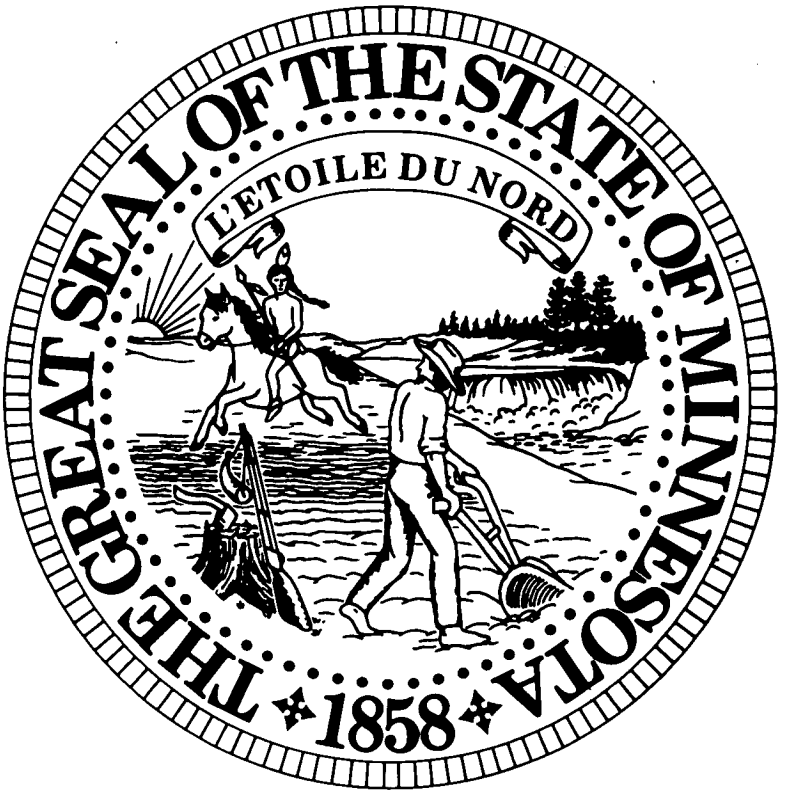
The Minnesota

State Register

Department of Administration—Print Communications Division



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

Monday 1 February 1993

Volume 17, Number 31

Pages 1849-1944

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, professional, technical and consulting contracts, non-state bids and public contracts, contract awards, grants, and a monthly calendar of cases to be heard by the state supreme court.

***A Contracts Supplement* is published Tuesday, Wednesday and Friday and contains bids and proposals, including printing bids.**

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
31	Tuesday 19 January	Monday 25 January	Monday 1 February
32	Monday 25 January	Monday 1 February	Monday 8 February
33	Monday 1 February	Monday 8 February	Tuesday 16 February
34	Monday 8 February	Friday 12 February	Monday 22 February

*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, 117 University Ave., St. Paul, Minnesota 55155, (612) 297-7963, TDD (Minnesota Relay Service), Metro Area (612) 297-5353, Greater MN 1-800-627-3529.

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 ***State Register*** at St. Paul, MN, first class for the Contracts Supplement. 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 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.

Issue 31 inclusive (issues #1-26 appeared in #26)

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 Ionizing Radiation

Notice of Intent to Adopt a Rule Without a Public Hearing Unless 25 or More Persons Request a Hearing, and Notice of Hearing if 25 or More Requests for Hearing are Received

Introduction. The Minnesota Department of Health intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rule by 4:30 p.m., March 3, 1993, a public hearing will be held on March 15, 1993. To find out whether the rule will be adopted without a hearing or if the hearing will be held, you should contact the agency contact person after March 3, 1993 and before March 15, 1993.

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to:

Susan McClanahan
Division of Environmental Health
Minnesota Department of Health
925 S.E. Delaware Street, P.O. Box 59040
Minneapolis, Minnesota 55459-0040
(612) 627-5068
FAX (612) 627-5479

Subject of Rule and Statutory Authority. The proposed rules revise adopted rules relating to sources of ionizing radiation. Rule parts in existing *Minnesota Rules*, Chapter 4730 that are proposed for repeal or amendment are:

Part 4730.1475 VARIANCES;

Part 4730.1510 REGISTRANT'S SAFETY REQUIREMENTS, subpart 4, **Procedures and safety instruction**, subpart 8, **Holding**, and subpart 10, **Radiological practice standards**;

Part 4730.1655 REQUIRED QUALITY ASSURANCE PROGRAM PROCEDURES, subpart 3, **Quality control measurements for all diagnostic x-ray facilities;**

Part 4730.1691 DIAGNOSTIC QUALITY CONTROL TESTS FOR A QUALITY ASSURANCE PROGRAM, subpart 2, **Automatic processing,** subpart 3, **Manual processing,** subpart 4, **All diagnostic radiographic tubes,** subpart 4, **For facilities with fluoroscopes and C-arm fluoroscopes, except radiation therapy simulators**, subpart 6, **For facilities with mammography systems,** subpart 10, **For facilities with cardiac catheterization systems,** subpart 11, **For facilities with dental intraoral systems,** and subpart 12, **For facilities with dental extraoral systems including panoramic systems;**

Part 4730.1730 GENERAL EQUIPMENT REQUIREMENTS FOR ALL DIAGNOSTIC RADIOGRAPHIC SYSTEMS, subpart 15, **Additional requirements applicable only to certified x-ray systems;**

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.

Part 4730.1950 INTRAORAL DENTAL RADIOGRAPHIC SYSTEMS, subpart 4, **Safety controls;**

Part 4730.2050 VETERINARY MEDICINE RADIOGRAPHIC INSTALLATIONS; and

Part 4730.2150 FLUOROSCOPIC X-RAY SYSTEMS, subpart 11, **Control of scattered radiation.**

The statutory authority to adopt the proposed rules is contained in *Minnesota Statutes*, section 144.05, paragraph (c); section 144.12, subdivision 1, clause (15); section 144.121 and *Laws of Minnesota 1992*, chapter 444, section 1 (subdivision 2).

A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed. A free copy of the proposed rule is available on request from Susan McClanahan.

Comments. You have 30 calendar days, until 4:30 p.m. on March 3, 1993, to submit written comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Your comment must be in writing and received by Susan McClanahan by 4:30 p.m., March 3, 1993. Comment is encouraged. Your comments should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you have 30 calendar days to request that a hearing be held on the rule. Your request for a public hearing must be in writing and must be received by Susan McClanahan by 4:30 p.m. on March 3, 1993. Your written request for a public hearing must include your name, address, and telephone number. You are encouraged to identify the portion of the proposed rule which caused your request, the reason for the request, and any changes you want made to the proposed rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing.

Modifications. The proposed rule may be modified, either as a result of public comment or as a result of the rule hearing process. Modifications must not result in a substantial change in the proposed rule as attached and printed in the *State Register* and must be supported by data and views submitted to the agency or presented at the hearing. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Cancellation of Hearing. The hearing scheduled for March 15, 1993 will be cancelled if the agency does not receive requests from 25 or more persons that a hearing be held on the rule. If you requested a public hearing, the agency will notify you before the scheduled hearing whether or not the hearing will be held. You may also call Susan McClanahan at (612) 627-5068 after March 3, 1993 to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit written requests for a public hearing on the rule, a hearing will be held following the procedures in *Minnesota Statutes*, sections 14.14 to 14.20. The hearing will be held on March 15, 1993 in the Chesley Room, Minnesota Department of Health, 717 Southeast Delaware Street, Minneapolis, Minnesota beginning at 9 a.m. and will continue until all interested persons have been heard. The hearing will continue, if necessary, at additional times and places as determined during the hearing by the administrative law judge. The administrative law judge assigned to conduct the hearing is Barbara L. Neilson. Judge Neilson can be reached at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, telephone (612) 341-7604 or FAX (612) 349-2665.

Hearing Procedure. If a hearing is held, you and all interested or affected persons including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should relate to the proposed rule. You may also mail written material to the administrative law judge to be recorded in the hearing record for five working days after the public hearing ends. This five-day comment period may be extended for a longer period not to exceed 20 calendar days if ordered by the administrative law judge at the hearing. Comments received during this period will be available for review at the Office of Administrative Hearings. You and the agency may respond in writing within five business days after the submission period ends to any new information submitted. All written materials and responses submitted to the administrative law judge must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the due date. No additional evidence may be submitted during the five-day period. This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.0200 to 1400.1200 and *Minnesota Statutes*, sections 14.14 to 14.20. Questions about procedure may be directed to the administrative law judge.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available for review at the agency from Susan McClanahan and at the Office of Administrative Hearings. This statement describes the need for and reasonableness of each provision of the proposed rule. This statement of need and reasonableness includes a summary of all the evidence and argument which the department anticipates presenting at the hearing, if one is held. Copies of the statement are available from the agency at no cost and copies may be obtained at the cost of reproduction from the Office of Administrative Hearings.

Small Business Considerations. Though the department believes *Minnesota Statutes*, section 14.115 excludes certain businesses from the application of section 14.115 in subdivision 7, clause (3), the department has addressed *Minnesota Statutes*, section 14.115 pertaining to small business considerations in rulemaking in the Statment of Need and Reasonableness. The department's evaluation of the applicability of the methods contained in *Minnesota Statutes*, section 14.115, subdivision 2, for reducing the impact of the proposed rules is addressed in the statement of need and reasonableness.

Expenditure of Public Money by Local Public Bodies. The adoption of the proposed rules will not require the expenditure of public money by local public bodies of greater than $100,000 in the two years following promulgation.

Impact on Agriculture Lands. The adoption of the proposed rules will not have a direct and substantial adverse impact on agriculture land, therefore no further information need be provided under *Minnesota Statutes*, section 14.11.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A requires each lobbyist to register with the Ethical Practices Board. Questions about this requirement may be directed to the Ethical Practices Board, First Floor South, Centennial Office Building, St. Paul, Minnesota 55155, telephone: (612) 296-5148.

Adoption Procedure if No Hearing. If no hearing is required, after the end of the comment period the agency may adopt the rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's decision on the rule. If you want to be so notified, or wish to receive a copy of the adopted rule, submit your request to Susan McClanahan.

Adoption Procedure After the Hearing. If a hearing is held, after the close of the hearing record, the administrative law judge will issue a report on the proposed rule. You may request to be notified 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 rule for a period of five working days. If you want to be notified about the report, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the administrative law judge. You may also request notification of the date on which the rule is adopted and filed with the Secretary of State. The agency's notice of adoption must be mailed on the same day the rule is filed. If you want to be notified of the adoption, you may so indicate at the hearing or send a request in writing to the agency contact person at any time prior to the filing of the rule with the Secretary of State.

Dated: 15 January 1993

Marlene E. Marschall
Commissioner of Health

Rules as Proposed

4730.1510 REGISTRANT'S SAFETY REQUIREMENTS.

[For text of subps 1 to 3, see M.R.]

Subp. 4. **Procedure and safety instruction.** All individuals who operate an X-ray system shall be initially instructed and annually retrained in facility-specific and system-specific safe operating procedures, emergency procedures for malfunctioning equipment, and quality assurance procedures. Written safety procedures for the facility and X-ray systems shall be provided by the registrant to the individuals specified in subpart 3 including:

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

[For text of subps 5 to 7, see M.R.]

Subp. 8. **Holding.** When a patient, film cassette, or intraoral film must be provided with auxiliary support during a radiation exposure, items A to E apply.

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

D. No individual shall be used routinely to hold intraoral film, film cassettes, or patients. In those cases where the patient must hold the film cassette ~~or intraoral film~~, any portion of the body, other than the area of clinical interest struck by the useful beam, shall be protected by not less than 0.5 millimeter lead equivalent material.

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

[For text of subp 9, see M.R.]

Subp. 10. **Radiological practice standards.** Procedures and auxiliary equipment designed to minimize patient and personnel exposure commensurate with the needed diagnostic information shall be used.

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

F. The darkroom for film development must be tested for film fog at least every three months; any time fog is suspected; whenever there is a change in film speed or a change of safelight bulb or filters; or any time the integrity of any seal around the

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.

processor, other equipment, or the darkroom may have been compromised. The amount of fog (increase in optical density) for a two-minute fog test must not exceed 0.04 for facilities doing mammographic film development and 0.08 for all other radiographic film development.

(1) All film must be processed to achieve optimal sensitometric performance.

(2) The film manufacturer's published recommendations for processing time and temperature must be followed.

(3) Chemicals must be mixed according to the chemical manufacturer's recommendations.

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

H. ~~X-ray~~ Diagnostic radiographic systems subject to part 4730.1850 ~~shall~~, other than fluoroscopic, dental intraoral, dental panoramic, and computed tomography systems must not be used in procedures where the source-to-skin distance is less than 30 centimeters (11.8 inches).

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

[For text of subps 11 to 13, see M.R.]

4730.1655 REQUIRED QUALITY ASSURANCE PROGRAM PROCEDURES.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Quality control measurements for all diagnostic X-ray facilities.** Each registrant operating a diagnostic radiographic facility must implement the quality assurance measures specified in items A to C.

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

C. The registrant and the registrant's employees must be familiar with the contents and recommendations of any of the following applicable publications:

(1) NCRP report 99, "Quality Assurance for Diagnostic Imaging Equipment," ~~and~~ (December 30, 1988);

(2) "Quality Assurance Program for Diagnostic Radiology Facilities," by Roger L. Burkhart, Ph.D., United States Department of Health, Education and Welfare, public health service, food and drug administration, publication number 80-8110 (February 1980);

(3) "A Basic Quality Assurance Program for Small Radiology Facilities," by Roger L. Burkhart, Ph.D., United States Department of Health, Education and Welfare, public health service, food and drug administration, publication number 83-8215 (1983).

The registrant may incorporate portions of the ~~NCRP report 99~~ publications specified in this subpart into the facility's quality assurance manual described in subpart 2, item A. ~~NCRP report 99, "Quality Assurance for Diagnostic Imaging Equipment," (December 30, 1988) is~~ The publications are available at the Biomedical Library of the University of Minnesota, Minneapolis, Minnesota, or through the Minitex interlibrary loan system.

4730.1691 DIAGNOSTIC QUALITY CONTROL TESTS FOR A QUALITY ASSURANCE PROGRAM.

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

Subp. 2. **Automatic processing.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. Darkroom fog	Quarterly	≤ 0.08 O.D. increase in density (measured at approximately 1.00 O.D.) after 2 minutes using ~~preexposed~~ film exposed on-site at the time of test. For mammography the O.D. increase must be ≤ 0.04.
B. Sensitometry and densitometry	Before processing first film of the day	Density ± 0.15 O.D. using film exposed on-site at time of test
C. Temperature check	At the time of sensitometry	Follow manufacturer's recommendations.

Subp. 3. **Manual processing.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. Darkroom fog	Quarterly	≤ 0.08 O.D. increase in density (measured at approximately 1.00 O.D.) after 2 minutes using ~~preexposed~~ film exposed on-site at time of test

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
B. Sensitometry and densitometry	Before processing first film of the day	Density ± 0.15 O.D. using film exposed on-site at time of test
C. Temperature check	Before processing each batch of film	Follow manufacturer's time and temperature chart

Subp. 4. **All diagnostic radiographic tubes; required when applicable.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. SID accuracy	~~Annually~~ Biennially	± 2% of measured value
B. X-ray and light field alignment	~~Annually~~ Biennially	± 2% of SID any one direction, ± 3% of SID, both directions (total)
C. X-ray and bucky alignment	~~Annually~~ Biennially	± 2% of SID
D. Collimator dial accuracy	~~Annually~~ Biennially	± 2% of SID
E. Reproducibility	~~Annually~~ Biennially	Coefficient of variation ≤ 5%
F. mR/mAs	~~Annually~~ Biennially	± 10% of baseline (Baseline should be as low as reasonably achievable without degrading image quality)
G. Linearity	~~Annually~~ Biennially	± 10% over clinical range
H. Timer accuracy	~~Annually~~ Biennially	Single Phase—Use Table 4730.1692 Three Phase— ± 5% of setting
I. Half-value layer	~~Annually~~ Biennially	Use part 4730.1750, subpart 6, item A
J. kVp accuracy	~~Annually~~ Biennially	± 5% of indicated kVp for noncertified equipment. For certified equipment follow manufacturer's specified limits
K. Phototimer reproducibility, if present	~~Annually~~ Biennially	± 5% of average exposure

Subp. 5. **For facilities with fluoroscopes and C-arm fluoroscopes, except radiation therapy simulators.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. Maximum output at tabletop or equivalent minimum SSD	~~Annually~~ Biennially and every tube change	≤ 5 R (1.3 mC kg^{-1}) per minute for manual; ≤ 10 R (2.6 mC kg^{-1}) per minute for automatic brightness control systems
B. High level control maximum output at tabletop or equivalent minimum SSD	~~Annually~~ Biennially and every tube change	≤ 20 R (5.0 mC kg^{-1}) per minute
C. Image size	~~Annually~~ Biennially	Error between fluorographic beam size and observed image size must be no more than ± 3% of SID for all modes and at any tower height
D. Actual spot-film size vs indicated	~~Annually~~ Biennially	Error between actual fluorographic beam size at image receptor and indicated image size must be no more than ± 3% of SID for all modes and at any tower height
E. Spot-film reproducibility	~~Annually~~ Biennially	± 5% of average exposure
F. Phototimer reproducibility, if present	~~Annually~~ Biennially	± 5% of average exposure

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.

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
G. Fluoroscopic high contrast and distortion	Biennially	15 centimeter (six inch) intensifier: center 40 and edge 35 (wires per inch) copper mesh; 23 centimeter (nine inch) intensifier: center 35 and edge 30 (wires per inch) copper mesh

Subp. 6. **For facilities with mammography systems.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. Same test types and minimum performance criteria as Diagnostic Radiographic Tubes as specified in subpart 4, unless listed below		
B. kVp accuracy	Annually	± 1 kVp of indicated kVp
C. Glandular dose (50% glandular and 50% adipose tissue composition)	Annually	A. ≤ 400 millirads for a single view screen film 4.5 cm compressed breast; cranial caudal view; or B. ≤ 100 millirads for a single screened film without grid
D. Mammographic low and high contrast resolution (phantom image quality). The phantom image must meet the technical specifications for a breast phantom of the American College of Radiology as described in "ACR Mammography Accreditation Program," July 7, 1992. This specification is incorporated by reference, is not subject to frequent change, and is available from the Minnesota Department of Health, Barr Library, or the Minitex interlibrary loan system.	Quarterly	~~No noticeable deterioration in performance~~ Using the ACR phantom or equivalent that evaluates image quality in the 1.0 to 1.6 optical density range, the system must be capable of producing images of the phantom in which the following are visualized: (1) the three largest masses with thicknesses of 2.0 millimeters, 1.0 millimeters, and 0.75 millimeters; (2) the three largest speck groups with diameters of 0.54 millimeters, 0.40 millimeters, and 0.32 millimeters; and (3) the four largest fibers with thicknesses of 1.56 millimeters, 1.12 millimeters, 0.89 millimeters, and 0.75 millimeters.
E. Phototimer reproducibility	Annually	± 5% of average exposure

[For text of subps 7 to 9, see M.R.]

Subp. 10. **For facilities with ~~cardiac catheterization~~ interventional study or vascular imaging systems.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. Same test types and minimum performance criteria as Diagnostic Radiographic Tubes as specified in subpart 4, unless indicated in this		
B. Same test types and minimum performance criteria as fluoroscopes and C-arm fluoroscopes as specified in subpart 5, unless indicated in this subpart		
C. Film changer screen-film contact	Semi-annually	No significant difference between static and dynamic conditions
D. Low and high contrast resolution	Semi-annually	No significant difference between static and dynamic conditions
E. Optical density of films over duration of filming run	Semi-annually	< ± 0.2 O.D. difference
F. Cinefluorographic exposure rates (use cinefluorographic tests, minimum frequency and minimum performance criteria in subpart 9, item A)		

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
G. Cinefluorographic low and high contrast resolution	Semi-annually	No degradation from fluoroscopic measurements
H. Ancillary special procedures equipment	Follow recommendations of equipment manufacturer	Meet recommendations of equipment manufacturer
I. The tests specified in subparts 4 and 5	Annually	

Subp. 11. **For facilities with dental intraoral systems.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. Film processing	Before the first film of the day	Between 0.75 and 1.05 O.D. on the test tool or follow test tool manufacturer's recommendations
B. Filtration (HVL)	~~Annually~~ Biennially	Use part 4730.1750, subpart 6, item A
C. Radiation exposure at end of cone	~~Annually~~ Biennially	Use part 4730.1950, subpart 4, item D
D. Timer reproducibility and accuracy	~~Annually~~ Biennially	± 10% of indicated timer setting
E. kVp accuracy	~~Annually~~ Biennially	± 5% of indicated kVp for noncertified equipment. For certified equipment follow manufacturer's specified limits
F. Reproducibility	~~Annually~~ Biennially	Coefficient of variation ≤ 5%
G. Fog test	Quarterly	Use criteria in subpart 2, item A for automatic processing; subpart 3, item A for manual processing

Subp. 12. **For facilities with dental extraoral systems including panoramic systems.**

TEST TYPE	MINIMUM TEST INTERVAL	MINIMUM PERFORMANCE CRITERIA
A. Film processing		Use automatic and manual processing as specified in subparts 2 and 3. A step wedge or dose normalizing and monitoring device may be used in place of the sensitometry and densitometry test in subparts 2, item B, and 3, item B.
B. Same test types and minimum performance criteria as Diagnostic Radiographic Tubes in subpart 4.		
C. Fog test	Quarterly	Use criteria in subpart 2, item A for automatic processing; subpart 3, item A for manual processing

Source: Derived from NCRP 99, Tables A.1 to A.10.

4730.1750 GENERAL EQUIPMENT REQUIREMENTS FOR ALL DIAGNOSTIC RADIOGRAPHIC SYSTEMS.

[For text of subps 1 to 14, see M.R.]

Subp. 15. **Additional requirements applicable only to certified X-ray systems.** Only diagnostic radiographic systems incorporating one or more certified components must comply with the requirements in this subpart which relate to those certified components.

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

C. Deviation of technique factors ~~from indicated values~~ for kVp must ~~not exceed the limits~~ be those the manufacturer has specified for that system ~~by its manufacturer~~. For other technique factors, the deviation must have a coefficient of variation of no more than 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.

[For text of items D and E, see M.R.]

4730.1950 INTRAORAL DENTAL RADIOGRAPHIC SYSTEMS.

[For text of subps 1 to 3, see M.R.]

Subp. 4. **Safety controls.** The registrant must ensure that the safety controls in this subpart are followed.

A. Intraoral film holders and bite blocks must be used. Film must not be routinely held by hand.

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

C. ~~Adults of reproductive age and children must be provided with gonadal protection when a full mouth series of exposures are made with intraoral radiography.~~

~~D.~~ The exposure at the end of the cone must not exceed the values listed in Table 4730.1950:

TABLE 4730.1950

kVp	"D" Speed Film ESE (milliroentgens)	"E Speed Film" ESE (milliroentgens)
50	425 - 575	220 - 320
55	350 - 500	190 - 270
60	310 - 440	165 - 230
65	270 - 400	140 - 200
70	240 - 350	120 - 170
75	170 - 260	100 - 140
80	150 - 230	90 - 120
85	130 - 200	80 - 105
90	120 - 180	70 - 90
95	110 - 160	60 - 80
100	100 - 140	50 - 70

Notes:

(1) Exposures are specified as free-in-air exposures without backscatter.

(2) The indicated kVp is often significantly different from the actual kVp. The kVp must be tested at the time the output per film is measured to determine the correct exposure range to be applied.

4730.2050 VETERINARY MEDICINE RADIOGRAPHIC INSTALLATIONS.

Subpart 1. **Applicability.** This part applies to X-ray systems used for diagnostic veterinary medicine radiography and applies in addition to the requirements in parts 4730.0100 to 4730.1750.

A. Requirements for fluoroscopic veterinary medicine systems are covered in part 4730.2150.

B. Requirements for therapeutic veterinary medicine shall be the same as those in parts 4730.2350, 4730.2450, and 4730.2475.

C. Requirements for dental intraoral veterinary medicine shall be the same as those in part 4730.1950.

Subp. 2. **Beam limitation.** Collimators must be provided to restrict the useful beam to the area of clinical interest and must provide the same degree of protection as is required of the tube housing.

A. If a variable-aperture beam limiting collimator is ~~available~~ used, the projected light and X-ray field must not exceed the smallest dimension of the X-ray film cassette by greater than two percent of the distance of the X-ray tube to the film (SID) in any direction.

B. A method must be provided to:

(1) indicate when the axis of the X-ray beam is perpendicular to the plane of the image receptor;

(2) align the center of the X-ray field with respect to the center of the image receptor to within two percent of the SID; and

(3) indicate the SID to within two percent.

C. If a fixed dimension beam limiting collimator is used, it must meet the additional requirements in ~~subitems (1) to (3)~~ this item.

[For text of subitems (1) to (3), see M.R.]

