45 degrees, six percent;
- (c) limited to between one degree and 45 degrees pronation, that is, there is a pronation contracture, eight percent;

(3) pronation is limited to between zero degrees and 45 degrees supination, that is, there is a supination contracture, and supination is:

- (a) to greater than 45 degrees, 11 percent;
- (b) to between zero degrees and 45 degrees, 12 percent;

(4) pronation is limited to greater than 45 degrees supination, that is, there is a supination contracture, 17 percent;

(5) ankylosis, as defined in part 5223.0310, subpart 7, in rotation occurs:

- (a) between ten degrees of supination and 45 degrees of pronation, eight percent;

- (b) between ten degrees of supination and 45 degrees of supination, 12 percent;
- (c) at greater than 45 degrees of supination, 17 percent;
- (d) at greater than 45 degrees of pronation, 17 percent.

**5223.0470 MUSCULOSKELETAL SCHEDULE; WRIST.**

Subpart 1. **General.** For permanent partial impairment to the wrist, disability of the whole body is as provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for amputation of the arm at the wrist under part 5223.0540. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is represented by a category designated as combinable under subpart 3, it must be rated under that category and under the appropriate categories describing loss of function under subpart 4. The ratings obtained must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 4.

**Subp. 2. Exclusive categories.**

A. Painful organic syndrome, as defined in part 5223.0310, subpart 41, including tendonitis syndrome and de Quervain syndrome, not elsewhere specified, and substantiated by appropriate, consistent, and reproducible clinical findings, as defined in part 5223.0310, subpart 8, which results in persistent limitation of active range of motion but no limitation of passive range of motion, zero percent.

B. Nerve entrapment syndrome of the ulnar, radial, or median nerve at the wrist:

- (1) resolved with treatment, zero percent;
- (2) pain and paresthesia recurring or persisting despite treatment, but not substantiated by objective findings on electrodiagnostic testing, zero percent;
- (3) pain and paresthesia persisting despite treatment or recurring and persisting despite treatment and substantiated by persistent findings on electrodiagnostic testing, three percent;
- (4) objectively demonstrable motor or sensory loss, the rating is as provided in parts 5223.0400 and 5223.0410.

**Subp. 3. Combinable categories.**

A. Arthroplasty:

- (1) total wrist, 18 percent;
- (2) ulnar head, five percent;
- (3) proximal carpal row, nine percent;
- (4) single carpal bone resection except resection of the pisiform or hook of the hamate, six percent;
- (5) excision of the pisiform or the hook of the hamate, two percent.

B. Carpal instability, as defined in part 5223.0310, subpart 13, based on appropriate clinical, laboratory, and medical imaging findings:

- (1) confirmed by clinical examination only, four percent;
- (2) confirmed by both clinical examination and medical imaging study, seven percent;
- (3) confirmed by both clinical examination and medical imaging study which also demonstrates degenerative arthritis, 11 percent.

C. Fracture or dislocation involving radius, ulna, carpal bone not otherwise ratable under subpart 2 or 3 or part 5223.0460, zero percent.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

Subp. 4. **Categories describing loss of function.** Function at the wrist is measured by the available passive range of motion at the wrist.

The passive range of motion is measured in two arcs: flexion or extension and deviation. Examination with goniometer is performed to determine the limits of passive range of motion in each arc. If there is impairment in more than one arc, the ratings for each arc are added to determine the overall disability for loss of motion.

A. Extent of range of flexion or extension:

(1) extension is greater than 45 degrees and flexion is:

- (a) to greater than 45 degrees, zero percent;
- (b) to between 31 degrees and 45 degrees, 2.5 percent;
- (c) to between zero degrees and 30 degrees, five percent;
- (d) limited to between one degree and 30 degrees extension, that is, there is an extension contracture, ten percent;
- (e) limited to greater than 30 degrees extension, that is, there is an extension contracture, 25 percent;

(2) extension is limited to between 31 degrees and 45 degrees and flexion is:

- (a) to greater than 45 degrees, 2.5 percent;
- (b) to between 31 degrees and 45 degrees, five percent;
- (c) to between zero degrees and 30 degrees, 7.5 percent;
- (d) limited to between one degree and 30 degrees extension, that is, there is an extension contracture, 12.5 percent;
- (e) limited to greater than 30 degrees extension, that is, there is an extension contracture, 25 percent;

(3) extension is limited to between one degree and 30 degrees and flexion is:

- (a) to greater than 45 degrees, five percent;
- (b) to between 31 degrees and 45 degrees, 7.5 percent;
- (c) to between zero degrees and 30 degrees, ten percent;
- (d) to between one degree and 30 degrees extension, that is, there is an extension contracture, 15 percent;

(4) extension is limited to between zero degrees and 30 degrees flexion, that is, there is a flexion contracture, and flexion

is:

- (a) to greater than 45 degrees, ten percent;
- (b) to between 31 degrees and 45 degrees, 12.5 percent;
- (c) to less than 30 degrees, 15 percent;

(5) extension is limited to greater than 30 degrees flexion, that is, there is a flexion contracture, 25 percent;

(6) ankylosis, as defined in part 5223.0310, subpart 7, in flexion or extension occurs:

- (a) between 30 degrees of extension and five degrees of flexion, 15 percent;
- (b) between six degrees of flexion and 30 degrees of flexion, 20 percent;
- (c) at greater than 30 degrees of extension, 25 percent;
- (d) at greater than 30 degrees of flexion, 25 percent.

B. Extent of range of deviation:

(1) ulnar deviation is greater than 15 degrees and radial deviation is:

- (a) to greater than zero degrees, zero percent;
- (b) limited to between zero degrees and 15 degrees ulnar deviation, that is, there is an ulnar deviation contracture, two percent;
- (c) limited to greater than 15 degrees ulnar deviation, that is, there is an ulnar deviation contracture, five percent;

(2) ulnar deviation is limited to between zero degrees and 15 degrees and radial deviation is:

- (a) to greater than zero degrees, two percent;
- (b) to between zero degrees and 15 degrees ulnar deviation, that is, there is an ulnar deviation contracture, four percent;

(3) ulnar deviation is limited to greater than zero degrees radial deviation, that is, there is a radial deviation contracture, five percent.

(4) ankylosis, as defined in part 5223.0310, subpart 7, in deviation occurs:

(a) between one degree of ulnar deviation and 15 degrees of ulnar deviation, two percent;

(b) at greater than 15 degrees of ulnar deviation, five percent;

(c) in radial deviation, five percent.

#### **5223.0480 MUSCULOSKELETAL SCHEDULE; HAND AND FINGERS.**

##### **Subpart 1. General.**

A. Permanent partial impairment of fingers is a disability of the whole body as is provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for amputation of the hand or digit if the impairing condition is confined to a digit under part 5223.0540. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E. If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is represented by a category designated as combinable under subpart 3, must be rated under that category and under the appropriate categories describing loss of function under subpart 4. The ratings obtained must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 4.

B. For purposes of computing the percent of disability due to injuries of the digits, each digit and each joint of each digit is assigned a percentage representing the percent of disability of the whole body resulting from 100 percent disability of that digit or joint. In subparts 4 and 5, the final percent disability of the whole body is computed by multiplying the overall percent disability to the digit or joint times the values listed in this subpart.

(1) Value of the digits:

(a) thumb, 22 percent;

(b) index finger, 11 percent;

(c) middle finger, 11 percent;

(d) ring finger, five percent;

(e) little finger, five percent.

(2) Value of the joints:

(a) thumb:

i. carpometacarpal joint, 17 percent;

ii. metacarpophalangeal joint, seven percent;

iii. interphalangeal joint, two percent;

(b) index and middle fingers:

i. metacarpophalangeal joint, 11 percent;

ii. proximal interphalangeal joint, eight percent;

iii. distal interphalangeal joint, five percent;

(c) ring and little fingers:

i. metacarpophalangeal joint, five percent;

ii. proximal interphalangeal joint, four percent;

iii. distal interphalangeal joint, two percent.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

### Subp. 2. Exclusive categories.

A. Mallet deformity, loss of active extension at distal interphalangeal joint of 30 degrees or more, substantiated by objective clinical findings, and persisting despite therapy, or recurring and persisting after attempted surgical correction:

- (1) index finger, 0.5 percent;
- (2) middle finger, 0.5 percent;
- (3) ring finger, 0.2 percent;
- (4) little finger, 0.2 percent.

B. Boutonniere deformity, flexion of the proximal interphalangeal joint of 30 degrees or more and extension of the distal interphalangeal joint, which can be reduced passively but not actively, substantiated by objective clinical findings, and persisting despite treatment, or recurring and persisting after attempted surgical correction:

- (1) index finger, 1.1 percent;
- (2) middle finger, 1.1 percent;
- (3) ring finger, 0.5 percent;
- (4) little finger, 0.5 percent.

C. Swan neck deformity, hyperextension of the proximal interphalangeal joint exceeding 15 degrees or more and flexion of the distal interphalangeal, which can be reduced passively but not actively, substantiated by objective clinical findings; and persisting despite treatment, or recurring and persisting after attempted surgical correction:

- (1) index finger, 1.1 percent;
- (2) middle finger, 1.1 percent;
- (3) ring finger, 0.5 percent;
- (4) little finger, 0.5 percent.

D. Arthroplasty, 100 percent of the value of the joint.

### Subp. 3. Combinable categories.

A. Ulnar or radial deviation at a joint: permanent fixed deformity, measured with joint at neutral position:

- (1) less than ten degrees, zero percent;
- (2) mild: less than 20 degrees, ten percent of the value of the digit;
- (3) moderate: 20 degrees to 30 degrees, 20 percent of the value of the digit;
- (4) severe: greater than 30 degrees, 30 percent of the value of the digit.

B. Rotational deformity: permanent fixed deformity, measured with joint at neutral position:

- (1) less than five degrees, zero percent;
- (2) mild: five degrees to 15 degrees, ten percent of the value of the digit;
- (3) moderate: 16 degrees to 30 degrees, 20 percent of the value of the digit;
- (4) severe: greater than 30 degrees, 30 percent of the value of the digit.

C. Instability: excessive passive ulnar or radial motion in the joint in comparison to normal:

- (1) less than five degrees, zero percent;
- (2) mild: five degrees to ten degrees, ten percent of the value of the joint;
- (3) moderate: 11 degrees to 20 degrees, 20 percent of the value of the joint;
- (4) severe: greater than 20 degrees, 30 percent of the value of the joint.

D. Intrinsic tightness: measured by hyperextending the digit at the metacarpophalangeal joint and then attempting to flex the proximal interphalangeal joint, and persisting despite therapy, or recurring and persisting after attempted surgical correction:

- (1) flexion greater than 80 degrees at the proximal interphalangeal joint, zero percent;
- (2) mild: flexion from 60 degrees to 80 degrees, 15 percent of the value of the digit;
- (3) moderate: flexion from 20 degrees to 59 degrees, 30 percent of the value of the digit;
- (4) severe: flexion less than 20 degrees, 40 percent of the value of the digit.

E. Triggering: substantiated by objective clinical findings, and persisting despite therapy, or recurring and persisting after attempted surgical correction:

- (1) mild: inconstant during active range of motion, ten percent of the value of the digit;
- (2) moderate: constant during active range of motion, 20 percent of the value of the digit;
- (3) severe: constant during passive range of motion, 30 percent of the value of the digit.

F. Fracture or dislocation involving metacarpal or phalanx not otherwise ratable under subpart 3 or 4, zero percent.

Subp. 4. **Categories describing loss of function.** Function of the hand and fingers is measured by the available passive range of motion at each joint and by the quality and extent of tactile sensation in the hand. For injuries involving lacerated tendons, the available active range of motion is measured and applied to items A to H.

The passive range of motion at all joints of the digits excluding the carpometacarpal joint of the thumb is measured in one arc: flexion or extension. Examination with goniometer is performed to determine the limits of passive range of motion at each of these joints. The passive range of motion of the carpometacarpal joint of the thumb is measured by three movements of the thumb: extension or abduction, radial abduction, and opposition. Examination with a metric ruler is performed to determine the passive limitations of each of the movements of the carpometacarpal joint of the thumb.

For the thumb, all appropriate ratings for loss of motion at the interphalangeal, metacarpal, and carpometacarpal joints are added to determine the overall rating for loss of motion of the thumb. This overall rating for loss of motion of the thumb is multiplied by the value of the thumb to convert to the whole body disability for loss of motion of the thumb.

For the fingers, disability for loss of motion at different joints of the same finger are combined to determine the overall disability for loss of motion of the digit. Overall disabilities for loss of motion of a digit are multiplied by the value of the digit to find the whole body disability for loss of motion of that digit. The disabilities for loss of motion of digits are added to determine the overall disability for loss of motion of the hand when there is injury to more than one digit.

The quality and extent of tactile sensation is evaluated according to part 5223.0410, subpart 6.

Any disability for loss of sensation is combined with any overall disability for loss of range of motion to determine the final disability for loss of function.

A. Extent of range of flexion or extension at metacarpophalangeal joint for fingers excluding the thumb:

- (1) extension is greater than zero degrees and flexion is:
  - (a) to greater than 70 degrees, zero percent;
  - (b) limited to between 51 degrees and 70 degrees, ten percent of the value of the digit;
  - (c) limited to between 21 degrees and 50 degrees, 25 percent of the value of the digit;
  - (d) limited to between zero degrees and 20 degrees, 40 percent of the value of the digit;
  - (e) less than zero degrees, that is, there is an extension contracture, 60 percent of the value of the digit;
- (2) extension is limited to between zero degrees and nine degrees flexion, that is, there is a flexion contracture, and flexion

is:

- (a) to greater than 70 degrees, zero percent;
- (b) limited to between 51 degrees and 70 degrees, ten percent of the value of the digit;
- (c) limited to between 21 degrees and 50 degrees, 25 percent of the value of the digit;
- (d) limited to between zero degrees and 20 degrees, 40 percent of the value of the digit;
- (3) extension is limited to between ten degrees and 30 degrees flexion, that is, there is a flexion contracture, and flexion is:
  - (a) to greater than 70 degrees, ten percent of the value of the digit;
  - (b) limited to between 51 degrees and 70 degrees, 20 percent of the value of the digit;
  - (c) limited to between 21 degrees and 50 degrees, 35 percent of the value of the digit;
  - (d) limited to between ten degrees and 20 degrees, 50 percent of the value of the digit;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

- (4) extension is limited to between 31 degrees and 60 degrees flexion, that is, there is a flexion contracture, and flexion is:
    - (a) to greater than 70 degrees, 35 percent of the value of the digit;
    - (b) limited to between 51 degrees and 70 degrees, 45 percent of the value of the digit;
    - (c) limited to between 31 degrees and 50 degrees, 60 percent of the value of the digit;
  - (5) extension is limited to between 61 degrees and 80 degrees flexion, that is, there is a flexion contracture, and flexion is:
    - (a) to greater than 70 degrees, 70 percent of the value of the digit;
    - (b) limited to between 61 degrees and 70 degrees, 80 percent of the value of the digit;
  - (6) extension is limited to greater than 80 degrees flexion, that is, there is a flexion contracture, 100 percent of the value of the digit;
  - (7) ankylosis, as defined in part 5223.0310, subpart 7, of the metacarpophalangeal joint for the fingers excluding the thumb occurs:
    - (a) between neutral and 30 degrees of flexion, 50 percent of the value of the digit;
    - (b) in extension, 60 percent of the value of the digit;
    - (c) between 31 degrees of flexion and 60 degrees of flexion, 60 percent of the value of the digit;
    - (d) between 61 degrees of flexion and 80 degrees of flexion, 80 percent of the value of the digit;
    - (e) at greater than 80 degrees of flexion, 100 percent of the value of the digit.
- B. Extent of range of flexion or extension and the proximal interphalangeal joint for fingers excluding the thumb occurs:
- (1) extension is greater than zero degrees and flexion is:
    - (a) to greater than 90 degrees, zero percent;
    - (b) limited to between 61 degrees and 90 degrees, ten percent of the value of the digit;
    - (c) limited to between 46 degrees and 60 degrees, 25 percent of the value of the digit;
    - (d) limited to between zero degrees and 45 degrees, 45 percent of the value of the digit;
    - (e) less than zero degrees, that is, there is an extension contracture, 80 percent of the value of the digit;
  - (2) extension is limited to between zero degrees and nine degrees flexion, that is, there is a flexion contracture, and flexion is:
    - (a) to greater than 90 degrees, zero percent;
    - (b) limited to between 61 degrees and 90 degrees, ten percent of the value of the digit;
    - (c) limited to between 46 degrees and 60 degrees, 25 percent of the value of the digit;
    - (d) limited to between zero degrees and 45 degrees, 45 percent of the value of the digit;
  - (3) extension is limited to between ten degrees and 45 degrees flexion, that is, there is a flexion contracture, and flexion is:
    - (a) to greater than 90 degrees, ten percent of the value of the digit;
    - (b) limited to between 61 degrees and 90 degrees, 20 percent of the value of the digit;
    - (c) limited to between 46 degrees and 60 degrees, 35 percent of the value of the digit;
    - (d) limited to between ten degrees and 45 degrees, 55 percent of the value of the digit;
  - (4) extension is limited to between 46 degrees and 60 degrees flexion, that is, there is a flexion contracture, and flexion is:
    - (a) to greater than 90 degrees, 30 percent of the value of the digit;
    - (b) limited to between 61 degrees and 90 degrees, 40 percent of the value of the digit;
    - (c) limited to between 46 degrees and 60 degrees, 55 percent of the value of the digit;
  - (5) extension is limited to between 61 degrees and 90 degrees flexion, that is, there is a flexion contracture, and flexion is:
    - (a) to greater than 90 degrees, 45 percent of the value of the digit;
    - (b) limited to between 61 degrees and 90 degrees, 55 percent of the value of the digit;
  - (6) extension is limited to greater than 90 degrees flexion, that is, there is a flexion contracture, 80 percent of the value of the digit;



(7) ankylosis, as defined in part 5223.0310, subpart 7, at the proximal interphalangeal joint for the fingers excluding the thumb occurs:

- (a) between zero degrees and 45 degrees of flexion, 55 percent of the value of the digit;
- (b) between 46 degrees of flexion and 90 degrees of flexion, 65 percent of the value of the digit;
- (c) in extension, 80 percent of the value of the digit;
- (d) at greater than 90 degrees of flexion, 90 percent of the value of the digit.

C. Extent of range of flexion or extension at the distal interphalangeal joint for fingers excluding the thumb:

(1) extension is greater than zero degrees and flexion is:

- (a) to greater than 45 degrees, zero percent;
- (b) limited to between zero degrees and 45 degrees, 20 percent of the value of the digit;
- (c) less than zero degrees, that is, there is an extension contracture, 45 percent of the value of the digit;

(2) extension is limited to between zero degrees and nine degrees flexion, that is, there is a flexion contracture, and flexion

is:

- (a) to greater than 45 degrees, zero percent;
- (b) limited to between zero degrees and 45 degrees, 20 percent of the value of the digit;

(3) extension is limited to between ten degrees and 45 degrees flexion, that is, there is a flexion contracture, and flexion is:

- (a) to greater than 45 degrees, ten percent of the value of the digit;
- (b) limited to between ten degrees and 45 degrees, 30 percent of the value of the digit;

the digit;

(4) extension is limited to greater than 45 degrees flexion, that is, there is a flexion contracture, 45 percent of the value of

the digit;

(5) ankylosis, as defined in part 5223.0310, subpart 7, at the interphalangeal joint for the fingers excluding the thumb occurs:

- (a) between zero degrees and 45 degrees of flexion, 30 percent of the value of the digit;
- (b) greater than 45 degrees of flexion, 45 percent of the value of the digit;
- (c) in extension, 45 percent of the value of the digit.

D. Extent of range of flexion or extension at the metacarpophalangeal joint for the thumb:

(1) extension is greater than zero degrees and flexion is:

- (a) to greater than 30 degrees, zero percent;
- (b) limited to between zero degrees and 30 degrees, six percent of the thumb;
- (c) limited to less than zero degrees, that is, there is an extension contracture, six percent of the thumb;

(2) extension is limited to between zero degrees and 30 degrees flexion, that is, there is a flexion contracture, and flexion

is:

- (a) to greater than 30 degrees, zero percent;
- (b) limited to between zero degrees and 30 degrees, six percent of the thumb;

(3) extension is limited to greater than 30 degrees flexion, that is, there is a flexion contracture, 11 percent of the thumb;

(4) ankylosis, as defined in part 5223.0310, subpart 7, at the metacarpophalangeal joint of the thumb occurs:

- (a) at less than or equal to 30 degrees of flexion, six percent of the thumb;
- (b) at greater than 30 degrees of flexion, 11 percent of the thumb.

E. Extent of range of flexion or extension at the interphalangeal joint for the thumb:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

(1) extension is greater than zero degrees and flexion is:

- (a) to greater than 40 degrees, zero percent;
- (b) limited to between zero degrees and 40 degrees, three percent of the thumb;
- (c) limited to less than zero degrees, that is, there is an extension contracture, nine percent of the thumb;

(2) extension is limited to between zero degrees and nine degrees flexion, that is, there is a flexion contracture, and flexion

is:

- (a) to greater than 40 degrees, zero percent;
  - (b) limited to between zero degrees and 40 degrees, three percent of the thumb;
- (3) extension is limited to between ten degrees and 40 degrees flexion, that is, there is a flexion contracture, and flexion is:
- (a) to greater than 40 degrees, three percent of the thumb;
  - (b) limited to between ten degrees and 40 degrees, six percent of the thumb;
- (4) extension is limited to greater than 40 degrees flexion, that is, there is a flexion contracture, nine percent of the thumb;
- (5) ankylosis, as defined in part 5223.0310, subpart 7, at the interphalangeal joint of the thumb occurs:
- (a) between zero degrees and 40 degrees of flexion, four percent of the thumb;
  - (b) greater than 40 degrees of flexion, nine percent of the thumb;
  - (c) in extension, nine percent of the thumb.

F. Abduction of the thumb is the greatest possible distance from the flexor crease of the metacarpophalangeal joint of the fifth metacarpophalangeal joint to the palmar skin of the thumb tuft. The limit of passive abduction is:

- (1) greater than ten centimeters, zero percent;
- (2) eight to ten centimeters, five percent of the thumb;
- (3) less than eight centimeters, 20 percent of the thumb.

G. Radial abduction of the thumb is the greatest possible distance from the radial border of the index finger to the ulnar border of the thumb. The limit of passive radial abduction is:

- (1) greater than eight centimeters, zero percent;
- (2) between five centimeters and eight centimeters, 20 percent of the thumb;
- (3) less than five centimeters, 40 percent of the thumb.

H. Opposition of the thumb is the smallest possible distance between the thumb and index fingertips. The limit of passive opposition is:

- (1) less than one centimeter, zero percent;
- (2) between one centimeter and three centimeters, 25 percent of the thumb;
- (3) greater than three centimeters, 50 percent of the thumb.

### 5223.0490 MUSCULOSKELETAL SCHEDULE; PELVIS.

Subpart 1. **General.** For permanent impairment to the pelvis, disability of the whole body is as provided in subpart 2. Permanent impairments due to sprains or strains of the sacroiliac joints must be treated as lumbar regional pain syndrome and rated as provided in part 5223.0390, subpart 3.

A. Permanent partial impairment due to injury to the peripheral nerves is as provided in parts 5223.0420 and 5223.0430, and may be combined with ratings under this part.

B. Permanent partial impairment due to bladder and urinary tract dysfunction is as provided in part 5223.0600, subpart 4, and may be combined with ratings under this part.

C. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts 7 and 10, and may be combined with ratings under this part.

D. Permanent partial impairment due to anal dysfunction is as provided in part 5223.0590, subpart 4, and may be combined with ratings under this part.

#### Subp. 2. Fractures.

- A. Fracture, healed or ununited, without displacement demonstrated on medical imaging study, zero percent.

B. Healed fracture with displacement demonstrated on medical imaging study, and with persistent gait abnormality, five percent.

C. Ununited fracture with displacement demonstrated on medical imaging study, and with persistent gait abnormality, ten percent.

D. Persistent coccygodynia with or without coccyx fracture and with or without surgical treatment, zero percent.

E. Fracture into acetabulum, the rating is the loss of range of motion at the hip as provided in part 5223.0500, subpart 4, and the rating under the categories of this part, and the final rating is the higher of the two, which may not be added or combined.

#### **5223.0500 MUSCULOSKELETAL SCHEDULE; HIP AND UPPER LEG.**

Subpart 1. **General.** For permanent partial impairment to the hip and upper leg, disability of the whole body is as provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for amputation of the leg at the hip under part 5223.0550. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is represented by a category designated as combinable under subpart 3, it must be rated under that category and under the appropriate categories describing loss of function under subpart 4. The ratings obtained must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 4.

##### **Subp. 2. Exclusive categories.**

A. Painful organic syndrome, as defined in part 5223.0310, subpart 41, not elsewhere specified and substantiated by appropriate, consistent, and reproducible clinical or medical imaging findings, as defined in part 5223.0310, subpart 8, which results in persistent limitation of active range of motion or persistent deviation of gait but no limitation of passive range of motion, zero percent.

B. Nerve entrapment syndrome of the femoral, obturator, or sciatic nerve at the pelvis, hip, or upper leg:

(1) resolved with treatment, zero percent;

(2) pain and paresthesia recurring or persisting despite treatment, but not substantiated by objective findings on electrodiagnostic testing, zero percent;

(3) pain and paresthesia persisting despite treatment, or recurring and persisting despite treatment and substantiated by persistent findings on electrodiagnostic testing, two percent;

(4) objectively demonstrable motor or sensory loss, the rating is as provided in parts 5223.0420 and 5223.0430.

C. Nonunion of femoral shaft fracture requiring nonweight bearing orthosis for ambulation, 20 percent.

##### **Subp. 3. Combinable categories.**

A. Traumatic or surgical discrepancy of the lower extremity:

(1) less than 1.0 centimeters, zero percent;

(2) 1.0 centimeters to 1.9 centimeters, three percent;

(3) 2.0 centimeters to 3.2 centimeters, 4.5 percent;

(4) 3.3 centimeters to 4.4 centimeters, six percent;

(5) 4.5 centimeters and greater, nine percent.

B. Arthroplasty, eight percent.

C. Fractures:

(1) nonunion of hip fracture, 12 percent;

(2) femoral endoprosthesis, six percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

(3) hip pinning for fracture, three percent;

(4) fracture or dislocation involving the femur not otherwise ratable under subpart 2 or 3 or part 5223.0510, zero percent.

**Subp. 4. Categories describing loss of function.** Function of the hip is measured by the available passive range of motion in three arcs: flexion or extension, abduction or adduction, and rotation. Examination with goniometer is performed to determine the limits of passive range of motion in each arc.

If there is impairment in more than one arc, the rating for each arc is added to determine the final rating for loss of function.

**A. Extent of range of flexion or extension:**

(1) extension is greater than zero degrees and flexion is:

(a) to greater than 90 degrees, zero percent;

(b) limited to between 61 degrees and 90 degrees, two percent;

(c) limited to between 31 degrees and 60 degrees, four percent;

(d) limited to between zero degrees and 30 degrees, six percent;

(e) less than zero degrees, that is, there is an extension contracture, seven percent;

(2) extension is limited to between zero and 19 degrees flexion, that is, there is a flexion contracture, and flexion is:

(a) to greater than 90 degrees, zero percent;

(b) limited to between 61 degrees and 90 degrees, two percent;

(c) limited to between 31 degrees and 60 degrees, four percent;

(d) limited to less than 31 degrees, six percent;

(3) extension is limited to between 20 degrees and 30 degrees flexion, that is, there is a flexion contracture, and flexion is:

(a) to greater than 90 degrees, two percent;

(b) limited to between 61 degrees and 90 degrees, four percent;

(c) limited to between 31 degrees and 60 degrees, six percent;

(d) limited to less than 31 degrees, eight percent;

(4) extension is limited to between 31 degrees and 45 degrees flexion, that is, there is a flexion contracture, and flexion is:

(a) to greater than 90 degrees, ten percent;

(b) limited to between 61 degrees and 90 degrees, 12 percent;

(c) limited to less than 61 degrees, 14 percent;

(5) extension is limited to between 46 degrees and 60 degrees flexion, that is, there is a flexion contracture, and flexion is:

(a) to greater than 90 degrees, 20 percent;

(b) limited to between 61 degrees and 90 degrees, 22 percent;

(c) limited to less than 61 degrees, 24 percent;

(6) extension is limited to greater than 60 degrees flexion, that is, there is a flexion contracture, 40 percent;

(7) ankylosis, as defined in part 5223.0310, subpart 7, in flexion or extension occurs:

(a) between zero degrees and 30 degrees flexion, 20 percent;

(b) between 30 degrees flexion and 60 degrees flexion, 24 percent;

(c) at greater than 60 degrees flexion, 40 percent;

(d) in extension, 40 percent.

**B. Extent of range of abduction or adduction:**

(1) adduction is greater than 20 degrees and abduction is:

(a) to greater than 20 degrees, zero percent;

(b) limited to between zero degrees and 20 degrees, one percent;

(c) limited to between zero degrees and 20 degrees adduction, that is, there is an adduction contracture, four percent;

(d) limited to greater than 20 degrees, that is, there is an adduction contracture, eight percent;

- (2) adduction is limited to between zero degrees and 20 degrees abduction and abduction is:
- (a) to greater than 20 degrees, one percent;
  - (b) limited to between zero degrees and 20 degrees, two percent;
  - (c) limited to between zero degrees and 20 degrees adduction, that is, there is an adduction contracture, five percent;
- (3) adduction is limited to between zero degrees and 20 degrees abduction, that is, there is an abduction contracture, and abduction is:
- (a) to greater than 20 degrees, four percent;
  - (b) limited to between zero degrees and 20 degrees, five percent;
- (4) adduction is limited to greater than 20 degrees abduction, that is, there is an abduction contracture, eight percent;
- (5) ankylosis, as defined in part 5223.0310, subpart 7, in abduction or adduction occurs:
- (a) between zero degrees and 20 degrees abduction, five percent;
  - (b) at greater than 20 degrees abduction, eight percent;
  - (c) in adduction, eight percent.
- C. Extent of range of rotation:
- (1) external rotation is greater than 30 degrees and internal rotation is:
- (a) to greater than 20 degrees, zero percent;
  - (b) limited to between zero degrees and 20 degrees, two percent;
  - (c) limited to between zero degrees and 20 degrees external rotation, that is, there is an external contracture, two percent;
  - (d) limited to between 21 degrees and 30 degrees external rotation, that is, there is an external rotation contracture, four percent;
  - (e) limited to greater than 30 degrees external rotation, that is, there is an external rotation contracture, eight percent;
- (2) external rotation is limited to between 21 degrees and 30 degrees and internal rotation is:
- (a) to greater than 20 degrees, zero percent;
  - (b) limited to between zero degrees and 20 degrees, two percent;
  - (c) limited to between zero degrees and 20 degrees external rotation, that is, there is an external rotation contracture, two percent;
  - (d) limited to between 21 degrees and 30 degrees external rotation, that is, there is an external rotation contracture, four percent;
- (3) external rotation is limited to between zero degrees and 20 degrees and internal rotation is:
- (a) to greater than 20 degrees, two percent;
  - (b) limited to between zero degrees and 20 degrees, four percent;
  - (c) limited to between zero degrees and 20 degrees external rotation, that is, there is an external rotation contracture, four percent;
- (4) external rotation is limited to between zero degrees and 20 degrees internal rotation, that is, there is an internal rotation contracture, and internal rotation is:
- (a) to greater than 20 degrees, two percent;
  - (b) limited to between zero degrees and 20 degrees, four percent;
- (5) external rotation is limited to between 21 degrees and 30 degrees internal rotation, that is, there is an internal rotation contracture, four percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

(6) external rotation is limited to greater than 30 degrees internal rotation, that is, there is an internal rotation contracture, eight percent;

(7) ankylosis, as defined in part 5223.0310, subpart 7, in rotation occurs:

(a) between 20 degrees internal rotation and 20 degrees external rotation, four percent;

(b) at greater than 20 degrees internal rotation, eight percent;

(c) at greater than 20 degrees external rotation, eight percent.

### 5223.0510 MUSCULOSKELETAL SCHEDULE; KNEE AND LOWER LEG.

Subpart 1. **General.** For permanent partial impairment to the knee and lower leg, disability of the whole body is as provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for amputation of the leg at the knee under part 5223.0550. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is represented by a category designated as combinable under subpart 3, it must be rated under that category and under the appropriate categories describing loss of function under subpart 4. The ratings obtained must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 4.

#### Subp. 2. **Exclusive categories.**

##### A. Plateau fracture:

(1) undisplaced, two percent;

(2) depressed bone elevated, medial or lateral plateau, and:

(a) semilunar cartilage intact, seven percent;

(b) semilunar cartilage excised, partially or completely, nine percent;

(3) depressed bone elevated, both medial and lateral plateaus, and:

(a) both semilunar cartilages intact, nine percent;

(b) one or both semilunar cartilages excised partially or completely, 11 percent.

##### B. Supracondylar or intercondylar fracture:

(1) undisplaced supracondylar or undisplaced intercondylar fracture, two percent;

(2) undisplaced bicondylar fracture, five percent;

(3) displaced supracondylar fracture, four percent;

(4) displaced unicondylar fracture, six percent;

(5) displaced bicondylar fracture, ten percent.

##### C. Patellar shaving, one percent.

##### D. Ruptured collateral ligament repaired or unrepaired:

(1) mild laxity, two percent;

(2) moderate laxity, four percent.

##### E. Repair patellar dislocation, five percent.

##### F. Lateral retinacular release, one percent.

G. Painful organic syndrome, as defined in part 5223.0310, subpart 41, not elsewhere specified and substantiated by appropriate, consistent, and reproducible clinical or medical imaging findings, as defined in part 5223.0310, subpart 8, which results in persistent limitation of active range of motion or persistent deviation of gait but no limitation of passive range of motion, zero percent.

##### H. Nerve entrapment syndrome of the tibial or peroneal nerves at the knee or in the lower leg:

(1) resolved with treatment, zero percent;

(2) pain and paresthesia recurring or persisting despite treatment, but not substantiated by objective findings on electrodiagnostic testing, zero percent;

(3) pain and paresthesia persisting despite treatment, or recurring and persisting despite treatment and substantiated by persistent findings on electrodiagnostic testing, two percent;

(4) objectively demonstrable motor or sensory loss, the rating is as provided in parts 5223.0420 and 5223.0430.

I. Nonunion of tibia fracture requiring nonweight bearing orthosis for ambulation, 18 percent.

**Subp. 3. Combinable categories.**

A. Partial or total patellectomy, four percent.

B. Meniscectomy, or excision of semilunar cartilage in a single knee. If meniscectomy, or excision of semilunar cartilage is performed on both knees, rate each separately and combine the ratings for the overall impairment:

(1) up to 50 percent of a cartilage removed, two percent;

(2) more than 50 percent of a cartilage removed, three percent;

(3) up to 50 percent of both cartilages removed, four percent;

(4) more than 50 percent of both cartilages removed, six percent.

C. Arthroplasty:

(1) unicondylar, seven percent;

(2) total condylar, eight percent;

(3) patella replacement, seven percent.

D. Cruciate ligament laxity:

(1) anterior:

(a) mild: positive drawer sign, no pivot shift, three percent;

(b) severe: positive drawer sign, pivot shift, five percent;

(2) posterior, five percent.

E. Posttraumatic varus deformity:

(1) up to five degrees, zero percent;

(2) between six degrees and 15 degrees, two percent;

(3) greater than 15 degrees, four percent.

F. Posttraumatic valgus deformity:

(1) up to ten degrees, zero percent;

(2) between 11 degrees and 20 degrees, two percent;

(3) greater than 20 degrees, four percent.

G. Proximal tibial osteotomy, four percent.

H. Distal femoral osteotomy, four percent.

I. Fracture or dislocation involving the femur, tibia, or fibula not otherwise ratable under subpart 2 or 3 or part 5223.0500 or 5223.0520, zero percent.

**Subp. 4. Categories describing loss of function.** Function of the knee is measured by the available passive range of motion in flexion or extension. Examination with goniometer is performed to determine the limits of passive range.

A. Extent of range of flexion or extension:

(1) extension is limited to between zero degrees and nine degrees flexion, that is, there may be a flexion contracture, and flexion is:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

- (a) to greater than 120 degrees, zero percent;
  - (b) limited to between 91 degrees and 120 degrees, two percent;
  - (c) limited to between 51 degrees and 90 degrees, 12 percent;
  - (d) limited to between 20 degrees and 50 degrees, 16 percent;
  - (e) limited to less than 20 degrees, 20 percent;
- (2) extension is limited to between ten degrees and 20 degrees flexion, that is, there is a flexion contracture, and flexion is:
- (a) to greater than 120 degrees, two percent;
  - (b) limited to between 91 degrees and 120 degrees, four percent;
  - (c) limited to between 51 degrees and 90 degrees, 14 percent;
  - (d) limited to between 20 degrees and 50 degrees, 18 percent;
  - (e) limited to less than 20 degrees, 20 percent;
- (3) extension is limited to between 21 degrees and 35 degrees flexion, that is, there is a flexion contracture, and flexion is:
- (a) to greater than 120 degrees, eight percent;
  - (b) limited to between 91 degrees and 120 degrees, ten percent;
  - (c) limited to between 51 degrees and 90 degrees, 20 percent;
  - (d) limited to less than 51 degrees, 24 percent;
- (4) extension is limited to between 36 degrees and 50 degrees flexion, that is, there is a flexion contracture, and flexion is:
- (a) to greater than 120 degrees, 16 percent;
  - (b) limited to between 91 degrees and 120 degrees, 18 percent;
  - (c) limited to less than 90 degrees, 28 percent;
- (5) extension is limited to between 51 degrees and 90 degrees flexion, that is, there is a flexion contracture, and flexion is:
- (a) to greater than 120 degrees, 26 percent;
  - (b) limited to less than 120 degrees, 28 percent;
- (6) extension is limited to greater than 90 degrees flexion, that is, there is a flexion contracture, 36 percent;
- (7) ankylosis, as defined in part 5223.0310, subpart 7, in flexion or extension occurs:
- (a) between neutral and 20 degrees, 20 percent;
  - (b) between 21 degrees and 50 degrees, 24 percent;
  - (c) between 51 degrees and 90 degrees, 28 percent;
  - (d) at greater than 90 degrees, 36 percent.

### **5223.0520 MUSCULOSKELETAL SCHEDULE; ANKLE.**

Subpart 1. **General.** For permanent partial impairment to the ankle, disability of the whole body is as provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for amputation of the leg at the ankle under part 5223.0550. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is represented by a category designated as combinable under subpart 3, it must be rated under that category and under the appropriate categories describing loss of function under subpart 4. The ratings obtained must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 4.

#### **Subp. 2. Exclusive categories.**

##### **A. Achilles tendon rupture:**

- (1) able to stand on toes, two percent;



(2) unable to sustain body weight on toes, four percent.

B. Ankle, rupture of medial or lateral ligament, repaired or unrepaired:

(1) mild laxity, two percent;

(2) moderate laxity of at least ten degrees greater widening on the Talar tilt stress test X-ray compared to the uninjured side, four percent.

C. Painful organic syndrome, as defined in part 5223.0310, subpart 41, not elsewhere specified and substantiated by appropriate, consistent, and reproducible clinical or radiographic findings, as defined in part 5223.0310, subpart 8, which results in persistent limitation of active range of motion or persistent deviation of gait but no limitation of passive range of motion, zero percent.

D. Nerve entrapment syndrome of the plantar, sural, or peroneal nerve at the ankle or in the foot:

(1) resolved with treatment, zero percent;

(2) pain and paresthesia recurring or persisting despite treatment, but not substantiated by objective findings on electrodiagnostic testing, zero percent;

(3) pain and paresthesia persisting despite therapy, or recurring and persisting despite treatment and substantiated by electrodiagnostic testing, two percent;

(4) objectively demonstrable motor or sensory loss, the rating is as provided in parts 5223.0420 and 5223.0430.

E. Calcaneal fracture, extraarticular, three percent.

**Subp. 3. Combinable categories.**

A. Calcaneal fracture, intraarticular, three percent.

B. Avascular necrosis of the talus, ten percent.

C. Arthroplasty, ten percent.

D. Ankle fractures:

(1) medial or lateral malleolus, two percent;

(2) bimalleolar or trimalleolar, four percent;

(3) any other fractures or dislocations involving the ankle not otherwise ratable under subpart 2 or 3, one percent.

**Subp. 4. Categories describing loss of function.** Function of the ankle is measured by available passive range of motion in two arcs: flexion or extension and inversion or eversion. Examination with goniometer is performed to determine the limits of passive range in each arc. If there is impairment in both arcs, the ratings for loss of motion in the arcs are added to determine the final rating of disability for loss of function.

A. Extent of range of dorsoplantar flexion:

(1) plantar flexion is greater than 30 degrees and dorsiflexion is:

(a) to greater than ten degrees, zero percent;

(b) limited to between zero degrees and ten degrees, two percent;

(c) limited to between one degree and 20 degrees plantar flexion, that is, there is a plantar flexion contracture, five percent;

(d) limited to greater than 20 degrees plantar flexion, that is, there is a plantar flexion contracture, ten percent;

(2) plantar flexion is limited to between 16 degrees and 30 degrees and dorsiflexion is:

(a) to greater than ten degrees, two percent;

(b) limited to between zero degrees and ten degrees, four percent;

(c) limited to between one degree and 20 degrees plantar flexion, that is, there is a plantar flexion contracture, seven percent;

(d) limited to greater than 20 degrees plantar flexion, that is, there is a plantar flexion contracture, 12 percent;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

- (3) plantar flexion is limited to between one degree and 15 degrees and dorsiflexion is:
    - (a) to greater than ten degrees, four percent;
    - (b) limited to between zero degrees and ten degrees, six percent;
    - (c) limited to between one degree and 15 degrees plantar flexion, that is, there is a plantar flexion contracture, nine percent.
  - (4) plantar flexion is limited to zero degrees and ten degrees dorsiflexion, that is, there is a dorsiflexion contracture, ten percent;
  - (5) plantar flexion is limited to greater than ten degrees dorsiflexion, that is, there is a dorsiflexion contracture, 20 percent;
  - (6) ankylosis, as defined in part 5223.0310, subpart 7, in dorsiflexion or plantar flexion occurs:
    - (a) between ten degrees of dorsiflexion and 20 degrees of plantar flexion, eight percent;
    - (b) at greater than 10 degrees of dorsiflexion, 20 percent;
    - (c) at greater than 20 degrees of plantar flexion, 20 percent.
- B. Extent of range of inversion or eversion:**
- (1) eversion is greater than 15 degrees and inversion is:
    - (a) to greater than 30 degrees, zero percent;
    - (b) limited to between 16 degrees and 30 degrees, one percent;
    - (c) limited to between zero degrees and 15 degrees, two percent;
    - (d) limited to between one degree and 15 degrees eversion, that is, there is an eversion contracture, three percent;
    - (e) limited to greater than 15 degrees eversion, that is, there is an eversion contracture, seven percent;
  - (2) eversion is limited to between 11 degrees and 15 degrees and inversion is:
    - (a) to greater than 30 degrees, zero percent;
    - (b) limited to between 16 degrees and 30 degrees, one percent;
    - (c) limited to between zero degrees and 15 degrees, two percent;
    - (d) limited to between one degree and 15 degrees eversion, that is, there is an eversion contracture, three percent;
  - (3) eversion is limited to between one degree and ten degrees and inversion is:
    - (a) to greater than 30 degrees, one percent;
    - (b) limited to between 16 degrees and 30 degrees, two percent;
    - (c) limited to between zero degrees and 15 degrees, three percent;
    - (d) limited to between one degree and ten degrees eversion, that is, there is an eversion contracture, four percent;
  - (4) eversion is limited to between zero degrees and ten degrees inversion, that is, there is an inversion contracture, and inversion is:
    - (a) to greater than 30 degrees, two percent;
    - (b) limited to between 16 degrees and 30 degrees, three percent;
    - (c) limited to between zero degrees and 15 degrees, four percent;
  - (5) eversion is limited to between ten degrees and 20 degrees inversion, that is, there is an inversion contracture, and inversion is:
    - (a) to greater than 30 degrees, four percent;
    - (b) limited to between 16 degrees and 30 degrees, five percent;
  - (6) eversion is limited to greater than 20 degrees inversion, that is, there is an inversion contracture, eight percent;
  - (7) ankylosis, as defined in part 5223.0310, subpart 7, in inversion or eversion occurs:
    - (a) between 20 degrees inversion and ten degrees eversion, one percent;
    - (b) at greater than ten degrees eversion, seven percent;
    - (c) at greater than 20 degrees inversion, eight percent.

**5223.0530 MUSCULOSKELETAL SCHEDULE; FOOT AND TOES.**

Subpart 1. **General.** For permanent partial impairment to the foot and toes, disability of the whole body is as provided in subparts 2 to 4. The percent of whole body disability under this part may not exceed the percent of whole body disability for amputation of the foot, or toe when the impairing condition is confined to a toe under part 5223.0550. Each mutually exclusive impairing condition must be rated separately and the ratings must be combined as described in part 5223.0300, subpart 3, item E.

If an impairing condition is represented by a category designated as exclusive under subpart 2, it must be rated by that category only and that rating may not be combined with a rating under any other category of this part for that impairing condition.

If an impairing condition is not represented by a category designated either exclusive or combinable, it must be rated only under the appropriate categories describing loss of function under subpart 3.

**Subp. 2. Exclusive categories.**

A. Painful organic syndrome, as defined in part 5223.0310, subpart 41, not elsewhere specified and substantiated by appropriate, consistent, and reproducible clinical or radiographic findings, as defined in part 5223.0310, subpart 8, which results in persistent limitation of active range of motion or persistent deviation of gait but no limitation of passive range of motion, zero percent.

**B. Tarsal fractures:**

- (1) healed with normal weight bearing, zero percent;
- (2) healed with deformity resulting in abnormal weight bearing as evidenced by skin calluses, three percent;
- (3) nonunion, three percent.

**C. Tarsal metatarsal fracture or dislocation:**

- (1) reduced, two percent;
- (2) unreduced, five percent.

**D. Metatarsal fractures:**

- (1) healed with normal weight bearing, zero percent;
- (2) healed with deformity resulting in abnormal weight bearing as evidenced by skin calluses, three percent;
- (3) nonunion, two percent.

**E. Phalangeal fractures:**

- (1) healed with normal weight bearing, zero percent;
- (2) healed with deformity resulting in abnormal weight bearing as evidenced by skin calluses or corns, one percent.

Subp. 3. **Categories describing loss of function.** Function of the toes is the availability of passive motion at the joints. When there is more than one impairment to a toe, combine the separate disabilities for the final rating. If there is impairment to more than one toe, add the separate disabilities of each toe for the final rating for loss of function.

**A. Ankylosis, as defined in part 5223.0310, subpart 7, of the interphalangeal joint of the great toe:**

- (1) between neutral position and 20 degrees of flexion, one percent;
- (2) at greater than 20 degrees of flexion, or in extension, four percent.

**B. Ankylosis of the metatarsophalangeal joint of the great toe as determined by standing in a barefoot lateral projection X-ray and through being measured of the proximal phalanx from the weight-bearing surface:**

- (1) between neutral position and 20 degrees of dorsiflexion, three percent;
- (2) in plantar flexion, five percent;
- (3) at greater than 20 degrees of dorsiflexion, five percent.

**C. Ankylosis of joints of second through fifth toes:**

- (1) at the distal interphalangeal joint, zero percent;
- (2) at the proximal interphalangeal joint:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

- (a) between five degrees of dorsiflexion and ten degrees of plantar flexion, zero percent;
- (b) at greater than five degrees of dorsiflexion, or at greater than ten degrees of plantar flexion, one percent;
- (3) at the metatarsophalangeal joint:
  - (a) between neutral position and ten degrees of dorsiflexion, zero percent;
  - (b) in plantar flexion or at greater than ten degrees of dorsiflexion, one percent.

### 5223.0540 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF UPPER EXTREMITY.

Subpart 1. **Amputations.** Permanent partial impairment due to amputation of upper extremities is a disability of the whole body as follows:

- A. amputation of the upper extremity at the shoulder, including removal of the ipsilateral scapula, clavicle, and muscles of the upper extremity attaching to the chest, 70 percent;
- B. disarticulation, as defined in part 5223.0310, subpart 22, at shoulder joint, 60 percent;
- C. amputation of arm above deltoid insertion, 60 percent;
- D. amputation of arm between deltoid insertion and elbow joint, 57 percent;
- E. disarticulation at elbow joint, 57 percent;
- F. amputation of forearm below elbow but proximal to insertion of biceps tendon, 57 percent;
- G. amputation of forearm below elbow joint distal to insertion of biceps tendon, 54 percent;
- H. disarticulation at wrist joint, 54 percent;
- I. midcarpal or midmetacarpal amputation of hand, 54 percent;
- J. amputation of multiple digits, add as described in part 5223.0300, subpart 3, item E, the ratings obtained for the specific abnormalities in items K to O;
- K. amputation of thumb:
  - (1) at metacarpophalangeal joint or with resection of metacarpal bone, 22 percent;
  - (2) through proximal phalanx, 16 percent;
  - (3) at interphalangeal joint to middle of distal phalanx, 11 percent;
  - (4) distal to middle of distal phalanx, 6.5 percent;
  - (5) isolated soft tissue loss of the end of the digit greater than one centimeter, five percent;
- L. amputation of index finger:
  - (1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 11 percent;
  - (2) at proximal interphalangeal joint or through middle phalanx, nine percent;
  - (3) at distal interphalangeal joint to middle of distal phalanx, five percent;
  - (4) distal to middle of distal phalanx, 2.5 percent;
  - (5) isolated soft tissue loss of the end of the digit greater than one centimeter, 2.5 percent;
- M. amputation of middle finger:
  - (1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 11 percent;
  - (2) at proximal interphalangeal joint or through middle phalanx, nine percent;
  - (3) at distal interphalangeal joint to middle of distal phalanx, five percent;
  - (4) distal to middle of distal phalanx, 2.5 percent;
  - (5) isolated soft tissue loss of the end of the digit greater than one centimeter, 2.5 percent;
- N. amputation of ring finger:
  - (1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 5.5 percent;
  - (2) at proximal interphalangeal joint or through middle phalanx, four percent;
  - (3) at distal interphalangeal joint to middle of distal phalanx, 2.5 percent;
  - (4) distal to middle of distal phalanx, one percent;

- (5) isolated soft tissue loss of the end of the digit greater than one centimeter, one percent;
- O. amputation of little finger:
  - (1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 5.5 percent;
  - (2) at proximal interphalangeal joint or through middle phalanx, four percent;
  - (3) at distal interphalangeal joint to middle of distal phalanx, 2.5 percent;
  - (4) distal to middle of distal phalanx, one percent;
  - (5) isolated soft tissue loss of the end of the digit greater than one centimeter, one percent.

**5223.0550 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF LOWER EXTREMITIES.**

Subpart 1. **Amputations.** For permanent partial impairment due to amputation of lower extremities, the disability of the whole body is:

- A. amputation of the lower limb through the sacroiliac joint, 50 percent;
- B. disarticulation, as defined in part 5223.0310, subpart 22, at hip joint, 40 percent;
- C. amputation above knee joint, three inches or less below tuberosity of ischium, 40 percent;
- D. amputation above knee joint more than three inches below tuberosity of ischium, 36 percent;
- E. disarticulation at knee joint, 34 percent;
- F. amputation below knee joint, four inches or less below intercondylar notch, 34 percent;
- G. amputation below knee joint more than four inches below intercondylar notch, 28 percent;
- H. amputation at ankle, Syme type to midmetatarsal, 26 percent;
- I. midmetatarsal amputation, 14 percent;
- J. amputation of all toes at metatarsophalangeal joints, eight percent;
- K. amputation of great toe:
  - (1) with resection of metatarsal bone, eight percent;
  - (2) at metatarsophalangeal joint, five percent;
  - (3) at interphalangeal joint, four percent;
- L. amputation of any of second to fifth toes:
  - (1) with resection of metatarsal bone, two percent;
  - (2) at metatarsophalangeal joint, one percent;
  - (3) at proximal interphalangeal joint, zero percent;
  - (4) at distal interphalangeal joint, zero percent.

**5223.0560 RESPIRATORY.**

Subpart 1. **Evaluation procedures.** The procedures used in evaluating permanent partial impairment of the respiratory system includes the following:

- A. performance of the following tests of ventilation, as defined in part 5223.0310, subparts 19, 28, and 31:
  - (1) FEV1;
  - (2) FVC;
  - (3) DCO;
- B. performance of cardiopulmonary exercise testing. Cardiopulmonary exercise testing, as defined in part 5223.0310, subpart 12, should be done when complaints of dyspnea and limitation of activity are more severe than spirometry or DCO would indicate,

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

or there was incorrect or submaximum performance in the spirometry or DCO tests. Performance on cardiopulmonary exercise testing is measured by the VO<sub>2</sub> max, as defined in part 5223.0310, subpart 62.

### Subp. 2. Respiratory impairment.

#### A. Class 1, zero percent:

(1) FEV<sub>1</sub> greater than or equal to 80 percent of predicted, FVC greater than or equal to 80 percent of predicted, DCO greater than or equal to 80 percent of predicted, and FEV<sub>1</sub>/FVC greater than or equal to 80 percent of predicted; or

(2) VO<sub>2</sub> max greater than 25 milliliters per kilogram each minute.

#### B. Class 2, ten percent:

(1) FEV<sub>1</sub> greater than 69 percent but less than 80 percent of predicted, or FVC greater than 69 percent but less than 80 percent of predicted, or DCO greater than 69 percent but less than 80 percent of predicted, or FEV<sub>1</sub>/FVC greater than 69 percent but less than 80 percent of predicted; or

(2) VO<sub>2</sub> max greater than 22 milliliters per kilogram each minute but less than or equal to 25 milliliters per kilogram each minute.

#### C. Class 3, 25 percent:

(1) FEV<sub>1</sub> greater than 59 percent but less than 70 percent of predicted, or FVC greater than 59 percent but less than 70 percent of predicted, or DCO greater than 59 percent but less than 70 percent of predicted, or FEV<sub>1</sub>/FVC greater than 59 percent but less than 70 percent of predicted; or

(2) VO<sub>2</sub> max greater than 19 milliliters per kilogram each minute but less than or equal to 22 milliliters per kilogram each minute.

#### D. Class 4, 50 percent:

(1) FEV<sub>1</sub> greater than 41 percent but less than 60 percent of predicted, or FVC greater than 49 percent but less than 60 percent of predicted, or DCO greater than 41 percent but less than 60 percent of predicted, or FEV<sub>1</sub>/FVC greater than 41 percent but less than 60 percent of predicted; or

(2) VO<sub>2</sub> max greater than 15 milliliters per kilogram each minute but less than or equal to 19 milliliters per kilogram each minute.

#### E. Class 5, 75 percent:

(1) FEV<sub>1</sub> greater than 30 percent but less than 41 percent of predicted, or FVC greater than 40 percent but less than 50 percent of predicted, or DCO greater than 30 percent but less than 41 percent of predicted, or FEV<sub>1</sub>/FVC greater than 30 percent but less than 41 percent of predicted; or

(2) VO<sub>2</sub> max greater than seven milliliters per kilogram each minute but less than or equal to 15 milliliters per kilogram each minute.

#### F. Class 6, 95 percent:

(1) FEV<sub>1</sub> less than or equal to 30 percent, or FVC less than or equal to 40 percent, or DCO less than or equal to 30 percent, or FEV<sub>1</sub>/FVC less than or equal to 30 percent; or

(2) VO<sub>2</sub> max less than or equal to seven milliliters per kilogram each minute.

**Subp. 3. Asthma and pulmonary conditions with an asthmatic component.** Asthma and pulmonary conditions with an asthmatic component may be rated only under this subpart. Ratings under subpart 2 may not be substituted for or combined with ratings under this subpart.

#### A. Ratings under this subpart are based on:

(1) the level of bronchial obstruction as measured by pulmonary function tests done when the individual is on an optimum treatment regimen but without the addition of inhaled bronchodilator immediately preceding the pulmonary function testings;

(2) the level of bronchial responsiveness as measured by standardized methacholine challenge testing;

(3) the need for bronchodilator therapy. Each element in subitems (1) to (3) must be present for the rating under that subitem to be assigned.

#### B. The permanent partial disability for asthma and pulmonary conditions with an asthmatic component is:

(1) class I: FEV<sub>1</sub> and FEV<sub>1</sub>/FVC are equal to or greater than 80 percent of predicted, PD<sub>20</sub> is greater than 25 milligrams per milliliter, and no need for persistent bronchodilator therapy, zero percent;

(2) class II: FEV1 and FEV1/FVC are equal to or greater than 80 percent of predicted, PD20 is five to 25 milligrams per milliliter, and no need for persistent bronchodilator therapy, five percent;

(3) class III: FEV1 and FEV1/FVC are equal to or greater than 80 percent of predicted, PD20 is five to 25 milligrams per milliliter, and persistent bronchodilator therapy is required, ten percent;

(4) class IV: FEV1 and FEV1/FVC are equal to or greater than 80 percent of predicted, PD20 is .025 to four milligrams per milliliter, and no persistent bronchodilator therapy is required, ten percent;

(5) class V: FEV1 and FEV1/FVC are equal to or greater than 80 percent of predicted, PD20 is .025 to four milligrams per milliliter, and persistent bronchodilator therapy is required, 13 percent;

(6) class VI: FEV1 and FEV1/FVC are equal to or greater than 80 percent of predicted, and PD20 is less than 0.25 milligrams per milliliter, 15 percent;

(7) class VII: FEV1 or FEV1/FVC is less than 80 percent but greater than or equal to 70 percent of predicted, and PD20 is greater than five milligrams per milliliter, 18 percent;

(8) class VIII: FEV1 or FEV1/FVC is less than 80 percent but greater than or equal to 70 percent of predicted, and PD20 is 0.25 to four milligrams per milliliter, 20 percent;

(9) class IX: FEV1 or FEV1/FVC is less than 80 percent but greater than or equal to 70 percent of predicted, and PD20 is less than 0.25 milligrams per milliliter, 25 percent;

(10) class X: FEV1 or FEV1/FVC is less than 70 percent but greater than or equal to 60 percent of predicted, and PD20 is greater than 0.25 milligrams per milliliter, 28 percent;

(11) class XI: FEV1 or FEV1/FVC is less than 70 percent but greater than or equal to 60 percent of predicted, and PD20 is less than 0.25 milligrams per milliliter, 33 percent;

(12) class XII: FEV1 or FEV1/FVC is less than 60 percent but greater than or equal to 40 percent of predicted, and PD20 is greater than 0.25 milligrams per milliliter, 50 percent;

(13) class XIII: FEV1 or FEV1/FVC is less than 60 percent but greater than or equal to 40 percent of predicted, and PD20 is less than 0.25 milligrams per milliliter, 60 percent;

(14) class XIV: FEV1 or FEV1/FVC is less than 40 percent but greater than or equal to 30 percent of predicted, 75 percent;

(15) class XV: FEV1 or FEV1/FVC is less than 30 percent of predicted, 95 percent.

C. Additional impairment occurs if persistent steroid therapy is required for the treatment of the asthma or asthmatic component:

(1) only inhaled steroids required, add three percent to the otherwise appropriate class in item B, but the total impairment cannot exceed 95 percent;

(2) if oral steroids are required or oral steroids and inhaled steroids, add ten percent to the otherwise appropriate class in item B, but the total impairment cannot exceed 95 percent.

#### **5223.0570 ORGANIC HEART DISEASE.**

Subpart 1. **General.** For permanent partial impairment due to organic heart disease, the disability of the whole body is as provided in subpart 2.

Subp. 2. **Organic heart disease.** Signs or symptoms of organic heart disease are documented, there is anatomic loss or alteration as demonstrated by angiography or nuclear medicine study.

Objective evidence of myocardial infarction is documented, that is, cardiac enzymes or EKG changes:

A. uncomplicated, five percent;

B. with persistent abnormal cardiac function, the rating is as provided in subpart 3 and combined as described in part 5223.0300, subpart 3, item E, with five percent.

Subp. 3. **Exercise limitation.** Signs or symptoms of organic heart disease are documented, there is anatomic loss or alteration as demonstrated on angiography or nuclear medicine study. The percentage of disability is determined by the loss of functional exercise capacity as measured by Bruce protocol exercise stress test or nuclear isotope exercise study.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

A. Able to exercise to a VO2 max greater than 25 milliliters per kilogram each minute, zero percent.

B. Exercise stress test or exercise study stopped at or VO2 max of 25 milliliters per kilogram each minute but after 22 milliliters per kilogram each minute due to development of diagnostic ischemic changes, arrhythmia, pathological change in blood pressure or blood pressure-heart rate product, or the development of objective clinical signs of cardiac dysfunction, or dyspnea with rales on auscultation, or chest pain relieved by nitroglycerin, ten percent.

C. Exercise stress test or exercise study stopped at or before VO2 max of 22 milliliters per kilogram each minute but after 19 milliliters per kilogram each minute due to development of diagnostic ischemic changes, arrhythmia, pathological change in blood pressure or blood pressure-heart rate product, or the development of objective clinical signs of cardiac dysfunction, or dyspnea with rales on auscultation, or chest pain relieved by nitroglycerin, 25 percent.

D. Exercise stress test or exercise study stopped at or before VO2 max 19 milliliters per kilogram each minute but after 15 milliliters per kilogram each minute due to development of diagnostic ischemic changes, arrhythmia, pathological change in blood pressure or blood pressure-heart rate product, or the development of objective clinical signs of cardiac dysfunction, or dyspnea with rales on auscultation, or chest pain relieved by nitroglycerin, 50 percent.

E. Exercise stress test or exercise study stopped at or before VO2 max of 15 milliliters per kilogram each minute but after seven milliliters per kilogram each minute due to development of diagnostic ischemic changes, arrhythmia, pathological change in blood pressure or blood pressure-heart rate product, or the development of objective clinical injury of cardiac dysfunction, or dyspnea with rales on auscultation, or chest pain relieved by nitroglycerin, 75 percent.

F. Exercise stress test or exercise study stopped before a VO2 max of seven milliliters per kilogram each minute due to development of diagnostic ischemic changes, arrhythmia, pathological change in blood pressure or blood pressure-heart rate product, or the development of objective clinical signs of cardiac dysfunction, or dyspnea with rales on auscultation, or chest pain relieved by nitroglycerin, 95 percent.

G. Diagnostic ischemic changes at rest, 95 percent.

### 5223.0580 VASCULAR DISEASE AFFECTING EXTREMITIES.

Subpart. 1. **General.** This part provides the percentage of disability of the whole body for permanent partial impairment of the vascular system, including the arteries, veins, and lymphatics. For purposes of evaluation, disorders of the vascular system are grouped into the following categories:

- A. ulceration;
- B. edema;
- C. intermittent claudication;
- D. Raynaud's Phenomenon.

A permanent partial impairment of the vascular system may be rated under any of subparts 1 to 6, but only under one subpart for any injury or illness. The category that is appropriate and provides for the largest percentage of disability is the correct category for rating. Any amputation occurring due to impairment of the vascular system shall be rated separately as provided in parts 5223.0540 and 5223.0550 and is the sole rating due to the vascular impairment for that member. If only a part of a limb, that is, a single finger, is amputated, the remainder of the limb may suffer a permanent impairment due to a vascular disorder, that is, Raynaud's Phenomenon in the remaining fingers. In such a case, the ratings under this part may be combined with ratings under parts 5223.0540 and 5223.0550.

Subp. 2. **Ulceration.** There is organic disease of the arterial, venous, or lymphatic system as demonstrated by an X-ray with or without contrast, computerized axial tomogram, sonogram, or radionuclide scan, or a volume study or a flow study, the rating is as provided in part 5223.0640 for skin disorders.

Subp. 3. **Edema.** There is organic disease of the arterial, venous, or lymphatic system as demonstrated by an X-ray with or without contrast, computerized axial tomogram, sonogram, or radionuclide scan, or a volume study or a flow study. For purposes of rating under this subpart, the value of the upper extremity shall be 60 percent of the whole body and the value of the lower extremity shall be 40 percent of the whole body. The ratings for each limb involved are combined as described in part 5223.0300, subpart 3, item E, to determine the final rating under this subpart.

A. No edema, or edema completely controlled by treatment, zero percent.

B. There is persistent mild to moderate edema of a limb that is incompletely controlled by treatment, ten percent of the value of the extremity.

C. There is persistent severe edema of a limb that is incompletely controlled by treatment, 30 percent of the value of the extremity.



D. There is persistent severe edema of a limb that is completely unamenable to treatment, 65 percent of the value of the extremity.

Subp. 4. **Intermittent claudication.** The rating under this subpart is the same whether vascular impairment in one or both lower extremities is the cause of the intermittent claudication. There is organic disease of the arterial system in the lower extremity as demonstrated by an X-ray with or without contrast, computerized axial tomogram, sonogram, or radionuclide scan, or a volume study or a flow study, and:

- A. no intermittent claudication, or claudication completely controlled by treatment, zero percent;
- B. intermittent claudication occurs after walking more than 500 feet on level ground despite treatment, ten percent of the whole body;
- C. intermittent claudication occurs after walking less than 500 feet on level ground despite treatment, 30 percent of the whole body;
- D. claudication occurs at rest despite treatment, 85 percent of the whole body.

Subp. 5. **Raynaud's Phenomenon.** There is organic disease of the arterial system in the upper extremity as demonstrated by a radiograph, X-ray with or without contrast, computerized axial tomogram, sonogram, or radionuclide scan, or a volume study or a flow study, or organic disease of the autonomic nervous system. The ratings for both upper extremities are combined as described in part 5223.0300, subpart 3, item E, to determine the final rating under this subpart.

A. Raynaud's Phenomenon occurs in a limb on exposure to ambient temperatures lower than zero degrees centigrade, or 32 degrees Fahrenheit, but is controlled by treatment, zero percent of the value of the extremity.

B. Raynaud's Phenomenon occurs in a limb on exposure to ambient temperatures lower than four degrees centigrade, or 39 degrees Fahrenheit, despite treatment, five percent.

C. Raynaud's Phenomenon occurs in a limb on exposure to ambient temperatures lower than ten degrees centigrade, or 50 degrees Fahrenheit, despite treatment, 20 percent.

D. Raynaud's Phenomenon occurs in a limb on exposure to ambient temperatures lower than 20 degrees centigrade, or 68 degrees Fahrenheit, despite treatment, 40 percent.

Subp. 6. **Surgical alteration.** Surgical removal or alteration of all or part of an artery, vein, or lymphatic not otherwise ratable under this part, zero percent.

#### **5223.0590 GASTROINTESTINAL TRACT.**

Subpart 1. **General.** This part provides the percentage of disability of the whole body for permanent partial impairment of the gastrointestinal tract. For evaluative purposes, the gastrointestinal tract has been divided into:

- A. the upper digestive tract including the esophagus, stomach, duodenum, small intestine, and pancreas;
- B. the colon and rectum;
- C. the anus;
- D. the liver;
- E. the biliary tract;
- F. enterocutaneous fistulas.

The ratings determined under subparts 2 to 7 may be combined as described in part 5223.0300, subpart 3, item E.

Subp. 2. **Upper digestive tract.** Esophagus, stomach, duodenum, small intestine, and pancreas.

A. Class 1, two percent. Signs or symptoms of organic upper digestive tract disorder are present; there is anatomic loss or alteration, but treatment is not required; and weight can be maintained at the desirable level, as defined in part 5223.0310, subpart 21, by oral diet.

B. Class 2, 15 percent. Signs or symptoms of organic upper digestive tract disorder are present; there is anatomic loss or alteration; treatment with dietary restriction and drugs is required for control of symptoms, signs, or nutritional deficiency; and there is loss of weight below the desirable weight which does not exceed ten percent on oral diet.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

### C. Class 3, 35 percent:

(1) signs or symptoms of organic upper digestive tract disorder are present; there is anatomic loss or alteration; treatment with dietary restrictions and drugs does not completely control symptoms, signs, or nutritional state; and there is loss of weight below the desirable weight which is greater than ten percent but does not exceed 20 percent on oral diet; or

(2) signs or symptoms of organic upper digestive tract disorder are present; there is anatomic loss or alteration; intravenous hyperalimentation is required for therapy; and weight loss does not exceed 20 percent of the desirable weight.

D. Class 4, 65 percent. Signs or symptoms of organic upper digestive tract disorder are present; there is anatomic loss or alteration; continuous treatment with dietary restrictions and drugs does not completely control symptoms, signs, or nutritional state; and there is loss of weight below the desirable weight which is greater than 20 percent regardless of whether on oral diet or intravenous hyperalimentation.

E. Surgical removal or alteration of all or part of the esophagus, stomach, duodenum, small intestine, or pancreas, not otherwise ratable under this subpart or subpart 7 or part 5223.0620, zero percent.

Subp. 3. **Colon and rectum.** Fiber supplements are not to be considered a special diet or a restriction of diet.

A. Class 1, two percent. Signs or symptoms of organic colonic or rectal disorder are infrequent; limitation of activities, special diet, or medication is not required; no systemic manifestations are present; and weight can be maintained at the desirable level, as defined in part 5223.0310, subpart 21.

B. Class 2, 15 percent. Signs or symptoms of organic colonic or rectal disorder are frequent; there is anatomic loss or alteration; there is intermittent disturbance of bowel function, accompanied by periodic or continual pain; no continuous restriction of diet or symptomatic therapy is necessary; and weight can be maintained at desirable weight.

C. Class 3, 30 percent. Signs or symptoms of organic colonic or rectal disorder are very frequent; there is anatomic loss or alteration; there are moderate to severe exacerbations of disturbance of bowel function, accompanied by periodic or continual pain; treatment with restriction of activity, special diet, and drugs is required during episodes of symptoms; and there is loss of weight below the desirable weight or anemia due to blood loss.

D. Class 4, 50 percent. Signs or symptoms of organic colonic and rectal disorder are continuous; there is anatomic loss or alteration; there are persistent disturbances of bowel function with severe persistent pain; treatment with complete limitation of activity, restriction of diet, and medication is required and does not entirely control the symptoms; and there is loss of weight below the desirable weight or anemia due to blood loss.

E. Surgical removal or alteration of all or part of the colon and rectum, not otherwise ratable under this subpart or subpart 7, zero percent.

### Subp. 4. **Anus.**

#### A. Class 1, two percent:

(1) signs of organic anal disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with anal function and there is mild incontinence involving gas or liquid stool;

(2) signs of organic anal disorder are present, and there is anatomic loss or alteration, and anal symptoms are mild, intermittent, and controlled by treatment.

#### B. Class 2, 12 percent:

(1) signs of organic anal disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with anal function, and moderate but partial fecal incontinence is present, and treatment is required;

(2) signs of organic anal disorder are present, there is anatomic loss or alteration, and continual anal symptoms are present and incompletely controlled by treatment.

#### C. Class 3, 22 percent:

(1) signs of organic anal disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with anal function and complete fecal incontinence is present in spite of continuous treatment;

(2) signs of organic anal disorder are present, there is anatomic loss or alteration, and continued anal symptoms are present and completely unresponsive or not amenable to therapy.

### Subp. 5. **Liver.**

#### A. Class 1, five percent:

(1) there is objective evidence of persistent liver disorder even though no symptoms of liver disorder are present; there is

no history of ascites, jaundice, or bleeding esophageal varices within five years; weight can be maintained at the desirable level, as defined in part 5223.0310, subpart 21; and biochemical studies, that is, SGOT or SGPT, are less than four times the upper limit of normal;

(2) primary disorders of bilirubin metabolism are present.

B. Class 2, 20 percent. There is objective evidence of persistent liver disorder even though no symptoms of liver disease are present; there is no history of ascites, jaundice, or bleeding esophageal varices within five years; weight can be maintained at the desirable level; and biochemical studies, that is, SGOT or SGPT, are more than four times the upper limit of normal.

C. Class 3, 40 percent. There is objective evidence of persistent liver disorder; there is a history of jaundice, ascites, or bleeding esophageal or gastric varices within the past year; and there are intermittent symptoms of portosystemic encephalopathy.

D. Class 4, 75 percent. There is objective evidence of persistent liver disorder; there is persistent ascites, jaundice, or bleeding esophageal or gastric varices; there are central nervous system manifestations of hepatic insufficiency; and there is loss of lean body weight below the desirable weight which is greater than ten percent.

E. Surgical removal or alteration of part of the liver, not otherwise ratable under this subpart or subpart 7, zero percent.

**Subp. 6. Biliary tract.**

A. Class 1, five percent. There are less than four episodes in a 12-month period of biliary tract dysfunction.

B. Class 2, 20 percent. There are more than four episodes in a 12-month period of biliary tract dysfunction, and symptoms are unresponsive or unamenable to treatment.

C. Class 3, 40 percent. There is irreparable persisting obstruction of the bile tract with recurrent cholangitis.

D. Class 4, 75 percent. There is persistent jaundice and liver disorder due to obstruction of the common bile duct, and the liver disease is as described in subpart 5, item D.

E. Surgical removal or alteration of all or part of the biliary tract or gallbladder, not otherwise ratable under this subpart or subpart 7, zero percent.

**Subp. 7. Enterocutaneous fistulas.**

A. Esophagostomy, as defined in part 5223.0310, subpart 25, ten percent.

B. Gastrostomy, as defined in part 5223.0310, subpart 32, ten percent.

C. Jejunostomy, as defined in part 5223.0310, subpart 35, 15 percent.

D. Ileostomy, as defined in part 5223.0310, subpart 34, 15 percent.

E. Colostomy, as defined in part 5223.0310, subpart 16, five percent.

**5223.0600 REPRODUCTIVE AND URINARY TRACT SCHEDULE.**

Subpart 1. **General.** This part provides the percentage of disability of the whole body for permanent partial impairment of the reproductive and urinary systems. The percentages indicated in this schedule are the disability of the whole body for the corresponding class. For evaluative purposes, the reproductive and urinary systems are divided into the:

A. upper urinary tract;

B. bladder;

C. urethra;

D. male reproductive organs; and

E. female reproductive organs.

The ratings determined under subparts 2 to 11 may be combined as described in part 5223.0300, subpart 3, item E.

**Subp. 2. Upper urinary tract.**

A. Loss of a single kidney, ten percent. This category shall apply only when loss of a single kidney is the only upper urinary tract permanent partial impairment. When loss of a single kidney occurs in combination with any one of the classes in items B to E, the disability rating for that class shall be increased by adding ten percent to the otherwise applicable rating.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

B. Class 1, five percent. Signs or symptoms of organic and irreversible upper urinary tract disorder are present; there is anatomic loss or alteration; and the creatinine clearance is decreased below normal but is greater than 52 milliliters per minute.

C. Class 2, 22 percent. Signs or symptoms of organic and irreversible upper urinary tract disorder are present; there is anatomic loss or alteration; and the creatinine clearance is less than 52 milliliters per minute but is greater than 42 milliliters per minute.

D. Class 3, 47 percent. Signs or symptoms of organic and irreversible upper urinary tract disorder are present; there is anatomic loss or alteration; and the creatinine clearance is less than 42 milliliters per minute but is greater than 28 milliliters per minute.

E. Class 4, 77 percent:

(1) signs or symptoms of organic and irreversible upper urinary tract disorder are present; there is anatomic loss or alteration; and the creatinine clearance is less than 28 milliliters per minute;

(2) there is loss of both kidneys or only kidney and chronic hemodialysis or kidney transplantation is required.

F. Surgical removal or alteration of all or part of the upper urinary tract not otherwise ratable under this subpart or subpart 4, zero percent.

### Subp. 3. **Bladder.**

A. Class 1, five percent. Signs or symptoms of organic bladder disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with bladder function, and intermittent treatment is required, but there is no evidence of intervening malfunction between episodes of treatments or symptomatology.

B. Class 2, 15 percent. Signs or symptoms of organic bladder disorder are present, and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with bladder function, and continuous treatment is required, but there is no incontinence.

C. Class 3, 20 percent. Signs or symptoms of organic bladder disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with bladder function, and there is intermittent incontinence.

D. Class 4, 30 percent. Signs or symptoms of organic bladder disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with bladder function, and there is total incontinence.

E. Surgical removal or alteration of all or part of the bladder not otherwise ratable under this subpart or subpart 4, zero percent.

### Subp. 4. **Urinary diversion.**

A. Uretero - intestinal, ten percent.

B. Cutaneous ureterostomy without intubation, ten percent.

C. Nephrotomy or intubated ureterostomy, 15 percent.

### Subp. 5. **Urethra.**

A. Class 1, two percent. Signs or symptoms of organic urethral disorder are present; there is anatomic loss or alteration; and intermittent therapy is required to control symptoms.

B. Class 2, 15 percent. Signs or symptoms of organic urethral disorder are present that are not controlled by treatment and there is anatomic loss or alteration.

### Subp. 6. **Penis.**

A. Psychogenic impotence, zero percent.

B. Class 1, ten percent. There is an objectively demonstrated organic dysfunction and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with penile function, and sexual function is possible but there is difficulty with erection, ejaculation, or sensation.

C. Class 2, 15 percent. There is an objectively demonstrated organic dysfunction and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with penile function, and erection is possible but ejaculation and sensation are absent.

D. Class 3, 20 percent. There is an objectively demonstrated organic dysfunction and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with penile function, and there is complete absence of erection, ejaculation, and sensation.

### Subp. 7. **Testes, epididymides, and spermatic cords.**

A. Class 1, five percent:

(1) signs or symptoms of organic testicular, epididymal, or spermatic cord disorder are present; there is anatomic alteration or loss; continuous treatment is not required; and there are no abnormalities of seminal or hormonal functions;

(2) there has been loss of one testicle.

B. Class 2, ten percent. Signs or symptoms of organic testicular, epididymal, or spermatic cord disorder are present; there is anatomic alteration or loss; continuous treatment is required; and there are objectively detectable seminal or hormonal abnormalities.

C. Class 3, 20 percent:

(1) signs or symptoms of organic testicular, epididymal, or spermatic cord disorder are present; there is anatomic alteration or loss; and there is complete loss of seminal or hormonal function;

(2) there has been loss of both testes or only testicle.

D. Inguinal hernia, direct or indirect, unilateral or bilateral, recurrent after two or more herniorrhaphies, five percent.

**Subp. 8. Prostate and seminal vesicles.**

A. Class 1, five percent. Signs or symptoms of organic prostatic or seminal vesicular dysfunction or disorder are present; there is anatomic alteration or loss; and continuous treatment is not required.

B. Class 2, ten percent. Signs or symptoms of organic prostatic or seminal vesicular dysfunction or disorder are present; there is anatomic alteration or loss; and continuous treatment is required.

C. Class 3, 20 percent. There has been ablation of the prostate or seminal vesicles.

**Subp. 9. Vulva and vagina.**

A. Class 1, ten percent:

(1) signs or symptoms of organic vulvar or vaginal dysfunction or disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with sexual function, and there is impaired sensation but penile containment is possible;

(2) signs or symptoms of organic vulvar or vaginal dysfunction or disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with sexual function, and penile containment is possible, and there is a complete loss of sensation or significant dyspareunia is present.

B. Class 2, 20 percent. Signs or symptoms of organic vulvar or vaginal dysfunction or disorder are present and there is anatomic loss or alteration, or there is an objectively demonstrated neurological lesion known to interfere with sexual function, and there is impaired sexual function, and penile containment is not possible.

**Subp. 10. Cervix and uterus.**

A. Class 1, five percent:

(1) signs or symptoms of organic disorder or deformity of the cervix or uterus are present; there is anatomic loss or alteration; and continuous treatment is not required;

(2) there is cervical stenosis which requires no treatment;

(3) there is anatomic or complete functional loss of the cervix or uterus in the postmenopausal years.