(4) The requirements in part 4730.1850, subpart 3, items D and E.

~~C.~~ D. In the case of horizontal beam x-rays, a mechanical cassette holding device must be used to ensure that no part of the body of the individual steadying the cassette is exposed to primary beam x-rays.

~~D.~~ E. If necessary, and any involved individual is properly attired in protective apron and gloves of at least 0.5 mm lead equivalency, this does not preclude the operation of the radiographic system by one of the individuals holding the animal patient using a foot switch.

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

4730.2150 FLUOROSCOPIC X-RAY SYSTEMS.

[For text of subps 1 to 10, see M.R.]

Subp. 11. **Control of scattered radiation.** The procedures in this subpart must be used to control scattered radiation from all fluoroscopes.

A. When a fluoroscopic table with an undertable X-ray tube is used, the bucky opening must be ~~attenuated by 0.25 millimeter lead equivalent~~ shielded to attenuate the scattered radiation by at least 70 percent. Drapes must be attached to the intensifier tower to attenuate scattered radiation by 70 percent. ~~The drapes must provide 0.25 millimeter lead equivalent attenuation of the scattered radiation.~~

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

[For text of subp 12, see M.R.]

REPEALER. *Minnesota Rules*, part 4730.1475, is repealed.

Board of Pharmacy

Notice of Hearing: In the Matter of the Proposed Adoption of Rule Amendments and New Rules of the Board of Pharmacy Relating to the Licensing of Pharmacies, Patient Counseling, Drug Use Review, Standards of Practice, Inactive Status Licensure, Registration of Preceptors, and Dispensing by Non-Pharmacist Practitioners

NOTICE IS HEREBY GIVEN that a public hearing in the above-entitled matter will be held in Conference Room A, Lower Level, at 2700 University Avenue West, St. Paul, Minnesota 55114, on March 12, 1993, commencing at 9:30 a.m.

Public Comment and Hearing Procedures. All interested or affected persons will have an opportunity to participate. Any such person may present their views in one or more of the following ways: by submitting written data to the administrative law judge at any time prior to 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. All evidence presented should be pertinent to the matter at hand. Written material may be submitted and recorded in the hearing record for five working days after the public hearing ends, unless a longer period, not to exceed 20 calendar days, is ordered by the Administrative Law Judge at the hearing. Written material not submitted at the time of hearing, which is to be included in the hearing record, may be mailed to Jon L. Lunde, Administrative Law Judge, Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, telephone (612) 341-7645. Any such 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.

The Board of Pharmacy 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 David E. Holmstrom, Executive Director, Minnesota Board of Pharmacy, 2700 University Ave. W., #107, St. Paul, Minnesota 55114-1079.

Comments received during the comment period shall be available for review at the Office of Administrative Hearings. The agency and interested persons may respond in writing within five business days after the submission period ends to any new information submitted. No additional evidence may be submitted during the five-day period. Any such 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.

The rule hearing procedure is governed by *Minnesota Statutes* 14.14–14.20 and by *Minnesota Rules* p. 1400.0200–1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

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.

Subject of Rule. The proposed rule is about the proposed adoption of rule amendments and new rules of the board of pharmacy relating to the licensing of pharmacies, patient counseling, drug use review, standards of practice, inactive status licensure, registration of preceptors, dispensing by non-pharmacist practitioners and other minor pharmacy practice changes.

The proposed rules establish categories of licensure for pharmacies in Minnesota. These categorizations are based on the major practice areas in pharmacy. Each pharmacy seeking licensure in Minnesota will identify the practice area or areas in which it will be operating. The rules further, adopt practice standards in each of the identified specialty areas. The proposed rules require the establishment of a designated area within each pharmacy in which patient counseling can occur with a reasonable expectation of privacy. The proposed rules also provide language which will serve to implement the requirments of the Omnibus Reconciliation Act of 1990, which requires states to develop programs calling for pharmacist consultation with patients receiving prescriptions and prospective Drug Use Review by pharmacists based on information contained in patient medication profiles. The proposed rules establish requirements which must be followed by the pharmacist-in-charge of any pharmacy which is going out of business. The proposed rules also establish inactive status licensure for pharmacists who wish to maintain contact with their profession, but are no longer actively practicing. The proposed rules establish a no-fee registration system for pharmacists who desire to act as preceptor for pharmacy students and also establish a no-fee registration system for pharmacy technicians. The proposed rules also establish circumstances under which fax machines may be used to transmit prescription information. In the area of pharmacy practice, the proposed rules identify expiration dates for dispensed pharmaceuticals, clarify labeling requirements, and limit the refilling of prescriptions to 12 months. The proposed rules also elaborate on requirements for the electronic storage of prescription information and the electronic processing of prescription data. In the area of controlled substances, the rules propose the scheduling of several items to bring state schedules into conformity with federal schedules and require pharmacists to maintain perpetual inventories of Schedule II substances. In the area of nursing home practice, the proposed rules allow the development of policies for the issuance of medications to residents who are going on leave from the facility. This issue is also addressed for patients going on leave from acute-care hospitals. In the area of the operation of parenteral-enteral/home health care pharmacies, the proposed rules establish standards for practice in this specialty area, relating to the preparation of pharmaceuticals used in intravenous therapy in a manner which will guarantee their sterility. In the area of nuclear pharmacy practice, the proposed rules elaborate on the education and training requirements of the pharmacist-in-charge at nuclear pharmacies. Finally, the proposed rules identify the packaging, labeling, and recordkeeping standards applicable to the dispensing of prescription drugs by non-pharmacist practitioners.

How to Obtain a Copy of the Rules. The complete text of the proposed rules was published in the *State Register*, Volume 17, Number 22, on Monday, November 30, 1992. The rules being proposed for hearing are identical to those proposed as non-controversial rules in the *State Register* cited above. One free copy of the proposed rules may be obtained by writing to the Board of Pharmacy, 2700 University Ave. West, Suite 106, St. Paul, Minnesota 55114-1079. Additional copies will be available at the door on the date of the hearing.

Statutory Authority. The statutory authority of the Minnesota Board of Pharmacy to make the proposed rules' changes is contained in *Minnesota Statutes* 151.06 and *Laws of Minnesota 1992*, Chapter 513, Article 7, Section 10.

Modifications. The proposed rule changes may be modified as a result of the rule hearing process. Those who are potentially affected in any manner by the substance of the proposed changes are therefore advised to participate in the process.

Lobbyist Registration. *Minnesota Statutes* Ch. 10A requires each lobbyist to register with the State Ethical Practices Board. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone (612) 296-5615.

Statement of Need and Reasonableness. Notice is hereby given that a Statement of Need and Reasonableness 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 the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

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.

Expenditure of Public Money by Local Public Bodies. Promulgation of these proposed rule changes will not result in the expenditure of public monies by local public bodies.

Small Business Considerations. In accordance with *Minnesota Statutes* 14.115, the Board's consideration of any such effect on small businesses will be addressed in the Statement of Need and Reasonableness. Although small business pharmacies will be affected by the proposed amendments, pharmacies are service providers regulated for standards and costs; therefore, the requirements of

Minnesota Statutes 14.115 do not apply. Persons representing small businesses are, nevertheless, invited to participate in the rule hearing process.

Dated: 4 January 1993

State of Minnesota
Board of Pharmacy

David E. Holmstrom
Executive Director

Department of Revenue

Proposed Permanent Rules Relating to Sales and Use Tax; Constitutional Exemptions

Notice of Intent to Adopt an Amended Rule Without a Public Hearing

The Department of Revenue intends to adopt an amended permanent rule without a public hearing following the procedures set forth in the Administrative Procedures Act, *Minnesota Statutes*, section 14.22 to 14.28. You have 30 days to submit written comments on the proposed amended rule and may also request that a hearing be held on the proposed amended rule.

Agency Contact Person. Comments or questions on the proposed amended rule and written requests for a public hearing on the proposed amended rule must be submitted to:

Joan Tujetsch, Attorney
Minnesota Department of Revenue
Appeals, Legal Services, and Criminal Investigation Division
10 River Park Plaza, Mail Station 2220
St. Paul, MN 55146-2220
(612) 296-1902 Extension 125
(612) 296-8229 Fax

Subject of Rule and Statutory Authority. The proposed amended rule is about Constitutional Exemptions from Sales and Use Tax. The statutory authority to adopt the rule is *Minnesota Statutes*, section 270.06. A copy of the proposed amended rule is published in the *State Register* and attached to this notice. A free copy of the proposed amended rule is available upon request from the agency contact person listed above.

Comments. You have 30 days until 4:30 p.m., March 4, 1993, in which to submit written comment in support of or in opposition to the proposed amended rule and any part or subpart of the proposed amended rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed amended rule addressed, the reason for the comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the proposed amended rule. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on March 4, 1993.

Your written request for a public hearing must include your name and address. You are encouraged to identify the portion of the proposed amended rule which caused your request, the reason for the request, any changes you want made to the proposed amended rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless sufficient number withdraw their requests in writing. If a public hearing is required, the agency will follow the procedures in *Minnesota Statutes*, section 14.131 to 14.20.

Modifications. The proposed rule may be modified as a result of public comment. The modifications must be supported by data and views submitted to the agency and may not result in a substantial charge in the proposed amended rule as attached and printed in the *State Register*. If the proposed amended rule affects you in any way, you are encouraged to participate in the rulemaking process.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement 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.

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.

Small Business Considerations. The effect of this proposed amended rule on small business has been considered. The agency has determined that this rule will not have an effect on small businesses as contemplated by *Minnesota Statutes*, section 14.115, subdivision 4.

Expenditure of Public Money by Local Public Bodies and Impact on Agricultural Lands. The adoption of this proposed rule will neither require expenditures of public monies by local bodies nor have any impact on agricultural land; therefore, *Minnesota Statutes*, section 14.11, subdivision 1 and 2 are inapplicable.

Adoption and Review of Rule. If no hearing is required, after the end of the comment period, the agency may adopt the proposed amended rule. The proposed amended rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form is related to legality. You may request to be notified of the date the proposed amended rule is submitted to the attorney general or be notified of the attorney general's decision on the proposed amended rule. If you wish to be so notified, or wish to receive a copy of the adopted amended rule, submit your request to the agency contact person listed above.

Dated: 14 January 1993

Morris J. Anderson
Commissioner of Revenue
State of Minnesota

Rules as Proposed

8130.4900 CONSTITUTIONAL EXEMPTIONS.

Subpart 1. ~~In general~~ Applicable law. *Minnesota Statutes*, section 297A.25, subdivision ~~1, paragraph (c)~~ 4, exempts from the provisions of the Sales and Use Tax Law, the gross receipts from the sale of, and the storage, use, or other consumption in Minnesota of tangible personal property, tickets or admissions, electricity, gas, or local exchange telephone service which the state is prohibited from taxing under the United States Constitution or the state constitution ~~exempts from taxation~~.

Subp. 2. **Intergovernmental immunity.** ~~Thus, by reason of~~ The doctrine of intergovernmental immunity developed by the federal courts in their construction of the federal constitution~~,~~ precludes the state of Minnesota ~~is precluded~~ from imposing a tax upon the federal government, its agencies, and instrumentalities. For purposes of this part, the federal government, its agencies, and instrumentalities are referred to as the "federal government."

A. The following corporations are examples of entities whose purchases are exempt from Minnesota sales and use tax: American Red Cross, Central Bank for Cooperatives and Banks for Cooperatives, Commodity Credit Corporation, Export-Import Bank, Farm Security Administration, Farmers Home Administration, Farmers Home Corporation, Federal Credit Union, Federal Crop Insurance Corporation, Federal Deposit Insurance Corporation, Federal Farm Mortgage Corporation, Federal Home Loan Bank, Federal Intermediate Credit Bank, Federal Land Bank, Federal National Mortgage Association, Federal Reserve Bank, Federal Savings and Loan Insurance Corporation, Government National Mortgage Association, Production Credit Association, Reconstruction Finance Corporation, Tennessee Valley Authority, United States Housing Authority, and United States Maritime Commission.

B. A federally chartered bank or savings and loan association is not a federal instrumentality or corporation. See subpart 6.

C. The fact that the expenses of an individual or organization are reimbursed wholly or in part by the federal government does not exempt the taxable items from sales or use tax. Purchases must be billed to and paid for directly by the federal government in order to be exempt. For example, meals and lodging billed to and paid for by the federal government are exempt. Meals and lodging billed to and paid for by a federal employee who is subsequently reimbursed by the federal government are taxable.

D. The federal government is not required to apply for a certificate of exempt status in order to make exempt purchases. Purchase orders, payment vouchers, or other evidence which clearly establish governmental status are sufficient to authorize an exempt purchase.

Subp. 3. **Commerce clause.** The commerce clause of the federal constitution precludes the imposition of a sales or use tax ~~when such sale or use is an integral part of~~ if the imposition of the tax unduly burdens interstate commerce.

Subp. 4. **Due process clause.** The due process clause of the 14th amendment of the federal constitution prohibits any state from attempting to tax the sale or use of tangible personal property when ~~such~~ the sale or use occurs outside its territorial jurisdiction.

Subp. 5. **Foreign consuls.** Neither sales or use tax applies to the sale or use of tangible personal property sold to foreign consular officers, employees, or members of their families, to the extent that such persons are immune from the tax. Only sales tax exemption cards issued by the United States Department of State, Office of Foreign Missions, must be accepted and no other proof of exemption may be honored. A vendor making tax exempt sales to a consular official must enter the name of the purchaser and the number of the identification card on the invoice. This evidence must be retained by the retailer to support any deduction claimed on a sales tax return for sales to foreign consuls.

The extent of the exemption is determined by the exemption the consular official's country provides to United States personnel

stationed there. A vendor making a sale must verify that the purchase qualifies for the exemption by checking the information given on the back of the card which indicates the extent of the exemption.

Subp. 6. **Credit unions, banks, and savings and loans.**

A. Purchases made by federal credit unions are exempt from sales and use tax. Purchases made by federally chartered banks and savings and loans are subject to sales and use tax. Sales made by federal credit unions and federally chartered banks and savings and loans are taxable under the provisions of the sales and use tax law.

B. Purchases made by state chartered credit unions, banks, and savings and loans are subject to sales and use tax. Sales made by state chartered credit unions, banks, and savings and loans are taxable under the provisions of the sales and use tax law.

Subp. 7. **Sales by federal government.** Sales of tangible personal property or taxable services by the federal government are subject to tax, except as they may be otherwise exempted. Purchasers of tangible personal property or services from the federal government must report and remit use tax on taxable purchases if the sales tax was not collected.

Department of Revenue

Notice of Public Hearing in the Matter of the Proposed Permanent Rule Relating to Sales and Use Tax on Utilities and Residential Heating Fuels

NOTICE IS HEREBY GIVEN that a public hearing will be held by the Minnesota Department of Revenue following the procedures set forth in the Administrative Procedure Act in *Minnesota Statutes*, sections 14.131 to 14.20, section 14.25 and by parts 1400.0200 to 1400.1200. The hearing will be held at the Minnesota Department of Revenue, Skjegstad Seminar Room, 8th Floor, 10 River Park Plaza, St. Paul, Minnesota 55107, on March 8, 1993, commencing at 9:00 a.m. and continuing until all interested persons and groups have had an opportunity to be heard concerning adoption of this rule by submitting either oral or written data, statements, or arguments. Statements, briefs or written material may be submitted within the comment period described in this notice without appearing at the hearing by sending them to Administrative Law Judge, Howard Kaibel, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, (621) 341-7608. Questions regarding procedure may be directed to Judge Kaibel at the above-listed address.

Subject matter and statutory authority. The subject matter of the hearing is on the proposed adoption of amendments to the sales and use tax rules governing utilities and residential heating fuels. The statutory authority to adopt the rule is *Minnesota Statutes*, section 270.06, subdivision 13 (1990).

Nature and effect of proposed rule. This proposed rule amends and combines *Minnesota Rules* part 8130.1100 on Utilities and *Minnesota Rules* part 8130.7000 on Residential Heating Fuels. Additionally, a separate rule relating to telephone service will be proposed. Thus provisions relating to telephone services were deleted from the proposed rule on Utilities and Residential Heating Fuels. **The proposed rule was published on pages 565 through 569 of the *State Register* on September 14, 1992. A free copy of the proposed rule is available on request from the Minnesota Department of Revenue.** Requests for copies of the proposed rule may be directed to Joan Tujetsch, Attorney, Appeals, Legal Services, and Criminal Investigation Division, 10 River Park Plaza, Mail Station 2220, St. Paul, Minnesota 55146-2220, (612) 296-1902 Extension 125.

Hearing Procedure. Persons interested in attending the hearing may notify Joan Tujetsch at the address or telephone number listed above. All interested or affected persons will have an opportunity to participate by presenting oral and/or written evidence at the hearing. All evidence presented should relate to the proposed rule. Questioning of agency representatives or witnesses, and of interested persons making oral statements will be allowed in order to explain the purpose or operation of the proposed rules, or a suggested modification, or for other purposes material to the evaluation or formulation of the proposed rules. As a result of the hearing process, the proposed rule may be modified.

Written material may be submitted to the Administrative Law Judge and recorded in the hearing record for five working days after the public hearing ends. The comment period may be extended for a longer period not to extend 20 calendar days if ordered by the Administrative Law Judge at the hearing. The written materials must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the last day for submission of written materials. Comments received during the comment period will be available for review at the Office of Administrative Hearings. Following the five to twenty-day comment period, the commissioner and interested persons have five working days to respond in writing to any new information submitted. The written materials must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the last day for submission of written materials. During the five-day

period, the agency may indicate in writing whether there are any amendments suggested by other persons which the agency is willing to adopt. Additional evidence may not be submitted during the five-day period. The written responses will be added to the rulemaking record.

Lobbyist Registration. *Minnesota Statutes* chapter 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. Questions should be directed to Jeanne Olson, Assistant Executive Director, Ethical Practices Board, First Floor South, Centennial Office Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone (612) 296-1721.

Adoption Procedure After the Hearing. 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 were 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.

Statement of Need and Reasonableness. Notice is hereby given that a statement of need and reasonableness 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 agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Expenditure of Public Money by Local Public Bodies and Impact on Agricultural Lands. *Minnesota Statutes*, section 14.11, subdivision 1, does not apply because the proposed rule will not require the expenditure of public monies by local units of government. *Minnesota Statutes*, section 14.11, subdivison 2, does not apply because the proposed rule will not have any direct adverse effects on agricultural lands in the state.

Small Business Considerations. The statement of need and reasonableness also addresses small business considerations in rulemaking, as required by *Minnesota Statutes*, section 14.155 (1990). "Small business" means a business entity, including farming and other agricultural operations and its affiliates, that (a) is independently owned and operated, (b) is not dominant in its field, and (c) employs fewer than 50 full-time employees or has gross annual sales of less than $4,000,000. *Minnesota Statutes*, section 14.115, subd. 1 (1990). The proposed rule is not expected to place any additional financial or administrative burden on small businesses.

Dated: 14 January 1993

Morris J. Anderson
Commissioner of Revenue
State of Minnesota

Secretary of State

Proposed Permanent Rules Relating to Uniform Commercial Code Forms

Notice of Intent to Adopt a Rule Without a Public Hearing

The office of the Secretary of State intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, section 14.22 to 14.28. You have 30 days to submit written comment on the proposed rule and may also request that a hearing be held on the rule.

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to:

Cheri Smith
Director, Uniform Commercial Code Division
Office of the Secretary of State
180 State Office Building
100 Constitution Avenue
St. Paul, MN 55155-1299
Phone: 612/296-9232
Fax: 612/297-5844

Subject of Rule and Statutory Authority. The proposed rule is about Uniform Commercial Code forms. The statutory authority to adopt this rule is *Minnesota Statute* section 336.9-403 (5) and 14.06. A copy of the proposed rule is published in the *State Register*

and specifies the format and contents of those forms which will be accepted as standard Uniform Commercial Code financing statements and therefore subject to a lower filing fee. A free copy of the rule is available on request from the agency contact person listed above.

Comments. You have until 3:00 p.m., March 5, 1993 to submit written comment in support of or in opposition to the proposed rule and any part or subpart of the rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rule addressed, the reason for comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rule. Your request for a public hearing must be in writing and must be received by the agency contact person by 3:00 p.m. on March 5, 1993. Your written request for a public hearing must include your name and address. You are encouraged to identify the portion of the proposed rule which caused your request, the reason for the request, and any changes you want made to the proposed rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless sufficient number withdraw their requests in writing. If a public hearing is required, the agency will follow the procedures in *Minnesota Statutes*, section 14.131 to 14.20.

Modifications. The proposed rule may be modified as a result of public comment. The modifications must be supported by data and views submitted to the agency and may not result in a substantial change in the proposed rule as printed in the *State Register*. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement 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.

Small Business Considerations. Small businesses who use the Uniform Commercial Code filing system may be impacted by these changes to the financing statement forms. However, most of the impact will be positive as the proposed forms: (1) permit small businesses to clearly state the names and other required information about debtors and secure parties; (2) provide more space for small businesses to describe collateral; and (3) permit those small businesses with word processing equipment to create their own forms rather than purchase them from a printing house. These changes give small businesses more flexibility in complying with Uniform Commercial Code requirements. Small businesses, as all members of the public, are encouraged to participate in this rule amendment proceeding.

The Uniform Commercial Code provides a method for establishing priority among competing interests in the same collateral. Altering the rules to reduce filing requirements for small businesses cannot be done without affecting all who use the Uniform Commercial Code system and thus affecting the priority rights in the collateral. The Office of the Secretary of State has considered all of the issues stated in *Minnesota Statute* section 14.115, subdivision 2 and can find no way to change the rules to address these issues that does not adversely affect the rights of all those competing for the same collateral.

Expenditure of Public Money by Local Public Bodies. The adoption of this rule will not require the expenditure of public monies by local bodies. Therefore, *Minnesota Statute* section 14.11, subdivision 1 is not applicable.

Impact on Agricultural Lands. The adoption of this rule will not have any impact on agricultural lands and so *Minnesota Statute* section 14.11, subdivision 2 is not applicable.

Adoption and Review of Rule. If no hearing is required, after the end of the comment period the agency may adopt the rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's decision on the rule. If you wish to be so notified, or wish to receive a copy of the adopted rule, submit your request to agency contact person listed above.

Dated: 15 January 1993

Joan Anderson Grow
Secretary of State

Rules as Proposed (all new material)

8260.0600 FINANCING STATEMENT: FORM UCC-1.

Subpart 1. **Permitted use.** This form must be used when a financing statement is filed pursuant to *Minnesota Statutes*, section 336.9-401, subsection (1), paragraphs (a) and (b). The use of any other form results in a nonstandard fee charge.

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.

Subp. 2. **Standard multipart form.** To be considered a standard Minnesota uniform commercial code financing statement form, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches, excluding the top perforated tab;

B. the form must be five carbon or carbonless snap-out; and

C. the size of type must be legible.

Subp. 3. **Report format for multipart form.** A standard financing statement must be in substantially the following form:

STATE OF MINNESOTA
UCC-1 FINANCING STATEMENT

For Filing Officer

This statement is presented for filing pursuant to *Minnesota Uniform Commercial Code Minnesota Statutes Chapter 336.9-402* (Type in Black Ink)

1. Individual Debtor - Last Name | First Name | Middle L
Social Security # | Mailing Address
City | State | Zip Code
2. Individual Debtor - Last Name | First Name | Middle L
Social Security # | Mailing Address
City | State | Zip Code
3. Business Debtor - Name
Fed. ID # | Mailing Address
City | State | Zip Code
4. Secured Party Name | 5. Assignee of Secured Party
Mailing Address | Mailing Address
City | State | Zip Code | City | State | Zip Code

6. This financing statement covers the following types or items of property. (If crops are covered describe the real estate and list the name of record owner.)

____ Debtor is a transmitting utility as defined by Minnesota Statutes Chapter 336.9 - 105

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

Please do not type outside the bracketed area.

Debtor's Signature (Required in Most Cases see instruction #)

Debtor's Signature

Secured Party's Signature

(1) Filing Officer Copy - Alphabetical (Rev 11/92) Standard Form Approved by Secretary of State

Subp. 4. **Carbon pages.** The remaining four pages will be identical to the first, except as described in items A to D.

A. The second page must be green and the language "(2) Filing Officer Copy-Numerical" must appear at the bottom left.

B. The third page must be pink and the signature on the first page must not be reproduced by carbon on the third page. This area on the third page requires an original signature when it is resubmitted as a termination statement. It must appear as follows:

STATE OF MINNESOTA
UCC-1 FINANCING STATEMENT

For Filing Officer

This statement is presented for filing pursuant to *Minnesota Uniform Commercial Code Minnesota Statutes Chapter 336.9-402* (Type in Black Ink)

1. Individual Debtor - Last Name | First Name | Middle I.

Social Security # | Mailing Address

City | State | Zip Code

2. Individual Debtor - Last Name | First Name | Middle I.

Social Security # | Mailing Address

City | State | Zip Code

3. Business Debtor - Name

Fed. ID # | Mailing Address

City | State | Zip Code

4. Secured Party Name | 5. Assignee of Secured Party

Mailing Address | Mailing Address

City | State | Zip Code | City | State | Zip Code

6. This financing statement covers the following types or items of property. (If crops are covered describe the real estate and list the name of record owner.)