B. Class 2, ten percent:

(1) signs or symptoms of organic disorder or deformity of the cervix or uterus are present; there is anatomic loss or alteration; and continuous treatment is required;

(2) there is cervical stenosis and recurrent treatment is required.

C. Class 3, 20 percent:

(1) signs or symptoms of organic disorder or deformity of the cervix or uterus are present which are not controlled by continuous treatment, and there is anatomic loss or alteration;

(2) there is complete cervical stenosis completely unamenable to treatment;

(3) there is anatomic or complete functional loss of the cervix or uterus in the premenopausal years.

**Subp. 11. Fallopian tubes and ovaries.**

A. Class 1, five percent:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

(1) signs or symptoms of organic disorder or deformity of the fallopian tubes or ovaries are present, and continuous treatment is not required;

(2) there is anatomic or complete functional loss of one fallopian tube or ovary in the premenopausal years.

B. Class 2, ten percent. Signs or symptoms of organic disorder or deformity of the fallopian tubes or ovaries are present, and continuous treatment is required, but tubal patency persists and ovulation is possible.

C. Class 3, 20 percent:

(1) signs or symptoms of organic disorder or deformity of the fallopian tubes or ovaries are present, and there is total loss of tubal patency or total failure to produce ova in the premenopausal years completely unamenable to treatment;

(2) there is anatomic or complete functional loss of both fallopian tubes or both ovaries in the premenopausal years.

### 5223.0610 HEMATOPOIETIC.

Subpart 1. **General.** This part provides the percentage of disability of the whole body for permanent partial impairment of the hematopoietic system. For evaluation purposes, the following are considered separately:

A. red blood cells;

B. platelets; and

C. white blood cells.

The ratings determined under subparts 2 to 4 may be combined as described in part 5223.0300, subpart 3, item E.

#### Subp. 2. **Red blood cells.**

A. History of persistent anemia substantiated by objective tests, and uncorrected by appropriate and persistent therapy:

(1) hemoglobin greater than nine grams per 100 milliliters, zero percent;

(2) hemoglobin greater than eight grams per 100 milliliters and less than or equal to nine grams per 100 milliliters, 20 percent;

(3) hemoglobin greater than seven grams per 100 milliliters and less than or equal to eight grams per 100 milliliters, 40 percent;

(4) hemoglobin greater than six grams per 100 milliliters and less than or equal to seven grams per 100 milliliters, 60 percent;

(5) hemoglobin greater than five grams per 100 milliliters and less than or equal to six grams per 100 milliliters, 80 percent;

(6) hemoglobin less than five grams per 100 milliliters, 95 percent.

B. History of persistent erythrocytosis substantiated by objective tests, uncorrected by continuous therapy for 12 months, and not related to a condition which can be rated as provided in parts 5223.0560 to 5223.0580:

(1) hemoglobin less than 18 grams per 100 milliliters with no or infrequent therapy, zero percent;

(2) hemoglobin less than 18 grams per 100 milliliters and requiring frequent or continuous therapy, five percent;

(3) hemoglobin greater than 18 grams per 100 milliliters despite continuous therapy, ten percent.

#### Subp. 3. **Platelets.**

A. History of persistent thrombocytopenia substantiated by objective tests, and uncorrected by persistent and appropriate therapy:

(1) platelet count greater than 70,000, zero percent;

(2) platelet count less than 70,000 but greater than 40,000 and individual is restricted from high risk activity, 20 percent;

(3) platelet count less than 40,000 but greater than 20,000 and individual is restricted from strenuous activity, 40 percent;

(4) platelet count less than 20,000 and there is a consistent risk of life-threatening hemorrhage, 75 percent.

B. Any permanent impairment to other body parts or organs directly resulting from hemorrhage secondary to the thrombocytopenia must be rated as provided in the appropriate parts of this schedule. These ratings must be combined with each other and with any ratings under this part in the manner described in *Minnesota Statutes*, section 176.105, subdivision 4, paragraph (c).

#### Subp. 4. **White blood cells.**

A. History of persistent leukopenia substantiated by objective tests, and uncorrected by persistent and appropriate therapy:

(1) white count greater than or equal to 2,000, zero percent;

- (2) white count less than 2,000 but no limitation on time spent outside domicile, ten percent;
- (3) white count less than 2,000 and there is limitation on the amount of time spent outside of domicile, 40 percent;
- (4) white count less than 2,000 and receiving active medical care for opportunistic infection more than half the time, 70 percent;
- (5) white count less than 2,000 and ongoing active opportunistic infection despite continuous medical care, 95 percent.

Subp. 5. **Spleen.** Surgical removal or alteration of all or part of the spleen, not otherwise ratable under this part, zero percent.

#### **5223.0620 ENDOCRINE.**

Subpart 1. **General.** For permanent partial impairment due to endocrine disease, the disability of the whole body is as provided in subparts 2 to 5. For evaluation purposes, the following are considered separately:

- A. hypothyroidism;
- B. hypoparathyroidism;
- C. hypoadrenalism; and
- D. hypoinsulinism.

Any permanent partial impairment to other body parts or organs directly resulting from any of these endocrine disorders must be rated as provided in the appropriate parts of this schedule. These ratings may be combined with each other and with any ratings under this part as described in part 5223.0300, subpart 3, item E.

Subp. 2. **Thyroid; hypothyroidism.** History of signs or symptoms of thyroid insufficiency substantiated by objective tests, and there is anatomic loss or alteration, and persisting for 12 months:

- A. signs or symptoms resolved with chronic replacement therapy, zero percent;
- B. signs or symptoms cannot be fully resolved with replacement therapy, 15 percent.

Subp. 3. **Parathyroid; hypoparathyroidism.** History of signs or symptoms of parathyroid insufficiency substantiated by objective tests, and there is anatomic loss or alteration, and persisting:

- A. normal calcium level maintained by replacement therapy, zero percent;
- B. normal calcium level cannot be maintained despite replacement therapy, ten percent.

Subp. 4. **Adrenal; hypoadrenalism.** History of signs or symptoms of adrenal insufficiency substantiated by objective tests, and there is anatomic loss or alteration, and persisting:

- A. signs or symptoms resolved with replacement therapy, zero percent;
- B. signs or symptoms cannot be consistently controlled with replacement therapy, 15 percent.

Subp. 5. **Insulin; hypoinsulinism.** History of signs or symptoms of insulin deficiency substantiated by objective tests, and there is anatomic loss or alteration to the islets of Langerhans, and persisting:

- A. signs or symptoms controlled with diet alone, two percent;
- B. signs or symptoms controlled with oral medication and diet, four percent;
- C. signs or symptoms controlled with insulin and diet, 15 percent;
- D. signs or symptoms inadequately controlled despite treatment with insulin and diet, 25 percent.

#### **5223.0630 SKIN DISORDERS.**

Subpart 1. **General.** This part provides the percentage of disability of the whole body for permanent partial impairment of the skin. This schedule is not affected by the location of the skin disorder or the percentage of the body surface area involved, or by the type of skin disorder, except for those due to heat injuries and cold injuries which must be rated as provided in part 5223.0640.

Subp. 2. **Skin disorders.**

- A. Class 0, zero percent. Signs or symptoms of skin disorder resolved completely with treatment.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

B. Class 1, two percent. Signs or symptoms of skin disorder are present and supported by objective skin findings, and there is no persistent limitation in the performance of the activities of daily living, as defined in part 5223.0310, subpart 5, although exposure to certain physical or chemical agents may temporarily result in a limitation of activity.

C. Class 2, ten percent. Signs or symptoms of skin disorder are present, and intermittent treatment is required, and there is limitation in the performance of some of the activities of daily living.

D. Class 3, 20 percent. Signs or symptoms of skin disorder are present, and continuous treatment is required, and there is limitation in the performance of many of the activities of daily living but able to live independently.

E. Class 4, 40 percent. Signs or symptoms of skin disorder are present, and continuous treatment is required which may include periodic confinement at home or other domicile, and there is limitation in the performance of many of the activities of daily living, and cannot live independently, but able to perform self cares independently.

F. Class 5, 75 percent. Signs or symptoms of skin disorder are present, and continuous treatment is required which necessitates confinement at home or other domicile, and there is severe limitation in the performance of nearly all of the activities of daily living and requires some assistance with self cares.

### 5223.0640 HEAT AND COLD INJURIES.

Subpart 1. **General.** This part provides the percentage of disability of the whole body for permanent partial impairment due to heat and cold injuries.

Heat injuries may be due to radiant heat, flame, hot gases or fumes, electric current, friction, chemicals, or radiation. Cold injuries may be due to environmental conditions or from contact with cold solids, liquids, or gases.

The whole body disability due to heat or cold injuries is not directly equal to the percentage of body surface area involved. The percentage of body surface area involved is used, however, in certain items to categorize impairments. When required the percentage of body surface area affected must be determined according to the method of Lund and Browder, as defined in part 5223.0310, subpart 37.

Any permanent partial impairment to other body parts or organs other than as provided in this part and directly resulting from a heat or cold injury must be rated as provided in the appropriate parts of this schedule. These ratings may be combined with each other and with any ratings under this part as described in part 5223.0300, subpart 3, item E.

Subp. 2. **Heat and cold injuries other than electrical conduction.** A rating under this part is the combination, as described in part 5223.0300, subpart 3, item E, of the ratings assigned by items A to E.

A. Any heat or cold injury that heals and leaves no scar, zero percent.

B. Cold intolerance of the hands, face, or head as evidenced by the wearing of heavy gloves or additional scarves at 35 degrees Fahrenheit:

(1) a scar or skin graft of at least ten square centimeters must be present for an affected member to be rated under this item. These ratings may be added as described in part 5223.0300, subpart 3, item E, to determine the overall rating for cold intolerance:

(a) dominant hand, four percent;

(b) nondominant hand, three percent;

(c) face, three percent; or

(d) foot, three percent;

(2) with history of preceding heat or cold injury but without scar or skin graft, entire impairment of all affected areas is, two percent.

C. Systemic heat intolerance as evidenced by fatigue or malaise or nausea; an oral temperature of at least 100 degrees Fahrenheit upon exposure to an environmental temperature of 90 degrees Fahrenheit at 60 percent relative humidity; and an initial heat injury that involved at least 50 percent of the body surface area, as measured by the method of Lund and Browder, as defined in part 5223.0310, subpart 37, five percent.

D. Sensitivity to sun exposure as evidenced by the need to cover the skin or use sun screen to prevent sunburn, or local sensitivity to heat as evidenced by redness or pain, and a scar or skin graft of at least ten square centimeters must be present for an affected member to be rated under this item. These ratings may be added as described in part 5223.0300, subpart 3, item F, to determine the overall rating for sensitivity to sun exposure:

(1) dominant hand, four percent;

(2) nondominant hand, three percent;

(3) face, three percent;



(4) if the sensitivity affects any other areas of the body, affecting less than five percent of the body surface area, zero percent;

(5) if the sensitivity affects any other body areas, affecting five to 20 percent of the body surface area, two percent;

(6) if the sensitivity affects any other body areas, affecting more than 20 percent of the body surface area, three percent.

E. Skin sensitivity to dust, chemical, or petroleum exposure, or altered sweating, or apocrine gland dysfunction. For one or any combination of these conditions, the whole body disability is:

(1) if the sensitivity affects less than five percent of the body surface area, zero percent;

(2) if the sensitivity affects five to 20 percent of the body surface area, two percent;

(3) if the sensitivity affects 20 percent or more of the body surface area, three percent.

F. Nondermatomal sensory loss:

(1) loss of sensation due to nerve injury must be rated as provided in parts 5223.0410 and 5223.0430;

(2) any loss of sensation in the digits must be rated as provided in part 5223.0410;

(3) nondermatomal sensory loss, affecting less than five percent of the body surface area, one percent;

(4) nondermatomal sensory loss, affecting five to 20 percent of the body surface area, three percent;

(5) nondermatomal sensory loss, affecting more than 20 percent of the body surface area, five percent.

**Subp. 3. Electrical conduction injuries.**

A. Injury to the skin must be rated as provided in subpart 2, items A to E.

B. Injury to peripheral nerve must be rated as provided in parts 5223.0400 to 5223.0430, as applicable.

C. Cosmetic disfigurement must be rated as provided in part 5223.0650.

**5223.0650 COSMETIC DISFIGUREMENT.**

Subpart 1. **General.** This part provides the percentage of disability of the whole body for permanent partial impairment due to cosmetic disfigurement. This part applies only to disfigurement on the face, head, neck, or dorsum of the hands. If there has been an operation, this rating is done after correction by plastic surgery. The final rating under this schedule shall not be done until 24 months after the injury. The ratings under this part may be combined as described in part 5223.0300, subpart 3, item E.

**Subp. 2. Face.**

A. The face is the anterior head from the forehead, to and including the chin.

B. The nose:

(1) deformity of nasal tip, or deformity, thinning, or eversion of ala nasi, five percent;

(2) loss of more than 50 percent of nasal cartilage, or of both ala nasi, 25 percent;

(3) deforming fracture of the nose, four percent.

C. The eyes, where this rating may be combined with any additional rating as provided in part 5223.0330, if visual impairment is present:

(1) loss of one eyebrow, 2.5 percent;

(2) loss of two eyebrows, five percent;

(3) ectropion:

(a) lower lid pulled from eye when mouth is opened and neck extended, five percent;

(b) lower lid pulled away with no movement of face or neck, ten percent;

(c) cornea unprotected when sleeping, 15 percent;

(4) epiphora, ten percent;

(5) scarring of an eyelid, four percent.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

D. The mouth, a rating under this item is the sum of subitems (1) to (4):

- (1) noncongenital microstomia or distortion affecting eating and dental hygiene, ten percent;
- (2) eversion of the upper lip, 7.5 percent;
- (3) eversion of the lower lip, 7.5 percent;
- (4) distortion of vermillion border, ten percent.

E. The ear:

- (1) loss of 75 percent or more of one external ear, five percent;
- (2) loss of less than 75 percent of one external ear, or significant scarring or disfigurement of an ear, four percent.

F. The face, in areas other than those covered in items B to E:

- (1) deforming fractures of facial skeleton, other than nose, eight percent per side of face involved;
- (2) diffuse scarring, that is, secondary to burns:
  - (a) hypertrophic scarring, as defined in part 5223.0310, subpart 33, affecting only forehead above the eyebrows, ten percent;
  - (b) hypertrophic scarring affecting the lower face from eyebrows to chin, 25 percent;
  - (c) hypertrophic scarring affecting both the forehead above the eyebrows and the lower face from the eyebrows to chin, 35 percent;
- (3) wrinkling, as defined in part 5223.0310, subpart 63, of face in areas covered in subitem (2), units (a) to (c), one-third of listed percentages;
- (4) linear scarring, that is, secondary to lacerations:
  - (a) linear scar less than two centimeters in length, zero percent;
  - (b) linear scar greater than two centimeters in length but less than eight centimeters in length, two percent;
  - (c) linear scar greater than eight centimeters or multiple linear scars, four percent;
  - (d) hypertrophic linear scarring, multiply listed percentages in units (a) to (c), by 1.25.

### Subp. 3. Head, alopecia.

A. Anterior hairline:

- (1) loss of less than 20 percent of hair on anterior hairline, zero percent;
- (2) loss of 20 to 50 percent of hair on anterior hairline, two percent;
- (3) loss of more than 50 percent of hair on anterior hairline, three percent.

B. Elsewhere on head and not affecting anterior hairline:

- (1) loss of zero to 15 percent of hair, zero percent;
- (2) loss of 16 to 30 percent of hair, one percent;
- (3) loss of 31 to 50 percent of hair, two percent;
- (4) loss of more than 50 percent of hair, three percent.

The ratings under this item and item A must be combined as provided in *Minnesota Statutes*, section 176.105, subdivision 4, paragraph (c).

### Subp. 4. Anterior neck.

A. The anterior neck extends from the ear lobule anteriorly to the ear lobule and downward to midclavicle. Disfigurement on the posterior neck from the ear lobule posteriorly to the ear lobule shall not be rated under subpart 6. Ratings under items B and C shall be combined as described in part 5223.0300, subpart 3, item E.

B. Hypertrophic scarring, as defined in part 5223.0310, subpart 33, or banding, as defined in part 5223.0310, subpart 11, of the anterior neck:

- (1) affecting less than ten percent of the anterior neck, zero percent;
- (2) affecting ten to 30 percent of the anterior neck, ten percent;
- (3) affecting 30 to 50 percent of the anterior neck, 12 percent;

(4) affecting more than 50 percent of the anterior neck, 15 percent.

C. The chin shelf is the area from the chin backwards to the neck:

- (1) chin shelf extends less than two inches, three percent;
- (2) chin shelf extends less than one inch, ten percent.

Subp. 5. **Hand.** The hand extends from the carpus distally. Loss of body parts and loss of function are rated in parts 5223.0400 to 5223.0550 and ratings as provided in those parts may be combined as described in part 5223.0300, subpart 3, item E, with ratings under this subpart.

A. Hypertrophic scarring, as defined in part 5223.0310, subpart 33, affecting less than 30 percent of dorsum of one hand, zero percent.

B. Hypertrophic scarring affecting 30 to 50 percent of dorsum of one hand, three percent.

C. Hypertrophic scarring affecting 50 percent or more of dorsum of one hand, seven percent.

D. Hypertrophic scarring affecting the palm of the hand, zero percent.

Subp. 6. **Other disfigurements.**

A. Loss of volume of female breast tissue, rate each breast separately and add the ratings for the overall disability due to loss of volume. Ratings under this item may be added as described in part 5223.0300, subpart 3, item F, to ratings under item B:

- (1) loss of zero to 25 percent of volume of breast, zero percent;
- (2) loss of 26 to 50 percent of volume of breast, two percent;
- (3) loss of greater than 50 percent of volume of breast, four percent.

B. Loss of nipple, either male or female, rate each nipple separately and add the ratings for the overall impairment due to loss of nipple. Ratings under this item may be added as described in part 5223.0300, subpart 3, item F, to ratings under item A and combined as described in part 5223.0300, subpart 3, item E, with ratings under other applicable items. Loss of nipple, three percent.

C. Disfigurement other than of the face, head, anterior neck, and hand rated in subparts 2 to 4, or loss of volume of female breast tissue or loss of nipple rated in items A and B. Visible loss of tissue, hypertrophic scarring, as defined in part 5223.0310, subpart 33, and visible pigment changes are considered disfigurements under this item:

- (1) less than five percent of body surface area according to the method of Lund and Browder, as defined in part 5223.0310, subpart 37, zero percent;
- (2) five percent to 20 percent of the body surface area, two percent;
- (3) 21 percent to 50 percent of the body surface area, four percent;
- (4) greater than 50 percent of the body surface area, ten percent.

## Department of Labor and Industry

### Proposed Permanent Rules Relating to Workers' Compensation; Rehabilitation Services

#### Rules as Proposed

##### 5220.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 5220.0100 to ~~5220.1910~~ 5220.1900, the following terms have the meanings given them.

Subp. 2. [See repealer.]

Subp. 3. **Assigned qualified rehabilitation consultant.** "Assigned qualified rehabilitation consultant" means the qualified rehabilitation consultant responsible for consultation, development, and implementation of the rehabilitation plan, whether the qualified rehabilitation consultant is:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

- A. selected by the insurer if the employee does not choose;
- B. chosen by the employee if the employee exercises a choice ~~under part 5220.0710, subpart 4~~ provided by statute; or
- C. determined by a documented agreement of the parties or by the commissioner or a compensation judge in the event of a dispute; or
- D. assigned by the commissioner under Minnesota Statutes, section 176.102, subdivision 4, paragraph (f).

[For text of subs 4 and 5, see M.R.]

Subp. 9. **Employer.** "Employer" means the employer at the time of injury of ~~qualified employees~~ the employee, unless the context clearly indicates otherwise.

[For text of subs 10 to 21, see M.R.]

Subp. 22. **Qualified employee.** "Qualified employee" means an employee who, because of the effects of a work-related injury or disease, whether or not combined with the effects of a prior injury or disability:

- A. is permanently precluded or is likely to be permanently precluded from engaging in the employee's usual and customary occupation or from engaging in the job the ~~individual employee~~ held at the time of injury; ~~and~~
- B. cannot reasonably be expected to return to suitable gainful employment with the date-of-injury employer; and
- C. can reasonably be expected to return to suitable gainful employment through the provision of rehabilitation services.

Subp. 23. **Qualified rehabilitation consultant.** "Qualified rehabilitation consultant" means a person who is professionally trained and experienced and who is registered by the commissioner to provide ~~an eligibility a~~ rehabilitation consultation and to develop and implement an appropriate plan of rehabilitation services for an employee entitled to rehabilitation benefits under *Minnesota Statutes*, section 176.102.

[For text of subs 24 and 25, see M.R.]

Subp. 26. **Rehabilitation consultation.** "Rehabilitation consultation" means ~~one or both of the following consistent with Minnesota Statutes, section 176.102, subdivision 4, and parts 5220.0110 to 5220.0130~~ a meeting of the employee and assigned qualified rehabilitation consultant to determine whether the employee is a qualified employee, as defined in subpart 22 to receive rehabilitation services, as defined in subpart 29.

A. ~~"Claim screening consultation" means an assessment of the likelihood that an injured employee will uneventfully return to work without rehabilitation services. A claim screening consultation uses a report which refers the employee for an eligibility consultation, rehabilitation services, or both, or requests a waiver of rehabilitation services.~~

B. ~~"Eligibility consultation" means a meeting of the employee and assigned qualified rehabilitation consultant to determine whether the employee is a qualified employee, as defined in subpart 22, to receive rehabilitation services, as defined in subpart 29.~~

[For text of subs 27 and 28, see M.R.]

Subp. 29. **Rehabilitation services.** "Rehabilitation services" means a program of vocational rehabilitation, including medical management, designed to return an individual to work consistent with *Minnesota Statutes*, section 176.102, subdivision 1, paragraph (b). The program begins with the first in-person visit of the employee by the assigned qualified rehabilitation consultant, including a visit for purposes of ~~an eligibility a~~ rehabilitation consultation. The program consists of the sequential delivery and coordination of services by rehabilitation providers under an individualized rehabilitation plan. Specific services under this program may include, but are not limited to, vocational evaluation, counseling, job analysis, job modification, job development, job placement, labor market survey, vocational testing, transferable skills analysis, work adjustment, job seeking skills training, on-the-job training, and retraining.

[For text of subp 30, see M.R.]

Subp. 31. **Required rehabilitation report.** "Required rehabilitation report" means ~~the claim screening consultation report, the eligibility rehabilitation~~ consultation report, the plan progress report, and any other report that must be submitted to the commissioner whenever a rehabilitation plan is initiated, proposed to be amended, suspended or closed, or when a change of assigned qualified rehabilitation consultant occurs on a case.

[For text of subs 32 to 35, see M.R.]

Subp. 36. **Vocational evaluation.** "Vocational evaluation" means the comprehensive assessment of vocational aptitudes and potential, using information about a qualified employee's past history, medical and psychological status, and information from appropriate vocational testing. ~~The testing, which~~ may use paper and pencil instruments, work samples, simulated work stations, or assessment in a real work environment.

[For text of subs 37 to 40, see M.R.]

**5220.0105 INCORPORATION BY REFERENCE.**

The following documents are incorporated by reference only to the extent specifically referenced in parts 5220.0100 to ~~5220.1910~~ 5220.1900. The documents in items A and B are not subject to frequent change, although new editions may occasionally be published. The documents in item C are revised annually. All documents are available through the Minitex interlibrary loan system.

A. The Dictionary of Occupational Titles, fourth edition, ~~1977~~ revised 1991, United States Department of Labor, is available for purchase through the Superintendent of Documents, United States Government Printing Office, Washington, DC 20402. ~~A revised edition is planned for late 1991.~~

[For text of item B, see M.R.]

C. The Commission on Accreditation of Rehabilitation Facilities (CARF) Directory of Accredited Organizations Serving People With Disabilities and its Standards Manual for Organizations Serving People With Disabilities, ~~1991~~ 1992, are ~~revised annually~~ and available for purchase at 101 North Wilmot Road, Suite 500, Tucson, Arizona 85711.

**5220.0110 REHABILITATION CONSULTATION; CLAIM SCREENING CONSULTATION REQUEST; DISABILITY STATUS REPORT.**

Subpart 1. [See repealer.]

Subp. 2. [See repealer.]

Subp. 3. [See repealer.]

Subp. 4. [See repealer.]

Subp. 5. Rehabilitation consultation request. The rehabilitation consultation may be requested by the employee, employer, or commissioner. A disability status report is used by the insurer to report rehabilitation consultation referral status.

Subp. 6. Employee request for consultation. The employee may request a rehabilitation consultation by giving written notice to the insurer requesting a rehabilitation consultation. Notification of the request shall be filed with the commissioner.

Subp. 7. Disability status report. The insurer shall file a disability status report to notify the commissioner of a referral for rehabilitation or to request a waiver of rehabilitation services.

A. When an employee has not returned to work following a workplace injury, the insurer shall complete a disability status report and file it with the commissioner:

(1) within 14 calendar days after it becomes known that the disability will extend beyond 13 weeks from the date of injury;

(2) within 90 days of the date of injury; or

(3) within 14 calendar days after receiving a request for rehabilitation consultation, whichever is earlier.

Another disability status report shall be filed by the insurer 180 days after the injury if no party has requested a rehabilitation consultation and the employee has not returned to work. A disability status report is required following each request for rehabilitation consultation.

B. The disability status report shall contain the following:

(1) identifying information on the employee, employer, and insurer;

(2) information about the duration of disability and the likelihood that the disability will extend beyond 13 weeks;

(3) the current work status of the employee;

(4) an indication of whether the employer will return the employee to work;

(5) information about accommodations or services being provided to the employee to assist in the return to the preinjury employer;

(6) an indication of whether a rehabilitation consultation is occurring or a request for a waiver of consultation is being made;

(7) if rehabilitation consultation is indicated, the name of the qualified rehabilitation consultant who will conduct the rehabilitation consultation; and

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

## Proposed Rules

(8) a current physician's work ability report must be attached to the form.

C. The employee may object to the insurer's recommendation by filing a rehabilitation request for assistance with the commissioner.

Subp. 8. Commissioner's authority. If a disability status report is not filed according to this part, the commissioner may refer the employee for a rehabilitation consultation by a qualified rehabilitation consultant at the insurer's expense, according to Minnesota Statutes, section 176.102, subdivision 4, paragraphs (b) and (f).

### 5220.0120 WAIVER OF ELIGIBILITY CONSULTATION AND REHABILITATION SERVICES.

Subpart 1. **Purpose.** The A rehabilitation waiver is used where appropriate to defer the initiation of eligibility consultation and rehabilitation services including the consultation.

Subp. 2. **Criteria.** A rehabilitation waiver may be requested is granted when (1) the employee meets the lost time requirement for a rehabilitation consultation, but there is a reasonable expectation employer documents that the otherwise qualified employee will return to the preinjury job in the near future without rehabilitation services, or (2) information indicates that the employee would not benefit at that time from rehabilitation services suitable gainful employment with the date-of-injury employer within 180 days after the injury.

Subp. 3. **Procedure and documentation.** Provision for A waiver request is included in the claim screening consultation report. Any for a rehabilitation waiver requested on the claim screening consultation report shall be according to the requirements of parts shall be documented on the disability status report form provided for in part 5220.0110 to 5220.0130, subpart 7.

Subp. 4. **Effective period Renewal of waiver.** A waiver of rehabilitation services is effective for 60 days from the date of the commissioner's receipt of the request for waiver unless the commissioner denies the request. If a waiver is in effect but the employee does not return to work within 180 days after the injury, the insurer may request a renewal of the waiver by filing another disability status report. The renewal of a waiver requires documentation that the otherwise qualified employee will return to suitable gainful employment with the date-of-injury employer.

Subp. 5. **Renewal of waiver Referral.** If 180 days have passed since the date of injury and the employee does has not return returned to work during the, no rehabilitation consultation has taken place, and no waiver period, the insurer shall, at the expiration of the waiver period, make a new determination and file another claim screening consultation report referring of rehabilitation services has been granted, the commissioner shall refer the employee for an eligibility a rehabilitation consultation or requesting renewal of the waiver. The approval of a renewal of waiver requires a showing of the existence of one of the criteria in subpart 2. The commissioner may permit a waiver for periods longer than 60 days if the criteria in subpart 2 will exist for a period longer than 60 days at the insurer's expense under Minnesota Statutes, section 176.102, subdivision 4, paragraph (f), to be provided by the vocational rehabilitation unit of the department.

### 5220.0130 REHABILITATION CONSULTATION; ELIGIBILITY CONSULTATION.

Subpart 1. **Purpose.** A rehabilitation consultation is used to determine whether an employee is a qualified employee for rehabilitation services. An eligibility consultation is used to determine whether an employee is a must be a qualified employee as defined by in part 5220.0100, subpart 22, and, if so, to begin the development of before a rehabilitation plan with the employee is implemented.

Subp. 2. **Criteria.** An insurer shall provide an eligibility If the employer requests a rehabilitation consultation or receives a request for a rehabilitation consultation from the commissioner, the insurer shall arrange for a rehabilitation consultation by a qualified rehabilitation consultant if the criteria of part 5220.0110, subpart 2, have been met, and:

- A- a waiver has not been requested;
- B- a request for a waiver has been denied;
- C- there is no longer a basis for a waiver;
- D- a waiver period has expired without renewal; or
- E- it is ordered by the commissioner to take place within 14 calendar days of the receipt of the request.

If the insurer receives a request for a rehabilitation consultation from an employee and does not request a waiver of rehabilitation services, the insurer shall arrange for a rehabilitation consultation by a qualified rehabilitation consultant to take place within 14 days of the receipt of the rehabilitation consultation request.

If the insurer receives a request for a rehabilitation consultation, and no waiver of rehabilitation services has been granted under part 5220.0120, the insurer shall arrange for a rehabilitation consultation by a qualified rehabilitation consultant to take place within 14 days of the notification that the waiver request has not been granted.

The rehabilitation consultation shall be held at a location not more than 50 miles from the employee's residence.

Subp. 3. **Consultation.** The procedure and documentation for an eligibility a rehabilitation consultation are contained in items A to E.

A. ~~Time for referral~~ Preconsultation actions. ~~When an insurer refers an employee~~ A copy of the first report of injury, the disability status report, and the accompanying current physician's work ability report shall be sent by the insurer to a the assigned qualified rehabilitation consultant ~~for an eligibility consultation or prior to the rehabilitation services, the insurer shall make that referral at the same time the claim screening consultation report is filed.~~

~~The claim screening consultation report and a copy of the first report of injury shall be sent by the insurer to the assigned qualified rehabilitation consultant for the eligibility consultation.~~

B. **Actions.** During the first in-person meeting with the employee for purposes of ~~completing the eligibility~~ conducting a rehabilitation consultation, the assigned qualified rehabilitation ~~consultation~~ consultant shall:

(1) meet with the employee and, including those items in part 5220.1803, subparts 1 and 1a, explain the employee's rights and all responsibilities regarding rehabilitation, including the employee's right to choose a qualified rehabilitation consultants consultant; and

(2) gather information which will permit a determination of the employee's eligibility for rehabilitation.

C. **Contents of report.** The eligibility rehabilitation consultation ~~and supplementary information~~ shall be documented by the assigned qualified rehabilitation consultant on an eligibility a rehabilitation consultation report form prescribed by the commissioner containing substantially the following:

(1) identifying information of the employee, employer, insurer, and qualified rehabilitation consultant;

(2) the eligibility rehabilitation consultation date;

(3) an indication of the employee's work status likelihood that the employee will return to the preinjury employer or preinjury occupation; and

(4) information indicating the presence of factors that affect the employee's ability to return to the preinjury job, including the identification of barriers to successful completion of the rehabilitation; plan and measures to be taken to overcome those barriers, and

(5) a professional opinion about an assessment of whether or not the employee can reasonably be expected to return to suitable gainful employment through the provision of is a qualified employee for rehabilitation services at this time and the basis for that opinion.

D. **Time for filing.** ~~An eligibility~~ A rehabilitation consultation report shall be completed by the assigned qualified rehabilitation consultant in all cases. The assigned qualified rehabilitation consultant shall file the eligibility rehabilitation consultation report within 30 15 days of the first in-person meeting with the employee and concurrently mail a copy to the ~~insurer and employer,~~ the employee, and the insurer.

E. **Employee's objection.** The employee may object to the qualified rehabilitation consultant's ~~recommendations~~ assessment by filing a rehabilitation request for assistance with the commissioner.

#### **5220.0410 REHABILITATION PLAN.**

Subpart 1. **Purpose.** The purpose of the rehabilitation plan is to communicate to all interested parties the vocational goal, the rehabilitation services, and the projected amounts of time and money that will be needed to achieve the vocational goal.

Authoritative references for describing a vocational history and a vocational goal in the plan and for analyzing jobs are the Dictionary of Occupational Titles and the Guide to Job Analysis. These documents are incorporated by reference in part 5220.0105.

Subp. 2. **Requirements.** If a rehabilitation consultation results in a determination that an employee is a qualified employee ~~under part 5220.0100, subpart 22 for rehabilitation services,~~ the assigned qualified rehabilitation consultant shall, in consultation with the parties, develop, record, and file a rehabilitation plan on the form prescribed by the commissioner containing substantially the following:

[For text of item A, see M.R.]

B. the employee's occupation at time of injury; the Dictionary of Occupational Titles, which is incorporated by reference in part 5220.0105, code for that occupation; and the vocational goal of the rehabilitation plan;

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

## Proposed Rules

---

---

C. itemization of the rehabilitation services to be provided including any vendor names, ~~anticipated dates of service initiation,~~ anticipated service completion dates, estimated service costs, and projected total plan cost and plan completion date;

D. ~~a summary of planned treatment or physical rehabilitation, including the treating doctor's name, the employee's diagnoses and physical restrictions, relevant medical reports documenting the restrictions or the estimated date on which restrictions will be available, other complicating factors to be considered and methods of dealing with those factors;~~

E. ~~the dated signatures of the employee, insurer, and assigned qualified rehabilitation consultant if the parties are in agreement with the plan;~~

F. ~~E.~~ employee comments, if any; and

G. ~~F.~~ instructions to the parties that if they disagree with the plan they have 24 15 days from their receipt of the proposed plan to resolve the disagreement or object to the proposed plan, and that an objection must be sent to filed with the Department of Labor and Industry for resolution commissioner.

~~Authoritative references for describing a vocational history and a vocational goal in the plan, and for analyzing jobs are the Dictionary of Occupational Titles and the Guide to Job Analysis. These documents are incorporated by reference in part 5220.0105.~~

Subp. 3. **Process.** Upon preparation of the proposed plan, and within ~~60~~ 30 days of the first in-person contact between the assigned qualified rehabilitation consultant and the employee, the assigned qualified rehabilitation consultant shall provide to all parties a copy of the proposed rehabilitation plan ~~on a form prescribed by the commissioner.~~

Subp. 4. **Party's response.** Upon receipt of the proposed rehabilitation plan, each party must, within ~~24~~ 15 days, either:

[For text of items A and B, see M.R.]

However, if the objection is not resolved, the objecting party must file a rehabilitation request for assistance with the commissioner within ~~24~~ 15 days of receipt of the proposed plan. These disputes will be resolved according to part 5220.0950.

If no rehabilitation request for assistance objecting to the plan is filed within ~~24~~ 15 days of the party's receipt, the plan approval process will occur as provided in subpart 6.

Subp. 5. **Filing the plan.** The assigned qualified rehabilitation consultant shall file the rehabilitation plan ~~and the initial evaluation narrative report, as required by part 5220.1803, subpart 5,~~ with the commissioner within ~~90~~ 45 days of the first in-person contact between the qualified rehabilitation consultant and the employee or within ~~30~~ 15 days of circulation to the parties, whichever is earlier.

Subp. 6. **Plan approval.** A rehabilitation plan that all parties have signed is deemed approved by the commissioner upon filing.

If a party fails to sign the plan or fails to file a rehabilitation request for assistance objecting to the proposed plan within the ~~24~~ 15 days specified in subpart 4, item B, it shall be presumed that the party is in substantial agreement with the plan's vocational objective and the services that are proposed. In this event ~~the plan, assigned qualified rehabilitation consultant shall file the plan with the commissioner along with evidence of the date it the plan was sent to each party, shall be filed with the department by the assigned qualified rehabilitation consultant~~ and, upon receipt, the plan will be deemed approved. A party's failure to sign a plan shall not constitute a waiver of any right to subsequently dispute the plan or to dispute payment of rehabilitation fees relative to the plan.

In reviewing rehabilitation plans pursuant to *Minnesota Statutes*, section 176.102, subdivision 6, the commissioner shall notify all interested parties of the nature of any additional information necessary for the review, any recommended modifications to the plan, and any decision approving, modifying, or rejecting a plan.

If the commissioner refers issues relating to a plan to a compensation judge or an administrative conference pursuant to *Minnesota Statutes*, section 176.106, all parties shall be notified of that action and of all applicable related procedures.

Commencement of a plan without objection from the commissioner shall not constitute a waiver or an estoppel of the commissioner's or compensation judge's authority over the plan.

Subp. 7. **Communication with treating doctor.** Upon filing of the rehabilitation plan with the commissioner, the assigned qualified rehabilitation consultant shall, within the limitations of part 5220.1802, subpart 5, send a copy of the employee's rehabilitation plan to the employee's treating doctor.

[For text of subp 8, see M.R.]

Subp. 9. **Administration of plan.** All rehabilitation services shall be provided to an employee pursuant to *Minnesota Statutes*, section 176.102, as stated in the rehabilitation plan and any subsequent amendments, and shall be administered exclusively by a person or business entity registered and approved by the commissioner as a qualified rehabilitation consultant or a qualified rehabilitation consultant firm.

The assigned qualified rehabilitation consultant shall monitor registered rehabilitation vendor compliance with the rehabilitation plan.



Job development and job placement services shall be provided either by rehabilitation providers registered by the commissioner or by a facility accredited by the National Commission on Accreditation of Rehabilitation Facilities (CARF), Tucson, Arizona. The CARF Directory of Accredited Organizations Serving People with Disabilities and its Standards Manual for Organizations Serving People with Disabilities are incorporated by reference in part 5220.0105. The insurer may select the vendor of job development or job placement services.

Subp. 10. **Disputes.** In the case of a dispute about a rehabilitation plan or any rehabilitation services provided, any party may file a rehabilitation request for assistance according to *Minnesota Statutes*, chapter 176, or part 5220.0950.

#### **5220.0450 PLAN PROGRESS REPORT.**

**Subpart 1. Purpose.** The purpose of a plan progress report is to inform parties of the current status of the rehabilitation plan and provide a current estimate of plan cost and duration to completion.

**Subp. 2. Requirements.** Three months after the assigned qualified rehabilitation consultant has filed an approved rehabilitation plan with the commissioner, three months thereafter, and every six months thereafter, the assigned qualified rehabilitation consultant shall complete a plan progress report on the form prescribed by the commissioner that contains the following:

- A. information identifying the employee, employer, insurer, and assigned qualified rehabilitation consultant;
- B. the employee's current medical status and work status;
- C. the costs to date for rehabilitation services by all rehabilitation providers and the estimated costs to plan completion; and
- D. the duration of the rehabilitation plan to date and the estimated duration to plan completion.

**Subp. 3. Filing.** The assigned qualified rehabilitation consultant shall file the six-month plan progress report with the commissioner, and provide copies to the employee, employer, and insurer within 15 days after six months have passed from the date of the filing of the rehabilitation plan. The three-month plan progress report shall be sent to the insurer only. Subsequent plan progress reports are to be filed with the commissioner within 15 days after every six month anniversary of the plan filing, with copies sent to the employee, employer, and insurer.

**Subp. 4. Commissioner's actions.** Based on the information contained in the current plan progress report and in other reports available to the commissioner, the commissioner may decide to initiate further activities if the review indicates that the plan is inadequate to carry out the objectives of rehabilitation under *Minnesota Statutes*, section 176.102, subdivision 1, paragraph (b). These activities may include, but are not limited to the following:

A. requesting additional information from the assigned qualified rehabilitation consultant, the qualified rehabilitation consultant firm, and the registered rehabilitation vendor;

B. conducting an on-site inspection of the assigned qualified rehabilitation consultant's records for documentation of service provision according to the rehabilitation plan; and

C. other actions pursuant to *Minnesota Statutes*, section 176.102, subdivision 6, paragraph (b), and parts 5220.1800 to 5220.1806.

#### **5220.0510 PLAN AMENDMENT AND CLOSURE.**

[For text of subpart 1, see M.R.]

**Subp. 2. Procedure and responsibilities.** The assigned qualified rehabilitation consultant may recommend a plan amendment when reasons for amendment are present. Parties other than the assigned qualified rehabilitation consultant may propose amendments. It is the responsibility of the assigned qualified rehabilitation consultant to facilitate discussion of proposed amendments.

The assigned qualified rehabilitation consultant shall promptly report any agreed upon amendment of the plan on the form prescribed by the commissioner. If the parties are not able to privately resolve disagreements about plan amendment, a party may request amendment of the rehabilitation plan on a form prescribed by the commissioner and the dispute shall be resolved according to subpart 8.

**Subp. 2a. Process.** Upon preparation of the proposed plan amendment the assigned qualified rehabilitation consultant shall provide a copy to all parties.

**Subp. 2b. Party's response.** Upon receipt of the proposed rehabilitation plan amendment, each party must, within 15 days, either:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

A. sign the plan amendment signifying agreement and return it to the assigned qualified rehabilitation consultant; or

B. promptly notify the assigned qualified rehabilitation consultant of any objection to the plan amendment and work with the assigned qualified rehabilitation consultant to resolve the objection by agreement.

However, if the objection is not resolved, the objecting party must file a rehabilitation request for assistance with the commissioner within 15 days of receipt of the proposed amendment. These disputes will be resolved according to part 5220.0950.

If no rehabilitation request for assistance objecting to the plan amendment is filed within 15 days of the party's receipt, the approval process will occur as provided in subpart 2d.

Subp. 2c. Filing. The assigned qualified rehabilitation consultant shall file the rehabilitation plan amendment with the commissioner within 15 days of circulation to the parties.

Subp. 2d. Approval. A rehabilitation plan amendment that all parties have signed is deemed approved by the commissioner upon filing.

If a party fails to sign the plan amendment or fails to file a rehabilitation request for assistance objecting to the proposed plan within the 15 days specified in subpart 2b, it shall be presumed that the party is in substantial agreement with the plan amendment's vocational objective and the services that are proposed. In this event the assigned qualified rehabilitation consultant shall file the plan amendment with the commissioner along with evidence of the date the plan amendment was sent to each party and, upon receipt, the plan amendment will be deemed approved. A party's failure to sign a plan amendment shall not constitute a waiver of any right to subsequently dispute it or to dispute payment of rehabilitation fees relative to it.

Subp. 2. Requirements. Three months after the assigned qualified rehabilitation consultant has filed an approved rehabilitation plan with the commissioner, three months thereafter, and every six months thereafter, the assigned qualified rehabilitation consultant shall complete a plan progress report on the form prescribed by the commissioner that contains the following:

A. information identifying the employee, employer, insurer, and assigned qualified rehabilitation consultant;

B. the employee's current medical status and work status;

C. the costs to date for rehabilitation services by all rehabilitation providers and the estimated costs to plan completion; and

D. the duration of the rehabilitation plan to date and the estimated duration to plan completion.

Subp. 3. Filing. The assigned qualified rehabilitation consultant shall file the six-month plan progress report with the commissioner, and provide copies to the employee, employer, and insurer within 15 days after six months have passed from the date of the filing of the rehabilitation plan. The three-month plan progress report shall be sent to the insurer only. Subsequent plan progress reports are to be filed with the commissioner within 15 days after every six month anniversary of the plan filing, with copies sent to the employee, employer, and insurer.

Subp. 4. Commissioner's actions. Based on the information contained in the current plan progress report and in other reports available to the commissioner, the commissioner may decide to initiate further activities if the review indicates that the plan is inadequate to carry out the objectives of rehabilitation under *Minnesota Statutes*, section 176.102, subdivision 1, paragraph (b). These activities may include, but are not limited to the following:

A. requesting additional information from the assigned qualified rehabilitation consultant, the qualified rehabilitation consultant firm, and the registered rehabilitation vendor;

B. conducting an on-site inspection of the assigned qualified rehabilitation consultant's records for documentation of service provision according to the rehabilitation plan; and

C. other actions pursuant to *Minnesota Statutes*, section 176.102, subdivision 6, paragraph (b), and parts 5220.1800 to 5220.1806.

### 5220.0510 PLAN AMENDMENT AND CLOSURE.

[For text of subpart 1, see M.R.]

**Subp. 2. Procedure and responsibilities.** The assigned qualified rehabilitation consultant may recommend a plan amendment when reasons for amendment are present. Parties other than the assigned qualified rehabilitation consultant may propose amendments. It is the responsibility of the assigned qualified rehabilitation consultant to facilitate discussion of proposed amendments.

The assigned qualified rehabilitation consultant shall promptly report any agreed upon amendment of the plan on the form prescribed by the commissioner. If the parties are not able to privately resolve disagreements about plan amendment, a party may request amendment of the rehabilitation plan on a form prescribed by the commissioner and the dispute shall be resolved according to subpart 8.

Subp. 2a. Process. Upon preparation of the proposed plan amendment the assigned qualified rehabilitation consultant shall provide a copy to all parties.

Subp. 2b. Party's response. Upon receipt of the proposed rehabilitation plan amendment, each party must, within 15 days, either:

A. sign the plan amendment signifying agreement and return it to the assigned qualified rehabilitation consultant; or

B. promptly notify the assigned qualified rehabilitation consultant of any objection to the plan amendment and work with the assigned qualified rehabilitation consultant to resolve the objection by agreement.

However, if the objection is not resolved, the objecting party must file a rehabilitation request for assistance with the commissioner within 15 days of receipt of the proposed amendment. These disputes will be resolved according to part 5220.0950.

If no rehabilitation request for assistance objecting to the plan amendment is filed within 15 days of the party's receipt, the approval process will occur as provided in subpart 2d.

Subp. 2c. Filing. The assigned qualified rehabilitation consultant shall file the rehabilitation plan amendment with the commissioner within 15 days of circulation to the parties.

Subp. 2d. Approval. A rehabilitation plan amendment that all parties have signed is deemed approved by the commissioner upon filing.

If a party fails to sign the plan amendment or fails to file a rehabilitation request for assistance objecting to the proposed plan within the 15 days specified in subpart 2b, it shall be presumed that the party is in substantial agreement with the plan amendment's vocational objective and the services that are proposed. In this event the assigned qualified rehabilitation consultant shall file the plan amendment with the commissioner along with evidence of the date the plan amendment was sent to each party and, upon receipt, the plan amendment will be deemed approved. A party's failure to sign a plan amendment shall not constitute a waiver of any right to subsequently dispute it or to dispute payment of rehabilitation fees relative to it.

[For text of subps 3 and 4, see M.R.]

**Subp. 5. Request for closure before plan completion.** At any time, the insurer or employee may request the closure of rehabilitation services by filing a rehabilitation request for assistance with the commissioner. The commissioner or a compensation judge may close rehabilitation services for good cause, including, but not limited to:

[For text of items A and B, see M.R.]

C. the employee is not participating effectively in the implementation of the plan; ~~and~~ or

[For text of item D, see M.R.]

[For text of subp 6, see M.R.]

**Subp. 7. Closure report by assigned qualified rehabilitation consultant.** When an employee's rehabilitation plan is completed and closure of rehabilitation services is not disputed, the assigned qualified rehabilitation consultant shall file a report on a form prescribed by the commissioner. When the reason for the closure is a return to work, the qualified rehabilitation consultant shall not complete and file the closure report until the employee has continued working for at least 30 calendar days following the return to work. The form reporting plan closure must be sent to the employee and the insurer when filed with the commissioner. The form shall contain substantially the following:

[For text of items A and B, see M.R.]

C. the employee's employment status:

(1) if the employee is working, information identifying the employer with whom the employee returned to work, the job title and job code from the Dictionary of Occupational Titles ~~code~~ described in part 5220.0105, the return to work date, the weekly wage upon return to work, and whether the employee has continued working for 30 calendar days; or

[For text of subitem (2), see M.R.]

D. a summary of the rehabilitation services provided and rehabilitation costs by all ~~qualified rehabilitation consultants, qualified rehabilitation consultant firms, and registered rehabilitation vendors~~ providers; and

[For text of item E, see M.R.]

[For text of subp 8, see M.R.]

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

### 5220.0710 EMPLOYEE CHOICE OF QUALIFIED REHABILITATION CONSULTANT; CHANGE OF QUALIFIED REHABILITATION CONSULTANT.

Subpart 1. **Employee right to choose.** Pursuant to *Minnesota Statutes*, section 176.102, subdivision 4, the qualified employee has a right to choose ~~an assigned~~ a qualified rehabilitation consultant as defined in part 5220.0100, subpart 3 ~~23~~, once:

A. ~~once~~:

(1) ~~when the employee selects a qualified rehabilitation consultant before a referral by the insurer to a qualified rehabilitation consultant, or before a first in-person visit between a qualified rehabilitation consultant and the employee; or~~

(2) ~~B.~~ when the employee selects a qualified rehabilitation consultant ~~before the end of~~ within 60 days following the first in-person visit between the employee and after filing of the rehabilitation plan to replace a qualified rehabilitation consultant selected by the insurer, in which case the employee shall notify the insurer ~~and commissioner~~ in writing of the name, address, and telephone number of the qualified rehabilitation consultant chosen; ~~and~~

~~B.~~ once when the employee selects a qualified rehabilitation consultant after 60 days following the first in-person visit between the employee and the assigned qualified rehabilitation consultant.

Subp. 2. **Documentation.** When a change of qualified rehabilitation consultant occurs, the new assigned qualified rehabilitation consultant shall promptly inform the commissioner of the change in assigned qualified rehabilitation consultant by filing the prescribed form with the commissioner. The prescribed form shall contain identifying information on the employee, employer, insurer, the new assigned qualified rehabilitation consultant, and the former assigned qualified rehabilitation consultant.

Subp. 3. **Dispute resolution.** After exhaustion of the employee's choices in subpart 1, any party may propose a change of assigned qualified rehabilitation consultant. The parties may at any time agree to a change and select a new qualified rehabilitation consultant. If a dispute about change or selection arises, and the parties are not able to resolve that dispute, the dispute shall be resolved by a determination of the commissioner or a compensation judge as provided in *Minnesota Statutes*, chapter 176, and part 5220.0950. If the employee's ~~choices have~~ choice has not been exhausted, the determination shall be made according to the employee's choice. If the employee's ~~choices have~~ choice has been exhausted, the determination shall be made according to the best interest of the parties, consistent with the objectives of. The best interest of the parties shall be determined based on the goals of rehabilitation as provided in Minnesota Statutes, section 176.102, subdivision 1, paragraph (b). If the commissioner or compensation judge determines the qualified rehabilitation consultant's work to be unsatisfactory or the qualified rehabilitation consultant withdraws from the case, and the parties are unable to agree on the selection of a qualified rehabilitation consultant, the commissioner or compensation judge shall assign a new qualified rehabilitation consultant.

[For text of subs 4 and 5, see M.R.]

### 5220.0850 ON-THE-JOB TRAINING.

Subpart 1. **Objective of on-the-job training.** The primary objective of on-the-job training as defined in part 5220.0100, subpart ~~22~~ 21, is suitable gainful employment with the on-the-job training employer that is likely to restore the employee as close as possible to preinjury economic status. A proposed on-the-job training plan may be rejected by the commissioner or compensation judge if the plan is unlikely to achieve this primary objective. However, documentation that the training will increase employability with other employers may be a basis for approval.

Subp. 2. **Plan submission.** A proposed on-the-job training plan shall be filed on a form prescribed by the commissioner and must contain the following:

[For text of items A to G, see M.R.]

H. the intervals at which the ~~plan~~ progress of the on-the-job training plan will be assessed;

[For text of items I to N, see M.R.]

[For text of subs 3 to 5, see M.R.]

### 5220.1100 LEGAL REPRESENTATION.

When an employee or insurer is represented by an attorney and if a notice of representation has not already been filed, the attorney shall notify the commissioner as provided in part 1415.0800. The attorney will receive notices as provided in part ~~5220.2890~~ 1415.0700. The value of rehabilitation services shall not be used in the calculation of attorney's fees. The legal fees shall be calculated in the manner provided by law. An attorney who has so advised the commissioner will be notified of any proceedings, and will receive rehabilitation reports as provided by part 5220.1802, subpart 3.

### 5220.1250 QUALIFIED REHABILITATION CONSULTANT AND REGISTERED ROLES OF REGISTERED REHABILITATION ~~VENDOR~~ PROVIDERS.

An entity may be approved ~~either~~ to provide rehabilitation services either as a registered rehabilitation vendor or as a qualified

rehabilitation consultant firm. An individual may be approved to provide rehabilitation services as a qualified rehabilitation consultant intern or, in cases of completion of internship and registration renewal, as a qualified rehabilitation consultant.

A qualified rehabilitation consultant and a qualified rehabilitation consultant intern are approved for the purpose of developing, administering, and implementing a rehabilitation plan, including the provision of rehabilitation services, in accordance with Minnesota Statutes, chapter 176 and the rules adopted to administer it.

A qualified rehabilitation consultant firm is approved for the purpose of employing qualified rehabilitation consultants, qualified rehabilitation consultant interns, and other professional staff as provided in part 5220.1600.

A registered rehabilitation vendor is approved for the purpose of providing the workers' compensation rehabilitation services of job development and job placement under an approved rehabilitation plan.

The roles of vendor and consultant are distinct and, therefore, ~~a qualified registered rehabilitation consultant vendor or its employee~~ may not be, or function as, ~~a registered qualified rehabilitation consultant firm, a qualified rehabilitation consultant, or a qualified rehabilitation consultant intern.~~ Nor may a qualified rehabilitation consultant firm, qualified rehabilitation consultant, or qualified rehabilitation consultant intern be or function as a registered rehabilitation vendor or as the agent of a vendor.

The distinction of roles between registered rehabilitation vendor and qualified rehabilitation consultant means the following: A registered rehabilitation vendor and its employees may provide job development and job placement services under an approved rehabilitation plan for any qualified employee; a qualified rehabilitation consultant firm and its employees may provide job development and job placement services only in cases for which a qualified rehabilitation consultant or qualified rehabilitation consultant intern employed by that firm is the assigned qualified rehabilitation consultant.

There shall be no ownership or financial relationships of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant, or qualified rehabilitation consultant intern.

#### **5220.1400 QUALIFYING CRITERIA FOR REHABILITATION CONSULTANT.**

[For text of subpart 1, see M.R.]

Subp. 2. **Certification and education.** A qualified rehabilitation consultant shall possess at least one of the following credentials:

A. a baccalaureate degree, together with certification by the Board of Rehabilitation Certification as a certified rehabilitation counselor or a certified insurance rehabilitation specialist; or

B. a baccalaureate degree together with certification by the Association of Rehabilitation Nurses as a certified rehabilitation registered nurse; or

C. a baccalaureate degree together with certification by the American Occupational Therapy Certification Board as a registered occupational therapist. Certification by the American Occupational Therapy Certification Board shall have been held for five years prior to application.

Persons who were qualified rehabilitation consultants on June 15, 1987, must have obtained the certification described in item A or B by June 15, 1989. If a qualified rehabilitation consultant lacks two years or more of the experience required to meet the certifying body's minimum experience or internship requirement, the time for becoming certified shall equal the time remaining for completion of the certifying body's minimum experience or internship requirement. If a qualified rehabilitation consultant must also obtain a baccalaureate degree to meet the certifying body's minimum education requirements, the qualified rehabilitation consultant shall have an additional four years to become certified. If an examination is required for certification, the time allowed for certification under this part must include two scheduled examinations which the applicant is eligible to take. ~~Persons who were qualified rehabilitation consultant interns on June 15, 1987, may become qualified rehabilitation consultants under the requirements in place before that date. Upon becoming qualified rehabilitation consultants, such persons must obtain certification as required by this subpart.~~

Subp. 3. **Qualified rehabilitation consultant intern.** The purpose of internship is to provide a supportive, structured period of professional supervision and case review following registration. An individual who meets the requirements of subpart 2, item A or B, ~~or C,~~ may be registered as a qualified rehabilitation consultant intern. If an individual who meets the requirements of subpart 2, item A or B, except that two years or less of internship or experience remains as a requirement for obtaining certification, that individual may be registered as a qualified rehabilitation consultant intern by documenting how the certification will be obtained within three years from the date of registration. A qualified rehabilitation consultant intern must complete an introductory training session sponsored by the department within six months of approval of registration. A qualified rehabilitation consultant intern shall

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

## Proposed Rules

---

not be a solo practitioner. When the intern is registered, the intern's employer shall provide the commissioner with the name of the qualified rehabilitation consultant under whose direct supervision the intern will work, and shall submit a plan of supervision on forms prescribed by the commissioner. Direct supervision means that the supervisor is directly responsible for the rehabilitation work on any case, and for monitoring progress toward the certification required by this subpart. The intern supervisor need not maintain an office at the same location as the intern. The supervisor shall cosign all written work being done by the intern. There shall be no billing by the supervisor for these supervisory duties. The supervisor shall attend all administrative conferences with the intern and shall arrange for training as required by the commissioner. The intern shall be designated as an "intern" on all documents bearing the name of the intern.

The failure to comply with the standards of performance and professional conduct contained in parts 5220.1800 and 5220.1801 or the violation of any of the provisions of *Minnesota Statutes*, chapter 176, *Minnesota Rules*, parts 5220.0100 to 5220.1910 ~~5220.1900~~, or orders issued under the statutes or rules constitute grounds for denial of registration as a qualified rehabilitation consultant or qualified rehabilitation consultant intern under *Minnesota Statutes*, section 176.102, subdivision 3, discipline under *Minnesota Statutes*, section 176.102, subdivision 3a, or delay of completion of internship. The intern may appeal the decision of the commissioner denying registration as provided in part 5220.1500, subpart 2.

In cases where an intern has been supervised by a qualified rehabilitation consultant who leaves the organization with which the intern has been employed and no other qualified rehabilitation consultant is available to supervise the intern, the intern may, with the prior written approval of the commissioner, sign all required documents in the capacity of a qualified rehabilitation consultant for a period of time deemed appropriate by the commissioner. Past performance and overall experience shall be taken into consideration for this approval.

Subp. 3a. Commissioner's approval for supervised internship. When the intern is registered, the intern's employer shall provide the commissioner with the name of the qualified rehabilitation consultant under whose direct supervision the intern will work, and shall submit a plan of supervision addressing the following items: the evaluation methods used; frequency of supervisory reviews and communication; procedures for dealing with administrative conferences or hearings and file reviews; procedures for review of the rules of practice; and procedures for review of progress toward obtaining certification, including the date the intern will be eligible to take the certification examination. "Direct supervision" means that the supervisor is directly responsible for the rehabilitation work on any case, and for monitoring progress toward the certification required by subpart 2. The intern supervisor need not maintain an office at the same location as the intern. The supervisor shall cosign all written work being done by the intern. There shall be no billing by the supervisor for these supervisory duties. The supervisor shall attend all administrative conferences with the intern and shall arrange for training as required by the commissioner. The intern shall be designated as an "intern" on all documents bearing the name of the intern.

**Subp. 4. Completion of internship.** The burden of proof of experience shall be on the applicant. The intern must work at least one year full time as an intern in the rehabilitation of injured workers under *Minnesota Statutes*, section 176.102. Evidence of experience shall include documentation of a history of employment in a position of vocational rehabilitation. For purposes of this subpart, "full-time employment" is consistent with the employment experience requirement of the certifying body chosen by the qualified rehabilitation consultant intern. Where there is no definition of full-time employment by the certifying body chosen by the qualified rehabilitation consultant intern, full-time employment means a minimum of 37 hours per week during a 52-week period. Any part-time employment will be prorated based on this definition. The intern may make application for completion of internship when the minimum requirements in subparts 2 to 5 have been met.

The commissioner's action on the intern's application for completion of internship shall be based in part on the report of the qualified rehabilitation consultant intern supervisor about the competence of the intern to practice independently. The commissioner shall also consider information about the intern's professional competence including that obtained in the course of any investigation about professional conduct, and on any substantiated complaints regarding professional conduct. "Substantiated complaints" for purposes of denial of completion of internship means there has been a stipulation or order of discipline.

**Subp. 5. General criteria.** All persons who are qualified rehabilitation consultants shall be self-employed or employed by a single organization that is approved for the employment of qualified rehabilitation consultants as a qualified rehabilitation consultant firm or an employer or insurer. Qualified rehabilitation consultants must be available to clients, and for administrative conferences or hearings during normal business hours. A qualified rehabilitation consultant employed by an employer or insurer that is not registered as a qualified rehabilitation consultant firm is permitted to provide rehabilitation consultation and services only for the claims being handled by the entity by whom the consultant is employed. A qualified rehabilitation consultant shall notify the department immediately upon changing employment. Notification shall include the name of the former place of employment, the name, address, and telephone number of the new place of employment and the effective date of new employment.

Effective January 1, 1995, both registration and renewal of registration shall require current membership in a professional rehabilitation organization which provides in its constitution or bylaws for a process of review by peers of its members' professional conduct and services.

Registration shall require Minnesota residency. The commissioner may grant an exception for persons who reside no more than 100 miles by road from the Minnesota border. Any such qualified rehabilitation consultant agrees, as an additional condition of registration, to appear at any administrative conference or hearing when requested, in the same manner as if subpoenaed. A qualified rehabilitation consultant shall notify the department immediately upon any change in residency to or from Minnesota.

#### **5220.1500 PROCEDURE FOR REGISTRATION AS QUALIFIED REHABILITATION CONSULTANT.**

Subpart 1. **Application to become a qualified rehabilitation consultant intern.** An individual desiring to receive approval and registration as a qualified rehabilitation consultant intern shall submit to the commissioner, a complete application consisting of the following:

[For text of items A to F, see M.R.]

G. a plan of supervision as required by part 5220.1400, subpart 3 3a.

Qualified rehabilitation consultant applicants employed by the vocational rehabilitation unit of the Department of Labor and Industry are exempt from payment under this subpart.

[For text of subs 1a and 2, see M.R.]

Subp. 3. **Registration number and renewal.** The commissioner shall assign a registration number to each registered rehabilitation provider.

Registration must be renewed annually. A rehabilitation provider shall request renewal on a form prescribed by the commissioner. Application for renewal is due 60 days before expiration of registration, accompanied by the appropriate registration fee. Registration renewal applications that are not complete, are not accompanied by the registration renewal fee, or are not accompanied by documentation of certification or satisfactory documentation of continuing education will be returned to the applicant for completion. Completed registration renewal applications received later than the due date shall be assessed a \$25 late fee. Registration renewal applications received more than 30 days after the due date shall be assessed an additional \$10 per day late fee for each day after the request is 30 days late. No late fee in excess of \$125 may be assessed.

Qualified rehabilitation consultant's employed by the vocational rehabilitation unit of the Department of Labor and Industry are exempt from payment under this subpart.

Substantiated complaints about activities or services, or failure to comply with laws, rules, or orders under Failure to meet the standards of performance and professional conduct contained in parts 5220.1800 and 5220.1801, or the violation of any provisions of Minnesota Statutes, chapter 176, are parts 5220.0100 to 5220.1900, or orders issued under the statutes or rules, constitute grounds for denial of renewal of registration renewal as a qualified rehabilitation consultant or qualified rehabilitation consultant intern under Minnesota Statutes, section 176.102, subdivision 3, discipline under Minnesota Statutes, section 176.102, subdivision 3a, or delay of completion of internship. The decision of the commissioner may be appealed as provided in subpart 2. “Substantiated complaints about activities or services” for purposes of denial of renewal of registration means there has been a stipulation or order of discipline.

Service and fee schedules shall be filed with the commissioner whenever there is a change and no less than once each calendar year at the time of renewal of registration. This filing shall not constitute an approval or disapproval of the services and fees.

[For text of subs 3a and 4, see M.R.]

Subp. 5. **Monitoring.** The commissioner shall review the professional activities and services of rehabilitation providers to determine if they are reasonable and comply with laws, rules, or orders under the standards of performance and professional conduct contained in parts 5220.1800 and 5220.1801, the provisions of Minnesota Statutes, chapter 176, parts 5220.0100 to 5220.1900, and orders issued under the statutes or rules.

[For text of subp 6, see M.R.]

#### **5220.1600 PROCEDURE FOR APPROVAL AS QUALIFIED REHABILITATION CONSULTANT FIRM.**

Subpart 1. **Criteria.** The qualified rehabilitation consultant firm shall be licensed to do business in Minnesota and shall maintain an administrative office within the state. Each office of the qualified rehabilitation consultant firm that provides services to injured employees under *Minnesota Statutes*, chapter 176, shall be listed on the application described in subpart 2 and shall employ on the premises at least one qualified rehabilitation consultant or qualified rehabilitation consultant intern.

The management staff shall consist of at least one ~~member~~ employee who is registered as a qualified rehabilitation consultant.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated “all new material.” **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

Eighty At least 60 percent of the nonclerical staff qualified rehabilitation consultant firm employees providing rehabilitation services to qualified employees shall be qualified rehabilitation consultants or qualified rehabilitation consultant interns; any.

Any firm that is not in an office sharing arrangement with another firm may have one nonclerical employee who is not a employing four or fewer full-time qualified rehabilitation consultant consultants or qualified rehabilitation consultant intern- interns may employ up to two employees who are not qualified rehabilitation consultants or qualified rehabilitation interns who may, under the direct supervision of the assigned qualified rehabilitation consultant or qualified rehabilitation consultant intern, provide the services of job analysis, job seeking skills training, job development, and job placement. However, as restricted by part 5220.1250, employees who are not qualified rehabilitation consultants or qualified rehabilitation consultant interns may provide these prescribed services only in cases for which a qualified rehabilitation consultant or qualified rehabilitation consultant intern employed by the same firm is the assigned qualified rehabilitation consultant. Any branch office openings or closings shall be reported to the department immediately within two weeks of the occurrence. Any change of staff who provide direct services to injured workers under a rehabilitation plan or of staff who directly supervise those persons shall be reported to the department within two weeks of the change.

Subp. 2. **Application.** A private or public entity desiring to be approved as a qualified rehabilitation consultant firm shall submit to the commissioner a complete application consisting of the following:

[For text of items A to C, see M.R.]

D. the annual registration application fee of \$200 per firm.

The vocational rehabilitation unit of the Department of Labor and Industry is exempt from payment under this subpart.

[For text of subps 3 to 5, see M.R.]

### 5220.1800 STANDARDS OF PERFORMANCE.

Monitoring and supervision of rehabilitation providers by the commissioner shall include an assessment of rehabilitation provider professional competence and effectiveness of service based upon prevailing norms of the profession established from data collected by the department regarding duration of service, cost of service, and case outcomes.

In addition, the standards of conduct described in parts 5220.1801 to 5220.1806 which establish minimum standards concerning the professional activities and services of rehabilitation providers shall be taken into account.

Performance evaluations and monitoring of rehabilitation providers by the commissioner, and The administration of rehabilitation provider discipline under Minnesota Statutes, section 176.102, subdivision 3a, will also be based upon these the standards in parts 5220.1801 to 5220.1806, as well as on adherence to Minnesota Statutes, chapter 176, rules adopted to administer it, and orders of the commissioner or a compensation judge.

### 5220.1801 PROFESSIONAL CONDUCT.

[For text of subpart 1, see M.R.]

Subp. 2. **Assigned qualified rehabilitation consultant.** Only the assigned qualified rehabilitation consultant, or a qualified rehabilitation consultant designated by the assigned qualified rehabilitation consultant to function in an advisory capacity to the assigned consultant, shall be involved at any given time in the employee's rehabilitation plan, except as stated in subparts 5, 6, and 7. The assigned qualified rehabilitation consultant shall advise the insurer before involving or requesting advisory services from any other qualified rehabilitation consultant. No qualified rehabilitation consultant or qualified rehabilitation consultant firm shall provide rehabilitation services to a case that has an assigned to a qualified rehabilitation consultant employed by another qualified rehabilitation consultant firm. This subpart shall not apply to a qualified rehabilitation consultant acting on behalf of the reinsurance association in a monitoring or advisory capacity on a reinsurance claim file.

[For text of subp 4a, see M.R.]

Subp. 5. **Evaluation of employee by other than assigned qualified rehabilitation consultant.** Except as provided in subpart 7 and, where retraining has been recommended, or in Minnesota Statutes, section 176.102, subdivision 13 as ordered, a rehabilitation provider is prohibited from performing an independent evaluation of an employee at any time unless litigation pursuant to part 1415.0100, is pending. If that litigation is pending, a qualified rehabilitation consultant who is not the assigned qualified rehabilitation consultant may perform an evaluation of the employee at the request of one of the parties solely for the purpose of the proceeding.

Subp. 6. [See repealer.]

[For text of subps 7 to 10, see M.R.]

Subp. 11. **Impaired objectivity.** A rehabilitation provider shall not use alcoholic beverages, medication, or controlled substances in a manner that impairs the provider's ability to perform the rehabilitation services.

Rehabilitation providers shall not use a professional relationship to further personal, religious, political, or financial interests, although adherence to ethical norms shall not be construed as personal or religious interest.



A rehabilitation provider must not undertake or continue a professional relationship in which the objectivity of the provider is or would be impaired due to a familial, social, emotional, economic, supervisory, or political interpersonal relationship.

The registered rehabilitation provider shall disclose any potential conflicts of interest to the parties to the case and their attorneys.

Adjudication of a rehabilitation provider as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public by a court in any state is grounds for suspension or revocation of registration.

#### **5220.1802 COMMUNICATIONS.**

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Copies of reports and records.** The assigned qualified rehabilitation consultant shall file all required rehabilitation reports with the commissioner, and provide copies to all parties and their attorneys as the reports are created by the consultant. The qualified rehabilitation consultant shall also provide a copy of required progress records to ~~all parties~~ any party and their ~~attorneys~~ attorney upon ~~the~~ that party's request. The qualified rehabilitation consultant may not charge for the initial copy or photocopy of required rehabilitation reports or required progress records. If additional copies are requested by any party, the qualified rehabilitation consultant is entitled to reasonable compensation for cost from the requesting party. A dispute about cost is not a basis for a provider to withhold required reports or records when requested.

The requesting party shall pay for reasonable costs incurred by a rehabilitation provider in creating a report not required by rule or requested by the commissioner or compensation judge.

[For text of subp 4, see M.R.]

Subp. 4a. **Transfer of information.** Whenever there is a change of assigned qualified rehabilitation consultants or consultant firms, the former qualified rehabilitation consultant firm shall cooperate in transferring to the new assigned qualified rehabilitation consultant or qualified rehabilitation consultant firm all data, required rehabilitation reports, required progress records, and incurred rehabilitation cost information along with other relevant information within 15 days from the receipt of notice that a new consultant is assigned under ~~part 5220.0710~~ Minnesota Statutes, section 176.102. The former qualified rehabilitation consultant firm may not charge a party for the transfer of information to the new assigned qualified rehabilitation consultant or qualified consultant firm.

[For text of subps 5 to 11, see M.R.]

#### **5220.1803 RESPONSIBILITIES.**

[For text of subps 1 to 2, see M.R.]

Subp. 5. **Reporting requirements.** The assigned qualified rehabilitation consultant shall file with the commissioner, by attaching to all rehabilitation plans, an initial evaluation narrative report about the employee that includes the following information in summary fashion: medical status, vocational history, educational history, social history, relevant economic factors, transferable skills, employment barriers, and recommendations. The qualified rehabilitation consultant shall file additional progress summaries, if requested by the commissioner.

The assigned qualified rehabilitation consultant shall periodically report progress and case activity in writing to the parties at reasonable intervals or as requested by the parties.

The rehabilitation provider registration number assigned by the commissioner shall be on all reports submitted by the rehabilitation provider.

The assigned qualified rehabilitation consultant shall maintain individual employee files containing required rehabilitation reports and required progress records about an employee's case and shall provide copies to the commissioner, a compensation judge, or the parties at their request or as required by rule. For the purpose of *Minnesota Statutes*, chapter 176, and parts 5220.0100 to ~~5220.1910~~ 5220.1900, individual employee files containing all required rehabilitation reports and required progress records must be maintained by the qualified rehabilitation consultant firm for five years ~~from~~ after the date of file closure. This requirement is in addition to and does not otherwise change or alter any other data retention time period required by law.

The assigned qualified rehabilitation consultant must provide the commissioner with any other requested pertinent information about a qualified employee's rehabilitation for purposes of rehabilitation monitoring by the department.

#### **5220.1805 BUSINESS PRACTICES.**

All rehabilitation providers shall abide by the following rules concerning a provider's business practices:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

A. Rehabilitation providers shall adhere to all applicable federal, state, and local laws.

[For text of items B to H, see M.R.]

I. The prohibitions of items F, G, and H shall not be construed to prevent married couples or family members from engaging simultaneously in rehabilitation or health care.

### 5220.1806 DISCIPLINARY ACTION.

Subpart 1. **Discipline.** A rehabilitation provider is subject to disciplinary action, including a fine as provided by statute, suspension, and revocation of registration. Failure to comply with the standards of performance and professional conduct contained in parts 5220.1800 and 5220.1801 or the violation of any of the provisions of *Minnesota Statutes*, chapter 176, *Minnesota Rules*, parts 5220.0100 to ~~5220.1910~~ 5220.1900, or orders issued under the statutes or rules constitute grounds for discipline.

Subp. 2. **Complaints.** The commissioner shall review the activities of rehabilitation providers. Complaints about activities or services of rehabilitation providers relating to noncompliance with laws, rules, or orders shall be made in writing to the commissioner. A complaint may be submitted by any party who becomes aware of a violation, including designees of the commissioner, administrative law judges, and presiding officials at judicial proceedings.

If a rehabilitation provider violates *Minnesota Statutes*, chapter 176, or the rules adopted thereunder, fails to comply with the standards of performance and professional conduct contained in parts 5220.1800 and 5220.1801 or any of the provisions of *Minnesota Statutes*, chapter 176, parts 5220.0100 to 5220.1900, or orders issued under the statutes or rules, a rehabilitation provider having knowledge of the violation must so advise the commissioner.

Subp. 3. **Review and investigation.** The commissioner shall investigate all complaints to determine whether there has been a violation of the workers' compensation act, rules standards of performance and professional conduct contained in parts 5220.1800 and 5220.1801 or any of the provisions of *Minnesota Statutes*, chapter 176, parts 5220.0100 to 5220.1900, or orders as alleged issued under the statutes or rules. If the matter is outside the jurisdiction of the commissioner, the commissioner may refer the matter to a forum or agency that has jurisdiction.

If an investigation indicates that discipline is warranted, the commissioner shall begin a contested case for disciplinary action under *Minnesota Statutes*, section 176.102, subdivision 3a, and the Minnesota Administrative Procedure Act. The report of the administrative law judge shall be made to the rehabilitation review panel which shall make the determination on disciplinary action.

If the commissioner determines that discipline is not warranted, but if the facts and issues involved warrant instruction of the provider, the commissioner shall issue the instruction in writing. The commissioner shall notify the complaining party of the disposition of the case.

[For text of subps 4 to 6, see M.R.]

### 5220.1900 REHABILITATION SERVICE FEES AND COSTS.

[For text of subpart 1, see M.R.]

Subp. 1a. **Billing.** All rehabilitation provider billings shall be on the uniform billing form vocational rehabilitation invoice prescribed by the commissioner, containing substantially the following:

A. identifying information on the insurer, rehabilitation providers, employee and employer, including the insurer file number;

B. information about the cost and duration of the rehabilitation plan, including the date the plan was filed and cost-to-date amounts billed by the qualified rehabilitation consultant firm, job placement vendor, and previous qualified rehabilitation consultant firms and job placement vendors;

C. a listing of the services billed, including date of service, service description, service category code, time units, mileage, and expenses. Service category codes are available from the department upon request; and

D. a summary of the charges billed, including a total of the professional services provided, the professional hourly rate, a total of the nonprofessional services provided, the nonprofessional hourly rate, the number of miles driven, the mileage rate, and the total expenses.

Sample vocational rehabilitation invoice forms are available from the department upon request. Billing information on job placement costs shall be provided to the qualified rehabilitation consultant who shall report those costs on a monthly basis on the vocational rehabilitation invoice. The job placement vendor shall bill the insurer directly.

Subp. 1b. **Fees.** Fees for rehabilitation services for the period from the effective date of this part to September 30, 1993, shall not be increased beyond the level of the hourly rates on file with the commissioner as of July 15, 1992. Fees may be increased annually beginning October 1, 1993, but any annual increase is limited by the annual adjustment under *Minnesota Statutes*, section 176.645.

Subp. 1c. **Consultants.** When billing on an hourly basis for the services of qualified rehabilitation consultants, qualified rehabilitation consultant firms that bill shall bill at an hourly rate not to exceed \$65 per hour as adjusted under subpart 1b. A rehabilitation

provider shall bill one-half of the hourly rate for travel and wait time. Travel time shall be prorated as outlined in part 5220.1805, item E.

Subp. 1d. Interns. When billing on an hourly basis, the upper billing limit for qualified rehabilitation consultant interns shall be \$10 per hour less than the hourly rate charged for services provided by qualified rehabilitation consultants employed by that qualified rehabilitation consultant firm.

Subp. 1e. Job development and placement services. Whether provided by registered rehabilitation vendors or qualified rehabilitation consultant firms, job development and job placement services, when billed on an hourly basis, shall be billed at an hourly rate not to exceed \$50 per hour as adjusted under subpart 1b.

Subp. 1f. Fee reduction. Billing for services by the qualified rehabilitation consultant or qualified rehabilitation consultant intern based upon an hourly rate shall be reduced by \$10 per hour when:

A. the duration of the rehabilitation case exceeds 39 weeks from the date of the first in-person visit between an assigned qualified rehabilitation consultant and the employee; or

B. the costs of rehabilitation services billed by the qualified rehabilitation consultant have exceeded \$3,500, whichever comes first. Payment exceeding that permitted by this rule is prohibited.

Subp. 1g. Payment. As soon as reasonably possible, and no later than 30 calendar days after receiving the rehabilitation provider's bill for rehabilitation services, the employer or insurer shall pay the charge or any portion of the charge that is not denied, deny all or a part of the charge stating the specific service charge and the reason it is excessive or unreasonable, or specify the additional data needed, with written notification to the rehabilitation provider.

[For text of subp 2, see M.R.]

Subp. 6a. Billing limits on qualified rehabilitation consultant services. When a rehabilitation provider other than a qualified rehabilitation consultant is providing and billing for job development or job placement services pursuant to an approved rehabilitation plan, the qualified rehabilitation consultant shall limit the qualified rehabilitation consultant's billing to no more than two hours in any 30-calendar day period. Billing beyond this limit will require specific approval of the parties or a determination by the department or a compensation judge.

Subp. 6b. Plans; exceptions. The qualified rehabilitation consultant shall bill no more than eight hours for a rehabilitation consultation as described in Minnesota Statutes, section 176.102, subdivision 4, and parts 5220.0100, subpart 26, and the development, preparation, and filing of a rehabilitation plan as described in Minnesota Statutes, section 176.102, subdivision 4, and part 5220.0410. If conditions exist that necessitate traveling over 50 miles to visit the employee, employer, or health care provider, or an unusually difficult medical situation is documentable, billing beyond this limit is allowed upon the express consent of the parties or a determination by the department or compensation judge.

Subp. 7. Case activities requiring insurer consent for payment. The rehabilitation provider must obtain the consent of the insurer before billing for the following case activities, however, the presence or absence of consent shall not preclude the commissioner or a compensation judge from determining the reasonable value or necessity of these case activities:

[For text of items A to G, see M.R.]

H. before a determination of eligibility, services rendered when a rehabilitation waiver has been requested and was not denied or when the employer or insurer disputes the employee's eligibility for rehabilitation services;

[For text of items I to P, see M.R.]