____ Debtor is a transmitting utility as defined by Minnesota Statutes Chapter 336.9 - 105

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

Please do not type outside the bracketed area.

(3) Filing Officer Copy - Acknowledgement (Rev 11/92)

TERMINATION STATEMENT: This statement of Termination of Financing is presented to a Filing Officer pursuant to the Uniform Commercial Code. The Secured Party certifies that the Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

By: _____
(Signature of Secured Party or Assignee of Record. Must be signed)

Date: _____

Standard Form Approved by 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.

C. The fourth page must be white and the language "(4) Secured Party Copy" must appear at the bottom left.

D. The fifth page must be white and the language "(5) Debtor Copy" must appear at the bottom left.

Subp. 5. **Instructions.** On the back of the fifth page, instructions must appear in the form and text described by the secretary of state.

Subp. 6. **Form generated by word processor.** To be considered a standard Minnesota uniform commercial code financing statement form, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches;

B. the form shall not exceed one page;

C. three identical copies of the page must be presented to the filing officer; and

D. the type size must be legible.

Subp. 7. **Report format for form generated by word processor.** A standard financing statement must be in substantially the following format:

A. headed with the words "STATE OF MINNESOTA UCC-1 FINANCING STATEMENT" at the top of the form;

B. showing a box in the upper right corner of the page with dimensions of two inches wide and 3-3/4 inches long placed one-fourth inch from the top of the page and one-fourth inch from the right side of the page. In the upper right-hand corner, the words "For Filing Officer" shall appear;

C. showing the following statements under the heading and to the left of the box: "This statement is presented for filing pursuant to *Minnesota Statutes*, section 336.9-402";

D. showing information about the first debtor organized in the following manner: debtor name, social security or taxpayer identification number, and mailing address including city, state, and zip code. If the debtor is an individual, the last name must appear first, followed by the first name and middle initial. If the debtor is a business, the complete, registered name of the business must appear as it is registered;

E. showing information about each additional debtor, if any, in the format described in item D;

F. showing information about the secured party organized in the following manner: secured party name and mailing address including city, state, and zip code;

G. showing assignee information, if any, organized in the following manner: assignee name and mailing address including city, state, and zip code;

H. showing a description of the items of property covered by the financing statement. If crops are covered, describe the real estate and list the name of the record owner of the real estate;

I. showing a box in the bottom left of the page 3-1/2 inches wide and one inch long so that a name and address can be inserted in this area and used to return the acknowledgment copy of the financing statement to the submitting party. The box is placed three-fourths inch from the bottom of the page and five-eighths inch from the left side of the page;

J. showing lines for signatures by the debtor(s) and secured party on the bottom right side of the page across from the address box described in item I.

8260.0700 FIXTURE/REAL ESTATE FORM: FORM UCC-2.

Subpart 1. **Permitted use.** This form is for use to perfect a filing concerning fixtures attached to real estate. The filing is made according to *Minnesota Statutes*, section 336.9-401, subsection (1), paragraph (c), and is filed according to the real estate rules and regulations governing real property.

Subp. 2. **Report format for UCC-2 form.** A standard fixture filing statement must be in substantially the following format:

A. headed with the words "STATE OF MINNESOTA UCC-2 FIXTURE FILING";

B. showing a box in the upper right corner of the page 3-5/8 inches wide and 3-5/8 inches long which is reserved for recording information;

C. showing the citation of "*Minnesota Statutes*, section 336.9-401, subsection (1), paragraph (c)";

D. showing the date the fixture filing was prepared;

E. showing the name and address of the debtor;

F. showing the name and address of the secured party;

G. showing a description of the fixture which is the subject of the filing;

H. showing a description of the real property to which the fixture is attached including the name of the county;

I. showing the name and address of the record owner of the real property to which the fixture is attached;

J. showing the name of the person who drafted the UCC-2 filing and the name of the person's firm or company and address including city, state, and zip code;

K. showing the signatures of the debtor; and

L. showing a place for a notarial jurat and signature.

Subp. 3. **Report format for UCC-2 satisfaction form.** A standard satisfaction of a fixture filing statement must be in substantially the following format:

A. headed with the words "STATE OF MINNESOTA UCC-2 SATISFACTION OF FIXTURE FILING";

B. showing a box in the upper right corner of the page 3-5/8 inches wide and 3-5/8 inches long which is reserved for recording information;

C. showing the citation of "*Minnesota Statutes*, section 336.9-401, subsection 1, paragraph (c)";

D. showing the document number of the fixture filing and the book and page reference where the original fixture filing was filed;

E. showing the name and address of the debtor;

F. showing the name and address of the secured party;

G. stating that the obligation on which the fixture filing is based has been satisfied;

H. showing the name of the person who drafted the UCC-2 filing along with the name of the person's firm or company and address, including city, state, and zip code;

I. showing the signature of the secured party; and

J. showing a place for a notarial jurat and signature.

8260.0800 STATEMENT OF CONTINUATION, ASSIGNMENT, AMENDMENT, RELEASE, AND TERMINATION: FORM UCC-3.

Subpart 1. **Permitted use.** This form may be used to continue, assign, amend, release, or terminate a financing statement. The use of any other form results in a nonstandard fee charge. Only one transaction may be accomplished per form.

Subp. 2. **Standard multipart form.** To be considered a standard Minnesota uniform commercial code statement of continuation, assignment, amendment, release, and termination form, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches, excluding the top perforated tab;

B. the form must be five carbon or carbonless snap-out; and

C. the size of type must be legible.

Subp. 3. **Report format for multipart form.** A standard financing statement must be in substantially the following form:

STANDARD FORM

STATE OF MINNESOTA
UCC-3 STATEMENT OF
CONTINUATION, ASSIGNMENT, RELEASE, ETC.

For Filing Officer

This statement is presented for filing pursuant to *Minnesota Uniform Commercial Code Minnesota Statutes Chapter 336.9-402* (Type in Black Ink)

1. Original Financing Statement No. | Original File Date

2. Debtor(s) (Name) and Address(es)

3. Secured Party(ies) and Address(es)

The financing statement described above is changed to show a(n): (Please one function per form with the exception of amendment)

☐ 4. CONTINUATION the original financing statement bearing the file number shown above is continued for an additional 5 years.

☐ 5. AMENDMENT the original financing statement bearing the file number shown above is amended as described in BOX 10. See instruction 5 on the reverse side for additional information.

☐ 6. TOTAL ASSIGNMENT all of the secured party's rights under the original financing statement have been assigned to the assignee whose name and address appear in BOX 10.

☐ 7. PARTIAL ASSIGNMENT some of the secured party's rights have been assigned to the Assignee whose name and address appear in BOX 10. A description of the collateral subject to the assignment must also be given.

☐ 8. PARTIAL RELEASE the secured party releases the collateral described in BOX 10 but retains a security interest in the original financing statement bearing the file number shown above.

☐ 9. TERMINATION the secured party of record no longer claims a security interest under the financing statement bearing the file number shown above.

10.

RETURN ACKNOWLEDGMENT COPY TO: (name and address)

Please do not type outside the bracketed area.

Debtor Signature

Secured Party Date

(1) Filing Officer Copy-Alphabetical

Approved by Secretary of State of Minnesota

Subp. 4. **Carbon pages.** The remaining four carbon pages are identical to the first, except that:

A. the second page must be green, the third page must be pink, and the fourth and fifth pages must be white;

B. the language at the bottom far left of the second page (green) must read "(2) Filing Officer Copy-Numerical";

C. the language at the bottom far left of the third page (pink) must read "(3) Filing Officer Copy-Acknowledgment";

D. the language at the bottom far left of the fourth page (white) must read: "Secured Party Copy"; and

E. the language at the bottom far left of the fifth page (white) must read: "Debtor Copy."

Subp. 5. **Instructions.** On the back of the fifth page, instructions must appear in the form and text described by the secretary of state.

Subp. 6. **Form generated by word processor.** To be considered a standard Minnesota uniform commercial code statement of continuation, assignment, amendment, release, and termination form, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches;

B. the form shall not exceed one page;

C. three identical copies of the page must be presented to the filing officer; and

D. the type size must be legible.

Subp. 7. **Report format for form generated by word processor.** A standard statement of continuation, assignment, amendment, release, and termination form must be in substantially the following format:

A. headed with the words "STATE OF MINNESOTA UCC-3 STATEMENT OF CONTINUATION, ASSIGNMENT, RELEASE, ETC." at the top of the form;

B. showing a box in the upper right corner of the page with dimensions of two inches wide and 1-3/4 inches long placed one-fourth inch from the top of the page and one-fourth inch from the right side of the page. In the upper right-hand corner, the words "For Filing Officer" shall appear;

C. showing the following statements under the heading and to the left of the box: "This statement is presented for filing pursuant to *Minnesota Statutes*, section 336.9-402";

D. showing the original financing statement number and filing date;

E. showing the information about the debtor(s) on file including the debtor's name and mailing address including city, state, and zip code;

F. showing the information about the secured party on file including the secured party's name and mailing address including city, state, and zip code;

G. describing the single transaction to be accomplished on the filing of the form such as continuation, partial release, assignment, partial assignment, termination, or amendment. An amendment may accomplish any one or more of the following:

(1) change of individual debtor name;

(2) change of individual debtor address;

(3) change of individual debtor name and address;

(4) change of business debtor name;

(5) change of business debtor address;

(6) change of business debtor name and address;

(7) replacement all existing debtor names and addresses with new debtor names and addresses;

(8) addition of a debtor name and address to the existing debtor name(s);

(9) addition of a debtor's identification number;

(10) change of secured party name;

(11) change of secured party address;

(12) change of secured party name and address;

(13) any other change in information.

The change must clearly be described on the UCC-3 form.

Example 1. The existing debtors are John Smith and Mary Smith. They do not have identification numbers on record and are filing a UCC-3 to add this information. After identifying the transaction as an amendment adding a debtor's identification number, the form should read as follows:

John Smith
ID# 123-45-6789

Mary Smith
ID# 987-65-4321

Example 2. The existing debtors are John Smith and Paul Jones. Paul Jones has moved and needs to change his address by filing a UCC-3. After identifying the transaction as an amendment, the form should read as follows:

Change debtor address for Paul Jones to 1234 Hemlock Street, Anytown, Minnesota 551...

Example 3. The existing debtor is Paul Jones. Another debtor is being added to the financing statement by filing a UCC-3. After identifying the transaction as an amendment, the form should read as follows:

Add debtor Susan Peterson, Inc., federal taxpayer identification number 41-123456, 4321 Hemlock Street, Anytown, Minnesota, 551..;

H. showing a box in the bottom left of the page 3-1/2 inches wide and one inch long so that a name and address can be inserted in this area and used to return the acknowledgment copy of the statement of continuation, assignment, amendment, release, and termination to the submitting party. The box is placed three-fourths inch from the bottom of the page and five-eighths inch from the left side of the page; and

I. showing lines for signatures by the debtor(s) and secured party on the bottom right side of the page across from the address box described in item H.

8260.0900 FINANCING STATEMENT REQUEST FOR INFORMATION OR COPIES FORMAT: FORM UCC-11.

Subpart 1. **Permitted use.** This format is used for obtaining financing statement information or copies. The use of any other format will result in a nonstandard fee charge.

Subp. 2. **Standard multipart form.** To be considered a standard Minnesota request for information form, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches, excluding the top perforated tab;

B. the form must be two carbon or carbonless snap-out; and

C. the size of type must be legible.

Subp. 3. **Report format for multipart form.** A standard request for information form must be in substantially the following form:

STATE OF MINNESOTA
UCC-11 REQUEST FOR INFORMATION OR COPIES FROM UCC STATEWIDE DATABASE

For Filing Officer

This statement is presented for filing pursuant to *Minnesota Uniform Commercial Code, Minnesota Statutes Section 336.9-407* **(Type in Black Ink)**

OPTIONS (choose one)

☐ **Information listing only (includes computer printout of statewide UCC filings showing all debtor names and addresses, secured party names and addresses, filing information and description of subsequent filings).**

☐ **Copies only** (includes a computer printout of statewide UCC filings showing the file number, the file date, the place of filing and copies of the UCC documents that are filed in the filing office where the request was processed).

☐ **Combination information and copies** (includes computer printout as described in information option and copies of the UCC documents that are filed in the filing office where the request was processed).

FILING OFFICER please furnish certificate showing any presently effective financing statements as of:

☐ date of processing ☐ from _____ to date of processing

1. Individual Debtor Last Name		First Name	Middle I.
Social Security #	Mailing Address		
City		State	Zip Code
2. Individual Debtor Last Name		First Name	Middle I.
Social Security #	Mailing Address		
City		State	Zip Code
3. Business Debtor Name			
Fed. ID #	Mailing Address		
City		State	Zip Code

RETURN REQUESTED INFORMATION TO: (name and address)

Signature of Requesting Party

( ) Telephone Number

Please do not type outside the bracketed area

Copy 1 - (06920913 Rev 12/92)

Approved by 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.

Subp. 4. **Carbon page.** The remaining page must be identical to the first page, except that the second page must have "Copy 2" printed in the lower left-hand corner in black ink.

Subp. 5. **Form generated by word processor.** To be considered a standard Minnesota request for information format, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches;

B. the type size must be legible;

C. two copies of the page must be submitted;

D. the name of party about whom the search for information is to be conducted;

E. the address of the party about whom the search is being conducted, if the requesting party wishes to limit the search results based on the address;

F. the identification number of the party about whom the search is being conducted, if the requesting party wishes to limit the search results based on the identification number;

G. whether the requesting party asks for information, copies of financing statements, or both; and

H. the name and address of the party to whom the results of the search are to be sent.

8260.1000 TAX LIEN REQUEST FOR INFORMATION OR COPIES FORMAT: FORM UCC-12.

Subpart 1. **Permitted use.** This format is used for obtaining tax lien information or copies. The use of any other format results in a nonstandard fee charge.

Subp. 2. **Standard multipart form.** To be considered a standard Minnesota request for tax lien information form, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches, excluding the top perforated tab;

B. the form must be two carbon or carbonless snap-out; and

C. the size of type must be legible.

Subp. 3. **Report format for multipart form.** A standard request for tax lien information form must be in substantially the following form:

STATE OF MINNESOTA
UCC-12 REQUEST FOR TAX LIEN INFORMATION OR COPIES

For Filing Officer

This statement is presented pursuant to *Minnesota Statutes Sections 269.69, 272.479 and 336.9-407.* (Type in Black Ink)

OPTIONS (choose one) SEARCH IS OF RECORDS OF SINGLE FILING OFFICE ONLY.

☐ **Information listing only (includes computer printout of state and federal tax liens showing all taxpayer names and addresses, government entity, filing information and description of subsequent filings).**

☐ **Copies only (includes a computer printout of state and federal tax liens showing the file number, the file date, the place and copies of the tax liens that are filed in the filing office where the request was processed).**

☐ **Combination information and copies (includes computer printout as described in information option and copies of the tax liens that are filed in the filing office where the request was processed).**

FILING OFFICER please furnish certificate showing any presently effective tax liens as of:

☐ **date of processing** ☐ **from _____ to date of processing**

1. Individual Taxpayer Last Name		First Name	Middle I.
Social Security #	Mailing Address		
City	State	Zip Code	
2. Individual Debtor Last Name		First Name	Middle I.
Social Security #	Mailing Address		
City	State	Zip Code	
3. Business Taxpayer Name			
Fed. ID #	Mailing Address		
City	State	Zip Code	

RETURN REQUESTED INFORMATION TO: (name and address)

Signature of Requesting Party

( ) Telephone Number

Please do not type outside the bracketed area

Copy 1 - (12921988 Rev 12/92) Approved by Secretary of State

Subp. 4. **Carbon page.** The remaining page must be identical to the first page, except that the second page must have "Copy 2" printed in the lower left-hand corner in black ink.

Subp. 5. **Form generated by word processor.** To be considered a standard Minnesota request for information format, the following specifications must be met:

A. the size must be 8-1/2 inches by 11 inches;

B. the type size must be legible;

C. two copies of the page must be submitted;

D. the name of party about whom the search for information is being conducted must be submitted;

E. the address of the party about whom the search is being conducted must be submitted, if the requesting party limits the search results based on the identification number;

F. the identification number of the party about whom the search is being conducted must be submitted, if the requesting party limits the search results based on the identification number;

G. whether the requesting party asks for information, copies of tax liens, or both; and

H. the name and address of the party to whom the results of the search are to be sent.

8260.1100 EXPERIMENTAL FORMS.

The secretary of state may provide for the experimental use of alternate forms on a trial basis.

REPEALER. *Minnesota Rules*, parts 8260.0100; 8260.0200; 8260.0300; 8260.0400; and 8260.0500, are 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 Agriculture

Rural Finance Authority

Adopted Permanent Rules Relating to Rural Finance Authority; Basic Beginning Farmer Loan Participation Program

Notice of Adoption of a Rule Exempt From Rulemaking Provisions of *Minnesota Statutes*, Chapter 14

Notice is hereby given that the Rural Finance Authority Board has adopted amendments to the rule governing the Basic Beginning Farmer Loan Participation Program. The statutory authority to adopt this rule is *Minnesota Statutes*, section 41B.07.

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

Dated: 5 January 1993

Rural Finance Authority Board
Elton Redalen, Chairman

Rules as Adopted

1650.0010 APPLICABILITY AND PURPOSE.

Subpart 1. **Applicability.** Parts 1650.0010 to 1650.0070 establish the criteria and procedures to be used by the Rural Finance Authority in the administration of the basic beginning farmer loan participation program authorized by *Minnesota Statutes*, sections 41B.01 to 41B.23.

Subp. 2. **Purpose.** The purpose of the Rural Finance Authority basic beginning farmer loan participation program and for the issuance of bonds ~~issued~~ to finance or provide security for the program is to preserve and develop the state's agricultural resources. This is accomplished by extending credit on real estate security through the purchase of participation interests in first priority mortgage farm real estate loans. Loans ~~made~~ to persons entering or currently farming and meeting the eligibility criteria in part 1650.0030 are eligible for participation.

1650.0020 DEFINITIONS.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Applicant.** "Applicant" means a ~~person~~ potential borrower who submits an application to the RFA through an eligible lender.

Subp. 4. **Application.** "Application" means ~~an~~ the application for the basic beginning farmer loan participation in the form prescribed and provided by the RFA.

[For text of subps 5 and 6, see M.R.]

Subp. 7. **Borrower.** "Borrower" means the person or persons liable on a ~~beginning farmer loan~~ first mortgage participation made under this program. A borrower may ~~not~~ also be a domestic family farm corporation as defined in *Minnesota Statutes*, section 500.24, subdivision 2.

[For text of subps 8 to 10, see M.R.]

Subp. 10a. **Note and loan agreement.** "Note and loan agreement" means the form prescribed by the RFA that is signed by a borrower evidencing the terms of the first mortgage loan and the borrower's obligation to repay the loan.

Subp. 11. **Participation ~~certificate~~ agreement.** "Participation ~~certificate~~ agreement" means ~~a~~ the document ~~in a form prescribed by the RFA, that is signed by an authorized representative of a participating lender and evidences the RFA's~~ entered into between the RFA and an approved lender that establishes the relationship between the parties and the terms and conditions of first mortgage loans to be offered to the RFA for participation ~~in a~~ under the basic beginning farmer ~~loan~~ participation program.

[For text of subps 12 and 13, see M.R.]

Subp. 14. **RFA participation.** "RFA participation" means the ~~Rural Finance Authority's~~ RFA's undivided interest in the principal of a ~~beginning farmer~~ first mortgage loan, all rights and interests in the loan documents, ~~and~~ all ~~proceeds~~ payments arising ~~from that undivided interest in the principal of the beginning farmer loan. The RFA's participation may not exceed 35 percent of the total principal of the loan or $50,000, whichever is less~~ under the loan, the first security real estate mortgage securing the loan, and any other collateral pledged to secure the loan.

1650.0030 BORROWER ELIGIBILITY.

Subpart 1. **Criteria.** To be eligible for ~~RFA loan participation~~ assistance under the basic beginning farmer program, an applicant must meet the criteria in ~~*Minnesota Statutes*, section 41B.03, subdivisions 1 and 3, and those in this part~~ subparts 2a and 3a.

Subp. 2. [See repealer.]

Subp. 2a. **General eligibility criteria.** Each applicant must:

A. be a resident of Minnesota as evidenced by the applicant's income tax returns. New residents may submit other evidence, if acceptable to the RFA;

B. certify that the applicant or one of the applicants will be the principal operator of the farm, and will make farming that applicant's principal occupation, and that the farm being purchased will be used for agricultural purposes only;

C. not be a current or previous participant in an RFA program; and

D. certify that the applicant is eligible for the program.

Subp. 3. [See repealer.]

Subp. 3a. **Beginning farmer criteria.** In addition to the requirements of subpart 2a, beginning farmer applicants must:

A. have sufficient education, training, or experience to succeed in the type of farming to be undertaken;

B. have a financial need for the loan and the ability to repay the first mortgage loan;

C. agree to enroll and continue in a farm business management program approved by the commissioner of agriculture for the first five years of the loan, if an approved program is available within 45 miles from the borrower's residence;

D. agree to file an approved soil and water conservation plan with the soil conservation service office in the county where the land is located;

E. have a total net worth not to exceed current RFA guidelines, as adjusted for inflation pursuant to *Minnesota Statutes*, section 41B.03, subdivision 3, the current amount of which is available from the RFA office; and

F. not currently own more than 240 acres of farmland.

Subp. 4. [See repealer.]

1650.0040 LENDER ELIGIBILITY.

Subpart 1. **Statutory eligibility.** ~~A lending institution covered by *Minnesota Statutes*, section 41B.02, subdivision 4,~~ Any bank, credit union, or savings and loan association chartered by the state or federal government, a subdivision of the farm credit system (Agri Bank), the Federal Deposit Insurance Corporation, or any insurance company, fund, or other financial institution doing business as an agricultural lender within the state may apply to the RFA for certification as an ~~eligible~~ approved lender.

Subp. 2. **Approval.** Upon ~~the~~ a lender's demonstration of its ability to ~~adequately~~ originate and service ~~beginning farmer~~ agricultural real estate loans, the RFA shall designate the lender as an approved lender for purposes of ~~the beginning farmer program~~ RFA programs.

Subp. 3. **Participation agreement.** Before ~~submission of applications~~ offering first mortgage loans to the RFA for participation, ~~an~~ each approved lender ~~shall~~ must enter into ~~a~~ an RFA master participation agreement ~~with the RFA specifying.~~ The agreement must specify the contractual relationship between the parties and the terms and conditions of ~~the~~ first mortgage loans to be made ~~to a beginning farmer and then offered to the RFA for participation, and the contractual relationship between the~~ by the lender under the basic beginning farmer program and offered to the RFA for participation.

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.

1650.0045 APPLICATION PROCESS AND OFFER OF PARTICIPATION.

Subpart 1. **Request for a first mortgage loan.** A lender and an applicant must jointly complete and sign an application and prepare all supporting documents identified in the application.

Subp. 2. **Lender determination.** The lender shall initially review the proposal and determine the creditworthiness of the applicant and the value of the collateral to be used to secure the loan. If the lender agrees to make a first mortgage loan to the applicant, the lender and the applicant shall jointly prepare the application and required loan documents.

Subp. 3. **Offer.** The lender, as the originator of the first mortgage loan, shall present the application and loan documents to the RFA. Presentation of the documents constitutes an offer to sell a participation interest in the loan.

1650.0055 RFA REVIEW, NOTICE, APPEAL.

Subpart 1. **RFA review.** Within a reasonable time after receipt of a lender's offer, the RFA shall accept or reject the lender's offer to participate in the loan. If the documentation is not sufficient to make a determination, the RFA may request additional information as needed.

Subp. 2. **RFA acceptance.** The RFA will accept all offers, unless the RFA determines that:

A. the applicant is not eligible;

B. the applicant does not demonstrate an ability to repay the first mortgage loan and other obligations based on the financial information submitted under part 1650.0045;

C. the sale price of the property is substantially in excess of its fair market value; or

D. the RFA does not have sufficient funds available to purchase a participation in the loan.

Subp. 3. **RFA notice.** The RFA shall promptly notify the lender in writing whether or not the offer is accepted. If the offer is not accepted, the notice must state the reasons.

Subp. 4. **Administrative appeal.** If an offer is rejected, either the lender or the applicant may petition for RFA reconsideration. The petition must be in writing and must be sent within 30 working days of the date of the RFA notice. The petition must state the grounds for the appeal, and may include additional relevant information. Within 15 working days of receiving the petition, the RFA program director shall send a written response to the petitioner upholding or reversing the original decision and giving the reasons for the decision.