Subp. 8. Disputes. In the event of a dispute about the reasonableness and necessity or cost of a rehabilitation service, the insurer or a rehabilitation provider may make a request for a determination by the commissioner or a compensation judge of reasonable costs and necessity of services. Such a request may be made by filing a request for resolution of a dispute assistance according to Minnesota Statutes, chapter 176 or part 5220.0950.

[For text of subp 9, see M.R.]

#### **5220.2510 SCOPE AND PURPOSE.**

Parts 5220.2510 to 5220.2950 together with parts 5220.0100 to ~~5220.1940~~ 5220.1900 govern all workers' compensation matters before the commissioner of the Department of Labor and Industry except matters which are governed by the joint rules of practice of

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

## Proposed Rules

---

the Workers' Compensation Division and the Office of Administrative Hearings in parts 1415.0100 to 1415.3600.

### 5220.2660 REHABILITATION CONFERENCES.

Subpart 1. **Governing rules.** Administrative conferences under *Minnesota Statutes*, section 176.102, are governed by parts 5220.0100 to ~~5220.1910~~ 5220.1900, 5220.2610, and this part.

[For text of subs 2 to 5, see M.R.]

### 5220.2780 FAILURE TO PAY UNDER ORDER OR PROVIDE REHABILITATION; PENALTY.

Subpart 1. **Basis.** Where payment of compensation is not made within 14 days following an order as required by *Minnesota Statutes*, section 176.221, subdivisions 6a and 8, the division may assess the penalties provided in *Minnesota Statutes*, section 176.221, subdivisions 3 and 3a. Where rehabilitation services are not provided as required by *Minnesota Statutes*, sections 176.102, 176.221, subdivision 6a, and ~~parts 5220.0130, subpart 2 and part 5220.0410, subpart 2~~, the division may assess the penalty provided in *Minnesota Statutes*, section 176.221, subdivision 3a.

[For text of subp 2, see M.R.]

Subp. 3. **Payable to.** The penalty is payable to the ~~special compensation fund~~ assigned risk safety account.

**REPEALER.** *Minnesota Rules*, parts 5220.0100, subpart 2; 5220.0110, subparts 1, 2, 3, and 4; 5220.0710; 5220.0750, subpart 4; 5220.1801, subpart 6; and 5220.1910, are repealed.

## Department of Labor and Industry

### Proposed Permanent Rules Relating to OSHA; Federal Standards

**NOTICE IS HEREBY GIVEN** that the Department of Labor and Industry, Occupational Safety and Health Division (Minnesota OSHA) proposes to adopt the following revisions to the Department of Labor and Industry, Occupational Safety and Health Rules, as authorized under *Minnesota Statutes* 182.655 (1990). This notice proposes the adoption by reference of Occupational Safety and Health Standards that have already been proposed and adopted by the Federal Occupational Safety and Health Administration (Federal OSHA).

All interested or affected persons have 30 days from the date this notice is published in the *State Register* to submit, in writing, data and views on the proposed amendments to the rule. Comments in support of or in opposition to the proposed amendments are encouraged. Each comment should identify the portion of the proposed amendment addressed, the reason for the comment, and any proposed change.

Any person may file with the Commissioner written objections to the proposed amendments stating the grounds for those objections and may request a public hearing. A public hearing will be held if 25 or more persons submit written requests for a public hearing on the proposed amendments within the 30-day comment period. Requests for hearing must include the name and address of the person submitting the request, define the reasons for the request, and discuss any proposed changes. If a public hearing is required, the Department will proceed according to the provisions of *Minnesota Statutes* § 182.655 and *Minnesota Rules* 5210.0010 to 5210.0100.

Written comments or requests for a public hearing should be sent to: Occupational Safety and Health Division, Department of Labor and Industry, 443 Lafayette Road, St. Paul, Minnesota 55155-4307. A complete copy of the standards proposed for adoption is available by writing to this address or by calling (612) 296-2116 or (612) 297-3254.

John B. Lennes, Jr.  
Commissioner

### SUMMARY OF CHANGES

The following is a brief summary of the proposed changes. Persons interested in reviewing the complete *Federal Register* notice for each amendment to a federal OSHA standard may obtain copies of the notices from the above address.

A) "Occupational Exposure to 4,4' Methylenedianiline (MDA)." On August 10, 1992, Federal OSHA published new standards regulating exposure to 4,4' Methylenedianiline (MDA). MDA is used to produce methylenediphenyl diisocyanate, which in turn is used in refrigeration, transportation, tank and pipe insulation, and packaging and casting systems. Data from animal and human studies indicate that exposure to MDA at the current occupational exposure levels cause adverse effects on employee health including an increased risk of cancer and that limiting occupational exposure to MDA to an eight-hour time-weighted average (TWA) of 10 parts per billion (ppb), establishing a short-term exposure limit (STEL) of 100 ppb, and implementing associated provisions will significantly reduce this risk. An action level of 5 ppb is included in this final standard as a mechanism for exempting employers from the obligation to comply with certain requirements, such as employee exposure monitoring, in instances where the employer can demonstrate that employee exposures are at or below the action level.

In addition to establishing permissible exposure limits (PELs) for MDA, this regulation includes requirements such as medical surveillance, exposure monitoring, hygiene facilities, engineering controls and work practices, proper respirator use, and record-keeping. The standards also require employers to prepare a written emergency action plan, provide appropriate protective equipment for employees correcting emergency conditions, and establish a means to alert and evacuate employees in case of emergency.

Two standards governing MDA were adopted by Federal OSHA. One for General Industry (1910.1050) and one for Construction (1926.60). In general industry, the standard covers all occupational exposures where MDA is produced, released, stored, handled, used or transported. Exceptions include: (1) the processing, using, handling of MDA products where initial monitoring or objective data show the product is not capable of releasing MDA in excess of the action level, and where no dermal exposure can occur; (b) storage, transportation, distribution, and sale of MDA in intact containers sealed to contain MDA dusts, vapors, or liquids; (c) materials in any form that contain less than 0.1 percent MDA by weight or volume; and (d) finished articles containing MDA. In construction, MDA is primarily used for coating applications to exterior surfaces (for example, concrete structures, pipes, flooring, etc.). The standard covers both spray and roll-on application as well as MDA spill/emergency clean-up at construction sites, and the transportation, disposal, storage, or containment of MDA or products containing MDA at construction sites.

By this notice, Minnesota OSHA proposes to adopt the final rules governing Occupational Exposure to 4,4' Methyleneedianiline (MDA) [1910.1050 and 1926.60] as published in the *Federal Register* on August 10, 1992.

B) "Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents; Petition for Administrative Stay of Final Rule; Effective Date of Stayed Provisions." On June 1, 1992, Federal OSHA published an administrative stay of four provisions of the standard for Process Safety Management of Highly Hazardous Chemicals (1910.119). Minnesota OSHA adopted the administrative stay on November 23, 1992. The stayed provisions included paragraph (f)—operating procedures, paragraph (h)—contractors, paragraph (j)—mechanical integrity, and paragraph (l)—management of change. The stay notice also requested comments on whether additional time is necessary to comply with these provisions. After careful consideration of the information contained in the record, Federal OSHA decided that the original compliance dates are feasible and an extended administrative stay of paragraphs (f), (h), (j), and (l) of 1910.119 is neither necessary nor appropriate. A discussion of the evidence and comments reviewed by Federal OSHA in reaching this decision is included in the August 26, 1992, *Federal Register*.

By this notice, Minnesota OSHA proposes to rescind the administrative stay of paragraphs (f), (h), (j), and (l) of 1910.119 as described in the *Federal Register* dated August 26, 1992.

C) "Occupational Exposure to Cadmium; Final Rule." On September 14, 1992, Federal OSHA announced a new final rule governing Occupational Exposure to Cadmium, a substance known to cause cancer and kidney disease, which reduces the permissible exposure limit for cadmium by 95 percent. Two standards were adopted. One which applies to general, agriculture, and maritime industries. The other amends the existing regulation in the construction industry. The final standards take effect December 14, 1992.

These standards establish a single eight-hour time-weighted average (TWA) permissible exposure limit (PEL) of five micrograms of cadmium per cubic meter of air (5 ug/m<sup>3</sup>). The PEL applies to all cadmium compounds and does not differentiate between exposure to cadmium fumes or dust. Other provisions require employee protection such as exposure monitoring, medical surveillance, record-keeping, regulated areas, emergency procedures, hazard communication, and personal protective equipment.

The previous TWA PELs for cadmium in the general and maritime industries were 100 micrograms of cadmium per cubic meter (100 ug/m<sup>3</sup>) for fumes and 200 ug/m<sup>3</sup> for dust, with ceiling limits of 300 ug/m<sup>3</sup> and 600 ug/m<sup>3</sup>, respectively. The TWA PEL for the construction industry was 100 ug/m<sup>3</sup>, for cadmium oxide fumes and 200 ug/m<sup>3</sup> for metal dust and soluble salts. There was no cadmium PEL for the agriculture industry.

A separate standard for cadmium was developed for the construction industry in response to comments and supporting recommendations Federal OSHA received from the Advisory Committee on Construction Safety and Health. Most provisions are the same as the standard for general industry. However, modifications have been made to account for the fact that some construction workers move from job to job and employer to employer more frequently than other workers, and the fact that construction worksites differ from other establishments in many ways. Among the different provisions are the use of a competent person to determine whether cadmium is present at a worksite, prohibitions on the use of specified equipment on cadmium or cadmium-containing materials in the absence of particular controls or respirators, required medical surveillance for workers performing particular tasks and more flexible exposure monitoring.

Federal OSHA found that some processes in six industries in the general industry sector would be unable to achieve the TWA PEL of 5 ug/m<sup>3</sup> through engineering controls and work practices alone. As a result, OSHA established separate engineering control air

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

limits (SECAL) of either 15 or 50 ug/m<sup>3</sup> for these processes. These processes must use engineering and work practice controls to reach the specified SECAL and then must provide respiratory protection to achieve the TWA PEL of 5 ug/m<sup>3</sup>. The six industries with processes to which a SECAL would apply are nickel-cadmium battery manufacturing, cell assembly, zinc/cadmium refining, pigment manufacturing, plastic stabilizers, lead smelting, and mechanical plating. About 2,000 employees in those industries are affected by the SECAL included in the standard.

Because small businesses frequently have fewer resources for interpreting and implementing complex requirements to protect their workers, and in order to develop an appropriate outreach program and provide technical assistance to employers with small businesses (nineteen or fewer employees), start-up dates for certain provisions of the standards are later for these establishments.

By implementing the new TWA PEL of 5 ug/m<sup>3</sup> in conjunction with ancillary provisions of the standards, Federal OSHA anticipates that significant risks of disease from excess cadmium exposure will be eliminated. For example, the strict medical surveillance protocol will result in early medical intervention, which can prevent the onset of new cases of kidney disease and minimize the progression to more serious kidney disease. Through medical surveillance, employees are educated about their prognosis, ways to reduce exposure to cadmium and medicinal drugs that will exacerbate abnormal kidney function.

Another ancillary provision that reduces risk is the action level of 2.5 ug/m<sup>3</sup>. If exposures are below the action level, the employer is not obligated to comply with any requirements in the standard except training. Thus, there is economic incentive for employers to lower cadmium exposures below the action level and further reduce risk.

By this notice, Minnesota OSHA proposes to adopt the final rules for Occupational Exposure to Cadmium (1910.1027, 1915.1027, and 1926.63) as well as the conforming amendments to 1910.19, "Special Provisions for Air Contaminants," and 1910.1000 "Air Contaminants," as published in the *Federal Register* on September 14, 1992. The standards will become effective in Minnesota five days following publication of the adoption notice in the *State Register*.

D) "Occupational Exposure to Cadmium; Approval of Information Collection Requirements." When Federal OSHA published the final standards governing Occupational Exposure to Cadmium on September 14, 1992, the information collection requirements were submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act (PRA) of 1980. The PRA provisions on information collection are triggered when OSHA asks an employer to produce certain records and, in some circumstances, when an employer goes out of business. The Cadmium standards require that OSHA have access to employer's Compliance Plan [General Industry 1910.1027(f)(2)(iv); Construction 1926.63(f)(5)(iv)] information and training records [General Industry 1910.1027(m)(4)(iv); Construction 1926.63(m)(4)(iv)] as well as the employee's medical and monitoring records [General Industry 1910.1027(n)(5)(i); Construction 1926.63(n)(6)]. If an employer ceases doing business and there is no successor employer to receive these records, the employer is required to notify the Director of the National Institute of Occupational Safety and Health three months prior to destroying the records and transmit the records to the Director if requested [General Industry 1910.1027(n)(7); Construction 1926.64(o)(7)(i) and (ii)].

OMB reviewed the collection of information requirements for Occupational Exposure to Cadmium in accordance with the PRA and approved all information requirements contained in 29 CFR 1910.1027 and 1926.63 on September 23, 1992. Therefore, these provisions are effective December 14, 1992.

By this notice, Minnesota OSHA proposes to adopt the information collection requirements approved by OMB on September 23, 1992, and published in the *Federal Register* on October 30, 1992. These provisions will be effective five days following publication of the adoption notice in the *State Register*.

### Rules as Proposed

#### 5205.0010 ADOPTION OF FEDERAL OCCUPATIONAL SAFETY AND HEALTH STANDARDS BY REFERENCE.

[For text of subpart 1, see M.R.]

Subp. 2. **Part 1910.** Part 1910: Occupational Safety and Health Standards as published in Volume 43, No. 206 of the *Federal Register* on October 24, 1978, and corrected in Volume 43, No. 216 on November 7, 1978, which incorporates changes, additions, deletions, and corrections made up to November 7, 1978; and subsequent changes made prior to ~~May 5,~~ October 30, 1992:

[For text of items A to N, see M.R.]

O. *Federal Register*, Volume 57:

[For text of subitems (1) to (15), see M.R.]

(16) *Federal Register*, Vol. 57, No. 154, dated August 10, 1992: "Occupational Exposure to 4,4' Methyleneedianiline (MDA) (1910.1050); Final Rule."

(17) *Federal Register*, Vol. 57, No. 166, dated August 26, 1992: "Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents; Final Rule; Petition for Administrative Stay; Effective Date of Stayed Provisions."

(18) Federal Register, Vol. 57, No. 178, dated September 14, 1992: "Occupational Exposure to Cadmium (1910.1027); Final Rule."

(19) Federal Register, Vol. 57, No. 211, dated October 30, 1992: "Occupational Exposure to Cadmium (1910.1027); Approval of Information Collection Requirements."

Subp. 3. **Part 1915.** Part 1915: Occupational Safety and Health Standards for Shipyard Employment as published in Volume 47, No. 76 of the *Federal Register* on April 20, 1982 and subsequent changes made prior to December 31, 1986, which consolidates Part 1915 and Part 1916, and subsequent changes made prior to December 31, 1986:

A. Federal Register, Vol. 51, No. 188, dated September 29, 1986; "Record Keeping Requirements for Tests, Inspections, and Maintenance Checks (1915.113 and 1915.172); Final Rule."

B. Federal Register, Vol. 57, No. 178, dated September 14, 1992: "Occupational Exposure to Cadmium (1915.1027); Final Rule."

C. Federal Register, Vol. 57, No. 211, dated October 30, 1992: "Occupational Exposure to Cadmium (1915.1027); Approval of Information Collection Requirements."

[For text of subps 4 and 5, see M.R.]

Subp. 6. **Part 1926.** Part 1926: Construction Safety and Health Regulations as published in Part VII, Volume 44, No. 29 of the *Federal Register* on February 9, 1979, which incorporates changes, additions, deletions, and corrections made up to October 17, 1978, and includes General Industry Occupational Safety and Health Standards (29 CFR Part 1910) which have been identified as applicable to construction work; and subsequent changes made prior to ~~December 1, 1991~~ October 30, 1992:

[For text of items A to G, see M.R.]

H. *Federal Register*, Volume 57:

[For text of subitems (1) to (3), see M.R.]

(4) Federal Register, Vol. 57, No. 154, dated August 10, 1992: "Occupational Exposure to 4,4' Methylene dianiline (MDA) (1926.60)."

(5) Federal Register, Vol. 57, No. 178, dated September 14, 1992: "Occupational Exposure to Cadmium (1926.63); Final Rule."

(6) Federal Register, Vol. 57, No. 211, dated October 30, 1992: "Occupational Exposure to Cadmium (1926.63); Approval of Information Collection Requirements."

[For text of subp 7, see M.R.]

## Department of Public Safety

### Division of Driver and Vehicle Services

#### Proposed Permanent Rules Relating to Commercial Driver Training Schools

##### Notice of Intent to Adopt a Rule Without a Public Hearing and Notice of Intent to Adopt a Rule With a Public Hearing if Twenty-five or More Persons Request a Hearing

**NOTICE IS HEREBY GIVEN** that the State Department of Public Safety intends to adopt the above-entitled rules without a public hearing following the procedures set forth in *Minnesota Statutes*, sections 14.22 to 14.28. The Department's statutory authority to adopt the proposed rule is *Minnesota Statutes*, section 299A.01, subdivision 6, section 14.06, section 171.34, section 171.35 and 169.974, subdivision 2.

All persons have 30 days, until 4:30 p.m., January 20, 1993, in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. Any requests or

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

comments must be received by the Department of Public Safety no later than 4:30 p.m., January 20, 1993. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing must include his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, sections 14.131 to 14.20.

**PLEASE NOTE: That if twenty-five or more persons submit written requests for a public hearing within the 30-day comment period, a hearing will be held on February 1, 1993, unless a sufficient number withdraw their request in writing. The hearing will be in accordance with the notice of public hearing on these same rules published in this *State Register* and mailed to persons registered with the Department of Public Safety.** To verify whether a hearing will be held, please call the Department of Public Safety, Driver and Vehicle Services Division, on or after January 21, 1993, between the hours of 8:00 a.m. and 4:30 p.m. at (612) 296-2608.

Comments or written requests for a public hearing must be submitted to: Laura Nehl-Trueman, Department of Public Safety, Driver and Vehicle Services Division, 208 Transportation Building, 395 John Ireland Boulevard, St. Paul, MN 55155, (612) 296-2608.

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request from Laura Nehl-Trueman at the address and telephone number listed above.

Amendments have been made to *Minnesota Rules*, chapter 7411, to update and clarify procedures regarding the regulation of driver training programs since the rules were last amended in 1990. Rule parts that have been amended include, Definitions, Vehicle Requirements, Student and Course and Laboratory Requirements, Instructor Requirements, Program Requirements and Licensing and Certification Provisions. The amendments also add requirements to the driver training curriculum regarding training on encountering school buses and the safe operation of vehicles at railroad-highway grade crossings.

**A STATEMENT OF NEED AND REASONABLENESS** that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from Laura Nehl-Trueman at the address and telephone number listed above.

In preparing these rules, the Department has considered the requirements of *Minnesota Statutes*, section 14.115, in regard to the impact of the proposed rule on small businesses. The adoption of the rule will directly affect small businesses who operate a driver training program. Therefore, the Department took into consideration the impact the amended rules would have upon driver training programs. The Department's evaluation of the small business requirements is further addressed in the Statement of Need and Reasonableness.

*Minnesota Statutes*, section 14.11, subdivision 1, does not apply because adoption of the rule will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following adoption of the rule. Adoption of the rule will not have an impact on agricultural land; therefore, no further information need be provided under *Minnesota Statutes*, section 14.11, subdivision 2. *Minnesota Statutes*, section 16A.128, subdivisions 1a and 2a, do not apply because the rules do not fix fees.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General.

Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Laura Nehl-Trueman at the address and telephone number listed above.

Dated: 2 December 1992

Thomas H. Frost, Commissioner  
Department of Public Safety

### **Notice of Hearing and Notice of Intent to Cancel Hearing if Fewer than Twenty-five Persons Request a Hearing in Response to Notice of Intent to Adopt a Rule Without a Public Hearing**

**NOTICE IS HEREBY GIVEN** that a public hearing on the above-entitled matter will be held in Conference Room D, 5th Floor, Veterans Service Building, 20 West 12th Street, St. Paul, Minnesota 55155, on Monday, February 1, 1993, commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rule may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rule, you are urged to participate in the rule hearing process.

**PLEASE NOTE, HOWEVER: that the hearing will be cancelled if fewer than twenty-five persons request a hearing in response to the notice of intent to adopt these same rules without a public hearing published in this *State Register* and mailed to persons registered with the Department of Public Safety.** To verify whether a hearing will be held, please call the Department of Public Safety, Driver and Vehicle Services Division, on or after January 21, 1993, between the hours of 8:00 a.m. and 4:30 p.m.



at (612) 296-2608.

Following the Department's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Howard L. Kaibel, Jr., Administrative Law Judge, Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, telephone (612) 341-7608, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may, at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings.

Following the close of the comment period, the agency and all interested persons have five business days to respond in writing to any new information submitted during the comment period. During the five-day period, the agency will indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the five-day period. Any written material or responses must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the final day. The written responses shall be added to the rulemaking record. Upon the close of the record, the Administrative Law Judge will write a report as provided in *Minnesota Statutes*, sections 14.15 to 14.50. The rule hearing is governed by *Minnesota Statutes*, sections 14.14 to 14.20, and by *Minnesota Rules*, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

A free copy of this rule is available upon request from Laura Nehl-Trueman, Department of Public Safety, Driver and Vehicle Services, 208 Transportation Building, St. Paul, MN 55155, (612) 296-2608.

Additional copies of the rule will be available at the hearing. If you have any questions on the content of the rule contact Laura Nehl-Trueman at the address or telephone number listed above.

Amendments have been made to *Minnesota Rules*, chapter 7411, to update and clarify procedures regarding the regulation of driver training programs since the rules were last amended in 1990. Rule parts that have been amended include, Definitions, Vehicle Requirements, Student and Course and Laboratory Requirements, Instructor Requirements, Program Requirements and Licensing and Certification Provisions. The amendments also add requirements to the driver training curriculum regarding training on encountering school buses and the safe operation of vehicles at railroad-highway grade crossings.

The Department's statutory authority to adopt the proposed rule is *Minnesota Statutes*, section 299A.01, subdivision 6, section 14.06, section 171.34, section 171.35 and 169.974, subdivision 2.

**NOTICE IS HEREBY GIVEN** that a Statement of Need and Reasonableness is now available for review at the Department and at the Office of Administrative Hearings. This Statement of Need and Reasonableness includes a summary of all the evidence and argument which the Department anticipates presenting at the hearing justifying both the need for and the reasonableness of the proposed rule. Copies of the Statement of Need and Reasonableness may be reviewed at the Department or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

In preparing these rules, the Department has considered the requirements of *Minnesota Statutes*, section 14.115, in regard to the impact of the proposed rule on small businesses. The adoption of the rule will directly affect small businesses who operate a driver training program. Therefore, the Department took into consideration the impact the amended rules would have upon driver training programs. The Department's evaluation of the small business requirements is further addressed in the Statement of Need and Reasonableness.

*Minnesota Statutes*, section 14.11, subdivision 1, does not apply because adoption of the rule will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following adoption of the rule. Adoption of the rule will not have an impact on agricultural land; therefore, no further information need be provided under *Minnesota Statutes*, section 14.11, subdivision 2. *Minnesota Statutes*, section 16A.128, subdivisions 1a and 2a, do not apply because the rules do not fix fees.

**Notice:** Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the Secretary of State. The notice must be mailed on the same day that the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the Department at any time prior to the filing of the rules with the Secretary of State.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

Lobbyists must register with the State Ethical Practices Board. Questions should be directed to the Ethical Practices Board, First Floor South, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone (612) 296-5148 or 1-800-657-3889.

Dated: 2 December 1992

Thomas H. Frost, Commissioner  
Department of Public Safety

### Rules as Proposed

#### 7411.0100 DEFINITIONS.

[For text of subs 1 to 5, see M.R.]

Subp. 6. **Class A vehicle.** "Class A vehicle" means a vehicle that requires its operator to have a class A commercial driver's license with proper endorsement before it may be driven, under *Minnesota Statutes*, section 171.02, subdivision 2.

Subp. 7. **Class B vehicle.** "Class B vehicle" means a vehicle that requires its operator to have only a class B commercial driver's license with proper endorsement before it may be driven, under *Minnesota Statutes*, section 171.02, subdivision 2, but may also be operated by the holder of a class A commercial driver's license with proper endorsement.

Subp. 8. **Class C vehicle.** "Class C vehicle" means a vehicle that requires its operator to have ~~only~~ a class C driver's license or a class CC commercial driver's license with proper endorsement before it may be driven, under *Minnesota Statutes*, section 171.02, subdivision 2, but may also be operated by the holder of a class A or class B commercial driver's license with proper endorsement. A motorcycle is not a class C vehicle for purposes of parts 7411.0100 to 7411.0900.

[For text of subs 9 to 26, see M.R.]

#### 7411.0400 VEHICLE REQUIREMENTS.

[For text of subs 1 and 1a, see M.R.]

Subp. 2. **Vehicle age; exemption.** Except as otherwise provided in this subpart, a class C vehicle and a motorcycle used for driver training purposes may not be used for more than six years from the date it was first put into service and a class A or class B vehicle used for driver training purposes may not be used for more than ten years from the date it was first put into service. "The date first put into service" means the date the vehicle was first driven more than the limited driving necessary to move or road test the vehicle before delivery to a customer. If a vehicle is used by a dealer as a demonstration model, "the date first put into service" means the date the vehicle was first driven by a potential customer. If records are not available to show this date, then "the date first put into service" means the date of the beginning of the model year of the vehicle.

The following exceptions apply:

A. A class A or class B vehicle may be used for more than ten years from the date it was first put into service, only if:

(1) ~~the vehicle is used only on the program's driving range;~~

(2) ~~the vehicle has been inspected during the previous 12 six months by a mechanic for an authorized diesel truck dealer or by a person certified to inspect commercial motor vehicles under *Minnesota Statutes*, section 169.781;~~

(3) ~~(2) all repairs and replacements of parts indicated by the inspection have been made; and~~

(4) ~~(3) records are available to show inspections, repairs, and replacements of parts.~~

B. Semitrailers are exempt from the age limitation.

C. A motorcycle may be used for more than six years ~~but not more than eight years~~ from the date it was first put into service only if:

(1) ~~the tires, tubes, and control cables are no more than three years old;~~

(2) ~~the fuel line, spark plugs, front and rear brake pads and shoes, hydraulic brake hoses, wheel bearings, drive chain, battery, fork oil, and brake and clutch cables have been inspected during the previous 12 months and each part not meeting operating specifications contained in the manufacturer's factory repair manual has been replaced; and~~

(3) ~~(2) records are available to show inspections and replacements of parts; and~~

(4) ~~the motorcycles have been inspected during the previous 12 months by a motorcycle mechanic for an authorized motorcycle dealer or by a certified technical college motorcycle mechanic instructor.~~

[For text of subs 3 to 6, see M.R.]

Subp. 7. **Vehicle supplied by instructor or student.** If the instructor or the student supplies the vehicle to be used for driver training, the program must verify that the vehicle meets the ~~safety, age, equipment requirements under subparts 1, 1a, 2, and 4, and program insurance requirements under part 7411.0700, subpart 1,~~ before the vehicle may be used for driver training. If the student is already in possession of a license to operate the vehicle, the vehicle is exempt from:

A. the age, requirements under subpart 2 and the requirements of dual control brakes, and dual control clutch pedal requirements under subpart 1a, item A; and

B. the program insurance requirements under part 7411.0700, subpart 1, for that vehicle, except that the program must verify that the vehicle used by the student during the instruction has at least the minimum amount of insurance required under Minnesota Statutes, chapter 65B.

**7411.0510 STUDENT AND COURSE REQUIREMENTS; CLASS A, B, AND C VEHICLES.**

[For text of subs 1 and 2, see M.R.]

Subp. 3. **Classroom curriculum.** A written classroom curriculum guide must be available to and used by an instructor conducting classroom instruction. The program shall submit the curriculum to the commissioner for approval. The commissioner shall approve the curriculum if it meets the requirements of this subpart. The program may not use the curriculum until the curriculum has been approved. Separate curriculums must be submitted for approval if a program conducts both consecutive and concurrent classroom and laboratory instruction. The classroom instruction must be conducted in a classroom location complying with part 7411.0700, subpart 2, and the instructor must be physically present with the students during the classroom instruction to instruct as well as to address the questions and comments of the students.

The curriculum must present the student with the opportunity to:

- A. analyze and assess several decision-making models and factors influencing highway-user decisions;
- B. analyze and simulate making decisions about the effect of alcohol and other drugs on behavior and driving performance;
- C. analyze and practice making decisions about using occupant restraints;
- D. identify and analyze a variety of driving decisions about highway users and roadway characteristics;
- E. analyze and practice making decisions about a vehicle's speed under different driving conditions;
- F. know the content and purpose of motor vehicle and traffic laws and rules for safe driving performance;
- G. identify, analyze, and describe proper procedures for a variety of driving situations;
- H. gather information and practice making decisions about automobile ownership and maintenance;
- I. identify, analyze, and practice making decisions related to drivers' attitudes and emotions; ~~and~~
- J. explore alternative ways to become better drivers and to improve the highway transportation system;
- K. know the duties of drivers when encountering school buses, the content and requirements of Minnesota Statutes, section 169.444, and the penalties for violating that section; and
- L. know the principles of safe operation of vehicles at railroad-highway grade crossings.

[For text of subs 4 and 5, see M.R.]

Subp. 6. **Concurrent classroom and laboratory instruction.** When a program conducts classroom and laboratory phases of instruction concurrently for those wishing to obtain a class C license, the program may not provide laboratory instruction to a student until the student has completed at least ~~five~~ 15 hours of classroom instruction. An authorized school operator or instructor may then complete a certificate of enrollment indicating when laboratory instruction will begin. The certificate must specify that the classroom instruction is being conducted concurrently with the laboratory instruction. The department accepts this certificate from the student at driver examination stations when the student is applying for an instruction permit. The program may not provide laboratory instruction to a student who has not obtained the instruction permit.

A program offering class A and class B driver training must have a concurrent course consisting of at least 40 hours of classroom instruction, 60 hours of laboratory instruction, and 60 hours of observation time for each student.

[For text of subp 7, see M.R.]

Subp. 8. **Laboratory curriculum.** A written laboratory guide must be available to and used by an instructor conducting laboratory instruction. The program shall submit the curriculum to the commissioner for approval. The commissioner shall approve the curriculum if it meets the requirements of this subpart. The program may not use the curriculum until the curriculum has been approved. Separate curriculums must be submitted for approval if a program conducts both consecutive and concurrent classroom and laboratory instruction. The curriculum must include:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

- A. orientation to the purpose, content, and procedures for laboratory instruction;
- B. orientation to gauges and instruments, and preparing to move the vehicle;
- C. basic skills in speed control and tracking on forward and backward paths;
- D. orientation to driving and initial techniques in scanning for, recognizing, and responding to obstacles;
- E. basic skills in parking, turning, backing, turning around, changing lanes, crossing intersections, and passing;
- F. reduced-risk city driving, highway driving, freeway driving, and interacting with highway users;
- G. strategies for perceiving and responding to adverse and special conditions and emergencies; and
- H. formal evaluation, self-evaluation, and planning for future improvement.

### Subp. 9. **Laboratory schedule requirements.** A program:

- A. may offer no more than two hours of laboratory instruction per day to a student ~~who has not yet obtained a driver's license in a class C vehicle;~~
- B. shall provide a driver training student who is less than 18 years old with a minimum of six hours of laboratory instruction;
- C. and instructor, except for the training offered in class A or class B vehicles, shall not give a student more than 30 hours of laboratory instruction without the written authorization of the commissioner; and
- D. may substitute simulation and range driving for laboratory instruction if the following requirements are fulfilled:
  - (1) Four hours of simulation may be substituted for one hour of laboratory instruction.
  - (2) Two hours of range instruction may be substituted for one hour of laboratory instruction.
  - (3) Total on-street time may not be less than three hours.

### Subp. 10. **Laboratory instruction requirements.** The following requirements apply to laboratory instruction:

- A. A program shall not provide laboratory instruction on the actual routes used for state driver's license road tests, except when unavoidable due to lack of alternatives.
- B. An instructor shall ensure that each laboratory student is in possession of a valid instruction permit or driver's license from the student's home state or country, applicable to the class of vehicle in which instruction is being given.
- C. An instructor shall ensure that seat belts are used at all times by persons in the vehicle.
- D. ~~A program may not provide~~ The class A driver training in a vehicle that does not require is provided by the program for driver training must be one that requires an unrestricted class A license for its operation.
- E. ~~A program may not provide~~ The class B driver training in a vehicle that does not require is provided by the program for driver training must be one that requires a class B license for its operation.
- F. A program offering class A or class B training shall provide a paved driving range of at least 90,000 square feet. If more than two class A vehicles are to be used on the driving range at the same time, an additional 45,000 square feet of driving range must be provided for each added motor vehicle, but the surface of the additional area need not be paved.

[For text of subp 11, see M.R.]

Subp. 12. **Additional training for license holders.** Except as otherwise provided in subpart 4 or 9, a program may provide hourly training to increase the proficiency of persons already licensed to operate a vehicle.

Subp. 13. **Training limitations.** After a student receiving class A or class B driver training has completed 50 percent of the required observation time, the program may offer the student up to 15 hours per day of observation time. If a student receives eight or more hours of observation time in a day, the student may not receive classroom or laboratory training that day.

Except as otherwise provided in this subpart; ~~subpart 4, item A; subpart 9, item A;~~ or in other rule or statute, a program may offer a student who is receiving class A or B driving training up to a total of eight hours of training per day.

## 7411.0550 STUDENT AND COURSE REQUIREMENTS; MOTORCYCLES.

[For text of subpart 1, see M.R.]

Subp. 2. **Classroom curriculum.** A written classroom curriculum guide must be available to and used by an instructor conducting classroom instruction. The driver training program shall submit the curriculum to the commissioner for approval. The commissioner shall approve the curriculum if it meets the requirements of this subpart. The program may not use the curriculum until the curriculum has been approved. Separate curriculums must be submitted for approval if a program conducts both consecutive and concurrent classroom and laboratory instruction. The classroom instruction must be conducted in a classroom location complying with part 7411.0700, subpart 2, and the instructor must be physically present with the students during the classroom instruction to instruct as

well as to address the questions and comments of the students. The curriculum must present a student with the opportunity to:

- A. become familiar with the purpose, content, and procedures for classroom instruction;
- B. learn the location and operation of motorcycle controls and indicators;
- C. identify, analyze, and practice making decisions about proper protective gear;
- D. identify and become familiar with the procedures for starting, riding, and stopping a motorcycle;
- E. learn procedures for turning, changing gears, and using both brakes to stop a motorcycle;
- F. identify basic riding strategies and prepare to ride safely in traffic;
- G. become familiar with the various methods used to minimize, separate, and compromise riding hazards;
- H. learn procedures for passing, group riding, and night riding;
- I. prepare for handling unusual or emergency situations;
- J. gather information and practice making decisions about selecting, insuring, and maintaining a motorcycle;
- K. understand how alcohol and other drugs affect a motorcyclist's ability to ride safely; ~~and~~
- L. have the student's knowledge evaluated in the classroom;

M. know the duties of drivers when encountering school buses, the content and requirements of Minnesota Statutes, section 169.444, and the penalties for violating that section; and

N. know the principles of safe operation of vehicles at railroad-highway grade crossings.

[For text of subps 3 and 4, see M.R.]

Subp. 5. **Laboratory curriculum.** A written laboratory curriculum guide must be available to and used by an instructor conducting laboratory instruction. The program shall submit the curriculum to the commissioner for approval. The commissioner shall approve the curriculum if it meets the requirements of this subpart. The program may not use the curriculum until the curriculum has been approved. Separate curriculums must be submitted for approval if a program conducts both consecutive and concurrent classroom and laboratory instruction. The curriculum must include:

- A. orientation to the purpose, content, and procedures for laboratory instruction;
- B. mounting, dismounting, starting, stopping, and walking the motorcycle; understanding the clutch friction zone; and riding in a straight line;
- C. riding in circles, weaving, making sharp turns, and straight-line shifting;
- D. braking, turning, adjusting speed, shifting, and accelerating in a turn;
- E. scanning techniques for recognizing and responding to obstacles;
- F. rear wheel skids and quick stops;
- G. changing lanes and stopping on a curve;
- H. selecting a safe speed in cornering maneuvers;
- I. countersteering and changing lanes quickly; and
- J. formal skills evaluation.

[For text of subps 6 to 12, see M.R.]

#### **7411.0610 INSTRUCTOR REQUIREMENTS.**

[For text of subps 1 to 3, see M.R.]

Subp. 4. **Driving record.** An instructor shall notify the ~~commissioner~~ driver training office of the department, in writing, if the instructor is convicted of a traffic violation or is involved in a motor vehicle accident. The written notification must be submitted to the driver training office of the department within ten days from the date of the conviction or the accident. The commissioner shall review the driving records of each applicant for an instructor's license and of each new instructor at a certified program. The commissioner shall also annually review the driving record of each instructor. A person is ineligible to be an instructor if:

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

A. the person's driver's license has been revoked or suspended for a traffic violation other than an insurance-related traffic violation within the preceding three years;

B. the person has been convicted of three or more traffic violations within a one-year period and one year has not elapsed since the last conviction; or

C. the person has been convicted of four or more traffic violations within a three-year period and one year has not elapsed since the last conviction.

Subp. 5. **Health.** An applicant for a new instructor's license or a new instructor at a certified program shall submit to the department a statement signed by a physician licensed to practice medicine. This statement must be submitted with the application for an instructor's license or with the program's annual application for renewal of its certificate. An instructor shall submit a statement to the department at least once every three years, signed by a physician licensed to practice medicine. When the commissioner has good cause to believe that an instructor has a physical or mental disability that will interfere with the safe operation of a motor vehicle, the commissioner shall require a physician's statement as often as necessary for the commissioner to monitor the instructor's condition. The physician's statement must be submitted no later than 30 days after the examination on which the statement is based. ~~The physician's statement must certify that the applicant or instructor:~~

~~A. has no communicable diseases of the kinds described by the Minnesota Department of Health in parts 4605.7030 to 4605.7300;~~

~~B. is able to speak and hear well enough to conduct a normal verbal conversation with another at a distance of five feet, with or without a hearing aid; and~~

~~C. has no physical or mental disability that will interfere with driver training instruction or the safe operation of a motor vehicle.~~

Subp. 5a. Hearing. An applicant or instructor must be able to speak and hear well enough to conduct a normal verbal conversation with another at a distance of five feet, with or without a hearing aid.

Subp. 6. **Vision.** An applicant or instructor ~~with worse than 20/40 corrected visual acuity in the best eye is not qualified to be a program laboratory instructor~~ must be able to meet the vision requirements to obtain an unrestricted class C license except that the restriction of corrective lenses which enables the applicant or instructor to meet the vision requirement is an acceptable restriction.

Subp. 7. **Criminal history.** Each applicant for a new instructor's license and each new instructor at a certified program shall furnish the commissioner with one passport-type photograph and authorize an investigation to determine if the applicant or instructor has a criminal record. The photograph and authorization must be submitted with the application for an instructor's license or with the program's annual application for renewal of its certificate. A new passport-type photograph must be submitted with an instructor's annual renewal application every five years after the original application. If a person has been convicted of a gross misdemeanor or felony, then that person is ineligible to be an instructor unless:

A. the commissioner determines under *Minnesota Statutes*, section 364.03, subdivision 2, that the crime does not directly relate to the position of instructor; or

B. the person has shown competent evidence of sufficient rehabilitation and present fitness to perform the duties of an instructor under *Minnesota Statutes*, section 364.03, subdivision 3.

[For text of subs 8 to 13, see M.R.]

### 7411.0700 PROGRAM REQUIREMENTS.

Subpart 1. **Insurance and safety.** Insurance and safety requirements are as follows:

A. The program shall file with the commissioner evidence of liability insurance obtained from a company authorized to do business in Minnesota in the amounts of at least \$100,000 because of bodily injury to, or death of, any one person in any one accident; at least \$300,000 because of bodily injury to, or death of, two or more persons in any one accident; at least \$50,000 because of damage to, or destruction of, property of others in any one accident; at least \$20,000 for medical expenses; and at least the minimum amount of uninsured motorist coverage.

B. The program shall furnish evidence of coverage to the commissioner ~~stipulating in the form of an original certificate of insurance~~ demonstrating the required amount of insurance under item A and demonstrating that the insurance may not be canceled or terminated, except upon ten 30 days' prior written notice to the commissioner.

C. If the insurance is canceled, the program's license or certificate terminates automatically on the date the insurance was canceled. Vehicles used in the operation of the program may not be used for program purposes unless the program obtains adequate insurance coverage and notifies the commissioner of the coverage, and the commissioner notifies the program in writing that the license or certificate has been reinstated. When vehicle insurance is provided by the instructor or lessor and it is canceled, the vehicle must immediately be removed from the program's approved list as filed with the commissioner or the program's license or certificate

or in the conduct of employment.

K. The program or instructor has engaged in conduct, in the operation of the program or in the conduct of employment, that is likely to harm the public or student or that demonstrates a willful or careless disregard for the health or safety of other persons or students.

Subp. 8a. **Administrative review.** When the commissioner notifies a program or instructor of a revocation, suspension, or refusal to renew, the program or instructor may proceed under item A or B. A revocation, suspension, or refusal to renew is not effective until the time for requesting a review or hearing under items A and B has lapsed or, if a review or hearing is requested under items A and B, until completion of these proceedings. The notice of revocation, suspension, or refusal is adjudged received three days after mailing to the last known address of the program or instructor as listed by the records of the driver training office of the department.

A. The program or instructor may ask the commissioner to review the revocation, suspension, or refusal. The program or instructor may request a review by submitting a statement, together with written materials supporting the position of the program or instructor. In addition to submitting written materials, the program or instructor may request to appear before the commissioner to show cause why the revocation, suspension, or refusal should be rescinded. The request for review must be submitted within ten days after the program or instructor receives notice of the revocation, suspension, or refusal. The commissioner or a designated agent shall perform the review and notify the program or instructor within ten days after the review whether the revocation, suspension, or refusal will be affirmed or rescinded.

B. The program or instructor may request a formal hearing with or without undergoing the review process in item A. The request must be in writing and must be received within 30 days after the program or instructor receives notice of the revocation, suspension, or refusal, or within ten days after the party receives notice of an adverse determination under item A, whichever period is longer. When a formal hearing is requested, the commissioner shall arrange a contested case hearing before an administrative law judge under *Minnesota Statutes*, chapter 14. After the hearing, the administrative law judge may recommend that the commissioner affirm, modify, or reverse the revocation, suspension, or refusal.

Subp. 8b. Surrender of license. A license or certificate which is revoked, suspended, or refused renewal must be surrendered to the commissioner. The revocation, suspension, or refusal to renew takes effect as specified in subpart 8a, but credit must not be given toward the specified withdrawal period until the license or certificate is surrendered.

Subp. 8c. Settlement conference. Nothing in this part may be construed as precluding the commissioner from holding an informal conference to exchange information, clarify issues, or resolve any or all issues of the parties.

[For text of subp 9, see M.R.]

## **Minnesota State Retirement System**

### **Proposed Permanent Rules Relating to Mailing of Benefit and Refund Checks**

#### **Notice of Intent to Repeal a Rule Without a Public Hearing**

**NOTICE IS HEREBY GIVEN** that the Minnesota State Retirement System intends to repeal the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedures Act for adopting rules without a public hearing in *Minnesota Statutes*, section 14.22 to 14.28. The statutory authority to adopt the rule is *Minnesota Statutes*, Section 352.03.

All persons have 30 days in which to submit comments in support of or in opposition to the proposed repeal of *Minnesota Rules*, part 7900.1500. Comment is encouraged, and should give the reason for opposing or supporting the proposed change.

Any person may make a written request for a public hearing on the repeal of the rule within the 30 day comment period. If 25 or more persons submit a written request for a public hearing within the 30 day comment period, a public hearing will be held. Any person requesting a public hearing should state his or her name and address, and is encouraged to specify why the rule should not be repealed. If a public hearing is required, the agency will proceed under *Minnesota Statutes*, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

David Bergstrom, Executive Director  
Minnesota State Retirement System  
Suite 300, Minnesota State Bank Building

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

---

---

175 W. Lafayette Frontage Road  
St. Paul, MN 55107-1425  
Phone: (612) 296-1510

The rule that is proposed to be repealed is as follows.

### **7900.1500 MAILING CHECKS OUTSIDE UNITED STATES.**

**No checks covering an annuity or disability benefit shall be mailed outside the United States. Refund checks, however, may be mailed to a foreign country at the written request of the former employee.**

A statement of need and reasonableness to support the proposed repeal of *Minnesota Rules*, Part 7900.1500 is available from David Bergstrom at the above address.

If no hearing is required, upon adoption of the rule, the rule and required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit a written request to David Bergstrom.

Dated: 7 December 1992

David Bergstrom, Executive Director  
Minnesota State Retirement System

### **Rules as Proposed (all new material)**

**REPEALER.** *Minnesota Rules*, part 7900.1500, is repealed.

## Office of Waste Management

### Proposed Permanent Rules Relating to Solid Waste Source Reduction Grant and Loan Program

#### Notice of Intent to Adopt Amendments to Rules Without a Public Hearing

**NOTICE IS HEREBY GIVEN** that the Minnesota Office of Waste Management (Office) intends to amend the above-entitled rules without a public hearing following the procedures set forth in the Administrative Procedures Act for adopting rules without a public hearing in *Minnesota Statutes* §§ 14.22 to 14.28. The Office's authority to adopt the rules is set forth in *Minnesota Statutes* § 115A.55, subd. 3(d).

All persons have until 4:30 p.m. on January 22, 1993, to submit comment in support of or in opposition to the amendments to the rules or any part or subpart of the amendments. Comment is encouraged. Each comment should identify the portion of the proposed amendments addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the proposed amendments within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their requests in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed amendments addressed, the reason for the request, and any change proposed. If a public hearing is required, the Office will proceed pursuant to *Minnesota Statutes* §§ 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

Jim Chiles  
Minnesota Office of Waste Management  
1350 Energy Lane  
St. Paul, Minnesota 55108  
612-649-5770 or  
1-800-657-3843 (MN Toll-Free)

The proposed amendments may be modified if the modifications are supported by data and views submitted to the Office and do not result in a substantial change in the proposed amendments as noticed.

The proposed amendments, if adopted, will clarify the criteria and procedures for awarding grants and loans under the Office's Solid Waste Reduction Grant and Loan Program. The proposed amendments are published below. One free copy of the proposed amendments is available upon request from the address and telephone number stated above.

**A STATEMENT OF NEED AND REASONABLENESS** that describes the need for and reasonableness of each provision of the proposed amendments and identifies the data and information relied upon to support the proposed amendments has been prepared and is available from the Office upon request.



You are hereby advised, pursuant to *Minnesota Statutes* § 14.115, "Small business considerations in rulemaking," that the proposed amendments will have no negative effect on small businesses, as the amendments do not limit the ability of small businesses to participate in this program.

If no hearing is required, upon adoption of the amendments, the amendments and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or wish to receive a copy of the amendments as adopted, must submit a written request to the name and address stated above.

Dated: 4 December 1992

Diane Wesman  
Acting Director

**Rules as Proposed**

**9210.0700 SCOPE AND AUTHORITY.**

Parts 9210.0700 to 9210.0770 implement the solid waste source reduction grant and loan program created and described under *Minnesota Statutes*, ~~sections 115A.53 and~~ section 115A.55, by establishing the substantive criteria and procedural conditions under which the director may award grants or loans for solid waste source reduction projects.

**9210.0710 DEFINITIONS.**

[For text of subs 1 and 2, see M.R.]

Subp. 2a. Life span. "Life span" means the length of time or number of times that a product may be used or reused in its original form.

[For text of subs 3 and 4, see M.R.]

Subp. 5. Program. "Program" means the Solid Waste Source Reduction Grant and Loan Program.

[For text of subp 6, see M.R.]

Subp. 7. Solid waste source reduction. "Solid waste source reduction" means an activity that prevents the generation of solid waste or the inclusion of toxic materials in waste, including:

- ~~A. producing, procuring, or using products or packaging with a longer useful life;~~
- ~~B. producing, procuring, or using products or packaging with reduced material; or~~
- ~~C. changing solid waste generation habits to result in smaller quantities of solid waste generated.~~

A. reusing a product in its original form;

B. increasing the life span of a product;

C. reducing material or the toxicity of material used in production or packaging; or

D. changing procurement, consumption, or waste generation habits to result in smaller quantities or lower toxicity of waste generated.

Subp. 8. [See repealer.]

**9210.0720 APPLICATION PROCEDURES.**

Subpart 1. Notification by director. To initiate the process for awarding grants and loans for solid waste source reduction projects, the director shall publish a notice in the *State Register* advising eligible applicants of the availability of solid waste source reduction grants and loans. The notice shall describe the maximum amount of funding available for a project, and establish a deadline by which proposals must be submitted. In the notice, the director may also limit the types of projects for which a grant or loan would be awarded in the funding round initiated by the notice.

[For text of subp 2, see M.R.]

Subp. 3. Determination of eligibility and completeness. For all proposals received by the director by the deadline established in

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

## Proposed Rules

the notice, the director shall determine the eligibility of the applicant, the eligibility of the proposed project, the eligibility of the costs identified in the proposal, and the completeness of the proposal. A proposal is complete if it enables the director to determine that:

- A. the project is conceptually, economically, and technically feasible;
- B. the applicant has demonstrated the ability to develop, implement, and operate the project;
- C. the applicant has the ability to provide the necessary financing;
- D. the proposed project has the support of all public entities that are involved in the proposed project, if any;
- E. the proposed project complies with federal, state, and local regulations; and
- F. the applicant has set out an explicit methodology to measure the source reduction to be achieved by the project, measured by weight and volume and by toxicity if relevant.

[For text of subs 4 to 6, see M.R.]

Subp. 7. **No grant or loan awards.** If the director determines that no proposal will provide sufficient assistance to the state in achieving its solid waste source reduction goals, the director may decide not to award any grant or loan. The director may then reinstate the process for awarding grants or loans by publishing a notice under subpart 1.

[For text of subp 8, see M.R.]

### 9210.0740 GRANT AND LOAN AGREEMENTS.

A grant or loan agreement shall:

- A. incorporate by reference the proposal ~~submitted to~~ approved for a grant or loan by the director;

[For text of items B to H, see M.R.]

I. require that the recipient provide objective, detailed information in its final report listing the solid waste source reduction achieved during the project in terms of:

- (1) changes in disposed volume when measured under uncompacted conditions;
- (2) changes in disposed weight;
- (3) cost changes in purchase and handling of materials;
- (4) cost changes in solid waste disposal; and
- (5) changes in toxicity, if any;

J. require that all information developed as a result of a grant or loan shall be made available to other persons through the office's public information program;

~~J.~~ K. require that the recipient maintain detailed records of all expenditures related to the project; and

~~K.~~ L. establish other conditions or terms needed to manage or implement the grant or loan agreement.

### 9210.0750 PUBLIC INSTITUTION GRANT PROGRAM.

Subpart 1. **Scope.** This part establishes the conditions under which the director shall award solid waste source reduction public institution grants.

Subp. 2. **Eligible applicants.** Eligible applicants are political subdivisions and other public entities, including ~~state, county,~~ and local agencies; state agencies other than the office and the Pollution Control Agency; school districts, universities, and hospitals; and solid waste management districts established under *Minnesota Statutes*, sections 115A.62 to 115A.72. ~~An eligible applicant may apply for a grant on behalf of any person who is not an eligible applicant, but the named recipient shall be the eligible applicant.~~

Subp. 3. **Eligible projects.** Eligible projects are projects that study the technical and economic feasibility of solid waste source reduction activities or projects that implement solid waste source reduction activities. Projects that study or implement composting or recycling are not considered eligible projects.

Subp. 4. **Eligible costs.** Eligible costs are limited to:

[For text of item A, see M.R.]

B. 75 percent of the costs of implementing a solid waste source reduction project, except that only 50 percent of the ~~cost~~ costs of purchasing and installing equipment ~~are~~ is eligible.

The ~~cost~~ costs of operating or maintaining equipment, or of purchasing or renting real property, are not eligible costs. Regardless of the amount of eligible costs, no grant shall be awarded for an amount that exceeds the maximum established by the notice under part 9210.0720, subpart 1.

Subp. 5. **Proposal.** An eligible applicant shall submit a proposal in the form specified by the director. The director may request additional information from the applicant if it is necessary to clarify the proposal. A proposal must include the following information:

[For text of item A, see M.R.]

B. a description of the proposed project, including:

[For text of subitems (1) and (2), see M.R.]

(3) ~~type, source, and quantity~~ volume, weight, and toxicity of solid waste to be eliminated by the proposed project, including potential savings in purchase or disposal costs and an explanation on how these estimates were determined;

(4) current status of the proposed project with a brief description of any similar projects already tested or implemented; and

(5) ~~description or identification of persons that the proposed project activities and results may be applicable to~~ potential for other persons in the state to use results from the proposed project, including a quantification of the estimated number of these persons and the potential solid waste reductions if the information were used by them;

C. a financial report including:

[For text of subitem (1), see M.R.]

(2) an itemized description of the proposed project financing, including the applicant contributions, other government contributions, private contributions, and where applicable, any projected revenues from the proposed project; and

[For text of subitem (3), see M.R.]

(4) ~~if the applicant is applying on behalf of another person that is not an eligible applicant, the proposal must provide a credit history and the last three years' financial statements for the ineligible applicant~~;

[For text of items D and E, see M.R.]

Subp. 6. **Evaluation of proposals.** The director shall evaluate and rank each proposal that is determined to be eligible and complete and shall award grants to those projects that, in the director's view, best satisfy the following criteria:

A. ~~the proposed project is technically and economically feasible~~ the degree to which the project promises to be cost-effective and, therefore, would be sustainable after grant funding is concluded;

B. the degree to which the applicant ~~has demonstrates~~ the experience, commitment, and knowledge needed to complete the proposed project ~~and is committed to implementing the proposed project~~ in a timely manner upon receipt of a grant award;

C. the degree to which the proposed project is consistent with the office's solid waste source reduction priorities and promises significant reduction in solid waste, whether measured by weight, volume, toxicity, or a combination of these; and

D. ~~the proposed project has the necessary financial commitment to cover all proposed project costs~~;

E. ~~the applicant has demonstrated that the proposed project has the support of all public entities that are involved in the proposed project; and~~

F. ~~the proposed project complies with federal, state, and local regulations if the grant is for a feasibility study, the degree to which the proposed project avoids duplication of previous work and explores source reduction options not yet tested.~~

In ~~addition comparing proposals for grant awards~~, the director shall give priority to solid waste source reduction projects that have ~~broad~~ the broadest application to persons in the state and that have ~~the significant~~ potential to significantly reduce the generation of solid waste, whether measured by weight, volume, toxicity, or a combination of these.

#### **9210.0760 FEASIBILITY STUDY PRIVATE SECTOR GRANT PROGRAM.**

Subpart 1. **Scope.** This part establishes the conditions under which the director shall award solid waste source reduction feasibility study and implementation grants.

Subp. 2. **Eligible applicants.** Eligible applicants are private ~~organizations~~ persons that generate solid waste in Minnesota.

Subp. 3. **Eligible projects.** Eligible projects are projects that study the technical and economic feasibility of solid waste source reduction activities ~~that may be implemented by an eligible applicant or projects that implement solid waste source reduction activities~~. Projects that study composting or recycling are not considered eligible projects.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

## Proposed Rules

---

Subp. 4. **Eligible costs.** Eligible costs are limited to:

A. 50 percent of technical and economic feasibility studies, including labor and supplies necessary to conduct these studies;  
and

B. 50 percent of the costs of implementing a solid waste source reduction project, except that only 20 percent of a grant award may be spent for final design and engineering plan costs.

The costs of operating or maintaining equipment, or of purchasing or renting real property, are not eligible costs. Regardless of the amount of eligible project costs, no grant shall be awarded for an amount that exceeds the maximum established by the notice under part 9210.0720, subpart 1.

Subp. 5. **Proposal.** An eligible applicant shall submit a proposal in the form specified by the director. The director may request additional information from the applicant if it is necessary to clarify the proposal. A proposal must include the following information:

[For text of item A, see M.R.]

B. a description of the proposed project, including:

[For text of subitems (1) and (2), see M.R.]

(3) type, source, and quantity volume, weight, and toxicity of solid waste that implementation of the proposed project may eliminate, including potential savings on purchase and disposal costs and an explanation on how these estimates were determined;

(4) current status of the proposed project with a brief description of any similar projects already tested or implemented;  
and

(5) identification of persons or organizations that proposed project results may be applicable to potential for other persons in the state to use results from the proposed project, including a quantification of the estimated number of these persons and the potential solid waste reductions if the information were used by them;

C. a financial report including:

(1) an itemized description of the proposed project costs, including the total estimated costs, total grant eligible costs, the amount of grant funding requested, and a discussion of the economic feasibility of implementing the proposed project; and

[For text of subitem (2), see M.R.]

(3) additional financial information if requested by the director from the applicant or participants, including a business plan, historical and projected financial statements, and credit information, if it is necessary to clarify and evaluate the proposal;

D. information demonstrating that the project will comply with applicable regulations, including a list of permits required for the project; and

E. if the proposal relates to an implementation project, information demonstrating the technical feasibility of the proposed project.

Subp. 6. **Evaluation of proposals.** The director shall evaluate and rank each proposal that is determined to be eligible and complete and shall award grants to those projects that, in the director's view, best satisfy the following criteria:

A. the proposed project is technically and economically feasible the degree to which the project promises to be cost-effective and, therefore, would be sustainable after grant funding is concluded;

B. the degree to which the applicant has demonstrates the experience, commitment, and knowledge needed to complete the proposed project and is committed to implementing the proposed project in a timely manner upon receipt of a grant award;

C. the degree to which the proposed project is consistent with the office's solid waste source reduction priorities and promises significant reduction in solid waste, whether measured by weight, volume, toxicity, or a combination of these; and

D. the proposed project has the necessary financial commitment to cover all proposed project costs; and

E. the proposed project complies with federal, state, and local regulations if the grant is for a feasibility study, the degree to which the proposed project avoids duplication of previous work and explores source reduction options not yet tested.

In addition comparing proposals for grant awards, the director shall give priority to solid waste source reduction projects that have broad the broadest application to persons in the state and that have the significant potential to significantly reduce the generation of solid waste, whether measured by weight, volume, toxicity, or a combination of these.

### 9210.0770 PRIVATE SECTOR IMPLEMENTATION LOAN PROGRAM.

Subpart 1. **Scope.** This part establishes the conditions under which the director shall award solid waste source reduction loans.

Subp. 2. **Eligible applicants.** Eligible applicants are private ~~organizations~~ persons that generate solid waste in Minnesota.

Subp. 3. **Eligible projects.** Eligible projects are projects that implement solid waste source reduction activities. Projects that implement composting or recycling are not considered eligible projects.

Subp. 4. **Eligible costs.** Eligible costs are limited to 50 percent of the costs of implementing a solid waste source reduction activity, except that only 20 percent of a loan award may be spent for final design and engineering plan costs. In addition, the cost of operating or maintaining equipment, or of purchasing or renting real property, are not eligible costs. Regardless of the amount of eligible costs, no loan shall be awarded for an amount that exceeds the maximum established by the notice under part 9210.0720, subpart 1.

Subp. 5. **Proposal.** An eligible applicant shall submit a proposal in the form specified by the director. The director may request additional information from the applicant if it is necessary to clarify the proposal. A proposal must include the following information:

[For text of item A, see M.R.]

B. a description of the proposed project, including:

[For text of subitems (1) and (2), see M.R.]

(3) type, source, and quantity volume, weight, and toxicity of solid waste to be eliminated by the proposed project, including potential savings in purchase or disposal costs and an explanation on how these estimates were determined;

(4) current status of the proposed project with a brief description of any similar projects already tested or implemented; and

(5) description or identification of persons that the proposed project results may be applicable to potential for other persons in the state to use results from the proposed project, including a quantification of the estimated number of these persons and the potential solid waste reductions if the information were used by them;

[For text of items C to E, see M.R.]

Subp. 6. **Evaluation of proposals.** The director shall evaluate and rank each proposal that is determined to be eligible and complete and shall award grants loans to those projects that, in the director's view, best satisfy the following criteria:

A. the proposed project is technically and economically feasible degree to which the project promises to be cost-effective and, therefore, would be of interest to other persons;

B. the degree to which the applicant has demonstrates the experience, commitment, and knowledge needed to complete the proposed project and is committed to implementing the proposed project in a timely manner upon receipt of a loan award;

C. the degree to which the proposed project is consistent with the office's solid waste source reduction priorities and promises significant reduction in solid waste, whether measured by weight, volume, toxicity, or a combination of these; and

D. the proposed project has the necessary financial commitment to cover all project costs; and

E. degree to which the proposed project complies with federal, state, and local regulations avoids duplication of previous work and explores source reduction options not yet tested.

In addition comparing proposals for loan awards, the director shall give priority to solid waste source reduction projects that have broad the broadest application to persons in the state and that have the significant potential to significantly reduce the generation of solid waste, whether measured by volume, weight, toxicity, or a combination of these.

**REPEALER.** Minnesota Rules, part 9210.0710, subpart 8, is repealed.

**KEY: PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

## Adopted Rules

The adoption of a rule becomes effective after the requirements of Minn. Stat. §14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. §14.33 and upon the approval of the Revisor of Statutes as specified in §14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under §14.18.

## Department of Revenue

### Adopted Permanent Rules Relating to Disclosure of Return Information in Investigation

The rules proposed and published at *State Register*, Volume 17, Number 11, pages 563-564, September 14, 1992 (17 SR 563), are adopted as proposed.

## Emergency Rules

### Proposed Emergency Rules

According to Minn. Stat. of 1984, §§14.29-14.30, state agencies may propose adoption of emergency rules if: 1) expressly required; 2) authorized by statute; or 3) if the manner permitted by a directive (given by statute, federal law or court order) does not allow for compliance with sections 14.14-14.28. The agency must, however, publish a notice of intent to adopt emergency rules, along with the rules themselves, in the *State Register*. The notice must advise the public:

- 1) that a free copy of the proposed emergency rule is available upon request from the agency;
- 2) that notice of the date that the rule is submitted to the attorney general will be mailed to persons requesting notification;
- 3) that the public has at least 25 days after publication of the proposed emergency rule to submit data and views in writing; and
- 4) that the emergency rule may be modified if the data and views submitted support such modification.

### Adopted Emergency Rules

Emergency rules take effect five working days after approval by the attorney general, and after compliance with Minn. Stat. §§14.29-14.36. As soon as possible, emergency rules are published in the *State Register* in the manner provided for in section 14.18.

Emergency rules are effective for the period stated in the notice of intent to adopt emergency rules. This may not exceed 180 days.

### Continued/Extended Emergency Rules

Adopted emergency rules may be continued in effect (extended) for an additional 180 days. To do this, the agency must give notice by: 1) publishing notice in the *State Register*; and 2) mailing the same notice to all persons who requested notification on rulemaking. No emergency rule may remain in effect 361 days after its original effective date. At that point, permanent rules adopted according to Minn. Stat. 14.14-14.28 supercede emergency rules.

## Department of Natural Resources

### Adopted Emergency Game and Fish Rules; Closing Annie Battle Lake in Otter Tail County (T.133 R.39-40 S.13, 18-19, 24) to Fishing

NOTICE IS HEREBY GIVEN that the above entitled proposed rules have been adopted through the process prescribed by *Minnesota Statutes*, section 14.29, subd. 4(b). The statutory authority for the contents of these rules is *Minnesota Statutes*, section 97A.045, subd. 2. The form, content, and adoption procedure for these rules have been approved by the Office of the Revisor of Statutes and the Minnesota Attorney General's Office.

Dated: December 14, 1992

Rodney W. Sando, Commissioner  
Department of Natural Resources

**ADOPTED EMERGENCY AMENDMENTS TO  
COMMISSIONER'S ORDERS****6262.0600 AUTHORITY, SCOPE, PURPOSE.**

Subpart 1. Authority. Parts 6262.0600 and 6262.0700 are adopted under authority granted by *Minnesota Statutes*, section 97A.045, subdivision 2.

Subp. 2. Scope. Parts 6262.0600 and 6262.0700 apply to the closing of Annie Battle Lake to fishing from December 1, 1992 through May 31, 1994.

Subp. 3. Purpose. The purpose of parts 6262.0600 and 6262.0700 is to prevent unnecessary depletion of the fish population in Annie Battle Lake, located entirely within the property boundaries of Glendalough State Park. During the period of the fishing closure, experimental fishing regulations will be proposed as provided in *Minnesota Statutes*, section 97C.001. If experimental waters designation is approved, implementation will occur when parts 6262.0600 and 6262.0700 expire.

**6262.0700 FISHING CLOSURE ON ANNIE BATTLE LAKE.**

Annie Battle Lake in Otter Tail County (T.133 R. 39-40 S.13, 18-19, 24) is closed to fishing from December 1, 1992 through May 31, 1994.

---

---

**Official Notices**

Pursuant to the provisions of Minnesota Statutes § 14.10, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

---

**Department of Human Services****Chemical Dependency Program Division****Notice of Public Comment on the Federal Alcohol and Drug Abuse Block Grant and the  
Availability of a Statement Describing the Intended Use of Funds for Federal Fiscal Year  
1993**

**NOTICE IS HEREBY GIVEN** that the Department of Human Services, Chemical Dependency Program Division, is seeking public comment on the use of the Federal Alcohol and Drug Abuse Block Grant.

Notice is also given that the Department of Human Services has available a draft Description of Intended Use for funds available to the State of Minnesota from the Federal Fiscal Year 1993 Alcohol and Drug Abuse Block Grant. This description is being made available to the public for comment in accord with Title XIX, Part B of the Public Health Services Act, as amended by Section 101 of this Act.

Information and copies of the Alcohol and Drug Abuse Plan are available from: Sheila Vadnais, Chemical Dependency Division, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3823, phone 612/296-4618.

All interested or affected persons and organizations are invited to submit comments. Comments on the proposed plan may be directed to the contact person listed above.

**Labor and Industry Department****Labor Standards Division****Notice of Prevailing Wage Certifications for Construction Projects**

Effective December 21, 1992 prevailing wage rates are certified for commercial construction projects in: Hennepin county: 1993 Bloomington Public schools reroofing, Oak Street Ramp Signage/U of M, Bell Museum Auditorium/U of M; Anoka county: Crossroads School & Vocational Center.

Copies of the certified wage rates for these projects may be obtained by writing the Minnesota Department of Labor and Industry,

## Official Notices

---

Prevailing Wage Section, 443 Lafayette Road, St. Paul, Minnesota 55155-4306. The charge for the cost of copying and mailing are \$1.36 per project. Make check or money order payable to the State of Minnesota.

John B. Lennes, Jr.  
Commissioner

### Minnesota Pollution Control Agency

#### Air Quality Division

#### Notice of Intent to Form Advisory Committee to Assist in the Review of New Rules Regarding the Removal of Lead Paint from Steel Structures

**NOTICE IS HEREBY GIVEN** that the Minnesota Pollution Control Agency (MPCA) is preparing to propose the adoption of new rules restricting the use of abrasive blasting and other paint removal methods to remove lead paint from steel structures including fuel and chemical storage tanks, bridges, water towers, and grain storage bins. The adoption of these rules is authorized by *Minnesota Statutes* § 116.07 (1992), which authorizes the MPCA to adopt and amend rules for the prevention, abatement or control of air pollution.

Interested persons or groups may request a copy of the current draft rules and volunteer to participate on the advisory committee by contacting:

Gordon Anderson  
Minnesota Pollution Control Agency  
Air Quality Division  
520 Lafayette Road North  
St. Paul, Minnesota 55155  
(612) 296-7667

Persons interested in volunteering to participate on the advisory committee must contact Gordon Anderson no later than 4:30 p.m. December 28, 1992 at the phone number stated above.

General questions regarding the rulemaking process should be directed to Norma Florell at (612) 296-7712.

Charles W. Williams  
Commissioner

### Minnesota Pollution Control Agency

#### Air Quality Division

#### Notice of Intent to Solicit Outside Information Regarding Proposed Amendments to the State Air Pollution Control Rules to Adopt Federal Rules by Reference

**NOTICE IS HEREBY GIVEN** that the Minnesota Pollution Control Agency (MPCA) is seeking information or comments from outside sources in preparing to propose amendments to the state air pollution control rules to incorporate federal Prevention of Significant Deterioration of Air Quality rules, New Source Performance Standards and National Emission Standards for Hazardous Air Pollutants by reference, to update *Minnesota Rules* to current federal standards. The amendment of the rules is authorized by *Minnesota Statutes* § 116.07 (1990), which authorizes the MPCA to adopt and amend rules for the prevention, abatement or control of air pollution.

The MPCA requests information and comments concerning the subject matter of the rule. Interested persons or groups may submit data or views in writing or orally. All statements should be submitted to:

Norma Florell  
Minnesota Pollution Control Agency  
Air Quality Division  
520 Lafayette Road North  
St. Paul, Minnesota 55155  
Telephone: (612) 296-7712

Oral comments and inquiries will be received by Ms. Florell during regular business hours, 8:00 a.m. to 4:30 p.m., Monday through Friday.



All written or oral statements will be accepted until 4:30 p.m., January 21, 1993. Any written materials received by the MPCA shall become part of the rulemaking record in the event that the rule is adopted.

Charles W. Williams  
Commissioner

## Department of Revenue

### Appeals, Legal Services, and Criminal Investigation Division

#### Notice of Solicitation of Outside Information or Opinions Regarding Proposed Amendment to *Minnesota Rule 8130.4800* Governing the Sales and Use Taxation of Medicines, Drugs, Therapeutic and Prosthetic Devices

**NOTICE IS HEREBY GIVEN** that the Minnesota Department of Revenue is seeking information or opinions from sources outside the agency in preparing to propose an amendment to *Minnesota Rule 8130.4800*. This rule must be amended to reflect 1987 and 1988 legislation which modified its defining statute, *Minnesota Statutes*, section 297A.25, subdivision 3. The adoption of the amendment to this rule is authorized by *Minnesota Statutes*, section 270.06 which requires the agency to promulgate rules for the administration and enforcement of state tax laws.

The State Department of Revenue requests information and opinions concerning the subject matter of the rule. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

Susan E. Fremouw  
Department of Revenue  
Appeals and Legal Services Division  
10 River Park Plaza  
Mail Station 2220  
St. Paul, MN 55146-2220

Oral statements will be received during regular business hours over the telephone at (612) 296-1902, extension 128, or (612) 296-1022, and in person at the above address.

All statements of information and opinions shall be accepted until February 1, 1993. Any written material received by the Minnesota Department of Revenue shall become part of the rulemaking record to be submitted to the Attorney General or Administrative Law judge in the event the rule is adopted.

Dated: 10 December 1992

Susan E. Fremouw  
Attorney

## State Board of Investment

### Pension Assets and Other Accounts

The Minnesota State Board of Investment (MSBI) retains private money management firms to manage a portion of the pension assets and other accounts under its control. Firms interested in managing domestic stock, international stock or domestic bond portfolios for the MSBI are asked to write to the following address for additional information:

External Manager Program  
Minnesota State Board of Investment  
Suite 105 MEA Building  
55 Sherburne Avenue  
St. Paul, MN 55155

Please refer to this notice in your written request.

# State Grants

---

In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grant funds available through any agency or branch of state government. Although some grant programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself.

Agencies are encouraged to publish grant notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

---

## Department of Human Services

### Chemical Dependency Program Division

#### Request for Proposals on Prevention/Education, Information and Referral, Short-Term Counseling, and Training Programs that Provide Services to American Indian Citizens of Minnesota

The Chemical Dependency Program Division (CDPD) of the Minnesota Department of Human Services is soliciting proposals from American Indian human services providers, non-profit organizations, private organizations, and units of government to provide chemical dependency services for American Indian citizens of Minnesota. Proposals must address at least one of the following services: chemical dependency prevention/education; information and referral, short-term counseling services; and professional training. Proposals are due February 1, 1993.

The funded programs should begin on or about July 1, 1993. Two year grants will be awarded to qualified applicants. Approximately \$1,767,000 is available to fund grantees for the first year of this two-year grant cycle. Grant funds under this RFP cannot be used to pay for chemical dependency treatment services. The funded projects may continue beyond the initial grant period based on satisfactory performance and availability of funds.

The goal of this RFP is to reduce the effects of alcohol/drug abuse on American Indian youth and adults.

Telephone requests for programmatic information concerning this RFP should be directed to Ron Welch, Minnesota Department of Human Services at (612) 296-4043. Budget/fund use questions should be directed to Ms. Dorrie Hennagir, Minnesota Department of Human Services at (612) 296-4617.

## Department of Human Services

### Chemical Dependency Program Division

#### Notice of Intent to Identify the Need for a Competitive Bid Process on Existing Grants

The Chemical Dependency Program Division (CDPD) of the Minnesota Department of Human Services is considering the continuation grant award to the Minnesota American Indian AIDS Task Force (MAIATF). The MAIATF currently provides outreach, information, and education services to American Indian substance abusers who are at high risk of HIV infection.

The CDPD will open this grant to competitive selection if requested to do so by a qualified potential vendor. The potential vendor must demonstrate its capability to deliver an equal or superior service at a comparable cost.

Potential vendors should submit a letter outlining their qualifications to provide the services described to Ron Welch, CDPD, 2nd floor, 444 Lafayette Road, St. Paul, MN 55155-3823 no later than close of business (4:20 p.m.) Monday, January 4, 1993. Applicants should indicate their interest in this specific grant.

The grant to the Minnesota American AIDS Task Force is for approximately \$55,000. The purpose of this grant to MAIATF is to provide information and education to Minnesota's American Indian population who are at high risk of HIV infection as the result of substance abuse.

Activities include: Outreach and risk reduction information to American Indian substance abusers in Minneapolis, St. Paul, and two Indian Reservations; provision of educational materials to homeless shelters, adolescent residential facilities, detoxification centers, drug treatment programs, and correctional facilities; provide training to reservation chemical dependency program staff on outreach and risk reduction education techniques; assist American Indian IV drug users in accessing the chemical dependency system; provide training and technical assistance to chemical dependency treatment providers; and assist American Indian HIV positive clients while in the chemical dependency treatment process. The vendor will also maintain a record keeping system on all grant related activity.

## Department of Human Services

### Chemical Dependency Program Division

#### Notice of Intent to Identify the Need for a Competitive Bid Process on Existing Grants

The Chemical Dependency Program Division (CDPD) of the Minnesota Department of Human Services is considering the continuation grant award to the Minnesota Indian Women's Resource Center (MIWRC) as the statewide training program designed to provide staff training, program technical assistance, and library clearinghouse services to American Indian and non-Indian chemical dependency and other human services professionals.

The CDPD will open this grant to competitive selection if requested to do so by a qualified potential vendor. The potential vendor must demonstrate its capability to deliver an equal or superior service at a comparable cost.

Potential vendors should submit a letter outlining their qualifications to provide the services described to Ron Welch, Minnesota Department of Human Services, CDPD, 2nd floor, 444 Lafayette Road, St. Paul, MN 55155-3823 no later than close of business (4:20 p.m.) Monday, January 4, 1993. Applicants must indicate their interest in this specific grant.

The grant to the Minnesota Indian Women's Resource Center is for approximately \$140,000. The purpose of this grant with MIWRC is to improve the skills and knowledge about Indian women's chemical recovery issues for counselors and administrators who work in Indian and non-Indian operated chemical dependency treatment and human services organizations.

Activities include: Maintaining a library clearinghouse with material related to Indian women and recovery, videos, reading lists, bibliographies; curriculum development assistance; and providing technical assistance to persons needing specialized information, loans or photocopies of material. Activities also include: training on Indian women's recovery issues that includes four mini-conferences on Indian women's recovery issues to 85 participants a year; presentations at five workshops sponsored by other human services agencies; delivering 10 technical assistance services to agencies that work with chemically dependent Indian women and their families; and delivering one eight-hour training on chemical use assessment procedures for 10 chemical use assessors who serve Indian clients. Additional training topics should include: Chemically Dependent Family Systems, Working with Chemically Dependent Indian Women who have been Sexually Abused, Pre-School Chemical Dependency Prevention Curriculum, and other related topics. The vendor will maintain and update a resource library, and acquire an additional 1,000 print and audiovisual materials each year for the clearinghouse on Indian women and recovery. The vendor will also maintain a record keeping system on grant-related activity.

## Department of Human Services

### Family and Children's Services Division

#### Notice of Availability of Funds to Prepare American Indian Youth for Adulthood

The Minnesota Department of Human Services is accepting grant applications from tribal social services, urban Indian agencies, and private non-profit agencies to serve American Indian youth, ages 16 to 21, who have been in substitute care after age 16. Substitute care means a county or tribally approved, licensed out of home placement. Qualifying agencies may apply for grants between \$500 and \$5,000 to provide service to one or more eligible youth. A total of \$37,500 is available. The Department will not accept applications for less than \$500 or more than \$5,000. Each agency may submit only one application.

Services **must** promote development of life skills and a successful transition to adulthood and **cannot** be used to cover per diem cost of substitute care, room and board, damage and utility deposits, or rent on apartments or dormitory rooms. Examples of service include group or individual life skills training, post-secondary educational opportunities, cultural experiences, retreats, program supplies or staff salary related to direct service to youth, or wages subsidies to facilitate work experiences. Respondents must be tribal social service agencies, urban Indian agencies, or private non-profit agencies providing service to American Indian youth between the ages of 16 and 21. Agencies must have: 1) direct contact with youth who will be served with funds awarded under the application; and 2) the capacity to provide or arrange the proposed service. Service may be initiated by the agency on receipt of an official award letter and must be completed by September 30, 1993.

Applications must be submitted by **4:00 p.m., February 15, 1993.**

For a complete copy of the RFP and two page application contact:

Joan Truhler, SELF Program Advisor  
Department of Human Services  
444 Lafayette Road

St. Paul, Minnesota 55155-3832  
(612) 296-2612

The Family and Children's Services Division and the State of Minnesota reserve the right to reject any and all applications submitted.

# Professional, Technical & Consulting Contracts

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

## Minnesota Department of Health

### AIDS/STD Prevention Services Section

#### Request for Proposals for HIV CARE Services Programs

##### Purpose

The Minnesota Department of Health (MDH) has funds available for HIV services programming within the following program category: early health and social service assessment, intervention and referral for low income and non-insured individuals living with HIV disease.

These services are targeted to persons with HIV disease, especially from, though not limited to, the following populations: (1) low income and/or non insured individuals, (2) women, (3) persons under the age of 22, (4) newly diagnosed persons, (5) persons from communities of color, and (6) persons with a history of chemical dependency or substance abuse.

##### Amount

Funding of up to \$31,500 is available to fund one or more health care providers for the provision of early health and social services assessment, intervention and referral to low income non insured persons with HIV disease.

##### Duration

The grant period is established for twelve months, April 1, 1993–March 31, 1994. Continuation funding will be dependent upon the availability of state and federal HIV services funds to the MDH.

##### Eligibility

1. Community health clinics, private physicians offices, HIV Clinics, hospitals, and other non-profit corporations who provide medical services to persons with HIV infection AND who are Medical Assistance providers.

2. All applicants must also have demonstrated support from persons with HIV disease, local health departments, community and neighborhood agencies, health and social service care providers and members of the target population outlined above.

##### Procedure for Grant Application

The request for proposals packet is available upon request, including instructions, format, necessary forms, and selected readings. A technical assistance meeting will be held, Wednesday, January 6, 1993. Call for information. Agencies seeking MDH funding for HIV services programming are required to submit ten (10) copies of the completed proposal by 4:30 p.m., Friday, February 12, 1993.