Subp. 5. **Formal appeal.** After administrative appeal, a petitioner may appeal the program director's decision directly to the RFA board, by written notice to the director within 15 days of receiving the director's reconsideration decision. The decision of the board is final.

1650.0065 LOAN CLOSING, PURCHASE OF PARTICIPATION, AND LOAN MANAGEMENT.

Subpart 1. **Closing.** Upon receiving notification of RFA acceptance, the lender shall close the first mortgage loan. The lender must record and cross-reference all documents relating to the loan including the RFA note and loan agreement. The lender must notify the RFA that the loan is closed and recorded by signing Part VII and submitting the original RFA application and may include copies of the recorded documents to the RFA.

Subp. 2. **Payment.** Within ten business days of receipt of written notice under subpart 1 that the first mortgage loan is closed and recorded, the RFA shall pay the lender for the RFA's participation interest in the loan.

Subp. 3. **Participation certificate.** Within five working days after receipt of payment under subpart 2, the lender shall complete and return a participation certificate, as prescribed by the RFA, witnessing the RFA's undivided pro rata interest in the basic beginning farmer first mortgage loan.

Subp. 4. **Loan management.** The lender shall manage the first mortgage loan, including the RFA participation interest, with the degree of care and diligence usually maintained by agricultural real estate lenders. The lender shall have custody and control of all loan documents except the original application, which must be kept by the RFA. The lender shall manage, administer, and enforce the loan documents in its own name and also on behalf of itself and the RFA, including, without limitation, the right to accelerate a seller-sponsored first mortgage loan on default and to foreclose or otherwise enforce remedies against the borrower.

Subp. 5. **Lender notification.** The lender shall promptly notify the RFA of occurrences that substantially affect the security, collection, or enforcement of any first mortgage loan. The lender shall also notify the seller of any defaults that remain unresolved over 45 days.

Subp. 6. **Prior written consent.** The lender shall obtain the prior written consent of the borrower and the RFA before:

A. making or consenting to a release, substitution, or exchange of collateral that reduces the aggregate value of the collateral;

B. waiving a claim against the borrower or a guarantor, surety, or obligor in connection with the indebtedness; or

C. modifying or waiving a term of the notes or related instruments evidencing or securing the first mortgage loan.

1650.0067 PARTICIPATION REPURCHASE.

An originating lender is under no obligation to repurchase any RFA participation interest in a basic beginning farmer first mortgage loan, except as provided in this part.

A lender may, at its option and upon written approval by the RFA, repurchase an RFA participation interest at any time.

A lender must repurchase the RFA participation interest whenever the first mortgage loan is paid in full or refinanced.

A lender must repurchase the RFA participation interest if the lender has made misrepresentations or fails to perform its obligations under the participation agreement, has received written notice from the RFA, and has not corrected the representation or performance under the notice.

Any repurchase must be for the principal balance of the RFA participation plus accrued interest and any penalties or costs incurred by the RFA to secure repurchase.

1650.0070 REVIEW OF LOAN AND COLLATERAL.

Subpart 1. **Inspection.** At any time during the term of a basic beginning farmer first mortgage loan, the RFA or the state legislative auditor may inspect the books, records, documents, and accounting ~~procedures and~~ practices of the lender ~~and the borrower~~ relative to ~~a beginning farmer~~ the loan ~~to enable the authority~~ to determine ~~if the lender and the borrower are complying~~ compliance with the terms and conditions of the loan ~~agreement, *Minnesota Statutes*, sections 41B.01 to 41B.211,~~ and the participation agreement ~~between the lender and the RFA, and parts 1650.0010 to 1650.0070~~. Any inspections must be during the lender's normal business hours. The lender ~~shall~~ must allow the RFA to ~~review and~~ copy any documents relating to the ~~beginning farmer~~ first mortgage loan ~~at no cost to~~ and the RFA participation. ~~The RFA shall conduct inspections and review documents during the lender's normal business hours.~~

Subp. 2. **Collateral.** The lender and the RFA may physically inspect the collateral securing the ~~beginning farmer~~ first mortgage loan upon notice to the borrower. ~~An inspection under this subpart~~ Any inspections must be conducted at a reasonable time.

REPEALER. *Minnesota Rules*, parts 1650.0030, subparts 2, 3, and 4; 1650.0050; and 1650.0060, are repealed.

Attorney General

Adopted Permanent Rules Relating to Rule Review

The rules proposed and published at *State Register*, Volume 17, Number 16, pages 821-838, October 19, 1992 (17 SR 821), are adopted with the following modifications:

Rules as Adopted

2010.0300 DOCUMENTS NECESSARY FOR REVIEW OF A RULE ADOPTED WITHOUT A PUBLIC HEARING.

To submit a rule adopted without a public hearing to the attorney general for review and approval pursuant to *Minnesota Statutes*, section 14.26, the agency must submit to the attorney general the following documents:

F. Evidence that the agency sent a copy of the statement of need and reasonableness to the legislative commission to review administrative rules when it became available to the public as required by *Minnesota Statutes*, section 14.23. The evidence must be in the form of a copy of the dated correspondence to the legislative commission to review administrative rules or an affidavit of the mailing. For the recommended format of the affidavit, see part 2010.9913.

G. The notice of intent to adopt a rule without a public hearing as mailed. The notice must be mailed at least 33 days before the end of the comment period and must contain the following:

(3) A statement that the public has 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the proposed rule and that comment is encouraged. The statement must specify the calendar date of the last day of the comment period. In calculating the comment period, the date of publication in the *State Register* or the date of mailing, whichever is later, is not included. Saturdays, Sundays, and legal holidays are included in the calculation. The last day of the period so calculated is included unless it is a Saturday, Sunday, or legal holiday, in which event, the period runs until the ~~end of the~~ next day which is not a Saturday, Sunday, or legal holiday. The *State Register* is published on Mondays except when the Monday is a legal holiday in which case it is published on a Tuesday.

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.

H. If the proposed rule establishes or adjusts fees, evidence that the agency sent a copy of the notice of intent and the proposed rule to the ~~chairs of the house appropriations committee and senate finance committee~~ appropriate legislative committees before the agency submitted the notice of intent to the *State Register* as required by *Minnesota Statutes*, section 16A.128, subdivision 2a. Evidence shall be in the form of the dated correspondence to the chairs or an affidavit of mailing. For the recommended format of the affidavit, see part 2010.9913.

N. The findings of fact, conclusions, and order adopting the rule which must contain the following:

(3) a statement that all ~~other~~ notice and procedural requirements have been complied with;

(5) a statement of ~~the number of written letters with comments received,~~ the number of persons that requested a public hearing, the number of persons that requested a public hearing and withdrew their request, and the number of requests for notice of submission to the attorney general and whether any written comments on the rule were received;

Q. If any persons requested to be informed that the rule has been submitted to the attorney general, the notice of submission that was sent to those persons as required by *Minnesota Statutes*, section 14.26. The notice must be ~~given~~ mailed on the same day the rule is submitted to the attorney general. The notice must contain the following:

2010.0400 DOCUMENTS NECESSARY FOR REVIEW OF EMERGENCY RULE.

To submit an emergency rule to the attorney general for review and approval pursuant to *Minnesota Statutes*, section 14.32, the agency must submit to the attorney general the following documents:

E. The notice of intent to adopt the emergency rule as mailed. The notice must be mailed at least 28 days before the end of the comment period and must contain the following:

(3) A statement that all persons have 25 days after publication, or a longer period of time as specified in the notice, to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. The statement must include the calendar date of the last day of the comment period. In calculating the comment period, the date of the publication in the *State Register* or the date of mailing, whichever is later, is not included. Saturdays, Sundays, and legal holidays are included in the calculation. The last day of the period so calculated is included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the ~~end of the~~ next day which is not a Saturday, Sunday, or legal holiday. The *State Register* is published on Mondays except when Monday is a legal holiday in which case it is published on a Tuesday.

F. If the emergency rule establishes or adjusts fees, evidence that the agency sent a copy of the notice of intent and the proposed rule to the ~~chairs of the house appropriations committee and senate finance committee~~ appropriate legislative committees before the agency submitted the notice of intent to the *State Register* as required by *Minnesota Statutes*, section 16A.128, subdivision 2a. Evidence shall be in the form of the dated correspondence to the chairs or an affidavit of mailing. For the recommended format of the affidavit, see the second paragraph in part 2010.9913.

K. The findings of fact, conclusions, and order adopting the emergency rule which must contain the following:

(2) a statement that all ~~other~~ notice and procedural requirements have been complied with;

(4) a statement of ~~the number of written letters with comments received and~~ the number of requests for notice of submission of the adopted emergency rule to the attorney general and whether any written comments were received;

2010.0700 STATEMENT OF NEED AND REASONABLENESS.

The statement of need and reasonableness must contain a summary of the evidence and arguments that support both the need for and reasonableness of the proposed agency action of adopting a rule without a public hearing. In justifying the need for and reasonableness of the action, the agency must explain what circumstances have created the need for the rule or its amendment which required administrative action and why the proposed rulemaking action is an appropriate solution for meeting the need. The statement must explain the evidence relied upon and how that evidence rationally relates to the choice of action taken. A general statement of statutory implementation or restating the proposed rule will not suffice. The statement of need and reasonableness must also contain the following:

D. the signature of the person authorized to adopt the rule pursuant to statute or ~~authorized to adopt the rule~~ pursuant to the certificate of authorizing resolution and the date the statement was signed; and

2010.1000 STANDARDS OF REVIEW.

A rule must be disapproved by the attorney general if:

B. The agency has failed to comply with the applicable provisions of the Administrative Procedure Act, *Minnesota Statutes*, chapter 14, the agency's enabling statute, the attorney general rule parts 2010.0200 to 2010.1400 or other applicable law unless the error or omission is a harmless error as defined in *Minnesota Statutes*, section 14.26, subdivision 3, or 14.32, subdivision 2.

C. The rule exceeds the statutory authority conferred on the agency, or conflicts with the statutes or any other relevant law, ~~or has no reasonable relationship to statutory purposes~~.

H. The rule is unreasonable ~~by failing to comport with substantive due process~~ because it is not rationally related to the objective sought to be achieved.

2010.9910 RECOMMENDED CERTIFICATE OF AUTHORIZING RESOLUTION FOR RULE WITHOUT A PUBLIC HEARING OR EMERGENCY RULE.

CERTIFICATE OF THE

_____

AUTHORIZING RESOLUTION

I, _____, do hereby certify that I am a member and the _____ (office), of the _____, a [board] [commission] duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the _____ duly and properly called and held on the _____ day of _____, 19 _____, that a quorum was present, and that a majority of those present voted for the resolution which has not been rescinded or modified.

"RESOLVED, that _____, [the executive director] [a member] of the _____, is hereby granted the authority and directed to sign the statement of need and reasonableness and sign and ~~to~~ give the Notice of the [Board's] [Commission's] Intent to Adopt [a rule without a public hearing] [an Emergency rule] governing _____ (describe nature of the rule) to all persons who have registered their names with the [Board] [Commission] for that purpose and publish the Notice and rule in the *State Register*, and to perform any ~~and all~~ necessary acts ~~incidental thereto~~ to initiate the rulemaking comment period."

IN WITNESS WHEREOF, I have hereunto subscribed my name this _____ day of _____, 19 _____.

_____
(Officer of the Board)

_____
Attest by one other Board member

2010.9913 RECOMMENDED AFFIDAVIT OF MAILING THE STATEMENT OF NEED AND REASONABLENESS TO THE LEGISLATIVE COMMISSION TO REVIEW ADMINISTRATIVE RULES AND MAILING THE FEE NOTICE TO COMMITTEE CHAIRS.

NOTE: The following affidavit may be used when the same person mailed both the statement of need and reasonableness to the legislative commission to review administrative rules and the fee notice pursuant to *Minnesota Statutes*, section 16A.128, subdivision 2, paragraph (a). If different persons mailed the two notices, the two paragraphs must be split into separate affidavits signed by the appropriate persons. If the proposed rule does not establish or adjust fees, do not use the second paragraph. For emergency rules, do not use the first paragraph as it is inapplicable.

In the Matter of the Proposed Adoption
of the Rule of the State _____
Governing _____

AFFIDAVIT OF
MAILING THE
STATEMENT OF NEED
AND REASONABLENESS
TO THE LEGISLATIVE
COMMISSION TO REVIEW
ADMINISTRATIVE RULES
AND THE FEE NOTICE
TO COMMITTEE CHAIRS

STATE OF MINNESOTA)
)ss.
COUNTY OF [_____])

_____, being sworn says:

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.

That on the _____ day of _____ , 19 ____ , when the Statement of Need and Reasonableness became available to the public, I mailed the Statement of Need and Reasonableness to the Legislative Commission to Review Administrative Rules by depositing in the [United States mail, with postage prepaid] [State of Minnesota Interoffice Mail System], a copy thereof.

NOTE: The following paragraph is applicable only if the rule establishes or adjusts fees.

_____ , being sworn says:

That on the _____ day of _____ , 19 ____ , before this agency submitted notice to the *State Register* of intent to adopt a rule that establishes or adjusts fees, I mailed a copy of the notice of intent and the proposed rule to the chairs of the ~~house appropriations committee and senate finance committee~~ appropriate committees by depositing in the [United States mail, with postage prepaid] [State of Minnesota Interoffice Mail System], a copy thereof.

_____

[Name]

Subscribed and sworn to before me
this _____ day of _____ , 19 ____ .

_____

[Title]

_____

Notary Public

2010.9916 RECOMMENDED NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING.

STATE OF MINNESOTA

DEPARTMENT OF _____

In the Matter of the Proposed Adoption
of the Rule of the State _____
Governing _____

NOTICE OF INTENT
TO ADOPT A RULE
WITHOUT A
PUBLIC HEARING

The [agency name] intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. You have 30 days to submit written comments on the proposed rule and may also submit a written request that a hearing be held on the rule.

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to:

[Name, agency, address, telephone number, and Fax number (Fax number is optional)]

Subject of Rule and Statutory Authority. The proposed rule is about [title or subject of rule]. The statutory authority to adopt this rule is [specific statutory citation]. A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed. [If the proposed rule is not attached to the mailed notice, then this notice must include an informative statement describing the nature and effect of the proposed rule and include the announcement that: A free copy of the rule is available upon request from the agency contact person listed above.]

Comments. You have until _____ p.m., _____ [calendar date of the end of the 30-day comment period; see part 2010.0300, item G, subitem (3), for how to count the days] to submit written comment in support of or in opposition to the proposed rule and any part or subpart of the rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rule. Your request for a public hearing must be in writing and must be received by the agency contact person by _____ p.m. on _____ . Your written request for a public hearing must include your name and address. You are encouraged to identify the portion of the proposed rule which caused your request, the reason for the request, and any changes you want made to the proposed rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing. If a public hearing is required, the agency will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

Modifications. The proposed rule may be modified as a result of public comment. The modifications must be supported by data and views submitted to the agency and may not result in a substantial change in the proposed rule as [attached and] printed in the *State Register*. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement 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.

Small Business Considerations. [If applicable and selected, see *Minnesota Statutes*, section 14.115, subdivision 4.]

Expenditure of Public Money by Local Public Bodies. [If applicable, see *Minnesota Statutes*, section 14.11, subdivision 1.]

Impact on Agriculture Lands. [If applicable, see *Minnesota Statutes*, section 14.11, subdivision 2.]

[Other notices required by law or chosen to be inserted in this notice.]

Adoption and Review of Rule. If no hearing is required, after the end of the comment period the agency may adopt the rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's decision on the rule. If you wish to be so notified, or wish to receive a copy of the adopted rule, submit your request to the agency contact person listed above.

_____

[Name]

_____

[Title]

Dated: _____

2010.9920 RECOMMENDED AFFIDAVIT OF MAILING THE NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING OR AN EMERGENCY RULE AND CERTIFICATE OF MAILING LIST.

NOTE: If the person who can attest to the accuracy of the mailing list is not the same person who mailed the notices of intent, then the two paragraphs in this recommended form must be separated into two affidavits signed by the appropriate persons.

In the Matter of the Proposed Adoption
of the Rule of the State _____
Governing _____

AFFIDAVIT OF
MAILING THE
NOTICE OF INTENT
TO ADOPT [A
RULE WITHOUT
A PUBLIC HEARING]
[AN EMERGENCY
RULE] AND
CERTIFICATE OF
MAILING LIST

STATE OF MINNESOTA)
)ss.
COUNTY OF [_____])

_____, being sworn says:

I hereby certify that the list of persons and associations who have requested, pursuant to *Minnesota Statutes*, sections 14.14, subdivision 1a and 14.22 or 14.30, that their names be placed on the state _____ rulemaking mailing list is accurate, complete, and current as of this _____ day of _____, 19 ____ .

That on the _____ day of _____, 19 ____ , at least [33 days for rules without a public hearing] [28 days for emergency rules] prior to the end of the comment period, at the City of [_____], County of [_____], State of Minnesota, I mailed the _____ (state what was mailed, for example: (1) Notice of Intent and (2) the proposed rule) by depositing in the [State of Minnesota Central Mail System for United States mailing] [United States mail], a copy thereof, with postage prepaid, to all persons and associations on the aforementioned mailing list.

_____

[Name]

Subscribed and sworn to before me
this _____ day of _____, 19 ____ .

_____

[Title]

_____

Notary Public

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.

2010.9930 RECOMMENDED FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING THE RULE WITHOUT PUBLIC HEARING.

STATE OF MINNESOTA

DEPARTMENT OF _____

In the Matter of the Proposed Adoption of the Rule of the State _____ Governing _____

FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULE WITHOUT PUBLIC HEARING

FINDINGS

1. Notice of the [Commissioner's] [Board's] [Commission's] intent to adopt the above-entitled rule was published in the *State Register* on _____ , 19 ____ and was sent by United States mail to all persons on the list maintained by the agency pursuant to *Minnesota Statutes*, sections 14.14, subdivision 1a and 14.22 on _____ , 19 ____ .

2. The statement of need and reasonableness was prepared before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the *State Register* and was available to the public.

3. All of the notice and procedural requirements in *Minnesota Statutes*, chapter 14, and other applicable law have been complied with.

4. All persons were given the opportunity to submit comment on the rule for 30 days after notice of proposed rulemaking. The 30-day comment period expired on _____ .

5. The agency received ~~_____~~ ~~letters of~~ [written comments] [no written comments] and submissions on the rule. The agency received _____ requests for notice of submission to the attorney general. ~~The agency received _____ requests for~~ [Number] individuals requested a public hearing [, of which _____ were subsequently withdrawn]. Therefore, there are not 25 or more outstanding requests for a public hearing.

[If any changes were made between the rule as proposed and the rule as adopted, findings of fact and conclusions supporting the reasons for the changes and explaining why the changes do not constitute substantial changes as provided in the attorney general rules, part 2010.1000, item D must be set forth.]

6. The statement of need and reasonableness together with these findings, establish and justify the rational basis for the need for and reasonableness of the rule [as amended].

CONCLUSIONS

1. The _____ duly acquired and has jurisdiction over this proceeding.

2. The _____ published and served timely and adequate notice of intent to adopt the rule without a public hearing.

3. All relevant legal and procedural requirements of statute and rule have been complied with.

4. [If the proposed rule was amended] The modifications to the proposed rule are supported by the record and do not result in a substantial change.

5. The rule [as amended] is needed and reasonable.

NOW, THEREFORE, IT IS ORDERED that the rule identified as _____ [as modified] is adopted this _____ day of _____ , 19 _____ , pursuant to authority vested in [me] [the Board] [the Commission] by *Minnesota Statutes*, section _____.

[Name] _____

[Title] _____

2010.9940 RECOMMENDED NOTICE OF SUBMISSION OF RULE ADOPTED WITHOUT PUBLIC HEARING TO ATTORNEY GENERAL.

STATE OF MINNESOTA

DEPARTMENT OF _____

In the Matter of the Proposed Adoption of the Rule of the State _____ Governing _____

NOTICE OF SUBMISSION OF RULE ADOPTED WITHOUT PUBLIC HEARING TO THE ATTORNEY GENERAL

Pursuant to your request and in accordance with *Minnesota Statutes*, section 14.26:

PLEASE TAKE NOTICE that the above-captioned rule as adopted will be submitted to the Office of the Attorney General on the date of this notice, _____ , 19 ____ , for review as to legality and form to the extent form relates to legality. The proposed rule, the rule as adopted, all the notices, the Statement of Need and Reasonableness, all written comments and requests for a hearing received, and other required documents also ~~have been~~ will be submitted to the Attorney General.

[(If the proposed rule has been modified:) The proposed rule which was published in the *State Register* and ~~made available~~ mailed to ~~the public~~ interested persons on _____ , 19 ____ , has been modified. A free copy of the rule as modified as well as the findings of fact, conclusions, and order explaining the amendments and adopting the rule are available upon request from _____ . (or) A copy of the rule as modified and the findings of fact, conclusions, and order are enclosed with this notice.]

The rule must be approved or disapproved by the Attorney General within 14 calendar days of the date of submission to the Attorney General. You may submit written comments to the Attorney General on the legality of the rule. Any written comments must be submitted by 4:30 p.m., _____ (date,) 19 ____ , (which is eight calendar days ~~of~~ after the date of submission of the rule to the Attorney General). Your comments must address only the issue of legality of the rule or the legality of the specific parts or subparts of the rule. The Attorney General standards for review are set forth in *Minnesota Rules*, part 2010.1000. You may receive a copy of the Attorney General decision upon written request to the Attorney General. Your comments or requests for the decision must be directed to:

The Office of the Attorney General
Public Finance Division
525 Park Street, Suite 500
Saint Paul, Minnesota 55103
Telephone Number: (612) 297-2040
Fax Number: (612) 297-2576

Any written comments submitted to the Attorney General must be submitted simultaneously to:

[Name, address, telephone number, and
Fax number (Fax number is optional)
of appropriate person in the agency]

[Name] _____

[Title] _____

Dated: _____

2010.9945 RECOMMENDED AFFIDAVIT OF MAILING THE NOTICE OF SUBMISSION OF RULE ADOPTED WITHOUT PUBLIC HEARING OR EMERGENCY RULE TO ATTORNEY GENERAL.

In the Matter of the Proposed Adoption
of the [Emergency] Rule of the
State _____
Governing _____

AFFIDAVIT OF
MAILING THE NOTICE
OF SUBMISSION OF
[RULE ADOPTED
WITHOUT PUBLIC
HEARING]
[EMERGENCY RULE]
TO THE ATTORNEY
GENERAL

STATE OF MINNESOTA)
)ss.
COUNTY OF [_____])

_____ , being sworn says:

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.

That on the _____ day of _____ , 19 ____ , in the City of [_____], County of [_____], State of Minnesota, I mailed the Notice of Submission to the Attorney General by depositing in the [State of Minnesota Central Mail System for United States mailing] [United States mail], a copy thereof, with postage prepaid, to all persons and associations who requested notice that the rule in the above-entitled matter has been submitted to the Attorney General.

_____
[Name]

Subscribed and sworn to before me
this _____ day of _____ , 19 ____ .

_____
[Title]

_____
Notary Public

2010.9946 RECOMMENDED DUAL NOTICE.

STATE OF MINNESOTA

DEPARTMENT OF _____

In the Matter of the Proposed Adoption
of the Rule of the State _____
Governing _____

DUAL NOTICE:

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING UNLESS 25 OR MORE PERSONS REQUEST A HEARING, AND

NOTICE OF HEARING IF 25 OR MORE REQUESTS FOR HEARING ARE RECEIVED

Introduction. The [agency name] intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rule within 30 days or by [date of the end of the 30-day comment period], a public hearing will be held on [scheduled hearing date]. To find out whether the rule will be adopted without a hearing or if the hearing will be held, you should contact the agency contact person after [date 1, end of the 30-day comment period] and before [date 2, the scheduled hearing date].

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to:

[Name, agency, address, telephone number, and Fax number (Fax number is optional)]

Subject of Rule and Statutory Authority. The proposed rule is about [title or subject of rule]. The statutory authority to adopt the rule is [specific statutory citation]. A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed. [If the proposed rule is not attached to the mailed notice, then this notice must include an informative statement describing the nature and effect of the proposed rule and issues involved and include the announcement that: A free copy of the rule is available upon request from [the agency contact person].]

Comments. You have until _____ p.m. on _____ to submit written comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rule addressed, the reason for the comment; and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rule. Your request for a public hearing must be in writing and must be received by the agency contact person by _____ p.m. on _____ . Your written request for a public hearing must include your name, address, and telephone number. You are encouraged to identify the portion of the proposed rule which caused your request, the reason for the request, and any changes you want made to the proposed rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing.

Modifications. The proposed rule may be modified, either as a result of public comment or as a result of the rule hearing process. Modifications must not result in a substantial change in the proposed rule as [attached and] printed in the *State Register* and must be supported by data and views submitted to the agency or presented at the hearing. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Cancellation of Hearing. The hearing scheduled for [date] will be canceled if the agency does not receive requests from 25 or more persons that a hearing be held on the rule. If you requested a public hearing, the agency will notify you before the scheduled hearing whether or not the hearing will be held. You may also call [agency contact person] at [telephone number] after [date after the end of the 30-day comment period] to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit written requests for a public hearing on the rule, a hearing will be held following the procedures in *Minnesota Statutes*, sections 14.14 to 14.20. The hearing will be held on [date] in the [place] beginning at [time] and will continue until all interested persons have been heard. The hearing will continue, if necessary, at additional times and places as determined during the hearing by the administrative law judge. The administrative law judge assigned to conduct the hearing is [name]. Judge [name] can be reached at the Office of Administrative Hearings, [current address and telephone number].

Hearing Procedure. If a hearing is held, you and all interested or affected persons including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should relate to the proposed rule. You may also mail written material to the administrative law judge to be recorded in the hearing record for five working days after the public hearing ends. This five-day comment period may be extended for a longer period not to exceed 20 calendar days if ordered by the administrative law judge at the hearing. Comments received during this period will be available for review at the Office of Administrative Hearings. You and the agency may respond in writing within five business days after the submission period ends to any new information submitted. All written materials and responses submitted to the administrative law judge must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the due date. No additional evidence may be submitted during the five-day period. This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.0200 to 1400.1200 and *Minnesota Statutes*, sections 14.14 to 14.20. Questions about procedure may be directed to the administrative law judge.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement describes the need for and reasonableness of each provision of the proposed rule. It also includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing, if one is held. The statement may also be reviewed and copies obtained at the cost of reproduction from the Office of Administrative Hearings.

Small Business Considerations. [If applicable and selected, see *Minnesota Statutes*, section 14.115, subdivision 4.]

Expenditure of Public Money by Local Public Bodies. [If applicable, see *Minnesota Statutes*, section 14.11, subdivision 1.]

Impact on Agriculture Lands. [If applicable, see *Minnesota Statutes*, section 14.11, subdivision 2.]

[Other notices required by law or chosen to be inserted in this notice.]

Lobbyist Registration. *Minnesota Statutes*, chapter 10A requires each lobbyist to register with the Ethical Practices Board. Questions regarding this requirement may be directed to the Ethical Practices Board at [current address and telephone number of the Ethical Practices Board].

Adoption Procedure if No Hearing. If no hearing is required, after the end of the comment period the agency may adopt the rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's decision on the rule. If you want to be so notified, or wish to receive a copy of the adopted rule, submit your request to [agency contact person] listed above.

Adoption Procedure After the Hearing. If a hearing is held, after the close of the hearing record, the administrative law judge will issue a report on the proposed rule. You may request to be notified 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 rule for a period of five working days. If you want to be notified about the report, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the administrative law judge. You may also request notification of the date on which the rule is adopted and filed with the Secretary of State. The agency's notice of adoption must be mailed on the same day that the rule is filed. If you want to be notified of the adoption, you may so indicate at the hearing or send a request in writing to the agency contact person at any time prior to the filing of the rule with the Secretary of State.

Date: _____

_____

[Name]

_____

[Title]

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.

2010.9951 RECOMMENDED NOTICE OF INTENT TO ADOPT AN EMERGENCY RULE.

STATE OF MINNESOTA

DEPARTMENT OF _____

In the Matter of the Proposed Adoption of Emergency Rule of the State _____ Governing _____

NOTICE OF INTENT TO ADOPT AN EMERGENCY RULE

The [agency name] intends to adopt an emergency rule following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.29 to 14.36. You may submit written comments on the proposed emergency rule within 25 days.

Agency Contact Person. Comments or questions on the rule must be submitted to:

[Name, agency, address, telephone number, and Fax number (Fax number is optional)]

Subject of Emergency Rule and Statutory Authority. The proposed emergency rule is about [title or subject of rule]. The statutory authority to adopt this emergency rule is [specific statutory citation]. A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed. [If the proposed rule is not attached to the mailed notice, then this notice must include an informative statement describing the nature and effect of the proposed rule.] A free copy of the proposed emergency rule is available upon request from the agency contact person listed above.

Comments. You have until _____ p.m., _____ [calendar date of the end of the 25-day comment period; see part 2010.0400, item E, subitem (3), for how to count the days] to submit written data and views on the proposed emergency rule or any part or subpart of the emergency rule. Your comment must be in writing and received by the agency contact person by the due date.

Modifications. The proposed emergency rule may be modified as a result of public comment. The modifications must be supported by data and views submitted to the agency and may not result in a substantial change in the proposed emergency rule as [attached and] printed in the *State Register*. If the proposed emergency rule affects you in any way, you are encouraged to participate in the rulemaking process.

Expenditure of Public Money by Local Public Bodies. [If applicable, see *Minnesota Statutes*, section 14.11, subdivision 1.]

Impact on Agriculture Lands. [If applicable, see *Minnesota Statutes*, section 14.11, subdivision 2.]

[Other notices required by law or chosen to be inserted in this notice.]

Adoption and Review of Emergency Rule. After the end of the comment period, the agency may adopt the emergency rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's decision on the rule. If you wish to be so notified, or wish to receive a copy of the adopted rule, submit your request to the agency contact person listed above.

Effective Period for Emergency Rule. The emergency rule will take effect five working days after approval by the attorney general and be effective for _____ days. The emergency rule will be continued in effect for an additional _____ days if the agency gives notice of continuation in accordance with *Minnesota Statutes*, section 14.35.

_____
[Name]

_____
[Title]

Dated: _____

2010.9955 RECOMMENDED FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING EMERGENCY RULE.

STATE OF MINNESOTA

DEPARTMENT OF _____

In the Matter of the Proposed Adoption of the [Emergency] Rule of the State _____ Governing _____

FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING EMERGENCY RULE

FINDINGS

1. Notice of the [Commissioner's] [Board's] [Commission's] intent to adopt the above-entitled emergency rule was published in the *State Register* on _____, 19 ____ and was sent by United States mail to all persons on the list maintained by the agency pursuant to *Minnesota Statutes*, section 14.30 on _____, 19 ____.

2. All of the notice and procedural requirements in *Minnesota Statutes*, chapter 14, and other applicable law have been complied with.

3. All persons were given the opportunity to submit written comment on the rule for at least 25 days after notice of proposed rulemaking. The 25-day comment period expired on _____ .

4. The agency received ~~_____ letters of~~ [written comments] [no written comments] and submissions on the rule. The agency received _____ requests for notice of submission to the attorney general.

[If any changes were made between the rule as proposed and the rule as adopted, findings of fact and conclusions supporting the reasons for the changes, and explaining why the changes do not constitute substantial changes as provided in the attorney general rules part 2010.1000, item D must be set forth.]

CONCLUSIONS

1. The _____ duly acquired and has jurisdiction over this proceeding.

2. The authority for use of emergency rule procedures has not expired pursuant to *Minnesota Statutes*, section 14.29.

3. The _____ published and served timely and adequate notice of intent to adopt the emergency rules.

4. All relevant legal and procedural requirements of statute and rule have been complied with.

5. [If the proposed rule was amended] The modifications to the proposed rule are supported by the record and do not result in a substantial change.

NOW, THEREFORE, IT IS ORDERED that the rule identified as _____ [as modified] is adopted this _____ day of _____ , 19 ____ , pursuant to authority vested in [me] [the Board] [the Commission] by *Minnesota Statutes*, section _____ .

[Name] _____

[Title] _____

2010.9960 RECOMMENDED NOTICE OF SUBMISSION OF THE EMERGENCY RULE TO ATTORNEY GENERAL.

STATE OF MINNESOTA

DEPARTMENT OF _____

In the Matter of the Proposed Adoption of the [Emergency] Rule of the State _____ Governing _____	NOTICE OF SUBMISSION OF EMERGENCY RULE TO THE ATTORNEY GENERAL

Pursuant to your request and in accordance with *Minnesota Statutes*, section 14.32:

PLEASE TAKE NOTICE that the above-captioned emergency rule as adopted will be submitted to the Office of the Attorney General on the date of this notice, _____ , 19 ____ , for review as to legality and form to the extent form relates to legality. The proposed emergency rule, the rule as adopted, all the notices, all written comments received and other required documents also ~~have been~~ will be submitted to the Attorney General.

[(If the proposed emergency rule has been modified:) The proposed emergency rule which was published in the *State Register* and ~~made available~~ mailed to ~~the public~~ interested persons on _____ , 19 ____ , has been modified. A free copy of the emergency rule as modified as well as the findings of fact, conclusions, and order explaining the amendments and adopting the rule are available upon request from _____ . (or) A copy of the rule as modified and the findings of fact, conclusions, and order are enclosed with this notice.]

The rule must be approved or disapproved by the Attorney General on the tenth working day following date of receipt of the rule. You may submit written comments to the Attorney General. Any written comments must be submitted by 4:30 p.m. _____ , 19 ____ , seven working days ~~of~~ after the date of this notice. Your comments must address only the issue of legality of the rule or the legality of the specific parts or subparts of the rule. The Attorney General standards for review are set forth

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.

in *Minnesota Rules*, part 2010.1000. You may receive a copy of the Attorney General decision upon written request to the attorney general. Your comments or requests for the decision must be directed to:

The Office of the Attorney General
Public Finance Division
525 Park Street, Suite 500
Saint Paul, Minnesota 55103
Telephone: (612) 297-2040
Fax Number: (612) 297-2576

Any written comments submitted to the Attorney General must be submitted simultaneously to:

[Name, address, telephone number,
and Fax number (Fax number is optional)
of appropriate person in the agency]

_____
[Name]

_____
[Title]

Dated: _____

Department of Public Safety

Adopted Permanent Rules Relating to Fees for License Plates, Validation Stickers, and International Fuel Tax Agreement Decals and Issuance and Transfer of License Plates

The rules proposed and published at *State Register*, Volume 17, Number 19, pages 1146-1152, November 9, 1992 (17 SR 1146), are adopted with the following modifications:

Rules as Adopted

7403.0400 PLATES; FORMAT AND CONTENT.

Subp. 4. **Characters limited.** Plates must have all of the following character limitations:

C. No characters other than those specified in subpart 1, items A and B, will be permitted on a personalized plate. Stacked characters are not permitted on a personalized plate.

Subp. 9. **Multiple owners; special plates.** If the original application for a special plate is for a vehicle owned or leased by more than one person, ~~all owners~~ at least one owner or ~~all lessees~~ lessee must sign the application.

7403.0600 REPLACEMENT OF PERSONALIZED PLATES.

Subpart 1. **Loss, theft, ~~or~~ destruction, or scheduled replacement.** In the event of the loss, theft, ~~or~~ destruction, or scheduled replacement of the personalized plate issued, the registrar, upon receiving a written statement from the owner setting forth the circumstances, may issue a new set of personalized plates with the same combination of characters. The written statement must be on a form prescribed by the division.

7403.0900 ASSIGNMENT AND TRANSFER OF SPECIAL PLATES.

Subp. 4. **Election to retain plates.** If an owner sells a vehicle to which special plates have been issued and elects to retain the special plates, it is the responsibility of the owner or the owner's agent to apply for regular plates before the vehicle is sold. However, the owner is not required to obtain regular plates before the vehicle is sold if:

~~A.~~ the owner notifies the department, in writing:

~~(1)~~ A. of the disposition of the special plates; ~~and~~

~~(2)~~ B. whether the owner will retain the rights to the plate combination; and

~~B.~~ C. if the vehicle will be sold to:

7403.1300 PLATE AND VALIDATION STICKER FEES.

Subp. 2. **Original issuance.** Unless otherwise specified or exempted by statute, the following plate and validation sticker fees apply for the first issuance of a plate in a plate year:

Subp. 3. **Duplicate plates.** Duplicate plate fees apply for plates that are issued when the original plates are scheduled for replacement, lost, stolen, destroyed, or otherwise become unserviceable ~~and no new plate is issued~~. The duplicate plate fees are the same as for original issuance in subpart 2.

7403.1400 INTERNATIONAL FUEL TAX AGREEMENT DECAL FEE.

The fee for original and duplicate International Fuel Tax Agreement decals is 50 cents per decal.

Withdrawn Rules

Department of Revenue

Notice of Withdrawal of Proposed Rule in the Matter of the Proposed Adoption of the Rule Relating to Capital Equipment

NOTICE IS HERBY GIVEN that the above-referenced proposed rule, which was published in the *State Register* on September 8, 1992 (Volume 17, Number 10, pages 474-478) is hereby withdrawn.

Dated: 19 January 1993

Morris J. Anderson
Commissioner of Revenue
State of Minnesota

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. §§14.29-14.365. 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 Labor and Industry

Proposed Emergency Rules Relating to Workers' Compensation; Treatment Parameters

Notice of Intent to Adopt Emergency Rules

The Department of Labor and Industry intends to adopt emergency rules following the procedures set forth in the Administrative

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.

Procedures Act, *Minnesota Statutes*, sections 14.29 to 14.36. You may submit written comments on the proposed emergency rules within 25 days.

Agency Contact Person. Comments or questions on the rules must be submitted to:

Sandra Keogh
Department of Labor and Industry
Rehabilitation and Medical Affairs
443 Lafayette Road
St. Paul, Minnesota 55155-4316
Fax Number: (612) 282-2647
Telephone Number: (612) 297-7134

Subject of the Emergency Rules and Statutory Authority

The statutory to adopt the emergency rules is *Minnesota Statutes* § 176.83, subd. 5 (1992). The rules establish general and specific medical parameters for effective and medically necessary treatment of employees with compensable workers' compensation injuries to prevent excessive services. Specific parameters govern medical imaging and other diagnostic procedures and evaluations for workers' compensation injuries in general, and specifically for low back pain and upper extremity disorders. The rules set forth parameters for treatment of low back and upper extremity disorders, including but not limited to adjustment or manipulation; thermal treatment; electrical muscle stimulation; phoresis; manual therapy; splints and braces; patient education; injections and other medications; durable medical equipment; health clubs; exercise programs; functional capacity evaluations; work hardening and conditioning; chronic pain management programs; and psychological counseling. The rules also govern surgery for the lumbar and cervical spine and upper and lower extremities, and inpatient hospitalization. The rules address second opinions, referrals and communication between health care providers, determinations of excessive treatment by a payer, the commissioner or a compensation judge, and prior authorization and outcome study requirements for health care providers. The rules set forth Department procedures for referring health care providers to the Medical Services Review Board and other agencies where excessive treatment or violation of other workers' compensation rules is alleged.

How to Obtain a Copy of the Rules

The proposed rules follow this notice in the *State Register*. 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. The rules are in WordPerfect 5.1 format.

Send in a Request: You may mail or Fax a request to Janus Keesling, Department of Labor and Industry, 443 Lafayette Road, St. Paul, Minnesota 55155-4316. The Fax number is (612) 282-2647. Please specify your name and address and whether you would like the rules on 3.5" computer disc (WordPerfect 5.1) or a paper copy.

Personal Contact: You may obtain a paper or 3.5" computer disc (WordPerfect 5.1) copy of the rules in person from Janus Keesling at the above address or by phoning her at (612) 296-8213 from 8:00 a.m.-4:30 p.m., Monday-Friday.

Comments. You have until 4:30 p.m., on February 26, 1993 to submit written data and views on the proposed emergency rule or any part or subpart of the emergency rule. Your comment must be in writing and received by Sandra Keogh at the above address.

Modifications. The proposed emergency rule may be modified as a result of public comment. The modifications must be supported by data and views submitted to the agency and may not result in a substantial change in the proposed emergency rule as printed in the *State Register*. If the proposed emergency rules affect you in any way, you are encouraged to participate in the rulemaking process.

Adoption and Review of Emergency Rules. After the end of the comment period, the agency may adopt the emergency rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's decision on the rule. If you wish to be so notified, or wish to receive a copy of the adopted rule, submit your request to the agency contact person listed above.

Effective Period for Emergency Rules. The emergency rules will take affect five working days after approval by the attorney general and be effective for 180 days, unless modified by further emergency rules before then. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation in accordance with *Minnesota Statutes*, section 14.35.

Dated: 1 January 1993

John B. Lennes, Jr.
Commissioner

Rules as Proposed (all new material)

5221.6010 [Emergency] AUTHORITY.

Parts 5221.6010 to 5221.8900 [Emergency] are adopted under the authority of *Minnesota Statutes*, section 176.83, subdivision 5.

5221.6020 [Emergency] PURPOSE AND APPLICATION.

Parts 5221.6010 to 5221.6500 [Emergency] establish parameters for appropriate treatment of employees with compensable workers' compensation injuries to prevent excessive services. Parts 5221.6010 to 5221.6500 [Emergency] are not intended to affect any determination of liability for an injury under *Minnesota Statutes*, chapter 176. Treatment that is within a specific treatment parameter must still be effective as defined in part 5221.6040 [Emergency], subpart 5, and medically necessary as defined in part 5221.6040 [Emergency], subpart 11. In the absence of a specific parameter, the general parameters apply. Parts 5221.6010 to 5221.6500 [Emergency] apply to all treatment given after the effective date of parts 5221.6010 to 5221.6500 [Emergency], regardless of the date of injury. When treatment has been provided before the effective date, the parameters and time frames apply only to any treatment provided after the effective date.

5221.6030 [Emergency] INCORPORATION BY REFERENCE.

The ICD-9-CM diagnostic codes referenced in parts 5221.6010 to 5221.6500 [Emergency] are contained in the fourth edition of the International Classification of Diseases, Clinical Modification, 9th Revision, 1991, and corresponding annual updates. This document is subject to annual revisions and is incorporated by reference. It is published by the United States Department of Health and Human Services, Health Care Financing Administration, and may be purchased through the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402. It is available through the Minitex interlibrary loan system.

5221.6040 [Emergency] DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 5221.6010 to 5221.6500 [Emergency] have the meanings given them in this part.

Subp. 2. **Active treatment.** "Active treatment" means treatment specified in parts 5221.6200 [Emergency], subpart 4, and 5221.6300 [Emergency], subpart 4, which requires active patient participation in a therapeutic program to increase flexibility, strength, endurance, or awareness of proper body mechanics.

Subp. 3. **Chronic pain syndrome.** "Chronic pain syndrome" means any set of verbal or nonverbal behaviors that:

A. involve the complaint of enduring pain;

B. differ significantly from the patient's preinjury behavior;

C. have not responded to previous appropriate treatment;

D. are not consistent with a known organic syndrome which has remained untreated; and

E. interfere with physical, psychological, social, or vocational functioning.

Subp. 4. **Condition.** A patient's "condition" means the symptoms, physical signs, clinical findings, and functional status that characterize the complaint, illness, or injury related to a current claim for compensation.

Subp. 5. **Effective treatment.** "Effective treatment" means treatment that meets two out of the following three criteria:

A. the employee reports consistent and progressive improvement of subjective complaints of pain or disability;

B. the health care provider identifies and documents consistent and progressive improvement in objective clinical findings; or

C. the employee's functional status, objectively measured, has progressively improved, especially vocational activities.

Subp. 6. **Etiology.** "Etiology" means the anatomic alteration, physiologic dysfunction, or other biological abnormality which is considered a cause of the patient's condition.

Subp. 7. **Exacerbation.** "Exacerbation" means the aggravation or flare-up of symptoms, or the increase in severity of a disease or a patient's condition.

Subp. 8. **Functional status.** "Functional status" means the ability of an individual to engage in activities of daily living and other social, recreational, and vocational activities.

Subp. 9. **Initial nonsurgical treatment**. "Initial nonsurgical treatment" is treatment provided after an injury or illness and includes passive treatment, active treatment, injections, and durable medical equipment under parts 5221.6200 [Emergency] and 5221.6300 [Emergency], subparts 3, 4, 5, and 8. Scheduled and nonscheduled medication may be a part of initial nonsurgical treatment in accordance with parts 5221.6200 [Emergency], subpart 15, and 5221.6300 [Emergency], subpart 15. Initial nonsurgical care does not include surgery under parts 5221.6200 [Emergency], subpart 6, and 5221.6500 [Emergency] or 5221.6300 [Emergency], subpart 6, or chronic management modalities under parts 5221.6200 [Emergency], subpart 7, and 5221.6300 [Emergency], subpart 7. The period of initial nonsurgical treatment ends when reevaluation is required to determine whether surgery or chronic management is indicated, although certain modalities may be continued as specified in parts 5221.6200 [Emergency] and 5221.6300 [Emergency].

Subp. 10. **Medical imaging procedures.** A "medical imaging procedure" is a technique, process, or technology used to create a visual image of the body or its function. Medical imaging includes, but is not limited to: X-rays, tomography, angiography, venography, myelography, computed tomography (CT) scanning, magnetic resonance imaging (MRI) scanning, ultrasound imaging, nuclear isotope imaging, PET scanning, and thermography.

Subp. 11. **Medically necessary treatment.** "Medically necessary treatment" means those health services compensable under *Minnesota Statutes*, section 176.135, that are:

A. reasonable and necessary for the diagnosis and cure or significant relief of a condition;

B. reflective of the parameters in parts 5221.6020 to 5221.6500 [Emergency] or, where parts 5221.6020 to 5221.6500 [Emergency] do not address the treatment, the accepted standards of practice within the scope of the provider's license or certification; and

C. not delivered primarily for the convenience of the employee, the employee's treating health care provider, or any other health care provider.

Subp. 12. **Neurologic deficit.** "Neurologic deficit" means a loss of function secondary to involvement of the central or peripheral nervous system. This may include, but is not limited to, motor loss; spasticity; loss of reflex; radicular or anatomic sensory loss; loss of bowel, bladder, or erectile function; impairment of special senses, including vision, hearing, taste, or smell; or deficits in cognitive or memory function.

A. "Static neurologic deficit" means any neurologic deficit that has remained the same by history or noted by repeated examination since onset.

B. "Progressive neurologic deficit" means any neurologic deficit that has become worse by history or noted by repeated examination since onset.

Subp. 13. **Passive treatment.** "Passive treatment" is treatment specified in parts 5221.6200 [Emergency], subpart 3, and 5221.6300 [Emergency], subpart 3, that includes bedrest; thermal treatment; traction; acupuncture; electrical muscle stimulation; braces; manual and mechanical therapy; massage; and adjustments. Passive treatment does not include surgery, injections, or other invasive treatment, chronic pain management, oral medications, or active treatment.

5221.6050 [Emergency] GENERAL TREATMENT PARAMETERS; EXCESSIVE TREATMENT; PRIOR AUTHORIZATION.

Subpart 1. **General.** A health care provider shall provide effective, as defined in part 5221.6040 [Emergency], subpart 5, and medically necessary treatment, as defined in part 5221.6040 [Emergency], subpart 11. In addition, the health care provider must use the least intensive setting appropriate and must assist the employee in becoming independent in the employee's own care to the extent possible so that prolonged or repeated use of health care providers and medical facilities is minimized.

Subp. 2. **Documentation.** A health care provider must maintain an appropriate record, as defined in part 5221.0100, subpart 1a, of any treatment provided to a patient.

Subp. 3. **Evaluation of effective treatment.** A health care provider must evaluate the effectiveness and medical necessity of all treatment on an ongoing basis. If a given treatment is not effective and medically necessary treatment within any applicable treatment response time specified in parts 5221.6200 [Emergency] and 5221.6300 [Emergency], the health care provider must either:

A. significantly modify or discontinue the treatment;

B. reconsider the diagnosis; or

C. consult with another health care provider.

Subp. 4. **Initial nonsurgical treatment.** Health care providers shall provide a trial of initial nonsurgical treatment before offering or performing surgical treatment unless the treatment for the condition requires immediate surgery or unless an emergency or life threatening situation exists. Initial nonsurgical treatment plans shall include active treatment, as defined in part 5221.6040 [Emergency], subpart 2, especially as treatment progresses.

Subp. 5. **Chemical dependency.** The health care provider shall maintain diligence to detect incipient or actual chemical dependency to any medication prescribed for treatment of the employee's condition. In cases of incipient or actual dependency, the health care provider shall provide all necessary resources to assist the employee in recovering from the dependency.

Subp. 6. **Referrals between health care providers.**

A. Referrals from treating health care provider. The primary health care provider directing the course of treatment shall make timely and appropriate referrals for consultation for opinion or for the transfer of care if all of the following apply:

(1) the primary health care provider's treatment plan has not proven to be effective treatment, as defined in part 5221.6040 [Emergency], subpart 5, or improvement has reached a plateau;

(2) the primary health care provider does not have any reasonable alternative treatment to offer; and

(3) there is a reasonable likelihood that the consultant may offer or recommend a reasonable alternative treatment plan.

B. Referrals from consulting health care provider. If the consultant has reasonable belief that another consultation is appropriate, that consultant must coordinate further referral with the original treating health care provider. The consultant is under no obligation to provide or recommend treatment or further referral, if in the consultant's opinion, all reasonable and necessary treatment has been rendered. The consultant shall in this situation refer the employee back to the original treating health care provider for further follow-up.