Proposals are to be submitted by the specified date and time to:

Fraser Nelson, HIV Services Planner  
AIDS/STD Prevention Services Section  
Minnesota Department of Health  
717 Delaware Street S.E., P.O. Box 9441  
Minneapolis, Minnesota 55440-9441  
(612) 623-5698

## Minnesota Department of Health

### AIDS/STD Prevention Services Section

#### Request for Proposals for HIV CARE Services Programs

##### Purpose

The Minnesota Department of Health (MDH) has funds available for HIV services programming within the following program category: coordination of housing services for persons living with HIV disease.

These services are targeted to persons with HIV disease, especially from, though not limited to, the following populations: (1) low income and/or non insured individuals, (2) women, (3) persons under the age of 22, (4) newly diagnosed persons, (5) persons from communities of color, and (6) persons with a history of chemical dependency or substance abuse.

---

---

## Professional, Technical & Consulting Contracts

### Amount

Funding of up to \$25,000 is available to fund a single proposal for the development and maintenance of a system of coordination and referral to meet the housing needs of persons living with HIV disease.

### Duration

The grant period is established for ten months, June 1, 1993–March 31, 1994. Continuation funding will be dependent upon the availability of state and federal HIV services funds to the MDH.

### Eligibility

1. Any public or private agency (not-for-profit) that can demonstrate administrative, organizational, programmatic, and fiscal capacity to develop, implement, and evaluate the proposed program.
2. All applicants must also have demonstrated support from persons with HIV disease, local health departments, community and neighborhood agencies, health and social service care providers and members of the target population outlined above.

### Procedure for Grant Application

The request for proposals packet is available upon request, including instructions, format, necessary forms, and selected readings. A technical assistance meeting will be held, Wednesday, January 6, 1993. Call for information. Agencies seeking MDH funding for HIV services programming are required to submit ten (10) copies of the completed proposal by 4:30 p.m., Friday, April 2, 1993.

Proposals are to be submitted by the specified date and time to:

Fraser Nelson, HIV Services Planner  
AIDS/STD Prevention Services Section  
Minnesota Department of Health  
717 Delaware Street S.E., P.O. Box 9441  
Minneapolis, Minnesota 55440-9441  
(612) 623-5698

## Minnesota Department of Health

### AIDS/STD Prevention Services Section

### Request for Proposals for HIV CARE Services Programs

#### Purpose

The Minnesota Department of Health (MDH) has funds available for HIV services programming within the following program category: outreach and access services for families affected by HIV disease.

These services are targeted to persons with HIV disease, especially from, though not limited to, the following populations: (1) low income and/or non insured individuals, (2) women, (3) persons under the age of 22, (4) newly diagnosed persons, (5) persons from communities of color, and (6) persons with a history of chemical dependency or substance abuse.

#### Amount

Funding of up to \$40,000 is available to fund a single proposal for the development and/or maintenance of a consortium to provide outreach and access services for families affected by HIV disease.

#### Duration

The grant period is established for twelve months, April 1, 1993–March 31, 1994. Continuation funding will be dependent upon the availability of state and federal HIV services funds to the MDH.

#### Eligibility

1. Any public or private agency (not-for-profit) that can demonstrate administrative, organizational, programmatic, and fiscal capacity to develop, implement, and evaluate the proposed program.
2. All applicants must also have demonstrated support from persons with HIV disease, local health departments, community and neighborhood agencies, health and social service care providers and members of the target population outlined above.

#### Procedure for Grant Application

The request for proposals packet is available upon request, including instructions, format, necessary forms, and selected readings. A technical assistance meeting will be held, Wednesday, January 6, 1993. Call for information. Agencies seeking MDH funding for HIV services programming are required to submit ten (10) copies of the completed proposal by 4:30 p.m., Friday, February 12, 1993.

## Professional, Technical & Consulting Contracts

---

---

Proposals are to be submitted by the specified date and time to:

Fraser Nelson, HIV Services Planner  
AIDS/STD Prevention Services Section  
Minnesota Department of Health  
717 Delaware Street S.E., P.O. Box 9441  
Minneapolis, Minnesota 55440-9441  
(612) 623-5698

## Department of Health

### AIDS/STD Prevention Services Section

#### Request for Proposals for HIV CARE Services Programs

##### Purpose

The Minnesota Department of Health (MDH) has funds available for HIV services programming within the following program category: case management services for adolescents living with HIV disease.

These services are targeted to persons with HIV disease, especially from, though not limited to, the following populations: (1) low income and/or non insured individuals, (2) persons under the age of 22, (3) newly diagnosed persons, (4) persons from communities of color, and (5) persons with a history of chemical dependency or substance abuse.

##### Amount

Funding of up to \$33,300 is available to fund one or more agencies for case management services for adolescents living with HIV disease.

##### Duration

The grant period is established for nine months, April 1, 1993–December 31, 1993. Continuation funding will be dependent upon the availability of state and federal HIV services funds to the MDH.

##### Eligibility

1. Any public or private agency (not-for-profit) that can demonstrate administrative, organizational, programmatic, and fiscal capacity to develop, implement, and evaluate the proposed program and has a history of providing case management services to HIV infected adolescents.

2. All applicants must also have demonstrated support from persons with HIV disease, local health departments, community and neighborhood agencies, health and social service care providers and members of the target population outlined above.

##### Procedure for Grant Application

The request for proposals packet is available upon request, including instructions, format, necessary forms, and selected readings. A technical assistance meeting will be held, Wednesday, January 6, 1993. Call for information. Agencies seeking MDH funding for HIV services programming are required to submit ten (10) copies of the completed proposal by 4:30 p.m., Friday, February 12, 1993.

Proposals are to be submitted by the specified date and time to:

Fraser Nelson, HIV Services Planner  
AIDS/STD Prevention Services Section  
Minnesota Department of Health  
717 Delaware Street S.E., P.O. Box 9441  
Minneapolis, Minnesota 55440-9441  
(612) 623-5698

## Department of Jobs and Training

#### Request for Proposals to Train Managers and Supervisors in Total Quality

The Minnesota Department of Jobs and Training is seeking proposals from organizations and individuals to train up to 250 managers and supervisors throughout the state.

As part of the department's mission to "Help people help themselves", it has made a commitment to shift the delivery of its services to one of a Total Quality Organization. The department's vision is to:

---

---

## Professional, Technical & Consulting Contracts

Be a total quality organization;

Design and provide customer-driven services in cooperation with community and business partners;

Promote self-sufficiency and personal independence, and provide the highest quality employment and training opportunities;  
and

Be a contributor to a strong economy and enhanced quality of life for all Minnesotans.

Initiating this shift has included conducting two awareness sessions. In both of these sessions manager, supervisors, and employees have been provided with fundamental information regarding Total Quality Management, the department's commitment to quality, and have been encouraged to begin reviewing their processes and defining customer requirements.

To continue this shift proposals are being sought to provide training to managers and supervisors assigned to work locations throughout the State. This training is to be an interactive experience that will further define the role change for the manager and supervisor in the Total Quality Organization. It will deliver skill training to: identify root causes and to avoid symptom band-aids, conduct effective meetings, measure quality outcomes, and facilitate participants so they can identify how they can get started by making changes within their sphere of influence.

Training should move trainees from the Traditional manager using Taylorism to a Modern manager using TQM. The shift was defined as follows in the awareness sessions mentioned above.

<u>From</u> (Taylorism)	<u>To</u> (TQM)
Controlling	Cooperation
Dominating	Empowerment
Autocratic	Partnership
Fear	Explains/Trust
Time Study	Interesting Work
Night School	In-house Training
Discipline	Counsels Team
Inspection	Opportunities to improve
Criticism	Supports/trains
Work For	Work With
Blames Workers	Improves Process
Quantity	Quality
Etc.	Etc.

Persons interested in making a proposal must call Robert Peterson, 612/296-8755 with two references as identified in Part IIA below by January 4, 1993. When submitting reference, bidders will be asked to schedule an oral presentation, to a customer panel at time available on January 13, 14, or 15, 1993.

Written proposals must be submitted no later than 4:30 p.m. January 18, 1993.

It is planned to award a contract by mid February 1993. It is expected that all components of the training will be completed within 10 weeks following contract award.

A description of the complete evaluation process can be found in Part II below.

Questions concerning this RFP, and written proposals are to be directed to:

Robert Peterson  
Office of Training and Development  
Department of Jobs and Training  
390 North Robert Street  
St. Paul, MN 55101  
612/296-8755

Mr. Peterson is the only person who is authorized to answer any questions regarding this Request For Proposal.

### I. Objectives of The Training

A. Provide an interactive experience that will facilitate the shift of Department of Jobs and Training managers and supervisors toward a Total Quality Organization environment.

1. As a follow up to awareness sessions previously held reinforce why the shift to TQO is in the interest of customers, employees, and the public.

2. As a follow up to awareness sessions previously held reinforce the concept that roles of all employees are changing.

## Professional, Technical & Consulting Contracts

---

---

### B. Acquaint managers and supervisors with the role shift.

1. Compare current responsibilities with the new quality role.
2. Identify shifts within their power which can be made now.
3. Identify shifts that will require higher authority to authorize.

### C. Provide skills training in the use of quality tools.

1. Introduce tools associated with process improvement in a service environment and identify their value in identifying root cause, and the traps associated with system fixes of past practice.
2. Establish the ingredients in planning and executing a successful meeting.
3. Detail the benefits of outcome measurement concepts, and illustrate the measurements they can and should replace.

## II. Screening and Proposal Evaluation of Prospective Vendors

### A. References for recent experience

1. At least two customers, named by the prospective vendor, will be contacted. These are to be customers who have within the past 18 months received from the vendor all or significant elements of the training described.
  - a. Customers will be asked to respond yes or no as to whether the services provided are those described in the training objectives. The more experience reflected through yes answers the more favorable the vendor will be viewed.
  - b. Customers will be asked to answer yes or no to whether the materials and/or training provided through the vendor met their expectations. A yes answer will contribute to a favorable rating of the vendor.

### B. Oral Presentation—Customer Evaluation of Proposals

1. Prospective vendors who receive favorable rating in the interviews of references will be asked to make an oral presentation.
  - a. The presentations will be no more than one hour in length.
  - b. The presentations will be made to a group of Department of Jobs and Training employees, and bargaining unit representatives from Middle Management Association (MMA), Minnesota Association of Professional Employees (MAPE), and American Federation of State County and Municipal Employees (AFSCME). Approximately 15-20 people.
  - c. Following the presentation the prospective vendor will be excused for 10 minutes while the group determines if there are any questions to be asked of the presenter in order to clarify the proposal.
  - d. Following the answering of questions the prospective vendor will be excused and the participants will complete a rating form. Scores from these forms will influence selection with a weight of 40%.
  - e. The purpose of the presentation is to permit the prospective vendor to describe to the people who will be receiving the training, or responsible for the continued progress toward TQO the approach and mechanics that will be relied upon to deliver the proposed training. The presentations should answer those questions a manager or supervisor would have regarding upcoming training:
    - (1) Who will conduct the training?
      - (a) experience, qualifications
    - (2) What is the learning technique/approach that will be used?
      - (a) role playing, workbooks, case study
    - (3) How many will be in the learning group?
      - (a) all 250, all 250 and breakout sessions into small groups, 12 groups of 20, 5 groups of 50, or, or, . . . .
    - (4) How will the learning be scheduled?
      - (a) one gathering for 24 hours, 4 gatherings of 2 hours each one week apart, 3 gatherings of 8 hours each weekly/with homework

### C. Evaluation of written proposals

All prospective vendors who make an oral presentation will submit a written response. One original, and 3 three copies. This is primarily a restatement of information in the oral presentation.

1. The complete biographical information regarding anyone who is proposed to be delivering the services.
2. Description of proposed courses.



3. Description of delivery plan
  - a. Size of groups
  - b. Hours required for a session
  - c. Number of sessions required to complete training for a group.
  - d. Number of weeks required to complete training for all 250 participants.

4. Cost of Services

- a. Fee for delivering all training described
  - (1) rate for each session, or hourly rate
  - (2) all materials

- (3) travel expenses associated with providing the contract services will be negotiated. Reimbursements are subject to all provisions of current State of Minnesota bargaining agreements.

5. In accordance with *Minnesota Statutes* § 363.073, for all contracts in excess of \$50,000, all responders having more than 20 full-time employees at any one time during the previous 12 month period must have an affirmative action plan approved by the Commissioner of the Minnesota Department of Human Rights before a proposal can be accepted.

Proposals must include one of the following:

- a) A copy of the firm's current certificate of compliance issued by the Commissioner of Human Rights; or
- b) A statement certifying that the firm has a current certificate of compliance issued by the Commissioner of Human Rights; or
- c) A statement certifying that the firm has not had more than 20 full time employees in Minnesota at any time during the previous 12 months; or
- d) A statement certifying that the firm has an appliance pending for a certificate of compliance.

## Natural Resources Department

### Division of Parks and Recreation

### Rochester Regional Office

### Notice of Request for Proposal for Display Preparation at Whitewater State Park

The Minnesota Division of State Parks is requesting proposals from qualified individuals, firms, or public entities interested in entering into a contractual agreement for the preparation of display materials for the "Living Stream" exhibit at Whitewater State Park. The display will feature live trout in realistically portrayed stream conditions. This project requires familiarity with display preparation techniques in artificial plants, animals, rock, and soil as well as experience in painting realistic background murals.

**Proposals must be received by 4:30 p.m. Central Standard Time, January 19, 1992.**

**A pre-bid meeting is planned on the work site, Whitewater Valley Visitor Center, Whitewater State Park on January 6, 1992 at 10:00 a.m.**

**For a copy of the Request for Proposals and information on the project contact:**

Denis Allen, Regional Naturalist  
Minnesota Department of Natural Resources  
Box 6247

Rochester, MN 55903  
(507) 285-7432

## Department of Public Service

### Consultant Sought in Telephone Rate Case

#### Request for Proposal

#### I. INTRODUCTION

A consultant is needed to evaluate the rate design proposals and underlying cost of service studies in the Centron Plus case filed in Minnesota by U S West Communications (U S West or company). The Minnesota Department of Public Service (Department or State)

# Professional, Technical & Consulting Contracts

is soliciting proposals from qualified contractors to provide written and oral testimony to be used by the Department in a pending case to be held before the Minnesota Public Utilities Commission (Commission) during 1993.

This Request For Proposal does not obligate the State to complete the project and the State reserves the right to cancel the solicitation if it is considered to be in its best interest.

## II. QUALIFICATION OF RESPONDENTS

Qualified respondents must be able to demonstrate experience and expertise in evaluating Centron/Centrex rate design, cost studies and associated issues. The respondent must have experience in presenting testimony in contested cases before one or more public utility commissions in the United States or Canada. The qualified respondent will provide a list of every commission or regulatory body before which the contractor/firm has presented testimony of this nature, and other reports of this nature.

## III. SCOPE OF PROJECT

### A. Duration of the Project

The duration of this project is from January 15, 1993 through December 31, 1993. The results of this project will be used as evidence in a contested hearing during this time period. The contractor must provide written testimony in a 'question and answer' format by February 15, 1993, or at a date specified by the Administrative Law Judge (ALJ). Thereafter, the contractor will be required to provide written rebuttal and surrebuttal testimony, as well as oral testimony, according to a schedule soon to be determined by the ALJ. All work on this project must be performed in such a way that it will be defensible by the contractor in sworn testimony in a contested hearing.

### B. Tasks to be Performed

The Department's objective in this project is to provide the Commission with an accurate updated professional opinion of reasonable costs of service and appropriate rate design associated with U S West in the provision of Centron and Centrex telephone services in Minnesota. The contractor will act as a Department witness in a contested case and, where appropriate, assist other Department witnesses assigned to this proceeding.

The contractor is expected to complete and submit to the Department written testimony in 'question and answer' format by February 15, 1993. The written testimony must include, at a minimum:

1. A statement of the expert's academic background, work experience, and all other qualifications to act as an expert witness.
2. A complete discussion of the appropriate capital investment to be used by the Commission in its assessment of the company's Centron and Centrex costs.
3. Financial calculations demonstrating the appropriate intrastate cost of each service.
4. A complete discussion of the theoretical underpinnings of the regulatory model employed by the contractor in the analysis.

The consultant may be expected to perform the following tasks as a member of the Department's staff participating in an evidentiary proceeding:

- a) Develop and prepare information requests which are necessary to fully discover and develop issues related to the case.
- b) Assist Department counsel in the preparation of cross-examination of U S West and intervenor witnesses.
- c) Develop and deliver direct, rebuttal and/or surrebuttal testimony on any issues relating to the consultant's findings and recommendations.
- d) Assist Department counsel in the preparation of briefs related to cost of capital issues.
- e) Assist other Department staff so that a complete, accurate, integrated case is presented to the Commission.

The consultant may propose additional tasks or activities if they will substantially improve the results of this project.

## IV. PROPOSAL CONTENTS

The following will be considered minimum contents of the consultant's proposal:

- A. An outline of the consultant's background and experience in conducting this type of analysis and testifying on these matters.
- B. A restatement of the objectives and task of the project to illustrate the consultant's understanding of the proposal, including a brief discussion of the manner in which the issue will be addressed by the consultant.
- C. An identification of the consultant's personnel who will perform each task, their training and experience. No change in personnel assigned to the project will be permitted without written approval of the Department's project manager. Assurance must be given that the personnel who conduct the project will be available to fulfill all requirements as an expert witness.
- D. A detailed work plan which identifies specific tasks to be performed, with cost estimates for each task. In addition, the proposal shall:

---

---

## Professional, Technical & Consulting Contracts

- 1) Identify and describe all products and services to be provided by the consultant.
  - 2) Identify and describe the level of Department assistance to be provided to the consultant, if any.
- E. Copies of recently delivered studies, testimony or reports regarding the analysis described above.

### V. EVALUATION

All proposals received by the deadline will be evaluated by representatives of the Department. In some instances an interview will be part of the evaluation process. Factors upon which the proposals will be judged include, but are not limited to, the following:

- 1) Expressed understanding of the project objectives.
- 2) Project work plan.
- 3) Project cost detail.
- 4) Qualifications of both consultant/firm and personnel. Experience of project personnel will be given greater weight than that of the firm.

### VI. SUBMISSION OF PROPOSALS

Responses to this request for proposal are due on or before 4:30 p.m. CST on January 5, 1993. Two (2) copies of the proposal must be sent to and received by:

Ms. JoAnn Hanson  
Assistant Commissioner  
Minnesota Department of Public Service  
200 Metro Square  
121 7th Place East  
St. Paul, Minnesota 55101-2145

Under *Minnesota Statutes* § 363.073, any proposal in excess of \$50,000 from a company who has had, at any time during the past year, 20 or more full-time employees in Minnesota, must furnish evidence that the company has a current Certificate of Compliance from the Minnesota Department of Human Rights.

Acceptable evidence includes a copy of the Certificate of Compliance, or a notarized statement from an officer of the company that the company has a Certificate of Compliance.

Late proposals will not be accepted. Each proposal must be signed in ink by an authorized member of the firm. Proposals are to be sealed in mailing envelopes or packages with the consultant's name and address clearly written on the outside. Prices and term of the proposal, as stated, must be valid for the length of the project. Prospective respondents who have questions concerning this request for proposal may call or write Ms. Hanson. Other Department personnel are not allowed to discuss the project before the submitted proposal deadline.

## Department of Public Service

### Notice of Request for Proposals for a Commercial Building Lighting Standards Project

The Department of Public Service is seeking proposals from qualified firms and individuals to demonstrate and evaluate the effectiveness of implementation and enforcement of the Minnesota Energy Code lighting standards.

The Request for Proposals is available by calling or writing Bruce D. Nelson, Department on Public Service, 121 East 7th Place, Suite 200, St. Paul, MN 55101, telephone (612) 297-2313; or Rick Korinek (same address), telephone (612) 296-9097.

Proposals must be received not later than January 7, 1993.

Details concerning submission requirements are included in the Request for Proposals.

## State Designer Selection Board

### Proposal Sought for a Military Affairs Project

#### To Minnesota Registered Design Professionals:

The State Designer Selection Board has been requested to select a designer for a Military Affairs project. Design firms who wish to be considered for this project should deliver proposals on or before 4:00 p.m., January 12, 1993, to:

# Professional, Technical & Consulting Contracts

George Iwan  
Executive Secretary, State Designer Selection Board  
Room G-10, Administration Building  
St. Paul, Minnesota 55155-3000

## The proposal must conform to the following:

- 1) Ten copies of the proposal will be required.
- 2) All data must be on 8½" x 11" sheets, soft bound.
- 3) The cover sheet of the proposal must be clearly labeled with the project number, as listed in number 7 below, together with the designer's firm name, address, telephone number and the name of the contact person.

## 4) Mandatory Proposal contents in sequence:

- a) Identity of firm and an indication of its legal status, i.e. corporation, partnership, etc. If the response is from a joint venture, this information must be provided for firms comprising the joint venture.
- b) Names of the persons who would be directly responsible for the major elements of the work, including consultants, together with brief descriptions of their qualifications. Identify roles that such persons played in projects which are relevant to the project at hand. **NOTE NEW REQUIREMENT:** The proposal must contain a statement indicating whether or not the consultants listed have been contacted and have agreed to be a part of the design team.
- c) A commitment to enter the work promptly, if selected, by engaging the consultants, and assigning the persons named 4b above along with adequate staff to meet the requirements of work.
- d) A list of State and University of Minnesota current and past projects and studies awarded to the prime firm(s) submitting this proposal during the four (4) years immediately preceding the date of this request for proposal. The prime firm(s) shall list and total all fees associated with these projects and studies whether or not the fees have been received or are anticipated.

In addition, the prime firm(s) shall indicate the amount of fees listed which were paid directly to engineers or other specialty consultants employed on the projects and studies listed pursuant to the above. **NOTE:** Please call for a copy of the acceptable format for providing this information.

- e) A section containing graphic material (photos, plans, drawings, etc.) as evidence of the firm's qualification for the work. The graphic material must be identified. It must be work in which the personnel listed in "c" have had significant participation and their roles must be clearly described. It must be noted if the personnel were, at the time of the work, employed by other than their present firms.

The proposal shall consist of no more than twenty (20) faces. Proposals not conforming to the parameters set forth in this request will be disqualified and discarded without further examination.

## 5) Statutory Proposal Requirements:

In accordance with the provisions of *Minnesota Statutes*, 1981 Supplement, Section 363.073; for all contracts estimated to be in excess of \$50,000.00, all responders having more than 20 full-time employees at any time during the previous 12 months must have an affirmative action plan approved by the Commissioner of Human Rights before a proposal may be accepted.

## The proposal will not be accepted unless it includes one of the following:

- a) A copy of your firm's current certificate of compliance issued by the Commissioner of Human Rights; or
  - b) A statement certifying that the firm has a current certificate of compliance issued by the Commissioner of Human Rights; or
  - c) A statement certifying that the firm has not had more than 20 full-time employees in Minnesota at any time during the previous 12 months; or
  - d) A statement certifying that the firm has an application pending for a certificate of compliance.
- 6) Design firms wishing to have their proposals returned after the Board's review must follow one of the following procedures:
- a) Enclose a self-addressed stamped postal card with the proposals. Design firms will be notified when material is ready to be picked up. Design firms will have two (2) weeks to pick up their proposals, after which time the proposals will be discarded; or
  - b) Enclose a self-addressed stamped mailing envelope with the proposals. When the Board has completed its review, proposals will be returned using this envelope.

In accordance with existing statute, the Board will retain one copy of each proposal submitted.

Any questions concerning the Board's procedures, their schedule for the project herein described or the fee format form may be referred to George Iwan at (612) 296-4656.

**7) PROJECT—28-92**

Organizational Maintenance Shop  
Rosemount, Minnesota

General Description of Project: The proposed project consists of a new vehicle maintenance facility of approximately 11,000 square feet to be built on 15 acres of land. The schedule for the project is for design and bidding to occur by September 1993.

Estimated Project Construction Cost: \$1,200,000.00

Project Details: The facility will be a single level masonry building. It will contain eight workbays, tool and supply rooms, an electronics repair room, flammable materials storage, locker/toilet facilities and administrative spaces.

Exterior work includes fencing, bituminous parking areas and concrete turning slabs for track vehicles.

Work to be Performed by the Architect: The work includes: topographic survey and soil test borings; the design of the complete facility; the preparation of required drawings, specifications and allied documents to include bidding documents; the handling of contract documents; the general supervision of the construction work for the Owner; assisting in the preparation of supplemental agreements; review and approval of shop drawings and payment requests; assisting in final acceptance of the work. The specification and drawing format will be the architect's normal for commercial work, tailored to the project.

Architect's Fee for the Work: The fee for design, printing, travel, topographic survey, soil testing and supervision services is Government established on a variable scale at a percentage of the construction cost of the work. Estimated fee is 5.8%. The Department of Military Affairs will provide the designer with programming documents and Department construction standards which include space criteria, supporting facility criteria, construction standards, authorized finish schedule and use relationships.

Questions concerning this project may be referred to Thomas Vesely at (612) 632-7570.

M.J. Czarniecki III, Chair  
State Designer Selection Board

## Department of Transportation

### Engineering Services Division

#### Notice of Availability of Contract for Highway Related Technical Activity

Responses to this advertisement become public information under the Freedom of Information Act.

**Note: Your proposal will not be considered if you have not met the affirmative action requirement at the time of this submittal.**

The Minnesota Department of Transportation (Mn/DOT) is soliciting expressions of interest and statements of qualifications for a detailed final design plan for Trunk Highway 610.

This project proposes construction of a 4.0 mile segment of T.H. 610 from T.H. 252 to T.H. 169 in Brooklyn Park. The roadway is to be constructed as a four-lane divided freeway. The project is scheduled to be let in two stages. The first stage is from T.H. 252 to Noble Avenue and the second stage is from Noble Avenue to T.H. 169. The first stage is scheduled for a June 23, 1995 letting, with the second stage scheduled for a June 26, 1996 letting date. The Consultant shall provide all design services, a set of computations and construction documents necessary to build the proposed roadway in accordance with Mn/DOT Standards and Specifications.

Work tasks include, but are not limited to:

- Construction limits
- Soils survey and letter
- Request for pavement determination
- Construction staging plans
- Roadway plans
- Miscellaneous design surveys
- Drainage plans
- Traffic control plans
- Utility plans
- Traffic signal plans and signal justification reports

Note: Bridge Designs and Bridge Surveys are not included under this solicitation.

## Professional, Technical & Consulting Contracts

---

---

Qualifications will be rated on the basis of:

Project team

Project Manager.

Key people.

Subconsultants.

Disadvantaged Business Enterprise participation.

Location

Which office location will perform the work for both the Prime and Subconsultants.

Management plan

Organization of team and Key personnel and work load projections for 1993 and 1994.

Experience

Past projects or other related types of work.

Familiarity with Mn/DOT procedures and standards.

Examples

Quality and professionalism of example(s) from similar projects.

Equipment

Type of equipment to be used, including computer hardware and software.

Those consultants who wish to be considered for this project, must furnish the following information, in the order listed:

1. Affirmative Action

Indicate if your firm is certified by the Department of Human Rights for Affirmative Action as stated in *Minnesota Statute* 363.073. Any questions, call (612) 296-5683. Send:

- A copy of your firm's current Certificate of Compliance issued by the Commissioner of Human Rights or;
- A letter from Human Rights certifying that your firm has or has applied for a current Certification of Compliance or;
- A notarized letter certifying that your firm has not had more than twenty full-time employees at any time during the previous twelve months.

2. Indicate if your firm is certified by the Department of Transportation as a Disadvantaged Business Enterprise (DBE). Any questions, call the EEO Contract Management at (612) 297-1376. Indicate if your firm is certified by the Department of Administration as a Small Targeted Business, *Minnesota Statute* 16B.19. Any questions, call (612) 296-2600.

3. Provide company name, business address, the contact person's name, telephone number, fax number, Federal tax I.D. number, and Minnesota tax I.D. number (if applicable).

4. A brief statement of your understanding of the work to be performed under this project.

5. Detail the project team organization and key personnel you anticipate using on this project. Indicate in which fields your key personnel hold Minnesota Professional Registration or have related certification. List subcontractors and DBE participation and show their key personnel for this project.

Note: DBE participation for this project has been established at 15%.

6. Provide a listing of present work load and personnel commitments you anticipate during the period this work is to be performed.

7. Location of where the work is to be performed for both the prime and subconsultants.

8. Federal Forms 254 and 255 and your company brochure detail Minnesota office separately. Summarize or highlight information on personnel whom you are proposing for this project.

To receive forms, call the General Services Administration at (612) 725-3015.

9. Examples of work relating to the work on this project from similar projects. Samples to be 8½" x 11", not to exceed 10 pages.

10. Type of equipment to be used, including computer hardware and software.

Eight copies of the expressions of interest and qualifications shall be delivered to the address indicated below, not later than two o'clock in the afternoon (2:00 p.m.) on Friday, January 29, 1993. Late submittals will not be accepted. Send responses to:

Gabriel S. Bodoczy, P.E.  
Consultant Agreements Engineer  
Transportation Building, Room 720-S  
395 John Ireland Boulevard  
St. Paul, MN 55155  
Attn: Alex Chernayev

Short list selection for this project is anticipated in March, 1993. This request does not obligate the State of Minnesota Department of Transportation to complete the work contemplated in this notice, and the department reserves the right to cancel this solicitation. All expenses incurred in responding to this notice shall be borne by the responder.

## Department of Transportation

### Engineering Services Division

#### Notice of Availability of Contract for Highway Related Technical Activity

Responses to this advertisement become public information under the Freedom of Information Act.

**Note: Your proposal will not be considered if you have not met the affirmative action requirement at the time of this submittal.**

The Minnesota Department of Transportation (Mn/DOT) is soliciting expressions of interest and statements of qualifications for a detailed final design plan for Trunk Highway 55.

This project involves construction of a 1.7 mile segment of T.H. 55 (Hiawatha Avenue) from East 46th Street to T.H. 62 (Crosstown) in Minneapolis. The roadway is to be constructed as an urban expressway. The project is currently scheduled for a July 25, 1997 letting. The Consultant shall provide all design services, a set of computations and construction documents necessary to build the proposed roadway in accordance with Mn/DOT Standards and Specifications. Work tasks include, but are not limited to:

- Construction limits
- Soils survey and letter
- Request for pavement determination
- Construction staging plans
- Roadway plans
- Miscellaneous design surveys
- Drainage plans
- Traffic control plans
- Utility plans
- Traffic signal plans and signal justification reports
- Lighting design plans

Note: Bridge Designs and Bridge Surveys are not included under this solicitation.

Qualifications will be rated on the basis of:

- Project team
  - Project Manager.
  - Key people.
  - Subconsultants.
  - Disadvantaged Business Enterprise participation.

#### Location

Which office location will perform the work for both the Prime and Subconsultants.

#### Management plan

Organization of team and Key personnel and work load projections for 1993 and 1994.

## Professional, Technical & Consulting Contracts

---

---

### Experience

Past projects or other related types of work.

Familiarity with Mn/DOT procedures and standards.

### Examples

Quality and professionalism of example(s) from similar projects.

### Equipment

Type of equipment to be used, including computer hardware and software.

Those consultants who wish to be considered for this project, must furnish the following information, in the order listed:

#### 1. Affirmative Action

Indicate if your firm is certified by the Department of Human Rights for Affirmative Action as stated in *Minnesota Statute* 363.073. Any questions, call (612) 296-5683. Send:

- A copy of your firm's current Certificate of Compliance issued by the Commissioner of Human Rights or;
- A letter from Human Rights certifying that your firm has or has applied for a current Certification of Compliance or;
- A notarized letter certifying that your firm has not had more than twenty full-time employees at any time during the previous twelve months.

2. Indicate if your firm is certified by the Department of Transportation as a Disadvantaged Business Enterprise (DBE). Any questions, call the EEO Contract Management at (612) 297-1376. Indicate if your firm is certified by the Department of Administration as a Small Targeted Business, *Minnesota Statute* 16B.19. Any questions, call (612) 296-2600.

3. Provide company name, business address, the contact person's name, telephone number, fax number, Federal tax I.D. number, and Minnesota tax I.D. number (if applicable).

4. A brief statement of your understanding of the work to be performed under this project.

5. Detail the project team organization and key personnel you anticipate using on this project. Indicate in which fields your key personnel hold Minnesota Professional Registration or have related certification. List subcontractors and DBE participation and show their key personnel for this project.

Note: DBE participation for this project has been established at 15%.

6. Provide a listing of present work load and personnel commitments you anticipate during the period this work is to be performed.

7. Location of where the work is to be performed for both the prime and subconsultants.

8. Federal Forms 254 and 255 and your company brochure detail Minnesota office separately. Summarize or highlight information on personnel whom you are proposing for this project.

To receive forms, call the General Services Administration at (612) 725-3015.

9. Examples of work relating to the work on this project from similar projects. Samples to be 8½" x 11", not to exceed 10 pages.

10. Type of equipment to be used, including computer hardware and software.

Eight copies of the expressions of interest and qualifications shall be delivered to the address indicated below, not later than two o'clock in the afternoon (2:00 p.m.) on Friday, February 5, 1993. Late submittals will not be accepted. Send responses to:

Gabriel S. Bodoczy, P.E.  
Consultant Agreements Engineer  
Transportation Building, Room 720-S  
395 John Ireland Boulevard  
St. Paul, MN 55155  
Attn: Alex Chernayev

Short list selection for this project is anticipated in April, 1993. This request does not obligate the State of Minnesota Department of Transportation to complete the work contemplated in this notice, and the department reserves the right to cancel this solicitation. All expenses incurred in responding to this notice shall be borne by the responder.



## Department of Transportation

### Engineering Services Division

#### Notice of Availability of Contract for Highway Related Technical Activity

Responses to this advertisement become public information under the Freedom of Information Act.

**Note: Your proposal will not be considered if you have not met the affirmative action requirement at the time of this submittal.**

The Minnesota Department of Transportation (Mn/DOT) is soliciting expressions of interest and statements of qualifications for a detailed final design plan for Trunk Highway 212.

This project proposes construction of a 3.2 mile segment of relocated T.H. 212 from Lyman Boulevard in Chanhassen to C.S.A.H. 4 in Eden Prairie. The roadway is to be constructed as a four-lane divided freeway. The project is currently scheduled for a June 1996 letting date. The Consultant shall provide all design services, a set of computations and construction documents necessary to build the proposed roadway in accordance with Mn/DOT Standards and Specifications. Work tasks include, but are not limited to:

- Construction limits
- Soils survey and letter
- Request for pavement determination
- Construction staging plans
- Roadway plans
- Miscellaneous design surveys
- Drainage plans
- Traffic control plans
- Utility plans
- Traffic signal plans and signal justification reports

Note: Bridge Designs and Bridge Surveys are not included under this solicitation.

Qualifications will be rated on the basis of:

- Project team
  - Project Manager.
  - Key people.
  - Subconsultants.
  - Disadvantaged Business Enterprise participation.

#### Location

Which office location will perform the work for both the Prime and Subconsultants.

#### Management plan

Organization of team and Key personnel and work load projections for 1993 and 1994.

#### Experience

- Past projects or other related types of work.
- Familiarity with Mn/DOT procedures and standards.

#### Examples

Quality and professionalism of example(s) from similar projects.

#### Equipment

Type of equipment to be used, including computer hardware and software.

Those consultants who wish to be considered for this project, must furnish the following information, in the order listed:

#### 1. Affirmative Action

Indicate if your firm is certified by the Department of Human Rights for Affirmative Action as stated in *Minnesota Statute*

## Professional, Technical & Consulting Contracts

---

---

363.073. Any questions, call (612) 296-5683. Send:

- A copy of your firm's current Certificate of Compliance issued by the Commissioner of Human Rights or;
- A letter from Human Rights certifying that your firm has or has applied for a current Certification of Compliance or;
- A notarized letter certifying that your firm has not had more than twenty full-time employees at any time during the previous twelve months.

2. Indicate if your firm is certified by the Department of Transportation as a Disadvantaged Business Enterprise (DBE). Any questions, call the EEO Contract Management at (612) 297-1376. Indicate if your firm is certified by the Department of Administration as a Small Targeted Business, *Minnesota Statute 16B.19*. Any questions, call (612) 296-2600.

3. Provide company name, business address, the contact person's name, telephone number, fax number, Federal tax I.D. number, and Minnesota tax I.D. number (if applicable).

4. A brief statement of your understanding of the work to be performed under this project.

5. Detail the project team organization and key personnel you anticipate using on this project. Indicate in which fields your key personnel hold Minnesota Professional Registration or have related certification. List subcontractors and DBE participation and show their key personnel for this project.

Note: DBE participation for this project has been established at 15%.

6. Provide a listing of present work load and personnel commitments you anticipate during the period this work is to be performed.

7. Location of where the work is to be performed for both the prime and subconsultants.

8. Federal Forms 254 and 255 and your company brochure detail Minnesota office separately. Summarize or highlight information on personnel whom you are proposing for this project.

To receive forms, call the General Services Administration at (612) 725-3015.

9. Examples of work relating to the work on this project from similar projects. Samples to be 8½" x 11", not to exceed 10 pages.

10. Type of equipment to be used, including computer hardware and software.

Eight copies of the expressions of interest and qualifications shall be delivered to the address indicated below, not later than two o'clock in the afternoon (2:00 p.m.) on Friday, January 22, 1993. Late submittals will not be accepted. Send responses to:

Gabriel S. Bodoczy, P.E.	395 John Ireland Boulevard
Consultant Agreements Engineer	St. Paul, MN 55155
Transportation Building, Room 720-S	Attn: Alex Chernayev

Short list selection for this project is anticipated in late February, 1993.

This request does not obligate the State of Minnesota Department of Transportation to complete the work contemplated in this notice, and the department reserves the right to cancel this solicitation. All expenses incurred in responding to this notice shall be borne by the responder.

## Non-State Public Bids and Contracts

---

---

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector.

It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of project and tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact the editor for further details.

## Minnesota Historical Society

### Notice of Availability of Contract Work and Request for Proposals for Construction Trades

The Minnesota Historical Society is seeking proposals from qualified firms and individuals to provide a wide range of contract

---

---

## Awards of State Contracts and Advertised Bids

services in the construction trades. This request applies to contracts which will be awarded through December 31, 1993. Most of these contracts will be awarded on the basis of bids solicited from responders to this Notice.

Services which may be contracted for include, but are not necessarily limited to the following: cabinetmaking, furniture making, drywall installation and finishing, interior painting, framing carpentry, finish carpentry, floor covering installation, metal fabrication and finishing or other specialized trades.

An information package is available by calling the Minnesota Historical Society at (612) 296-2155 and requesting the construction trades package. The information package will provide further details on this offering and will include instructions for submitting proposals. Society staff members are not able to provide additional information by telephone.

### Minnesota Historical Society

#### Notice of Request for Proposals for Artisan, Craftsman and Related Projects

The Minnesota Historical Society is seeking proposals from qualified firms and individuals to provide a wide range of contract services in the artisan, craftsman and related trades. This request applies to contracts which will be awarded through December 31, 1993. Most of these contracts will be awarded on the basis of further proposals or bids which will be solicited from responders to this Request.

Services which may be contracted for include, but are not necessarily limited to the following: acrylic fabrication, cabinet and display case construction, diorama or model production, faux and scene painting, furniture making and repair, graphic design, graphic production and finishing, metalwork, screen printing, theatrical set production or other artisan, craftsman or related trades.

An information package is available by calling the Minnesota Historical Society at (612) 296-2155 and requesting the artisan and craftsman package. The information package will provide further details on this offering and will include instructions for submission of proposals. Society staff members are not able to provide additional information by telephone.

---

---

## Awards of State Contracts and Advertised Bids

Pursuant to the provisions of Minn. Stat. § 14.10, an agency must make reasonable effort to publicize the availability of any services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Commodities contracts with an estimated value of \$15,000 or more are listed under the Materials Management Division, Department of Administration. All bids are open for 7-10 days before bidding deadline. For bid specifics, time lines, and other general information, contact the appropriate buyers whose initials appear in parentheses next to the commodity for bid, by calling (612) 296-6152.

### Materials Management Division—Department of Administration:

Contracts and Requisitions Open for Bid: Call 296-2600 for information on a specific bid, or to request a specific bid.

#### COMMODITY CODE KEY

<b>A = Sealed Bid</b>	<b>G = \$5,000-\$15,000 Estimated Dollar Value</b>	<b>J = Targeted Vendors Only</b>
<b>B = Write for Price</b>	<b>H = \$15,000-\$50,000 Sealed Bid</b>	<b>K = Local Service Needed</b>
<b>C = Request for Proposal</b>	<b>I = \$50,000 and Over Sealed Bid/Human Rights Compliance Required</b>	<b>L = No Substitute</b>
<b>D = Request for Information</b>		<b>M = Installation Needed</b>
<b>E = \$0-\$1,500 Estimated Dollar Value</b>		<b>N = Pre-Bid Conference</b>
<b>F = \$1,500-\$5,000 Estimated Dollar Value</b>		<b>O = Insurance or Bonding Required</b>

**Item:** Computer Equipment,  
Miscellaneous  
**Req.#:** 02420-34575-01  
**Awarded to:** Atlantic Marketing, Hunt  
Valley, MD  
**Awarded amount:** \$3,193.00  
**Awarded date:** December 14, 1992

**Expir/deliv date:** December 31, 1992  
**Shipped to:** Department of  
Administration

**Item:** Service, Auto, Repair/  
Maintenance  
**Req.#:** 04131-31684-01

**Awarded to:** Main Repair, Pipestone,  
MN  
**Awarded amount:** \$345.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 24, 1992  
**Shipped to:** Minnesota Department of  
Agriculture

## Awards of State Contracts and Advertised Bids

---

**Item:** Audio/Video Equipment,  
Miscellaneous  
**Req.#:** 07500-42099-01  
**Awarded to:** Alpha Video & Audio,  
Bloomington, MN  
**Awarded amount:** \$9,048.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 21, 1992  
**Shipped to:** Department of Public Safety

**Item:** Laboratory/Science Equipment,  
Miscellaneous  
**Req.#:** 12400-13765-02  
**Awarded to:** Baxter Healthcare  
Corporation, Minneapolis, MN  
**Awarded amount:** \$11,920.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Minnesota Department of  
Health

**Item:** Recorder, Audio Tape/Disc (Not  
Dictation)  
**Req.#:** 21200-53467-01  
**Awarded to:** American Pro Audio, Inc.,  
Minnetonka, MN  
**Awarded amount:** \$31,456.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 15, 1993  
**Shipped to:** Minnesota Department of  
Jobs and Training

**Item:** Dictating/Transcribing Equipment  
**Req.#:** 21200-53368-01  
**Awarded to:** Pitney Bowes Credit  
Corporation, Norwalk, CT  
**Awarded amount:** \$46,620.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:**  
**Shipped to:** Minnesota Department of  
Jobs and Training

**Item:** Computer Network Supplies  
**Req.#:** 26137-02147-01  
**Awarded to:** Countryman D'F Company,  
St. Paul, MN  
**Awarded amount:** \$3,041.70  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 24, 1992  
**Shipped to:** Bemidji State University

**Item:** Printer, Computer  
**Req.#:** 26137-02146-01  
**Awarded to:** Compar, Inc., Eden Prairie,  
MN  
**Awarded amount:** \$870.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Bemidji State University

**Item:** Computer Equipment,  
Miscellaneous  
**Req.#:** 26070-14936-01  
**Awarded to:** Vernier Software, Portland,  
OR  
**Awarded amount:** \$1,675.75  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 20, 1992  
**Shipped to:** Bemidji State University

**Item:** Recorder, Video Tape/Disc  
**Req.#:** 26072-04036-01  
**Awarded to:** Alpha Video & Audio,  
Bloomington, MN  
**Awarded amount:** \$289.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 10, 1993  
**Shipped to:** Moorhead State University

**Item:** Recorder, Video Tape/Disc  
**Req.#:** 26072-04036-02  
**Awarded to:** Best Buy Company,  
Bloomington, MN  
**Awarded amount:** \$1,288.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 10, 1993  
**Shipped to:** Moorhead State University

**Item:** Recorder, Video Tape/Disc  
**Req.#:** 26074-14715-01  
**Awarded to:** Audio Visual Wholesalers,  
Plymouth, MN  
**Awarded amount:** \$3,770.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Winona State University

**Item:** Monitor, Video (Not Computer)  
**Req.#:** 26074-14747-01  
**Awarded to:** Wettsteins and Sons,  
Winona, MN  
**Awarded amount:** \$1,892.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 30, 1992  
**Shipped to:** Winona State University

**Item:** Camera, Video Tape  
**Req.#:** 26074-14748-01  
**Awarded to:** Wettsteins and Sons,  
Winona, MN  
**Awarded amount:** \$850.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 30, 1992  
**Shipped to:** Winona State University

**Item:** Service, Relocation, Agency  
**Req.#:** 02310-36232-01  
**Awarded to:** Bester Brothers Transfer,  
South St. Paul, MN  
**Awarded amount:** \$5,436.25  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Minnesota Historical  
Society

**Item:** Service, Relocation, Agency  
**Req.#:** 02310-36229-01  
**Awarded to:** Barrett Moving and  
Storage, Eden Prairie, MN  
**Awarded amount:** \$1,550.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Minnesota Historical  
Society

**Item:** Meat  
**Req.#:** 78630-11077-01  
**Awarded to:** Mapelli Food Distribution,  
St. Paul, MN  
**Awarded amount:** \$4,649.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 6, 1993  
**Shipped to:** Minnesota Correctional  
Facility

**Item:** Poultry  
**Req.#:** 78630-11078-01  
**Awarded to:** Mapelli Food Distribution,  
St. Paul, MN  
**Awarded amount:** \$1,416.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 6, 1993  
**Shipped to:** Minnesota Correctional  
Facility

## Awards of State Contracts and Advertised Bids

**Item:** Seating, Chair, Stackable  
**Req.#:** 78770-03598-01  
**Awarded to:** North School Supply Company, Fargo, ND  
**Awarded amount:** \$779.00  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 4, 1993  
**Shipped to:** Minnesota Correctional Facility

**Item:** Meat  
**Req.#:** 78790-30681-01  
**Awarded to:** Mapelli Food Distribution, St. Paul, MN  
**Awarded amount:** \$3,288.15  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 5, 1993  
**Shipped to:** Minnesota Correctional Facility—Faribault

**Item:** Meat  
**Req.#:** 78830-11570-01  
**Awarded to:** Mapelli Food Distribution, St. Paul, MN  
**Awarded amount:** \$12,328.80  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** January 4, 1993  
**Shipped to:** Minnesota Correctional Facility

**Item:** Surveying, Instrument/Equipment  
**Req.#:** 79000-31736-01  
**Awarded to:** Geotronics of North America, Itaska, IL  
**Awarded amount:** \$3,515.40  
**Awarded date:** December 14, 1992  
**Expir/deliv date:** December 28, 1992  
**Shipped to:** Minnesota Department of Transportation

**Item:** Truck, Forklift  
**Req.#:** 02511-35576-01  
**Awarded to:** Bennett Material Handling, Hopkins, MN  
**Awarded amount:** \$23,122.00  
**Awarded date:** December 9, 1992  
**Expir/deliv date:** February 5, 1993  
**Shipped to:** Various Locations

**Item:** Industrial Machine, Special, Miscellaneous  
**Req.#:** 02310-25528-03  
**Awarded to:** Nazar Edward J. Trustee, Wichita, KS  
**Awarded amount:** \$31,225.00

**Awarded date:** December 9, 1992  
**Expir/deliv date:** December 30, 1992  
**Shipped to:** Minnesota Correctional Facility—Faribault

**Item:** Computer, Personal  
**Req.#:** 26071-90095-01  
**Awarded to:** South Minnesota Office, Mankato, MN

**Awarded amount:** \$1,282.00  
**Awarded date:** December 9, 1992  
**Expir/deliv date:** December 21, 1992  
**Shipped to:** Mankato State University

**Item:** Computer, Personal  
**Req.#:** 27157-48973-01  
**Awarded to:** PC Express, Inc., Richfield, MN

**Awarded amount:** \$48,750.00  
**Awarded date:** December 9, 1992  
**Expir/deliv date:** December 21, 1992  
**Shipped to:** Inver Hills Community College

**Item:** Furniture, Laboratory, Miscellaneous  
**Req.#:** 32200-34706-01  
**Awarded to:** Grainger W W, Inc., 4, Arden Hills, MN

**Awarded amount:** \$319.48  
**Awarded date:** December 9, 1992  
**Expir/deliv date:** December 30, 1992  
**Shipped to:** Minnesota Pollution Control Agency

**Item:** Cabinet, File, Lateral  
**Req.#:** 78830-11563-01  
**Awarded to:** Mid America Business Systems, Minneapolis, MN

**Awarded amount:** \$2,083.00  
**Awarded date:** December 9, 1992  
**Expir/deliv date:** January 22, 1993  
**Shipped to:** Minnesota Correctional Facility

**Item:** Spreader Attachment, Sand, Truck  
**Req.#:** 79382-02542-02  
**Awarded to:** Reed Systems, Limited, Ellenville, NY

**Awarded amount:** \$14,287.00  
**Awarded date:** December 9, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Various Locations

**Item:** Spreader Attachment, Sand, Truck  
**Req.#:** 79382-02543-02  
**Awarded to:** Reed Systems, Limited, Ellenville, NY

**Awarded amount:** \$11,683.00  
**Awarded date:** December 9, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Various Locations

**Item:** Radio, 2-Way, Stationary Equipment (Over \$500)  
**Req.#:** 07500-42094-01  
**Awarded to:** Motorola C and E, Inc., Bloomington, MN

**Awarded amount:** \$31,856.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** February 15, 1993  
**Shipped to:** Minnesota Department of Transportation

**Item:** Software, Custom  
**Req.#:** 12100-12182-01  
**Awarded to:** Genesis Systems, Corporation, Lewistown, PA  
**Awarded amount:** \$48,700.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** January 4, 1993  
**Shipped to:** Minnesota Department of Health

**Item:** Construction Material, Miscellaneous  
**Req.#:** 21200-53465-01  
**Awarded to:** Mts. Northwest Sound, Inc., Minneapolis, MN  
**Awarded amount:** \$4,405.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** January 5, 1993  
**Shipped to:** Minnesota Department of Jobs and Training

**Item:** Television  
**Req.#:** 26070-14935-01  
**Awarded to:** Dons Television and Radio, St. Paul, MN

**Awarded amount:** \$1,589.95  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 18, 1992  
**Shipped to:** Bemidji State University

## Awards of State Contracts and Advertised Bids

**Item:** Computer, Personal  
**Req.#:** 26071-26326-01  
**Awarded to:** PC Solutions, Inc., Eden Prairie, MN  
**Awarded amount:** \$10,624.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Mankato State University

**Item:** Drive, Disk or Tape, Computer  
**Req.#:** 26071-67549-01  
**Awarded to:** Hard Drives International, Tempe, AZ  
**Awarded amount:** \$4,871.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 24, 1992  
**Shipped to:** Mankato State University

**Item:** Recorder, Video Tape/Disc  
**Req.#:** 26071-26354-01  
**Awarded to:** Alpha Video and Audio, Bloomington, MN  
**Awarded amount:** \$2,934.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 30, 1992  
**Shipped to:** Mankato State University

**Item:** Labels, Office Supplies  
**Req.#:** 26073-24273-01  
**Awarded to:** Bergstrom and Company, Minneapolis, MN  
**Awarded amount:** \$531.20  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 17, 1992  
**Shipped to:** St. Cloud State University

**Item:** Air Conditioning Parts, Commercial  
**Req.#:** 26073-24167-01  
**Awarded to:** Thermal Company, St. Cloud, MN  
**Awarded amount:** \$1,990.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** St. Cloud State University

**Item:** Audio/Video Equipment, Miscellaneous  
**Req.#:** 27140-30040-01  
**Awarded to:** Alpha Video and Audio, Bloomington, MN  
**Awarded amount:** \$5,520.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 20, 1992  
**Shipped to:** Brainerd Community College

**Item:** Audio/Video Equipment, Miscellaneous  
**Req.#:** 27140-30041-01  
**Awarded to:** Alpha Video and Audio, Bloomington, MN  
**Awarded amount:** \$1,800.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 20, 1992  
**Shipped to:** Brainerd Community College

**Item:** Monitor, Video (Not Computer)  
**Req.#:** 27140-30042-01  
**Awarded to:** EPA Audio Visual, Rockford, MN  
**Awarded amount:** \$1,474.05  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 20, 1992  
**Shipped to:** Brainerd Community College

**Item:** Computer, Personal  
**Req.#:** 27142-42307-01  
**Awarded to:** PC Tailors, Roseville, MN  
**Awarded amount:** \$2,835.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 28, 1992  
**Shipped to:** Fergus Falls Community College

**Item:** Computer, Personal  
**Req.#:** 27142-42308-01  
**Awarded to:** PC Tailors, Roseville, MN  
**Awarded amount:** \$46,762.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 28, 1992  
**Shipped to:** Fergus Falls Community College

**Item:** Lumber, Softwood  
**Req.#:** 29002-22963-01  
**Awarded to:** Page and Hill Forest Products, Inc., Big Falls, MN  
**Awarded amount:** \$2,573.12  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 15, 1992  
**Shipped to:** Department of Natural Resources Regional Headquarters

**Item:** Container, Plastic; Special Box  
**Req.#:** 32100-34643-01  
**Awarded to:** Riley & Geehr, Evanston, IL  
**Awarded amount:** \$308.00

**Awarded date:** December 10, 1992  
**Expir/deliv date:** January 1, 1993  
**Shipped to:** Minnesota Pollution Control Agency

**Item:** Computer, Personal  
**Req.#:** 37001-30521-01  
**Awarded to:** Parker Associates, Wayzata, MN  
**Awarded amount:** \$1,282.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 24, 1992  
**Shipped to:** Minnesota Academy for the Deaf

**Item:** Battery, Industrial  
**Req.#:** 55304-09453-01  
**Awarded to:** Cragg H M Company, Minneapolis, MN  
**Awarded amount:** \$7,658.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** February 8, 1993  
**Shipped to:** Brainerd Regional Human Service

**Item:** Dental Care Devices and Supplies  
**Req.#:** 55105-09265-01  
**Awarded to:** Marvy William Company, St. Paul, MN  
**Awarded amount:** \$1,522.80  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 16, 1992  
**Shipped to:** St. Peter Regional Treatment Center

**Item:** Service, Aircraft, Repair/Maintenance  
**Req.#:** 79000-32455-01  
**Awarded to:** Elliott Flying Service, Eden Prairie, MN  
**Awarded amount:** \$8,940.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 30, 1992  
**Shipped to:** Various Locations

**Item:** Recorder, Data, Laboratory  
**Req.#:** 79000-32733-01  
**Awarded to:** Hydrolab, Minneapolis, MN  
**Awarded amount:** \$7,655.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** January 1, 1993  
**Shipped to:** Minnesota Department of Transportation

---

---

## Awards of State Contracts and Advertised Bids

**Item:** Recorder, Audio Tape/Disc (Not Dictation)  
**Req.#:** 99690-30099-01  
**Awarded to:** Precision Business, Bloomington, MN  
**Awarded amount:** \$3,990.00  
**Awarded date:** December 10, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Office of Administration Hearings

**Item:** Industrial Machine, Special, Miscellaneous  
**Req.#:** 02310-25528-04  
**Awarded to:** American Plastic Machinery, Great Bend, KS  
**Awarded amount:** \$2,397.75  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** December 15, 1992  
**Shipped to:** Minnesota Correctional Facility—Faribault

**Item:** Office Machine, Postage Meter  
**Req.#:** 11010-08661-01  
**Awarded to:** Friden Neopost, New Brighton, MN  
**Awarded amount:** \$1,128.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 4, 1993  
**Shipped to:** State Board of Electricity

**Item:** Shipping System  
**Req.#:** 11010-08662-01  
**Awarded to:** Friden Neopost, New Brighton, MN  
**Awarded amount:** \$4,688.20  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 4, 1993  
**Shipped to:** State Board of Electricity

**Item:** Handicapped Device, Visual  
**Req.#:** 21701-53442-01  
**Awarded to:** Telesensory Systems, Inc., Mountain View, CA  
**Awarded amount:** \$4,640.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 30, 1993  
**Shipped to:** Minnesota Department of Jobs and Training

**Item:** Binding Supplies  
**Req.#:** 21200-53500-01  
**Awarded to:** Cheshire, Inc., Wood Dale, IL  
**Awarded amount:** \$2,656.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 15, 1993  
**Shipped to:** Minnesota Department of Jobs and Training

**Item:** Handicapped Device, Visual  
**Req.#:** 21701-53450-01  
**Awarded to:** Howe Press of Perkins, Watertown, MA  
**Awarded amount:** \$3,420.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** February 28, 1993  
**Shipped to:** Minnesota Department of Jobs and Training

**Item:** Handicapped Device, Visual  
**Req.#:** 21701-53452-01  
**Awarded to:** Telesensory Systems, Inc., Mountain View, CA  
**Awarded amount:** \$3,820.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 30, 1993  
**Shipped to:** Minnesota Department of Jobs and Training

**Item:** Computer Network Equipment  
**Req.#:** 26137-02145-01  
**Awarded to:** Emcomm, Loretto, MN  
**Awarded amount:** \$3,654.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Moorhead State University

**Item:** Polisher/Scrubber, Floor  
**Req.#:** 26072-04037-01  
**Awarded to:** Upper Midwest Sales, Inc., Minneapolis, MN  
**Awarded amount:** \$5,476.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** December 30, 1992  
**Shipped to:** Moorhead State University

**Item:** Pole, Lighting, Metal  
**Req.#:** 26073-24250-01  
**Awarded to:** Granite City Electric, St. Cloud, MN  
**Awarded amount:** \$4,050.00  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 20, 1993  
**Shipped to:** St. Cloud State University

**Item:** Computer Equipment, Miscellaneous  
**Req.#:** 27152-47017-01  
**Awarded to:** Inacomp Computer Centers, Eden Prairie, MN  
**Awarded amount:** \$23,986.50  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 4, 1993  
**Shipped to:** Anoka Ramsey Community College

**Item:** Football Equipment  
**Req.#:** 27153-21473-01  
**Awarded to:** Adlers Sporting Goods, Rochester, MN  
**Awarded amount:** \$7,141.14  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** December 15, 1992  
**Shipped to:** North Hennepin Community College

**Item:** Plumbing Supplies, Miscellaneous  
**Req.#:** 78760-03244-01  
**Awarded to:** State Supply Company, Inc., St. Paul, MN  
**Awarded amount:** \$334.50  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 15, 1993  
**Shipped to:** Minnesota Correctional Facility

**Item:** Copy Machine, Low Speed; Less Than 15 CPM;  
**Req.#:** 79200-04641-01  
**Awarded to:** Falls Office Supply, International Falls, MN  
**Awarded amount:** \$1,885.68  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** December 23, 1992  
**Shipped to:** Various Locations

**Item:** Clothing, Uniform, Miscellaneous  
**Req.#:** 80300-93219-01  
**Awarded to:** Wear Guard, Norwell, MA  
**Awarded amount:** \$500.43  
**Awarded date:** December 11, 1992  
**Expir/deliv date:** January 30, 1993  
**Shipped to:** Weights and Measures Division

## Awards of State Contracts and Advertised Bids

**Item:** Telecommunications Equipment, Miscellaneous

**Req.#:** 79000-32551-01

**Awarded to:** IFR, Inc., Wichita, KS

**Awarded amount:** \$18,532.82

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 16, 1992

**Shipped to:** Various Locations

**Item:** Testing Equipment, Non Destructive

**Req.#:** 79000-32632-01

**Awarded to:** Face Construction, Norfolk, VA

**Awarded amount:** \$15,006.65

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 30, 1992

**Shipped to:** Minnesota Department of Transportation

**Item:** Blade, Cutting Edge (11), 1/2 x 6 x 8', Steel:

**Req.#:** 79300-09340-01

**Awarded to:** Specialty Materials, Inc., Vadnais Heights, MN

**Awarded amount:** \$209.50

**Awarded date:** December 15, 1992

**Expir/deliv date:** January 20, 1993

**Shipped to:** Minnesota Department of Transportation

**Item:** Blade, Cutting Edge (11), 1/2 x 6 x 8', Steel:

**Req.#:** 79900-23504-01

**Awarded to:** Specialty Materials, Inc., Vadnais Heights, MN

**Awarded amount:** \$806.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** January 20, 1993

**Shipped to:** Minnesota Department of Transportation

**Item:** Computer, Personal

**Req.#:** 21605-96380-01

**Awarded to:** Blue Star Marketing, Minneapolis, MN

**Awarded amount:** \$2,087.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** January 4, 1993

**Shipped to:** Various Locations

**Item:** Refrigerator/Freezer, Commercial

**Req.#:** 21200-53447-01

**Awarded to:** St. Cloud Restaurant, St. Cloud, MN

**Awarded amount:** \$1,570.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** January 8, 1993

**Shipped to:** Minnesota Department of Jobs and Training

**Item:** Refrigerator/Freezer, Commercial

**Req.#:** 21200-53448-01

**Awarded to:** St. Cloud Restaurant, St. Cloud, MN

**Awarded amount:** \$6,976.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** January 8, 1993

**Shipped to:** Minnesota Department of Jobs and Training

**Item:** Service, Printing; Forms, Special Order

**Req.#:** 26137-02151-01

**Awarded to:** Bergstrom and Company, Minneapolis, MN

**Awarded amount:** \$1,744.20

**Awarded date:** December 15, 1992

**Expir/deliv date:**

**Shipped to:** St. Cloud State University

**Item:** Computer Network Supplies

**Req.#:** 26070-14933-01

**Awarded to:** North Country Business, Bemidji, MN

**Awarded amount:** \$760.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 16, 1992

**Shipped to:** Bemidji State University

**Item:** Printer, Computer

**Req.#:** 26072-04038-01

**Awarded to:** Parker Associates, Wayzata, MN

**Awarded amount:** \$2,159.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** January 15, 1993

**Shipped to:** Moorhead State University

**Item:** Drive, Disk or Tape, Computer

**Req.#:** 26073-24263-01

**Awarded to:** Roberts H A, Minneapolis, MN

**Awarded amount:** \$1,130.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 28, 1992

**Shipped to:** St. Cloud State University

**Item:** Contractor, Roofing

**Req.#:** 26073-24197-01

**Awarded to:** Granite City Roofing, Inc., St. Cloud, MN

**Awarded amount:** \$5,000.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 30, 1992

**Shipped to:** St. Cloud State University

**Item:** Television Broadcast Equipment

**Req.#:** 26073-24281-01

**Awarded to:** Anixter Minn., Plymouth, MN

**Awarded amount:** \$879.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 30, 1992

**Shipped to:** St. Cloud State University

**Item:** Scale, Laboratory, Precision

**Req.#:** 26074-14758-01

**Awarded to:** Stoelting Company, Wood Dale, IL

**Awarded amount:** \$3,308.00

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 18, 1992

**Shipped to:** Winona State University

**Item:** Paper, Fine, Miscellaneous

**Req.#:** 27138-53805-01

**Awarded to:** Bergstrom and Company, Minneapolis, MN

**Awarded amount:** \$718.20

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 24, 1992

**Shipped to:** Community College Board

**Item:** Copy Machine, Medium Speed; 15 to 50 CPM:

**Req.#:** 27151-93062-01

**Awarded to:** Xerox Corporation, Bloomington, MN

**Awarded amount:** \$26,294.40

**Awarded date:** December 15, 1992

**Expir/deliv date:** January 4, 1993

**Shipped to:** Minneapolis Community College

**Item:** Printer, Computer

**Req.#:** 27149-03015-01

**Awarded to:** Parker Associates, Wayzata, MN

**Awarded amount:** \$2,538.98

**Awarded date:** December 15, 1992

**Expir/deliv date:** December 21, 1992

**Shipped to:** Northland Community College



---

---

## Awards of State Contracts and Advertised Bids

**Item:** Electrostatic Laboratory/Science Equipment  
**Req.#:** 27155-55218-01  
**Awarded to:** Sargent Welch Scientific, Skokie, IL  
**Awarded amount:** \$523.51  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** January 8, 1993  
**Shipped to:** Rainy River Community College

**Item:** Copy Machine, Medium Speed; 15 to 50 CPM:  
**Req.#:** 29002-23052-01  
**Awarded to:** Stringer Business Systems 2, Duluth, MN  
**Awarded amount:** \$8,814.16  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** December 24, 1992  
**Shipped to:** Department of Natural Resources

**Item:** Audio/Video Equipment, Miscellaneous  
**Req.#:** 37090-08783-01  
**Awarded to:** MTS Northwest Sound, Inc., Minneapolis, MN  
**Awarded amount:** \$11,873.82  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** January 1, 1993  
**Shipped to:** Various Locations

**Item:** Shelving, Storage, Industrial  
**Req.#:** 02310-33860-01  
**Awarded to:** Haldeman Homme, Inc., Minneapolis, MN  
**Awarded amount:** \$109,300.70  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** February 17, 1993  
**Shipped to:** Minnesota Historical Society

**Item:** Computer Equipment, Miscellaneous  
**Req.#:** 42207-18641-01  
**Awarded to:** Portico Computers, Minneapolis, MN  
**Awarded amount:** \$1,462.50  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** December 31, 1992  
**Shipped to:** Department of Labor and Industry

**Item:** Computer Network Equipment  
**Req.#:** 55510-03005-01  
**Awarded to:** Computer 1, Inc., Brainerd, MN  
**Awarded amount:** \$1,948.00  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** December 28, 1992  
**Shipped to:** Ah Gwah Ching Nursing Home

**Item:** Typewriter  
**Req.#:** 55510-03006-01  
**Awarded to:** Chader Business Equipment Company, St. Cloud, MN  
**Awarded amount:** \$2,097.00  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** January 6, 1993  
**Shipped to:** Ah Gwah Ching Nursing Home

**Item:** Video Equipment, Parts and Accessories  
**Req.#:** 78000-40154-01  
**Awarded to:** Target 2, St. Paul, MN  
**Awarded amount:** \$399.99  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** December 15, 1992  
**Shipped to:** Minnesota Department of Corrections

**Item:** Contractor, Painting, Interior  
**Req.#:** 78780-06011-01  
**Awarded to:** Koski Jay Painting, Virginia, MN  
**Awarded amount:** \$2,475.00  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** January 15, 1993  
**Shipped to:** Thistledeew Youth Camp

**Item:** Ammunition  
**Req.#:** 78830-11588-01  
**Awarded to:** Streicher Don Guns, Minneapolis, MN  
**Awarded amount:** \$320.00  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** January 4, 1993  
**Shipped to:** Minnesota Correctional Facility

**Item:** Surveying, Instrument/Equipment  
**Req.#:** 79000-32791-01  
**Awarded to:** Geotronics of North America, Itaska, IL  
**Awarded amount:** \$149,352.00  
**Awarded date:** December 15, 1992  
**Expir/deliv date:** February 19, 1993  
**Shipped to:** Minnesota Department of Transportation

# Minnesota: national leader in education

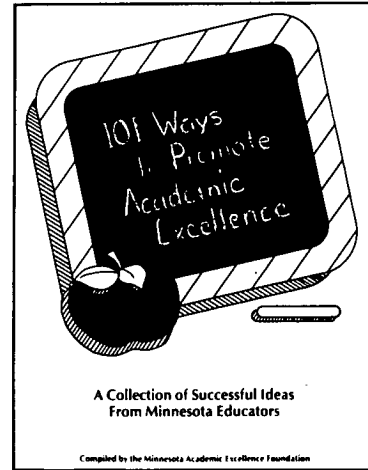
## 101 Ways to Promote Academic Excellence

A collection of nuts-and-bolts methods educators have successfully used to foster academic achievement. These are techniques that directly help students, can be replicated easily, are cost-effective, and that work in meeting the public educators' great challenge: helping every single child learn. Code #5-1, \$4.50.

## Education Directory, 1991-92

This popular comprehensive directory contains Minnesota school districts, superintendents, principals, addresses, phone numbers and enrollment. 170 pages, paperbound. Code #1-93, \$9.95.

**TO ORDER:** Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-657-3757. Minnesota residents please include 6½% sales tax. On all orders, add \$2.00 per order for handling. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. *Prices are subject to change.* FAX: (612) 296-2265.



Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

MEMO:

--New--

Minnesota's Bookstore  
**'Online' Service**

**(612) 821-4096**

8-N-1 1200/2400

24 hours Free access

Now, for the cost of a phone call, you can access a complete listing of products and services available from **Minnesota's Bookstore**. Using your personal computer and a modem you can access the new **Minnesota's Bookstore Online Service**.

On screen you will find a user-friendly menu allowing you to get information about anything from lake maps to mailing lists, law and rule extracts to posters. You can even place a credit card order, or leave a message requesting our reply to your specific concerns. It's easy to use and available 24 hours/day, 7 days/week.

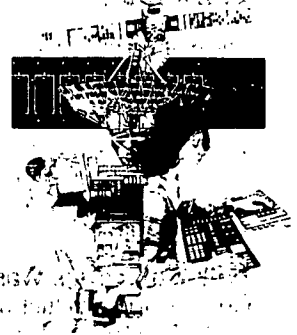
Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

# Minnesota Manufacturer's Directory 1992



UPDATED: Name, address, phone number, staff size, sales volume, market area, year of establishment, type of firm, C.E.O., Sales or Marketing Manager, Purchasing Manager and four major manufactured products. Code #40-2. \$90.00.

NEW: In the directory this year are two titles (where applicable) Chief Engineer and Data Processing Manager.



**TO ORDER:** Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-657-3757. Minnesota residents please include 6½% sales tax. On all orders, add \$2.00 per order for handling. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. **Prices are subject to change.** FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

## Voices of the Loon

Its voice severs the bonds to the world of cities, traffic, crowds, lights and noise. The lyrical magic of the loon, sometimes hauntingly eerie, makes the skin tingle, and the hair on the back of the neck stand on edge, awakening a primitive response. Its solitary wail turns the shadowy wilderness into a mysterious path into eternity.

*Voices of the Loon*, cassette tape, includes introduction and loon call identification, chorus from a distant lake, tremolo duet, wail duet, border confrontation, wails with morning songbird chorus, tremolos while running, wails during a thunderstorm, and coyotes calling with loons. Code #19-73, \$12.00.

*The Loon: Voice of the Wilderness*, hardbound with color plates and illustrations, 143 pages. Code #19-54, \$16.95.

*Love of Loons*. A Voyageur Wilderness Book, with color photos and lore of this delightful state bird makes this a beautiful gift. Stock #9-22, \$12.95 + tax.

*Loon Lapel Pin*. Code #15-30, \$2.49.

*Loon Windsock*, 56 inches long in full color. Code #15-29, \$19.95.

*Loon Nature Print*, full-color poster 16" x 22". Code #15-18, \$3.00.

*Loon with Baby*—poster, 16" x 20". Code #15-48, \$3.00.

**TO ORDER:** Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-657-3757. Minnesota residents please include 6½% sales tax. On all orders, add \$2.00 per order for handling. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. **Prices are subject to change.** FAX: (612) 296-2265.



Publication editors: As a public service, please reprint this ad in your publication, either as is, reduced, or redesigned to suit your format.

## MAILING LISTS GALORE

### Successful business means successful sales

The Print Communications Division has a variety of mailing lists of licensed professionals and permit holders that will enable you to focus your marketing efforts on a targeted audience.

Types of lists available are: registered nurses, real estate agents, physicians, insurance agents, boatowners, hunters, cosmetologists, teachers, and many more! And you can get them on printouts, cheshire/pressure sensitive labels, as well as 9-track magnetic tapes.

What's more, you can choose from several selection capabilities. You will find our selections most helpful and beneficial to your business when you learn that you can acquire names and addresses of individuals in the areas you need to target most.

Find out more about our mailing lists by writing for our free mailing list catalog. In a hurry? Call (612) 296-0930 for more information. Requests can be sent to: Print Communications Division, Mailing List Service, 117 University Avenue, St. Paul, MN 55155. FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

# Minnesota's future environment

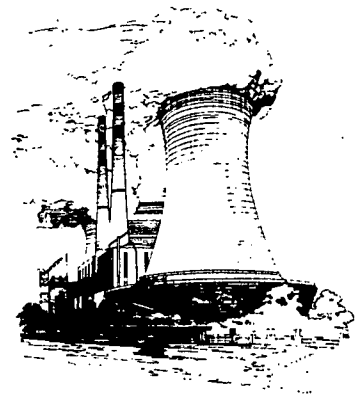
The issue of environmental protection is of continuing interest to both Minnesota business and the general public. Stay abreast of changes in state government regulations with these publications.

## 1989 Pollution Control Laws

Laws dealing with water pollution, disposal facilities, solid waste management, the MN Environmental Rights Act, recycling, and more. Code No. 2-21. \$24.95.

## 1992 Hazardous Waste Rules

Governs the production, storage, transportation and disposal of hazardous waste. MN Rules Chapter 7045 and 7046. Code No. 3-71. \$16.95.



**TO ORDER:** Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-657-3757. Minnesota residents please include 6½% sales tax. On all orders, add \$2.00 per order for handling. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. *Prices are subject to change.* FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

# For Real Estate Professionals:

## REAL ESTATE RULES 1991

Chapters 2800, 2805, and 2810 from the Minnesota Rules. *Essential* for both students and established brokers and salespersons. It contains all education and licensing requirements. Code No. 3-99. \$6.00

## REAL ESTATE LAWS 1990

Includes all the changes made by the 1990 State Legislature. Complete and up-to-date. Code No. 2-92. \$8.00.



**TO ORDER:** Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-657-3757. Minnesota residents please include 6½% sales tax. On all orders, add \$2.00 per order for handling. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. *Prices are subject to change.* FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.



## Morel: Minnesota's mushroom

**The Mushroom Hunter's Field Guide.** An all-color guide by Alexander Smith and Nancy Smith Weber with clear and orderly facts, explicit pictures and scientific accuracy. Stock #9-10, \$16.95.

**Edible Mushrooms,** a classic guide to safe mushrooms, describes 60 species in detail, with photographs (many in color) to show each in its natural habitat. Advice to amateur mushroom hunters. Paperbound, 118 pp. Code #19-11, \$12.95.

**Northland Wildflowers,** the perfect mushroomers companion. An excellent guide for identification and enjoyment of wildflowers, with 308 color photographs and descriptions of 300 species. Paperbound. 236 pp. Code #19-9, \$16.95.

**TO ORDER:** Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-657-3757. Minnesota residents please include 6½% sales tax. On all orders, add \$2.00 per order for handling. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. *Prices are subject to change.* FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

# Minnesota's Bookstore

---

---

## Publications, Services, Subscriptions

### Order Form on Back—For Information, Call 297-3000

**1991 Minnesota Rules.** Eleven volume set includes 1992 Supplement as a subscription service. Stock #18-100, \$200 + tax (Minnesota residents only). Individual volumes can be purchased at \$20.00 + tax.

**1992 Minnesota Session Laws.** Two volume set includes laws passed during the 1992 session. Stock #18-12, \$30.00 + tax.

**101 Ways to Promote Academic Excellence.** A collection of nuts-and-bolts methods educators have successfully used to foster academic achievement. These are techniques that directly help students, can be replicated easily, are cost-effective, and that work in meeting the public education's great challenge: helping every single child learn. Code #5-1, \$4.50.

**1989 Pollution Control Laws.** Laws dealing with water pollution, disposal facilities, solid waste management, the Minnesota Environmental Rights Act, recycling, and more. Code #2-21, \$24.95.

**1992 Hazardous Waste Rules.** Governs the production, storage, transportation and disposal of hazardous waste. *Minnesota Rules* Chapter 7001, 7045 and 7046. Code #3-71, \$16.95.

**Real Estate Rules 1991.** Chapters 2800, 2805 and 2810 from the *Minnesota Rules. Essential* for both students and established brokers and salespersons. It contains all education and licensing requirements. Code #3-99, \$6.00.

**Police Report Writing Style Manual 1989.** A common framework for report writing throughout the state. Discusses the general purpose of police reports, reviews field notetaking, offers instructions on completing common report forms and introduces the Data Practices Law. Code #14-13, \$15.00.

### OTHER PUBLICATIONS

**Secrets of the Congdon Mansion.** A complex, intriguing murder case set in one of Minnesota's most spectacular mansions. Now a top Minnesota tourist attraction on Duluth's famous Lake Superior North Shore Drive. By Joe Kimball. Code #19-56, \$5.95.

**A Paddler's Guide to the Boundary Waters Canoe Area.** Advice on what to bring along on canoe trips, regulations, canoe tips and detailed information for self-guided tours. Includes detailed maps and descriptions of 31 wilderness canoe routes in the Superior National Forest of Northern Minnesota. Stock #19-17, \$4.95.

**Minnesota Geographic Names.** Names of places by the thousand plus interesting historical tidbits included in this 800+ page book. Minnesota history buffs—this is for you! Stock #17-13, \$12.95.

**Room at the Inn Minnesota.** The only guide to more than 60 historic Bed & Breakfast homes, hotels and country inns. Stock #19-72, \$9.95.

**Minnesota Manufacturer's Directory, 1992.** More than 7,000 entries listing name, address, phone, staff size, sales volume, market area, year of establishment, type of firm, CEO, sales or marketing and purchase managers, and four manufactured products. Stock #40-2, \$90.00.

**1992 Lake Map Index.** Listing over 4,000 lake maps. Free.

### SUBSCRIPTIONS:

**State Register.** Minnesota's official weekly publication for agency rules and notices, executive orders of the Governor, state contracts, Supreme Court Calendar, Supreme Court and Tax Court Decisions. Annual subscription: Monday edition only \$150.00; Monday and three State Register Contracts Supplements \$195; 13-week trial (includes all four editions) \$60.00.

**State Register Binder.** Durable 3½ inches, forest green binders imprinted with the *State Register* logo. \$10.00 + tax.

**Workers Compensation Decisions.** Volume 47. Selected landmark decisions of the Worker's Compensation Court of Appeals during the period July '92 through Dec. '92. The subscription rate for this volume is \$195.00.

### SERVICES:

**Mailing Lists.** Lists of Minnesota licensed professionals and permit holders. Write or call (612) 297-2552 for a free mailing list catalog which contains available lists, selections, formats, pricing and ordering information.

**American Flag.** Perfect for home or office. 3' x 5' with embroidered stars. Heavy nylon bunting. Code No. 6-1. \$21.00 + tax.



Department of Administration

# Print Communications Division

117 University Avenue • St. Paul, Minnesota 55155

Metro Area 612-297-3000 (FAX: 612-296-2265)

Toll free 1-800-657-3757

Second Class  
 U.S. Postage  
 Paid  
 Permit No.  
 326630  
 St. Paul, MN

Please notify us of any address changes so that we can continue to give you our best service. Include your old mailing label to speed your service.

Legislative Reference Library  
 Zona DeWitt 7950  
 645 State Office Bldg  
 INTEROFFICE

### TO ORDER:

Complete attached order blank. Include either your VISA/MasterCard, American Express or Discover credit card number with the expiration date, or a check/money order made out to the State of Minnesota. Orders by phone are accepted when purchasing with your credit card. Please include a phone number where you can be reached during the day in case we have questions about your order.

Please include 6½% sales tax and \$2.00 postage and handling.

### PREPAYMENT REQUIRED.

Merchandise may be returned if it is in resalable condition with a \$1.50 restocking charge.

**NOTE:**  
**STATE REGISTER** and other subscriptions do not require sales tax or postage and handling fees.



Metro area (612) 297-3000

Toll-free 1-800-657-3757

Facsimile (FAX) (612) 296-2265

**Prices subject to change without notice.**

Please allow about 6 weeks for delivery. In a hurry? Stop by our Bookstore. Bookstore Hours 8 a.m.-4:30 p.m., Monday through Friday.

### For Your Convenience, photocopy this order blank

Code No.	Quantity	Description	Item Price	Total
Name or Company			<b>Subtotal</b>	
Attention			Plus 6½% tax MN Residents Only	
Address				
City	State	Zip	Shipping (per order)	<b>\$2.00</b>
American Express/VISA/MasterCard/Discover No.			<b>TOTAL</b>	
Signature		Expiration Date	Telephone (During Day)	