C. Information sent to consultant. When a referring health care provider arranges for consultation, except in cases of emergency, the referring health care provider shall, with patient authorization, orally or in writing summarize for the consultant the conditions of injury, the working diagnosis, the treatment to date, the patient's response to treatment, all relevant laboratory and medical imaging studies, return to work considerations, and any other information relevant to the consultation. In addition, the referring health care provider shall make available to the consultant, with patient authorization, a copy of all medical records relevant to the employee's injury.

Subp. 7. **Communication between health care providers and consideration of prior care.**

A. Information requested by new health care provider. Upon accepting for care a patient with a workers' compensation injury, the health care provider shall ask the patient if care has been previously given for the injury by another health care provider. If care has been previously given for the injury by another health care provider and if the medical records for the injury have not been transferred, the new health care provider shall request authorization from the employee for relevant medical records. Upon receipt of the employee authorization, the new health care provider shall request relevant medical records from the previous health care providers. Upon receipt of the request for medical records and employee authorization, the previous health care providers shall provide the records within seven working days.

B. Treatment by prior health care provider. A health care provider may not repeat or perform alternate diagnostic testing previously performed by another health care provider except as permitted in parts 5221.6100 to 5221.6500 [Emergency]. When a therapeutic modality employed by a health care provider has not been effective treatment, or has been used for the maximum duration allowed under parts 5221.6010 to 5221.6500 [Emergency], another health care provider may not employ the same modality at any time thereafter to treat the same injury except as specifically provided in parts 5221.6200 [Emergency], subparts 6 and 10, and 5221.6300 [Emergency], subparts 6 and 10. It is also inappropriate for two health care providers to use the same treatment modality concurrently. An employee's refusal to provide authorization for release of medical records does not justify repeat treatment or diagnostic testing.

Subp. 8. **Excessive treatment.**

A. In addition to services deemed excessive under parts 5221.0500 and 5221.0550 and *Minnesota Statutes*, section 176.136, subdivision 2, an insurer may deny as excessive:

(1) treatment that does not comply with an applicable parameter or other rule in parts 5221.6020 to 5221.6500 [Emergency]; or

(2) treatment that falls within the parameters in parts 5221.0010 to 5221.6500 [Emergency], but which is not effective as defined in part 5221.6040 [Emergency], subpart 5, or medically necessary treatment as defined in subpart 11.

B. The commissioner or compensation judge shall consider only the following factors in determining whether treatment given or proposed is excessive under the treatment parameters and rules in parts 5221.6020 to 5221.6500 [Emergency]:

(1) whether a treatment parameter or other rule in parts 5221.6010 to 5221.6500 [Emergency] applies to the etiology or diagnosis for the condition;

(2) if a specific or general parameter applies, whether the treatment meets the requirements in the treatment parameter and whether the treatment was effective and medically necessary;

(3) whether a departure from the applicable treatment parameter is or was necessary because of a documented medical complication; documented continuing medical effectiveness of the treatment as defined in subpart 4, unusual medical circumstances related to the employee's return to work; or mismanagement of prior treatment by the health care provider or previous health care provider; and

(4) whether the health care provider requested preauthorization for the treatment according to subpart 9.

Subp. 9. **Prior authorization.** Requesting prior authorization is the responsibility of the health care provider who wants to provide, prescribe, or perform a treatment, therapy, modality, course of treatment, or program of treatment for which prior authorization is required by parts 5221.6010 to 5221.6500 [Emergency].

A. The health care provider shall request prior authorization in the following circumstances:

(1) for chronic management where preauthorization is required under parts 5221.6200 [Emergency], subpart 7, and 5221.6300 [Emergency], subpart 7;

(2) for durable medical equipment requiring preauthorization in parts 5221.6200 [Emergency], subpart 8, and 5221.6300 [Emergency], subpart 8.

(3) for any nonemergency inpatient hospitalization or nonemergency inpatient surgery. A surgery or hospitalization is considered inpatient if the patient spends at least one night in the facility; or

(4) for surgery, whether inpatient or outpatient, for nerve entrapment syndromes when a second opinion is required by part 5221.6300 [Emergency], subparts 13 and 14.

If a health care provider fails to request prior authorization as required in subitems (1) to (4), with knowledge that the treatment relates to a work-related condition, the health care provider shall not be paid for the treatment under any circumstances.

B. The insurer must respond orally or in writing to a request for prior authorization for treatment within seven days of receipt of the request. Within the seven days the insurer must either approve the request, deny authorization, request additional information, request that the employee obtain a second opinion, or request an examination by the employer's physician. A denial must include notice to the employee and health care provider of the reason for the denial.

(1) If the health care provider does not receive a response from the insurer within the seven days, the health care provider may proceed with the treatment. If payment for any treatment given is denied by the insurer, the commissioner or compensation judge may determine whether the treatment given was excessive.

(2) If the insurer denies authorization within seven days, without requesting additional information, a second opinion, or examination by the employer's physician, the treatment may not be reimbursed unless the treatment or reimbursement is ordered by the commissioner or compensation judge.

(3) If the insurer authorizes the treatment, the insurer may not later deny payment for the treatment authorized.

(4) If preauthorization for surgery is required, the insurer may require that the employee obtain a second opinion from a physician of the employee's choice under *Minnesota Statutes*, section 176.135, subdivision 1a. If within seven days of a request for authorization the insurer notifies the employee and health care provider that a second opinion is required, the health care provider may not perform the surgery until the employee obtains the second opinion, and requests authorization from the insurer. If the insurer denies authorization within seven days of receiving the second opinion, the surgery may not be reimbursed unless ordered by the commissioner or compensation judge.

(5) In any case requiring preauthorization, including surgery, the insurer may elect to obtain an examination of the employee by the employer's physician under *Minnesota Statutes*, section 176.155. If the insurer notifies the employee and health care provider of the examination within seven days of the request for authorization, the requested treatment may not be provided pending the examination. However, if the insurer has not obtained the examination and authorized or denied the treatment within 45 days, the health care provider may proceed with the treatment subject to later review by the commissioner or compensation judge.

(6) The insurer's request for additional information must specify the additional information required that is necessary to respond to the health care provider's request for treatment authorization. The requested treatment may not be given until the provider provides reasonable additional information. Once the additional information has been received, the insurer must respond within seven days subject to subitems (1) to (5).

C. Any time after ten weeks of passive treatment, the insurer may notify the employee and health care provider that passive treatment in a clinical setting under parts 5221.6200 [Emergency], subpart 3, and 5221.6300 [Emergency], subpart 3, is not authorized beyond 12 weeks, or later date designated by the insurer. If the insurer gives this advance notice, the health care provider shall not be paid for any unauthorized passive treatment given. Failure by the insurer to give notice to the provider does not preclude the insurer, commissioner, or compensation judge from determining whether any passive treatment given was excessive for the reasons in subpart 8.

Subp. 10. **Outcome studies.** The commissioner may require health care providers who use the modalities in parts 5221.6200 [Emergency] and 5221.6300 [Emergency] to gather and report outcome information on patients treated, with necessary consent of the employee. The health care providers shall report the outcome information on the modalities in parts 5221.6200 [Emergency] and 5221.6300 [Emergency] on a form prescribed by the commissioner, including items A to F:

A. the name of the health care provider;

B. the name of the patient, date of injury, social security number, date of birth, gender, and education;

C. the name of the workers' compensation insurer;

D. the pretreatment and posttreatment employment status;

E. the pretreatment and posttreatment health care utilization; and

F. the pretreatment and posttreatment symptoms and functional status.

5221.6100 [Emergency] PARAMETERS FOR MEDICAL IMAGING.

Subpart 1. **General principles.** All medical imaging must comply with items A to E. Except for emergency evaluation of significant trauma, a health care provider must document in the medical record an appropriate history and physicial examination, along with a review of any existing medical records and laboratory or imaging studies regarding the patient's condition, before ordering any imaging study.

A. Effective imaging. A health care provider should order the single most effective imaging study for diagnosing the suspected etiology of a patient's condition. No concurrent or additional imaging studies should be ordered until the results of the first study are known and reviewed by the treating health care provider. The decision for additional studies must be based on:

(1) inconclusive but suggestive findings in the first imaging study; if the first imaging study is negative, no additional imaging is indicated;

(2) change in suspected etiology based on the results of the first imaging study; or

(3) change in the patient's condition which would in itself warrant imaging.

B. Appropriate imaging. Imaging solely to rule out a diagnosis not seriously being considered as the etiology of the patient's condition is not indicated.

C. Routine imaging. Imaging on a routine basis is not indicated unless the information from the study is necessary to develop a treatment plan.

D. Repeat imaging. Repeat imaging, of the same views with the same imaging modality is not indicated except as follows:

(1) to treat a fracture;

(2) to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment; repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment;

(3) to follow up a surgical procedure;

(4) to work up a change in the patient's condition marked by new or altered objective findings; or

(5) to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study.

E. Alternative imaging. Persistence of a patient's subjective complaint or failure of the condition to respond to treatment are not legitimate indications for repeat imaging. In this instance an alternative imaging study may be indicated if another etiology of the patient's condition is suspected because of the failure of the condition to improve.

Subp. 2. **Specific imaging procedures for low back pain.** Except for the emergency evaluation of significant trauma, a health care provider must document in the medical record an appropriate history and physical examination, along with a review of any existing medical records and laboratory or imaging studies regarding the patient's condition, before ordering any imaging study of the low back.

A. Computed tomography (CT) scanning is indicated any time that one of the following conditions is met:

(1) when there are symptoms of nerve root entrapment, severe sciatica, or disc herniation;

(2) when cauda equina syndrome is suspected;

(3) for evaluation of progressive neurologic deficit; or

(4) when bony lesion is suspected on the basis of other tests or imaging procedures.

Except as specified in subitems (1) to (4), CT scanning is not indicated in the first eight weeks.

Computed tomography scanning is indicated after eight weeks if the patient continues with symptoms and objective physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities.

B. Magnetic resonance imaging (MRI) scanning is indicated any time that one of the following conditions is met:

(1) when there are symptoms of nerve root entrapment, severe sciatica, or disc herniation, and spinal cord, nerve, or intervertebral disc pathology is suspected;

(2) when cauda equina syndrome is suspected;

(3) for evaluation of progressive neurologic deficit;

(4) when previous spinal surgery has been performed and there is a need to differentiate scar due to previous surgery from disc herniation, tumor, or hemorrhage; or

(5) suspected discitis.

Except as specified in subitems (1) to (5), MRI scanning is not indicated in the first eight weeks.

Magnetic resonance imaging scanning is indicated after eight weeks if the patient continues with symptoms and objective physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities.

C. Myelography is indicated in the following circumstances:

(1) may be substituted for otherwise indicated CT scanning or MRI scanning in accordance with items A and B, if those imaging modalities are not locally available;

(2) in addition to CT scanning or MRI scanning, if there are progressive neurologic deficits or changes and CT scanning or MRI scanning has been negative; or

(3) for preoperative evaluation in cases of scheduled surgical intervention but only if CT scanning and MRI scanning have failed to provide a definite preoperative diagnosis.

D. Computed tomography myelography is indicated in the following circumstances:

(1) the patient's condition is predominantly sciatica, and there has been previous spinal surgery, and tumor is suspected;

(2) the patient's condition is predominantly sciatica and there has been previous spinal surgery and MRI scanning is equivocal;

(3) when spinal stenosis is suspected and the CT or MRI scanning is equivocal;

(4) in addition to CT scanning or MRI scanning, if there are progressive neurologic symptoms or changes and CT scanning or MRI scanning has been negative; or

(5) for preoperative evaluation in cases of scheduled surgical intervention, but only if CT scanning or MRI scanning have failed to provide a definite preoperative diagnosis.

E. Intravenous enhanced CT scanning is indicated only if there has been previous spinal surgery, and the imaging study is being used to differentiate scar due to previous surgery from disc herniation or tumor, but only if interthecal contrast for CT-myelography is contraindicated and MRI scanning is not available or is also contraindicated.

F. Gadolinium enhanced MRI scanning is indicated when:

(1) there has been previous spinal surgery, and the imaging study is being used to differentiate scar due to previous surgery from disc herniation or tumor;

(2) hemorrhage is suspected;

(3) tumor or vascular malformation is suspected;

(4) infection or inflammatory disease is suspected; or

(5) unenhanced MRI scanning was equivocal.

G. Discography is indicated when:

(1) back pain is the predominant complaint, the patient has failed to improve with initial nonsurgical care, other imaging has not established a diagnosis, and lumbar fusion surgery is being considered as a therapy; or

(2) there has been previous spinal surgery, and pseudoarthrosis, recurrent disc herniation, annular tear, or internal disc disruption is suspected.

H. Computed tomography discography is indicated when:

(1) sciatica is the predominant complaint and lateral disc herniation is suspected; or

(2) if appropriately performed discography is equivocal or paradoxical, with a normal X-ray pattern but a positive pain response, and an annular tear or interannular injection is suspected.

I. Nuclear isotope scans (including technicium, indium, and gallium scans) are not indicated unless tumor, stress fracture, infection, or inflammatory lesion is suspected on the basis of history, physical examination findings, laboratory studies, or the results of other imaging studies.

J. Thermography is not indicated for the diagnosis of low back pain, sciatica, or lumbar radiculopathy.

K. Anterior-posterior (AP) and lateral X-rays of the lumbosacral spine are limited by subitems (1) and (2).

(1) They are indicated in the following circumstances:

(a) when there is a history of significant acute trauma as the precipitating event of the patient's condition, and fracture, dislocation, or fracture dislocation is suspected;

(b) when the history, signs, symptoms, and laboratory studies indicate possible tumor, infection, or inflammatory lesion;

(c) for postoperative follow-up of lumbar fusion surgery; or

(d) when the patient is more than 50 years of age.

(2) They are not indicated in the following circumstances:

(a) to verify progress during initial nonsurgical treatment; or

(b) to evaluate a successful initial nonsurgical treatment program.

L. Oblique X-rays of the lumbosacral spine are limited by subitems (1) and (2).

(1) They are indicated in the following circumstances:

(a) to follow up abnormalities detected on anterior-posterior or lateral X-ray;

(b) for postoperative follow-up of lumbar fusion surgery; or

(c) to follow-up spondylolysis or spondylolisthesis not adequately diagnosed by other indicated imaging procedures.

(2) They are not indicated as part of a package of X-rays including anterior-posterior and lateral X-rays of the lumbosacral spine.

5221.6200 [Emergency] LOW BACK PAIN.

Subpart 1. **Diagnostic procedures for treatment of low back injury.** A health care provider shall determine the nature of the condition before initiating treatment.

A. An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must assign the patient at each visit to the appropriate clinical category according to subitems (1) to (4). The diagnosis must be documented in the medical record. For the purposes of subitems (2) and (3), "radicular pain" means pain radiating distal to the knee, or pain conforming to an L2, L3, or L4 dermatomal distribution and accompanied by anatomically congruent motor weakness or reflex changes.

(1) Regional low back pain, including referred pain to the leg above the knee unless it conforms to an L2, L3, or L4 dermatomal distribution and is accompanied by anatomically congruent motor weakness or reflex changes. This includes the diagnoses of lumbar, lumbosacral, or sacroiliac: strain, sprain, myofascial syndrome, musculoligamentous injury, soft tissue injury, spondylosis, and any other diagnosis for pain believed to originate in the discs, ligaments, muscles, or other soft tissues of the lumbar spine or sacroiliac joints and which effects the lumbosacral region, with or without referral to the buttocks and/or leg above the knee, including, but not limited to, ICD-9-CM codes 720 to 720.9, 721, 721.3, 721.5 to 721.90, 722, 722.3, 722.32, 722.5, 722.51, 722.52, 722.6, 722.9, 722.90, 722.93, 724.2, 724.5, 724.6, 724.8, 724.9, 732.0, 737 to 737.9, 738.4, 738.5, 739.2 to 739.4, 756.1 to 756.19, 847.2 to 847.9, 922.3, 926.1, 926.11, and 926.12.

(2) Radicular pain, with or without regional low back pain, with static neurologic deficit. This includes the diagnoses of sciatica, lumbar or lumbosacral radiculopathy, radiculitis or neuritis, displacement or herniation of intervertebral disc with myelopathy, radiculopathy, radiculitis or neuritis; spinal stenosis with myelopathy, radiculopathy, radiculitis or neuritis; and any other diagnoses for pain in the leg below the knee believed to originate with irritation of a nerve root in the lumbar spine, including, but not limited to, the ICD-9-CM codes 721.4, 721.42, 721.91, 722.1, 722.10, 722.2, 722.7, 722.73, 724.0, 724.00, 724.02, 724.09, 724.3, 724.4, and 724.9. In these cases neurologic findings on examination are either absent or do not show progressive deterioration.

(3) Radicular pain, with or without regional low back pain, with foot drop or progressive neurologic deficit. This includes the same diagnoses as subitem (2), however, this category applies when there is a history of progressive deterioration in the neurologic symptoms and findings (including worsening sensory loss, increasing muscle weakness, and progressive reflex changes), or when foot drop is present at the first evaluation.

(4) Cauda equina syndrome is a syndrome characterized by anaesthesia in the buttocks, genitalia, or thigh and accompanied by disturbed bowel and bladder function, ICD-9-CM codes 344.6, 344.60, and 344.61.

B. Laboratory tests are not indicated in the evaluation of a patient with regional low back pain, radicular pain, or cauda equina syndrome, except when a patient's history, age, or examination suggests infection, metabolic-endocrinologic disorders, tumorous conditions, systemic musculoskeletal disorders, such as rheumatoid arthritis or ankylosing spondylitis, or to evaluate potential adverse side effects of medications. Laboratory test may be ordered at any time the health care provider suspects any of these conditions, but the health care provider must justify the need for the tests ordered with clear documentation of the indications. Laboratory tests may also be ordered as part of a preoperative evaluation.

C. Medical imaging evaluation of the lumbosacral spine must be based on the findings of the history and physical examination and cannot be ordered before the health care provider's clinical evaluation of the patient. Medical imaging may not be performed as a routine procedure and must comply with all of the standards in part 5221.6100 [Emergency], subparts 1 and 2. The health care

provider must document the appropriate indications for any medical imaging studies obtained.

D. Electrodiagnostic studies include electromyography (EMG), nerve conduction studies, somatosensory evoked potentials (SSEP's), and motor evoked potentials (MEP's).

(1) Electrodiagnostic studies are always inappropriate for the regional low back pain diagnoses in item A, subitem (1).

(2) Electrodiagnostic studies may be an appropriate diagnostic tool for radicular pain and cauda equina syndrome diagnoses in item A, subitems (2) to (4). Electrodiagnostic studies are not usually indicated in the first three weeks after injury.

(3) Repeat electrodiagnostic studies are not indicated unless a new neurologic symptom or finding has developed which in itself would warrant electrodiagnostic testing. Failure to improve with treatment is not an indication for repeat testing.

E. The use of the following procedures or tests is not indicated for the diagnosis of low back pain:

(1) surface electromyography or surface paraspinal electromyography;

(2) thermography;

(3) plethysmography;

(4) electronic X-ray analysis; or

(5) diagnostic ultrasound.

F. Computerized range of motion or strength measuring tests are not indicated during the period of initial nonsurgical care, but may be indicated during a period of chronic management when used in conjunction with a computerized exercise program, work hardening program, or work conditioning program. During the period of initial nonsurgical care, computerized range of motion or strength testing may be performed but must be done in conjunction with and shall not be reimbursed separately from an office visit, chiropractic evaluation or treatment, or physical therapy evaluation or treatment.

G. Personality or psychosocial evaluations may be indicated for evaluating patients who continue to have problems despite appropriate care. The treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to obtain a psychological evaluation. These evaluations may be used to assess the patient for a number of psychological conditions which may interfere with recovery from the injury. Since more than one of these psychological conditions may be present in a given case, the health care provider performing the evaluation must consider all of the following:

(1) Is symptom magnification occurring?

(2) Does the patient exhibit an emotional reaction to the injury, such as depression, fear, or anger, which is interfering with recovery?

(3) Are there other personality factors or disorders which are interfering with recovery?

(4) Is the patient chemically dependent?

(5) Are there any interpersonal conflicts interfering with recovery?

(6) Does the patient have a chronic pain syndrome?

(7) In cases in which surgery is a possible treatment, are psychological factors likely to interfere with the potential benefit of the surgery?

H. Diagnostic analgesic blocks or injection studies include facet joint injection, facet nerve injection, trigger point injection, sacroiliac joint injection, sympathetic block, epidural differential spinal block, nerve block, and nerve root block.

(1) These procedures are used to localize the source of pain before surgery and to diagnose conditions which fail to respond to initial nonsurgical care.

(2) These injections are surgical and when done as diagnostic procedures only, are not indicated unless nonsurgical procedures have failed to establish the diagnosis.

(3) Selection of patients, choice of procedure, and localization of the level of injection should be determined by documented clinical findings indicating possible pathologic conditions and the source of pain symptoms.

(4) These blocks and injections can also be used as therapeutic modalities and as such are subject to the parameters of subpart 5.

I. Functional capacity assessment or evaluation is a comprehensive and objective assessment of a patient's ability to perform work tasks. The components of a functional capacity assessment or evaluation include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance. A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the requested information. Functional capacity assessments and evaluations are performed to determine a

patient's physical capacities in general or to determine work tolerance for a specific job, task, or work activity.

(1) Functional capacity assessment or evaluation is not indicated during the period of initial nonsurgical care.

(2) After the period of initial nonsurgical care functional capacity assessment or evaluation is indicated in either of the following circumstances:

(a) permanent activity restrictions and capabilities must be identified; or

(b) there is a question about the patient's ability to do a specific job.

(3) A functional capacity evaluation is not appropriate to establish baseline performance before treatment, or for subsequent assessments, to evaluate change during or after treatment.

Subp. 2. **General treatment parameters for low back pain.**

A. All medical care for low back pain, except fractures, tumors, or infection, is determined by the diagnosis and clinical category in subpart 1, item A, to which the patient has been assigned. General parameters for treatment modalities are set forth in subparts 3 to 10 and 15. Specific treatment parameters for each clinical category are set forth in subparts 11 to 14, as follows:

(1) subpart 11 governs regional low back pain;

(2) subpart 12 governs radicular pain with static neurologic deficits;

(3) subpart 13 governs radicular pain with progressive neurologic deficits; and

(4) subpart 14 governs cauda equina syndrome.

The health care provider must constantly reassess the appropriateness of the clinical category assigned and reassign the patient if warranted by new clinical information including symptoms, signs, results of diagnostic testing, and opinions and information obtained from consultations with other health care providers. When the clinical category is changed, the treatment plan must be appropriately modified to reflect the new clinical category. However, a change of clinical category does not in itself allow the health care provider to continue a therapy or treatment modality past the maximum duration specified in subparts 3 to 10, or to repeat a therapy or treatment previously provided for the same injury.

B. In general, a course of treatment is divided into three phases.

(1) First, all patients with low back problems, except patients with radicular pain with foot drop or progressive neurological changes, or cauda equina syndrome (subpart 1, item A, subitems (3) and (4)), must be given initial nonsurgical care which will usually include both active and passive treatment modalities, and may also include injections and other medications. These modalities and parameters are described in subparts 3 to 5 and 15. The period of initial nonsurgical treatment ends when reevaluation is required to determine whether surgery or chronic management is indicated, although certain modalities may be continued as specified in part 5221.6200 [Emergency].

(2) Second, for patients with persistent symptoms, initial nonsurgical care is followed by a period of reevaluation of the diagnosis and surgery, if indicated. Patients with radicular pain with foot drop or progressive neurological changes, or cauda equina syndrome may require immediate surgical therapy. Any patient who has had surgery may require postoperative therapy with active and passive treatment modalities for a period of up to eight weeks. This therapy may be in addition to any received during the period of initial nonsurgical care. Surgical parameters are described in subpart 6 and part 5221.6500 [Emergency].

(3) Third, for those patients who are not candidates for or refuse surgical therapy or who do not have complete resolution of their symptoms with surgery, a period of chronic management may be indicated. Chronic management modalities and durable medical equipment are described in subparts 7 and 8.

Subp. 3. **Passive treatment modalities.** The use of passive treatment modalities in a clinical setting set forth in items A to I is not indicated beyond 12 weeks.

A. Adjustment or manipulation of joints, includes chiropractic and osteopathic adjustments or manipulations:

(1) time for treatment response, three to five treatments;

(2) optimum treatment frequency, one to five times per week for the first one to two weeks decreasing to one to two times per week thereafter; and

(3) maximum treatment duration, 12 weeks.

B. Prolonged restriction of activity and immobilization are detrimental to a patient's recovery. Bedrest should not be prescribed for more than seven days.

C. Thermal treatment includes all superficial and deep heating and cooling modalities. Superficial thermal modalities include hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, cold soaks, infrared, whirlpool, and fluidotherapy. Deep thermal modalities include diathermy, ultrasound, and microwave.

(1) Treatment given in a clinical setting:

(a) time for treatment response, two to four treatments;

(b) optimum treatment frequency, three to five times per week for the first one to three weeks decreasing in frequency thereafter; and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies.

(2) Home use of thermal modalities may be prescribed at any time during the course of treatment. Home use may only involve hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, and cold soaks which can be applied by the patient without assistance. Home use of thermal modalities does not require any special training or monitoring, other than that usually provided by the health care provider during an office visit.

D. Electrical muscle stimulation includes galvanic stimulation, TENS, interferential, and microcurrent techniques.

(1) Treatment given in a clinical setting:

(a) time for treatment response, two to four treatments;

(b) optimum treatment frequency, three to five times per week for the first one to three weeks decreasing with time thereafter; and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies.

(2) Home use of an electrical stimulation device may be prescribed at any time during a course of treatment. Initial use of an electrical stimulation device must be in a supervised setting in order to ensure proper electrode placement and patient education:

(a) time for patient education and training, one to three sessions; and

(b) patient may use the electrical stimulation device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device.

E. Mechanical traction:

(1) Treatment given in a clinical setting:

(a) time for treatment response, three treatments;

(b) optimum treatment frequency, two to three times per week for the first one to three weeks decreasing with time thereafter; and

(c) maximum treatment duration, 12 weeks in a clinical setting but only if used in conjunction with other therapies.

(2) Home use of a mechanical traction device may be prescribed as follow-up to use of traction in a clinical setting if it has proven to be effective treatment and is expected to continue to be effective treatment. Initial use of a mechanical traction device must be in a supervised setting in order to ensure proper patient education:

(a) time for patient education and training, one session; and

(b) patient may use the mechanical traction device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device.

F. Acupuncture treatments. Endorphin-mediated analgesic therapy includes classic acupuncture and acupressure:

(1) time for treatment response, three to five sessions;

(2) optimum treatment frequency, two to three times per week for one to three weeks decreasing with time thereafter; and

(3) maximum treatment duration, 12 weeks.

G. Manual therapy includes soft tissue and joint mobilization, therapeutic massage, and manual traction:

(1) time for treatment response, three to five treatments;

(2) optimum treatment frequency, one to five times per week for the first one to two weeks decreasing to one to two times per week thereafter; and

(3) maximum treatment duration, 12 weeks.

H. Spinal braces and other movement-restricting appliances. Bracing required for longer than two weeks must be accompanied by active muscle strengthening exercise to avoid deconditioning and prolonged disability:

(1) time for treatment response, three days;

(2) treatment frequency, limited to intermittent use during times of increased physical stress or prophylactic use at work; and

(3) optimum continuous duration, three weeks unless patient is status postfracture or fusion, or is participating in a trial period to determine the possible efficacy of lumbar arthrodesis under part 5221.6500 [Emergency], subpart 2, item C. Prophylactic use may be allowed indefinitely.

I. Phoresis includes iontophoresis and phonophoresis:

(1) time for treatment response, three to five sessions;

(2) treatment frequency, two to three times per week for the first one to three weeks decreasing with time thereafter; and

(3) maximum treatment duration, 12 weeks.

Subp. 4. **Active treatment modalities.** Active treatment modalities must be used as set forth in items A to D.

A. Education must teach the patient about pertinent anatomy and physiology as it relates to spinal function for the purpose of injury prevention. Education includes training on posture, biomechanics, and relaxation. The maximum number of treatments is three visits, which includes an initial education and training session, and two follow-up visits.

B. Posture and work method training must instruct the patient in the proper performance of job activities. Topics include proper positioning of the trunk, neck, and arms, use of optimum biomechanics in performing job tasks, and appropriate pacing of activities. Methods include didactic sessions, demonstrations, exercises, and simulated work tasks. The maximum number of treatments is three visits.

C. Worksite analysis and modification must examine the patient's work station, tools, and job duties. Recommendations are made for the alteration of the work station, selection of alternate tools, modification of job duties, and provision of adaptive equipment. The maximum number of treatments is three visits.

D. Exercise is key to the success of an initial nonsurgical treatment program and a return to normal activity and must include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation. Exercise must, at least in part, be specifically aimed at the musculature of the lumbosacral spine. While aerobic exercise and/or extremity strengthening may be performed as adjunctive treatment, this shall not be the primary focus of the exercise program.

The exercise program shall be evaluated to determine if the desired goals are being attained. Strength, flexibility, and endurance shall be objectively measured. While the provider may evaluate the treatment as often as deemed necessary for optimal care, after the initial evaluation the health care provider may not bill for such an evaluation sooner than two weeks after the initial evaluation and monthly thereafter.

Subitems (1) and (2) govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by part 5221.6200 [Emergency], subpart 7, items B and C.

(1) Supervised exercise. One goal of an exercise program must be to teach the patient how to maintain and maximize any gains experienced from exercise. Self-management of the condition must be promoted:

(a) optimum treatment frequency, three times per week for two weeks, and should decrease with time thereafter; and

(b) maximum duration, three months.

(2) Unsupervised exercise must be provided in the least intensive setting appropriate to the goals of the exercise program, and may follow the period of supervised exercise:

(a) optimum treatment frequency, one to three visits for instruction and monitoring; and

(b) maximum duration, no limit.

Subp. 5. **Injections.** Injections include:

A. Therapeutic injections, including injections of trigger points, facet joints, facet nerves, sacroiliac joints, sympathetic nerves, epidurals, nerve roots, and peripheral nerves. Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site.

(1) Trigger point injections:

(a) time for treatment response, within 30 minutes;

(b) optimum treatment frequency, once per week to any one site if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then trigger point injections should be redirected to other areas or discontinued. No more than three injections to different sites are reimbursable per patient visit; and

(c) maximum treatment, four injections to any one site over the course of treatment.

(2) Sacroiliac joint injections:

(a) time for treatment response, within one week;

(b) optimum treatment frequency, can repeat injection in one week if a positive response to the first injection. No more than two injections are reimbursable per patient visit; and

(c) maximum treatment, two injections to any one site over the course of treatment.

(3) Facet joint or nerve injections:

(a) time for treatment response, within one week;

(b) optimum treatment frequency, once per week to any one site if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued. No more than three injections to different sites are reimbursable per patient visit; and

(c) maximum treatment, three injections to any one site over the course of treatment.

(4) Nerve root and peripheral nerve injections:

(a) time for treatment response, within one week;

(b) optimum treatment frequency, can repeat injection in one week if a positive response to the first injection. No more than three injections to different sites are reimbursable per patient visit; and

(c) maximum treatment, two injections to any one site over the course of treatment.

(5) Sympathetic blocks:

(a) time for treatment response, within 30 minutes;

(b) optimum treatment frequency, can repeat if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued. No more than three injections to different sites are reimbursable per patient visit; and

(c) maximum treatment, five injections to any one site over the course of treatment.

(6) Epidural injections:

(a) time for treatment response, within one week;

(b) optimum treatment frequency, once per week if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued. Only one injection is reimbursable per patient visit; and

(c) maximum treatment, three injections over the course of treatment.

B. Permanent lytic or sclerosing injections, including radio frequency denervation of the facet joints. These injections can only be given in conjunction with active treatment modalities directed to the same anatomical site:

(1) time for treatment response, within one week;

(2) optimum treatment frequency, may repeat once for any site; and

(3) maximum duration, two injections to any one site over the course of treatment.

C. Prolotherapy is not indicated in the treatment of low back problems and is not reimbursable.

Subp. 6. **Surgery, including decompression procedures and arthrodesis.** Surgery may only be performed if it also meets the specific parameters specified in subparts 11 to 14 and part 5221.6500 [Emergency]. The health care provider must request preauthorization for surgery according to part 5221.6050 [Emergency], subpart 9.

A. In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be required, even if these modalities had been used in the preoperative treatment of the condition. In the postoperative period the maximum treatment duration with active or passive treatment modalities in a clinical setting is eight weeks.

B. Repeat surgery must also meet the parameters of subparts 11 to 14 and part 5221.6500 [Emergency] and is not indicated unless the need for the repeat surgery is confirmed by a second opinion obtained before surgery, if requested by the insurer.

C. The following surgical therapies have very limited application and require prior authorization after a second opinion, if one is requested by the insurer, confirms that the treatment is indicated and within the parameters listed, and a personality or psychosocial evaluation indicates that the patient is likely to benefit from the treatment.

(1) Dorsal column stimulator is indicated for a patient who has neuropathic pain, and is not a candidate for any other surgical therapy, and has had a favorable response to a trial screening period.

(2) Morphine pump is indicated for a patient who has somatic pain, and is not a candidate for any other surgical therapy, and has had a favorable response to a trial screening period.

Subp. 7. **Chronic management modalities.** The health care provider must request preauthorization for the chronic management modalities in items B to E according to part 5221.6050 [Emergency], subpart 9.

A. Home-based exercise programs consist of aerobic conditioning, stretching and flexibility exercises, and strengthening exercises done by the patient on a regular basis at home without the need for supervision or attendance by a health care provider. Optimum effectiveness may require the use of certain durable medical equipment that may be prescribed and reimbursed within the parameters of subpart 8.

(1) Indications: exercise is necessary on a long-term basis to maintain function.

(2) Requirements: the patient should receive specific instruction and training in the exercise program. Repetitions, durations, and frequencies of exercises must be specified. Any durable medical equipment needed must be prescribed in advance and purchase must be authorized by the insurer.

(3) Treatment period, one to three visits for instruction and monitoring.

B. Health clubs:

(1) Indications: the patient is deconditioned and requires a structured environment to perform prescribed exercises. The health care provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise.

(2) Requirements: the program must have specific prescribed exercises stated in objective terms, for example "30 minutes riding stationary bicycle three times per week." There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a prescribed frequency of attendance and the patient must maintain adequate documentation of attendance. There must be a prescribed duration of attendance.

(3) Treatment period, three months. Additional periods of treatment require additional prior authorization by the insurer, the commissioner, or compensation judge. Additional periods of treatment at a health club shall not be authorized unless there is documentation of attendance and progression in activities during the preceding period of treatment. If the employer has an appropriate exercise facility on its premises the insurer may mandate use of that facility instead of providing a health club membership.

C. Computerized exercise programs use computer controlled exercise equipment that allows for the isolation of specific muscle groups and the performance of graded exercise designed to increase strength, tone, flexibility, and range of motion. In combination with computerized range of motion or strength measuring tests, these programs allow for quantitative measurement of effort and progress.

(1) Indications: the patient is deconditioned and requires a structured environment to accomplish rehabilitation goals. The health care provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise.

(2) Requirements: the program must have specific goals stated in objective terms, for example "improve strength of back extensors 50 percent." There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a prescribed frequency of attendance. There must be a prescribed duration of attendance.

(3) Treatment period, six weeks. Additional periods of treatment require additional prior authorization by the insurer, the commissioner, or compensation judge. Additional periods of treatment shall not be authorized unless there is documentation of attendance and progression in activities during the preceding period of treatment.

D. Work conditioning and work hardening programs are intensive, highly structured, job oriented, individualized treatment plans based on an assessment of the patient's work setting or job demands, and designed to maximize the patient's return to work. These programs must include real or simulated work activities.

Work conditioning is designed to restore an individual's systemic, neuromusculoskeletal strength, endurance, movement, flexibility, and motor control, and cardiopulmonary functions. Work conditioning uses physical conditioning and functional activities related to the individual's work. Services may be provided by one discipline of health care provider.

Work hardening is designed to restore an individual's physical, behavioral, and vocational functions within an interdisciplinary model. Work hardening addresses the issues of productivity, safety, physical tolerances, and work behaviors. An interdisciplinary team includes professionals qualified to evaluate and treat behavioral, vocational, physical, and functional needs of the individual.

(1) Indications: the patient is disabled from usual work and requires reconditioning for specific job tasks or activities and the reconditioning cannot be done on the job. The health care provider must document the reasons why the goals cannot be accomplished through a structured return to work program. Work conditioning is indicated where only physical and functional needs are identified. Work hardening is indicated where, in addition to physical and functional needs, behavioral and vocational needs are also identified that are not otherwise being addressed.

(2) Requirements: the program must have specific goals stated in terms of work activities, for example "able to type for 30 minutes." There must be an individualized program of activities and the activities must be chosen to simulate required work activities or to enable the patient to participate in simulated work activities. There must be a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a set frequency and hours of attendance and the program must maintain adequate documentation of attendance. There must be a set duration of attendance.

(3) Treatment period, six weeks. Additional periods of treatment require additional prior authorization by the insurer, the commissioner, or compensation judge. Additional periods of treatment at a work hardening program or work conditioning program shall not be authorized unless there is documentation of attendance and progression in activities during the preceding period of treatment or unless there has been a change in the patient's targeted return to work job which necessitates a redesign of the program.

E. Chronic pain management programs consist of interdisciplinary teams who provide coordinated, goal-oriented services to reduce pain behaviors and disability, improve functional status, promote return to work, and decrease dependence on the health system of persons with chronic pain syndrome. Pain management programs must provide: physical rehabilitation, relaxation training, stress management, psychosocial counseling, medical evaluation, and if indicated, chemical dependency evaluation. The program of treatment must be individualized and based on an organized evaluative process for screening and selecting patients. Treatment may be provided in an inpatient setting, outpatient setting, or both as appropriate.

(1) Indications: the patient is diagnosed as having a chronic pain syndrome.

(2) Requirements: an admission evaluation must be performed by a medical doctor, or licensed clinical psychologist, with five years experience in evaluation of chronic pain patients and two years experience in chronic pain treatment. The evaluation must confirm the diagnosis of chronic pain syndrome and a willingness and ability of the patient to benefit from a pain management program. There must be a specific set of prescribed activities and treatments, and a specific timetable of progression in those activities. There must be a set frequency and hours of attendance and the program must maintain adequate documentation of attendance. There must be a set duration of attendance.

(3) Treatment period: for initial treatment, a maximum of 20 eight-hour days, though fewer or shorter days can be used, and a maximum duration of four weeks no matter how many or how long the days prescribed. For aftercare, one to two sessions per week for up to eight weeks. Only one pain management program is indicated for an injury.

F. Individual psychological or psychiatric counseling:

(1) Indications: a personality or psychosocial evaluation has revealed one or more of the problems listed in subpart 1, item G, but the patient does not need or is not a candidate for a pain management program.

(2) Requirements: there must be a specific set of goals based on the initial personality or psychosocial evaluation and a timetable for achieving those goals within the prescribed number of treatment or therapy sessions. There must be a prescribed frequency of attendance and the treating health care provider must maintain adequate documentation of attendance. There must be a prescribed duration of treatment.

(3) Treatment period: a maximum of 12 sessions and a maximum treatment period of 12 weeks no matter how many sessions are prescribed. Only one program of individual psychological or psychiatric counseling is indicated for an injury.

Subp. 8. **Durable medical equipment.** Durable medical equipment is indicated only in certain specific situations, as specified in items A to D. The health care provider must request preauthorization according to items B to D and part 5221.6050 [Emergency], subpart 9.

A. Lumbar braces, corsets, or supports may be indicated as specified in subpart 3, item H, or at any time for prophylactic use.

B. For patients using electrical stimulation or mechanical traction devices at home, the device and any required supplies are indicated within the parameters of subpart 3, items D and E. Preauthorization by the insurer, commissioner, or compensation judge is required for use longer than one month. The insurer may provide equipment if it is comparable to that prescribed by the health care provider.

C. Exercise equipment for home use, including bicycles, treadmills, and stairmasters, are indicated only within the context of a program or plan of an approved chronic management program. This equipment is not indicated during initial nonsurgical care or during reevaluation and surgical therapy. Preauthorization is required by the insurer, commissioner, or compensation judge for home exercise equipment. The insurer may decide which brand of a prescribed type of exercise equipment is provided to the patient. If the employer has an appropriate exercise facility on its premises with the prescribed equipment, the insurer may mandate use of that facility instead of authorizing purchase of the equipment for home use.

(1) Indications: the patient is deconditioned and requires reconditioning which can be accomplished only with the use of the prescribed exercise equipment. The health care provider must document specific reasons why the exercise equipment is necessary and cannot be replaced with other activities.

(2) Requirements: the use of the equipment must have specific goals and there must be a specific set of prescribed activities.

D. The following durable medical equipment is not indicated for home use for low back conditions:

(1) whirlpools, jacuzzi, hot tubs, or special bath or shower attachments; or

(2) beds, waterbeds, mattresses, chairs, recliners, or loungers.

Subp. 9. **Evaluation of treatment by health care provider.** The health care provider shall evaluate whether treatment is effective according to items A and B.

A. Soon after any treatment modality has been initiated, but no later than the time for treatment response established for the specific modality as specified in subparts 3 to 8, the health care provider must evaluate whether the treatment modality has been effective as defined in part 5221.6040 [Emergency], subpart 4. If the treatment modality has not proven to be effective, the modality must be discontinued or significantly modified, or the provider must reconsider the diagnosis. The evaluation of the effectiveness of the treatment modality can be delegated to an allied health professional directly providing the treatment, but remains the ultimate responsibility of the treating health care provider.

B. The health care provider must continuously monitor the effectiveness of the entire course, program, or plan of treatment provided. At any time the course, program, or plan of treatment ceases to be effective, the provider must discontinue or significantly modify the treatment, reconsider the diagnosis, or the patient must be referred for consultation in accordance with part 5221.6050 [Emergency], subpart 6.

Subp. 10. **Exacerbations.** If a patient who has been released to work, even with restrictions, and is no longer receiving passive treatment, has a recurrence or exacerbation of symptoms, subsequent treatment is determined by the nature of the new symptoms.

A. If the patient had made a full recovery and was symptom-free proceeding the recurrence, a new course of treatment is warranted within the parameters for treatment of low back conditions.

B. If the patient had not made a full recovery and had continuing symptoms before the exacerbation, subsequent treatment is determined by the nature of the exacerbation.

(1) If any new symptoms have developed, the health care provider must reassess the clinical category, using any indicated diagnostic procedures within the parameters of subpart 1. If the clinical category is changed, a new course of treatment is warranted within any applicable parameters.

(2) If there are new symptoms but reevaluation does not result in a change of clinical category, or there were no new symptoms but rather an intensification of the already existing symptoms, then a new period of passive treatment may be indicated but the course, program, or plan of treatment may not exceed one month duration. If at the end of that month the exacerbation is not resolved, or if this is the second exacerbation within 12 months, the patient shall be evaluated for surgery, or chronic management under subpart 7.

Subp. 11. **Specific treatment parameters for regional low back pain.**

A. Initial nonsurgical treatment must be the initial phase of treatment for all patients with regional low back pain under subpart 1, item A, subitem (1).

(1) The passive, active, and injection treatment modalities and procedures in subparts 3 to 5, may be used in sequence or simultaneously during the period of initial nonsurgical care depending on the severity of the condition. The only therapeutic injections indicated for patients with regional back pain are trigger point injections, facet joint injections, facet nerve injections, sacroiliac joint injections, and epidural blocks, and their use must meet the parameters of subpart 5.

(2) After the first week of treatment, initial nonsurgical care must at all times contain active treatment modalities according to the parameters of subpart 4.

(3) Initial nonsurgical treatment must be provided in the least intensive setting consistent with quality health care practices.

(4) Passive treatment in a clinic setting or requiring attendance by a health care provider is not indicated for a period in excess of 12 weeks.

B. If the patient continues with symptoms and objective physical findings after the course of initial nonsurgical care, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition should be reevaluated and surgical therapy provided, if indicated, according to subpart 6 and part 5221.6500 [Emergency]. The purpose of reevaluation is to determine whether surgery is indicated in the treatment of a patient who has failed to recover with initial nonsurgical care.

(1) Reevaluation and surgical therapy may begin as soon as eight weeks after, but must begin no later than 12 weeks after, beginning initial nonsurgical care.

(2) Reevaluation may include the use of appropriate medical imaging techniques. The imaging technique must be chosen

on the basis of the suspected etiology of the patient's condition but the health care provider must follow the parameters of part 5221.6100 [Emergency]. Medical imaging studies which do not meet these parameters are not indicated.

(3) Reevaluation may also include diagnostic blocks and injections. These blocks and injections may only be reimbursed if their use is consistent with the parameters of subpart 1, item H.

(4) Reevaluation may also include personality or psychosocial evaluation, consistent with the parameters of subpart 1, item G.

(5) Consultation with other health care providers can be an important part of reevaluation of a patient who fails to recover with initial nonsurgical care. The need for consultation and the choice of consultant will be determined by the findings on medical imaging, diagnostic analgesic blocks and injections, if performed, and the patient's ongoing subjective complaints and objective physical findings. Consultation is governed by part 5221.6050 [Emergency], subpart 6.

(6) The only surgical procedure indicated for patients with regional low back pain only is lumbar arthrodesis, with or without instrumentation, which must meet the parameters of part 5221.6500 [Emergency], subpart 2, item C.

(a) If surgery is indicated, it should be offered to the patient as soon as possible. If the patient agrees to the proposed surgery, it should be performed as expeditiously as possible consistent with sound medical practice, and consistent with any requirements of parts 5221.6010 to 5221.6500 [Emergency] for prior authorization or second opinions.

(b) If surgery is not indicated, or if the patient does not wish to proceed with surgical therapy, then the patient is a candidate for chronic management. In this situation, no further passive treatment modalities are indicated.

C. If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. The purpose of chronic management is twofold: the patient should be made independent of health care providers in the ongoing care of a chronic condition; and the patient should be returned to the highest functional status reasonably possible.

(1) Personality or psychological evaluation performed consistent with the parameters of subpart 1, item G, may be indicated for patients who are candidates for chronic management.

(2) Any of the chronic management modalities of subpart 7, and any of the durable medical equipment of subpart 8, may be used singly or in combination as part of a program of chronic management.

(3) No further passive treatment modalities listed in subpart 3 are indicated.

(4) No further diagnostic evaluation is indicated unless there is the development of symptoms or physical findings which would in themselves warrant diagnostic evaluation according to the parameters of subpart 1.

(5) Any program of chronic management must include appropriate means by which use of scheduled medications under subpart 15 can be discontinued or severely limited.

Subp. 12. **Specific treatment parameters for radicular pain, with or without regional low back pain, with static neurologic deficits.**

A. Initial nonsurgical treatment is appropriate for all patients with radicular pain, with or without regional low back pain, with static neurologic deficits under subpart 1, item A, subitem (2), and must be the initial phase of treatment. It shall be provided within the parameters of subpart 11, item A, with the following modifications: epidural blocks, and nerve root and peripheral nerve injection blocks are the only therapeutic injections indicated for patients with radicular pain only. If there is a component of regional low back pain, therapeutic facet joint injections, facet nerve injections, trigger point injections, and sacroiliac injections may also be indicated.

B. If the patient continues with symptoms and objective physical findings after the course of initial nonsurgical care, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition should be reevaluated and surgical therapy instituted, if indicated. It shall be provided within the parameters of subpart 11, item B, with the following modification: the only surgical procedures indicated for patients with radicular pain are decompression of a lumbar nerve root and lumbar arthrodesis, with or without instrumentation, which must meet the parameters of part 5221.6500 [Emergency], subpart 2, items A and C.

C. If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered, the patient refused surgical therapy, or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with radicular pain, with or without regional back pain, with static neurologic deficits must meet all of the parameters of subpart 11, item C.

Subp. 13. **Specific treatment parameters for radicular pain, with or without regional low back pain, with progressive neurologic deficits.**

A. Patients with radicular pain, with or without regional low back pain, who have foot drop or progressive neurologic changes at first presentation may require immediate or emergency evaluation and possible surgery at any time during the course of their overall treatment. The decision to proceed with evaluation and possible surgery is made by the health care provider based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any initial nonsurgical treatments.

B. If the health care provider decides to proceed with a course of initial nonsurgical care for a patient with radicular pain with progressive neurologic changes, it must follow the parameters of subpart 12, item A.

C. If at any time, based on the progression of neurologic changes, initial nonsurgical treatment is not or is no longer effective treatment, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition should be reevaluated and surgery performed, if indicated. Reevaluation and surgery shall be provided within the parameters of subpart 11, item B, with the following modifications:

(1) reevaluation and surgical therapy may begin at any time; and

(2) the only surgical procedures indicated for patients with radicular pain are decompression of a lumbar nerve root and lumbar arthrodesis, with or without instrumentation, which must meet the parameters of part 5221.6500 [Emergency], subpart 2, items A and C.

D. If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with radicular pain, with or without regional back pain, with foot drop or progressive neurologic changes at first presentation must meet all of the parameters of subpart 11, item C.

Subp. 14. **Specific treatment parameters for cauda equina syndrome.**

A. Patients with cauda equina syndrome require emergency evaluation and possible surgery at any time during the course of their overall treatment. The decision to proceed with evaluation and possible surgery is made by the health care provider based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any initial nonsurgical treatments.

B. If the health care provider decides to proceed with a course of initial nonsurgical care for a patient with cauda equina syndrome, it must follow the parameters of subpart 12, item A.

C. If at any time, initial nonsurgical treatment is not or is no longer effective treatment, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition should be reevaluated and surgery performed, if indicated. Reevaluation and surgery shall be provided within the parameters of subpart 11, item B, with the following modifications:

(1) reevaluation and surgical therapy may begin at any time; and

(2) the only surgical procedures indicated for patients with cauda equina are decompression of a lumbar nerve root and lumbar arthrodesis, with or without instrumentation, which must meet the parameters of part 5221.6500 [Emergency], subpart 2, items A and C.

D. If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with cauda equina syndrome must meet all of the parameters of subpart 11, item C.

Subp. 15. **Scheduled and nonscheduled medication.** Controlled substance medications scheduled under *Minnesota Statutes*, section 152.02, including without limitation, narcotics, should be primarily reserved for the treatment of severe acute pain. These medications are rarely indicated in the treatment of patients with regional low back pain after the first week. Patients with radicular pain may require longer periods of treatment. The health care provider must document the rationale for ongoing use of any scheduled medication. Treatment with nonscheduled medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost-effective regiment is used.

5221.6300 [Emergency] UPPER EXTREMITY DISORDERS.

Subpart 1. **Diagnostic procedures for treatment of upper extremity disorders (UED).** A health care provider shall determine the nature of an upper extremity disorder before initiating treatment.

A. An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must at each visit assign the patient to the appropriate clinical category according to subitems

(1) to (4), if possible. The diagnosis must be documented in the medical record. The clinical categories of this part are not exhaustive of all possible disorders of the upper extremity, and the health care provider may not be able to appropriately assign the patient to any of these categories. Patients may also have multiple disorders requiring assignment to more than one clinical category.

(1) Epicondylitis. This clinical category includes medial epicondylitis and lateral epicondylitis, ICD-9-CM codes 726.31 and 726.32.

(2) Tendonitis of the forearm, wrist, and hand. This clinical category encompasses any inflammation, pain, tenderness, or dysfunction or irritation of a tendon, tendon sheath, tendon insertion, or musculotendinous junction in the upper extremity at or distal to the elbow due to mechanical injury or irritation including, but not limited to, the diagnoses of tendonitis, tenosynovitis, tendovaginitis, peritendinitis, extensor tendinitis, de Quervain's syndrome, intersection syndrome, flexor tendinitis, and trigger digit, including, but not limited to, ICD-9-CM codes 726.4, 726.5, 726.8, 726.9, 726.90, 727, 727.0, 727.00, 727.03, 727.04, 727.05, and 727.2.

(3) Nerve entrapment syndromes. This clinical category encompasses any compression or entrapment of the radial, ulnar, or median nerves, or any of their branches, including, but not limited to, carpal tunnel syndrome, pronator syndrome, anterior interosseous syndrome, cubital tunnel syndrome, Guyon's canal syndrome, radial tunnel syndrome, posterior interosseous syndrome, and Wartenburg's syndrome, including, but not limited to, ICD-9-CM codes 354, 354.0, 354.1, 354.2, 354.3, 354.8, and 354.9.

(4) Recurrent nerve entrapment after surgery. This clinical category encompasses the same conditions and diagnoses as subitem (3) however in these cases there has been a recurrence of symptoms after what had appeared to be successful surgical therapy.

B. Certain laboratory tests may be indicated in the evaluation of a patient with upper extremity disorder to rule out infection, metabolic-endocrinologic disorders, tumorous conditions, systemic musculoskeletal disorders, such as rheumatoid arthritis or ankylosing spondylitis, or side effects of medications. Laboratory tests may be ordered at any time the health care provider suspects any of these conditions, but the health care provider must justify the need for the tests ordered with clear documentation of the indications.

C. Medical imaging evaluation of upper extremity disorder must be based on the findings of the history and physical examination and cannot be ordered before the health care provider's clinical evaluation of the patient. Medical imaging may not be performed as a routine procedure and must comply with all of the standards in part 5221.6100 [Emergency]. The health care provider must document the appropriate indications for any medical imaging studies obtained.

D. Electrodiagnostic studies include electromyography (EMG), nerve conduction studies, somatosensory evoked potentials (SSEP's), and motor evoked potentials (MEP's). Electrodiagnostic studies are only appropriate for nerve entrapment disorders and recurrent nerve entrapment after surgery.

E. The following diagnostic procedures or tests are not indicated for diagnosis of upper extremity disorders:

(1) surface electromyography; or

(2) thermography.

F. The following diagnostic procedures or tests are considered adjuncts to the physical examination and are not reimbursed separately from the office visit:

(1) vibrometry;

(2) neurometry; or

(3) Semmes-Weinstein monofilament testing.

G. Computerized range of motion or strength measuring tests are not indicated during the period of initial nonsurgical management, but may be indicated during a period of chronic management when used in conjunction with a computerized exercise program, work hardening program, or work conditioning program. During the period of initial nonsurgical care computerized range of motion or strength testing can be performed but must be done in conjunction with and shall not be reimbursed separately from an office visit, chiropractic evaluation or treatment, or physical therapy evaluation or treatment.

H. Personality or psychosocial evaluations may be a useful tool for evaluating patients who continue to have problems despite appropriate initial nonsurgical care. The treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to obtain a psychological evaluation. These evaluations may be used to assess the patient for a number of psychological conditions which may interfere with recovery from the injury. Since more than one of these psychological conditions may be present in a given case, the health care provider performing the evaluation must consider all of the following:

(1) Is symptom magnification occurring?

(2) Does the patient exhibit an emotional reaction to the injury, such as depression, fear, or anger, which is interfering with recovery?

(3) Are there other personality factors or disorders which are interfering with recovery?

(4) Is the patient chemically dependent?

(5) Are there any interpersonal conflicts interfering with recovery?

(6) Does the patient have a chronic pain syndrome?

(7) In cases in which surgery is a possible treatment, are psychological factors likely to interfere with the potential benefit of the surgery?

I. Diagnostic analgesic blocks or injection studies.

(1) These procedures are used to localize the source of pain prior to surgery and to diagnose conditions which fail to respond to appropriate initial nonsurgical care.

(2) These injections are invasive and when done as diagnostic procedures only, are not indicated unless noninvasive procedures have failed to establish the diagnosis.

(3) Selection of patients, choice of procedure, and localization of the site of injection should be determined by documented clinical findings indicating possible pathologic conditions and the source of pain symptoms.

(4) These blocks and injections can also be used as therapeutic modalities and as such are subject to the parameters of subpart 5.

J. Functional capacity assessment or evaluation is a comprehensive and objective assessment of a patient's ability to perform work tasks. The components of a functional capacity assessment or evaluation include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance. A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the required information. Functional capacity assessments and evaluations are performed to determine a patient's physical capacities in general or to determine work tolerance for a specific job, task, or work activity.

(1) Functional capacity assessment or evaluation is not indicated during the first 12 weeks of treatment.

(2) Functional capacity assessment or evaluation is indicated after the first 12 weeks of care in either of the following circumstances:

(a) permanent activity restrictions and capabilities must be identified; or

(b) there is a question about the patient's ability to return to do a specific job.

(3) A functional capacity evaluation is not appropriate to establish baseline performance before treatment, or for subsequent assessments, to evaluate change during or after treatment.

Subp. 2. **General treatment parameters for upper extremity disorders.**

A. General parameters for treatment modalities are set forth in subparts 3 to 10 and 15. These parameters apply to all upper extremity disorders that are typically associated with cumulative trauma. Additionally, if one of the four diagnostic clinical categories in subpart 1, item A, applies to the condition, specific treatment parameters are set forth in subparts 11 to 14 as follows:

(1) subpart 11 governs epicondylitis;

(2) subpart 12 governs tendonitis of the forearm, wrist, and hand;

(3) subpart 13 governs nerve entrapment syndromes; and

(4) subpart 14 governs nerve entrapment syndromes after surgery.

The health care provider must constantly reassess the appropriateness of the clinical category assigned and reassign the patient if warranted by new clinical information including symptoms, signs, results of diagnostic testing and opinions, and information obtained from consultations with other health care providers. When the clinical category is changed the treatment plan must be appropriately modified to reflect the new clinical category and these changes must be recorded in the medical record. However, a change of clinical category does not in itself allow the health care provider to continue a therapy or treatment modality past the maximum duration specified in subparts 3 to 10, or to repeat a therapy or treatment previously provided for the same injury, unless the treatment or therapy is subsequently delivered to a different part of the body.

When treating more than one clinical category or body part for which the same treatment modality is appropriate, then the treatment modality should be applied simultaneously, if possible, to all indicated areas.

B. In general a course of treatment shall be divided into three phases:

(1) First, all patients with upper extremity disorder must be given initial nonsurgical management, unless otherwise specified. Initial nonsurgical management may include any combination of the passive and active and injection and medication treatment

modalities listed in subparts 3 to 5 and 15 appropriate to the clinical category. The period of initial nonsurgical treatment ends when reevaluation is required to determine whether surgery or chronic management is indicated, although certain modalities may be continued as specified in part 5221.6300 [Emergency].

(2) Second, for patients with persistent symptoms, initial nonsurgical management is followed by a period of reevaluation of the diagnosis and surgical therapy or referral for chronic management, if indicated. Any patient who has had surgery may require postoperative therapy with active and passive treatment modalities for a period of up to eight weeks. This therapy can be in addition to any received during the period of initial nonsurgical management.

(3) Third, for those patients who are not candidates for surgery or who do not have complete resolution of their symptoms with surgery, a period of chronic management may be indicated.

Subp. 3. **Passive treatment modalities.** The use of passive treatment modalities in a clinical setting in items A to H beyond 12 weeks is not indicated. Passive modalities during initial nonsurgical management are:

A. Adjustment or manipulation of joints includes chiropractic and osteopathic adjustments or manipulations:

(1) time for treatment response, three to five treatments;

(2) optimum treatment frequency, one to five times per week the first one to two weeks decreasing to one to two times per week thereafter; and

(3) maximum treatment duration, 12 weeks.

B. Rest. Prolonged restriction of activity and immobilization are detrimental to a patient's recovery. Total restriction of use of an affected body part should not be prescribed for more than two weeks.

C. Thermal treatment includes all superficial and deep heating and cooling modalities. Superficial thermal modalities include hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, cold soaks, infrared, whirlpool, and fluidotherapy. Deep thermal modalities include diathermy, ultrasound, and microwave.

(1) Treatment given in a clinical setting:

(a) time for treatment response, two to four treatments;

(b) optimum treatment frequency, three to five times per week for the first one to three weeks, decreasing with time thereafter; and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies.

(2) Home use of thermal modalities may be prescribed at any time during the course of treatment. Home use may only involve hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, and cold soaks which can be applied by the patient without assistance. Home use of thermal modalities does not require any special training or monitoring, other than that usually provided by the health care provider during an office visit.

D. Electrical muscle stimulation includes galvanic stimulation, TENS, interferential, and microcurrent techniques.

(1) Treatment given in a clinical setting:

(a) time for treatment response, two to four treatments;

(b) optimum treatment frequency, three to five times per week for the first one to three weeks, decreasing with time thereafter; and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies.

(2) Home use of an electrical stimulation device may be prescribed at any time during a course of treatment. Initial use of an electrical stimulation device must be in a supervised setting in order to ensure proper electrode placement and patient education:

(a) time for patient education and training, one to three sessions; and

(b) patient may use the electrical stimulation device unsupervised for one month, at which time effectiveness of the treatment must be reevaluated by the provider before continuing home use of the device.

E. Acupuncture treatments. Endorphin-mediated analgesic therapy includes classic acupuncture and acupressure:

(1) time for treatment response, three to five sessions;

(2) optimum treatment frequency, two to three times per week for the first one to three weeks, decreasing with time thereafter; and

(3) maximum treatment duration, 12 weeks.

F. Phoresis includes phonopheresis and iontophoresis:

(1) time for treatment response, three to five sessions;

(2) optimum treatment frequency, two to three times per week for the first one to three weeks, decreasing with time thereafter; and

(3) maximum treatment duration, 12 weeks.

G. Manual therapy includes soft tissue and joint mobilization, therapeutic massage, and manual traction:

(1) time for treatment response, three to five treatments;

(2) optimum treatment frequency, one to five times per week for the first one to two weeks decreasing to one to two times per week thereafter; and

(3) maximum treatment duration, 12 weeks.

H. Splints, braces, and other movement-restricting appliances. Bracing required for longer than two weeks must be accompanied by active muscle strengthening and range of motion exercises to avoid deconditioning and prolonged disability:

(1) time for treatment response, ten days;

(2) treatment frequency, limited to intermittent use during times of increased physical stress or prophylactic use at work; and

(3) optimum continuous duration, four weeks. Prophylactic use is allowed indefinitely.

Subp. 4. **Active treatment modalities.** Active treatment modalities must be used as set forth in items A to D.

A. Education must teach the patient about pertinent anatomy and physiology as it relates to upper extremity function for the purpose of injury prevention. Education includes training on posture, biomechanics, and relaxation. The maximum number of treatments, is three visits, which include an initial education and training session, and two follow-up visits.

B. Posture and work method training must instruct the patient in the proper performance of job activities. Topics include proper positioning of the trunk, neck, and arms, use of optimum biomechanics in performing job tasks, and appropriate pacing of activities. Methods include didactic sessions, demonstrations, exercises, and simulated work tasks. The maximum number of treatments is three visits.

C. Worksite analysis and modification must examine the patient's work station, tools, and job duties. Recommendations are made for the alteration of the work station, selection of alternate tools, modification of job duties, and provision of adaptive equipment. The maximum number of treatments is three visits.

D. Exercise is key to the success of a nonsurgical treatment program and a return to normal activity and must include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation. Exercise must, at least in part, be specifically aimed at the musculature of the upper extremity. While aerobic exercise may be performed as adjunctive treatment this shall not be the primary focus of the exercise program.

The exercise program shall be evaluated to determine if the desired goals are being attained. Strength, flexibility, or endurance shall be objectively measured. While the provider may evaluate the treatment as often as deemed necessary for optimal care, after the initial evaluation the health care provider may not bill for such tests sooner than two weeks after the initial evaluation and monthly thereafter.

Subitems (1) and (2) govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by part 5221.6300 [Emergency], subpart 7, items B and C.

(1) Supervised exercise. One goal of an exercise program must be to teach the patient how to maintain and maximize any gains experienced from exercise. Self-management of the condition shall be promoted:

(a) optimum treatment frequency, three times per week for two weeks. Should decrease with time thereafter; and

(b) maximum duration, 12 weeks.

(2) Unsupervised exercise must be provided in the least intensive setting and may follow the period of supervised exercise.

Subp. 5. **Injections.** Therapeutic injections include injections of trigger points, sympathetic nerves, peripheral nerves, and soft tissues. Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site.

A. Trigger point injections:

(1) time for treatment response, within 30 minutes;

(2) optimum treatment frequency, once per week to any one site if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then trigger point injections should be redirected to other areas or discontinued. No more than three injections to different sites are reimbursable per patient visit; and

(3) maximum treatment, four injections to any one site over the course of treatment.

B. Soft tissue injections include injections of a tendon, tendon sheath, tendon insertion, ligament, or ligament insertion:

(1) time for treatment response, within one week;

(2) optimum treatment frequency, once per month to any one site if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued. No more than three injections to different sites are reimbursable per patient visit; and

(3) maximum treatment, three injections to any one site over the course of treatment.

C. Peripheral nerve injections include injections of the carpal tunnel, the median nerve at the pronator, the radial tunnel, Guyon's canal, and the ulnar nerve at the elbow:

(1) time for treatment response, within one week;

(2) optimum treatment frequency, can repeat injection in one month if a positive response to the first injection. No more than three injections to different sites are reimbursable per patient visit; and

(3) maximum treatment, two injections to any one site over the course of treatment.

D. Sympathetic blocks:

(1) time for treatment response, within 30 minutes;

(2) optimum treatment frequency, can repeat if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued. No more than three injections to different sites are reimbursable per patient visit; and

(3) maximum treatment, five injections to any one site over the course of treatment.

Subp. 6. **Surgery.** Surgery may only be performed if it meets applicable parameters in subparts 11 to 14 and part 5221.6500 [Emergency]. In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be required, even if these modalities had been used in the preoperative treatment of the condition. In the postoperative period the maximum treatment duration with active or passive treatment modalities in a clinical setting is eight weeks. The health care provider must request preauthorization for surgery according to part 5221.6050 [Emergency], subpart 9.

Subp. 7. **Chronic management modalities.** The health care provider must request preauthorization for the chronic management modalities in items B to E according to part 5221.6050 [Emergency], subpart 9.

A. Home-based exercise programs consist of aerobic conditioning, stretching and flexibility exercises, and strengthening exercises done by the patient on a regular basis at home without the need for supervision or attendance by a health care provider. Optimum effectiveness may require the use of certain durable medical equipment. This equipment may be prescribed and reimbursed within the parameters of subpart 8.

(1) Indications: exercise is necessary on a long-term basis to maintain function.

(2) Requirements: the patient should receive specific instruction and training in the exercise program. Repetitions, durations, and frequencies of exercises must be specified. Any durable medical equipment needed must be prescribed in advance and purchase must be authorized by the insurer.

(3) Treatment period, one to three visits for instruction and monitoring.

B. Health clubs:

(1) Indications: the patient is deconditioned and requires a structured environment to perform prescribed exercises. The health care provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise.

(2) Requirements: the program must have specific prescribed exercises stated in objective terms, for example "30 minutes riding stationary bicycle three times per week." There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a prescribed frequency of attendance and the patient must maintain adequate documentation of attendance. There must be a prescribed duration of attendance.

(3) Treatment period, three months. Additional periods of treatment require additional prior authorization by the insurer, commissioner, or compensation judge. Additional periods of treatment at a health club shall not be authorized unless there is documentation of attendance and progression in activities during the preceding period of treatment. If the employer has an appropriate exercise facility on its premises the insurer may mandate use of that facility instead of providing a health club membership.

C. Computerized exercise programs use computer controlled exercise equipment that allows for the isolation of specific muscle groups and the performance of graded exercise designed to increase strength, tone, flexibility, and range of motion. In combination

with computerized range of motion or strength measuring tests, these programs allow for quantitative measurement of effort and progress.

(1) Indications: the patient is deconditioned and requires a structured environment to accomplish rehabilitation goals. The health care provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise.

(2) Requirements: the program must have specific goals stated in objective terms, for example "improve shoulder abduction 50 percent." There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a prescribed frequency of attendance. There must be a prescribed duration of attendance.

(3) Treatment period, six weeks. Additional periods of treatment require additional prior authorization by the insurer, commissioner, or compensation judge. Additional periods of treatment shall not be authorized unless there is documentation of attendance and progression in activities during the preceding period of treatment.

D. Work conditioning and work hardening programs are intensive, highly structured, job oriented, individualized treatment plans based on an assessment of the patient's work setting or job demands, and designed to maximize the patient's return to work. These programs must include real or simulated work activities.

Work conditioning is designed to restore an individual's systemic, neuromusculoskeletal strength, endurance, movement, flexibility, and motor control, and cardiopulmonary functions. Work conditioning uses physical conditioning and functional activities related to the individual's work. Services may be provided by one discipline of health care provider.

Work hardening is designed to restore an individual's physical, behavioral, and vocational functions within an interdisciplinary model. Work hardening addresses the issues of productivity, safety, physical tolerances, and work behaviors. An interdisciplinary team includes professionals qualified to evaluate and treat behavioral, vocational, physical, and functional needs of the individual.

(1) Indications: the patient is disabled from usual work and requires reconditioning for specific job tasks or activities and the reconditioning cannot be done on the job. The health care provider must document the reasons why the goals cannot be accomplished through a structured return to work program. Work conditioning is indicated where only physical and functional needs are identified. Work hardening is indicated where, in addition to physical and functional needs, behavioral and vocational needs are also identified that are not otherwise being addressed.

(2) Requirements: the program must have specific goals stated in terms of work activities, for example "able to type for 30 minutes." There must be an individualized program of activities and the activities must be chosen to simulate required work activities or to enable the patient to participate in simulated work activities. There must be a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a set frequency and hours of attendance and the program must maintain adequate documentation of attendance. There must be a set duration of attendance.

(3) Treatment period, six weeks. Additional periods of treatment require additional prior authorization by the insurer, commissioner, or compensation judge or court. Additional periods of treatment at a work hardening program or work conditioning program shall not be authorized unless there is documentation of attendance and progression in activities during the preceding period of treatment or unless there has been a change in the patient's targeted return to work job which necessitates a redesign of the program.

E. Chronic pain management programs consist of interdisciplinary teams who provide coordinated, goal-oriented services to reduce pain behaviors and disability, improve functional status, promote return to work, and decrease dependence on the health system of persons with chronic pain syndrome. Pain management programs must provide: physical rehabilitation, relaxation training, stress management, psychosocial counseling, medical evaluation, and if indicated, chemical dependency evaluation. The program of treatment must be individualized and based on an organized evaluative process for screening and selecting patients. Treatment may be provided in an inpatient setting, outpatient setting, or both as appropriate.

(1) Indications: the patient is diagnosed as having a chronic pain syndrome.

(2) Requirements: an admission evaluation must be performed by a medical doctor, or licensed clinical psychologist, with five years experience in evaluation of chronic pain patients and two years experience in chronic pain treatment. The evaluation must confirm the diagnosis of chronic pain syndrome and a willingness and ability of the patient to benefit from a pain management program. There must be a specific set of prescribed activities and treatments, and a specific timetable of progression in those activities. There must be a set frequency and hours of attendance and the program must maintain adequate documentation of attendance. There must be a set duration of attendance.

(3) Treatment period: for initial treatment, a maximum of 20 eight-hour days, though fewer or shorter days can be used, and a maximum duration of four weeks no matter how many or how long the days prescribed. For aftercare, one to two sessions per week for up to eight weeks. Only one pain management program is indicated for an injury.

F. Individual psychological or psychiatric counseling.

(1) Indications: a personality or psychosocial evaluation has revealed one or more of the problems listed in subpart 1, item

G, but the patient does not need or is not a candidate for a pain management program.

(2) Requirements: there must be a specific set of goals based on the initial personality or psychosocial evaluation and a timetable for achieving those goals within the prescribed number of treatment or therapy sessions. There must be a prescribed frequency of attendance and the treating health care provider must maintain adequate documentation of attendance. There must be a prescribed duration of treatment.

(3) Treatment period: a maximum of 12 sessions and a maximum treatment period of 12 weeks no matter how many sessions are prescribed. Only one program of individual psychological or psychiatric counseling is indicated for an injury.

Subp. 8. **Durable medical equipment.** Durable medical equipment is indicated only in certain specific situations as specified in items A to D. The health care provider must request preauthorization according to items B to D and part 5221.6050 [Emergency], subpart 9.

A. Splints, braces, straps, or supports may be indicated as specified in subpart 3, item H, or any time for prophylactic use.

B. For patients using an electrical stimulation device at home, the device and any required supplies are indicated within the parameters of subpart 3, item D. Preauthorization by the insurer, commissioner, or compensation judge is required for use longer than one month. The insurer may provide the equipment if it is comparable to that prescribed by the health care provider.

C. Exercise equipment for home use, including bicycles, treadmills, and stairmasters, are indicated only within the context of a program or plan of an approved chronic management program. This equipment is not indicated during initial nonsurgical care or during reevaluation and surgical therapy. Preauthorization by the insurer, commissioner, or compensation judge is required for home exercise equipment. The insurer may decide which brand of a prescribed type of equipment is provided to the patient. If the employer has an appropriate exercise facility on its premises with the prescribed equipment the insurer may mandate use of that facility instead of authorizing purchase of the equipment for home use.

(1) Indications: the patient is deconditioned and requires reconditioning which can be accomplished only with the use of the prescribed exercise equipment. The health care provider must document specific reasons why the exercise equipment is necessary and cannot be replaced with other activities.

(2) Requirements: the use of the equipment must have specific goals and there must be a specific set of prescribed activities.

D. The following durable medical equipment is not indicated for home use for upper extremity disorders:

(1) whirlpools, jacuzzi, hot tubs, or special bath or shower attachments; or

(2) beds, waterbeds, mattresses, chairs, recliners, or loungers.

Subp. 9. **Evaluation of treatment by health care provider.** The health care provider shall evaluate whether treatment is effective according to items A and B.

A. Soon after any treatment modality has been initiated, but no later than the time for treatment response established for the specific modality as specified in subparts 3 to 8, the health care provider must evaluate whether the treatment modality has been effective as defined in part 5221.6040 [Emergency], subpart 4. If the treatment modality has not proven to be effective, the modality must be discontinued or significantly modified or the provider must reconsider the diagnosis. The evaluation of the effectiveness of the treatment modality can be delegated to an allied health professional directly providing the treatment, but remains the ultimate responsibility of the treating health care provider.

B. The health care provider must continuously monitor the effectiveness of the entire course, program, or plan of treatment provided. At any time the course, program, or plan of treatment ceases to be effective, the provider must discontinue or significantly modify the treatment, reconsider the diagnosis, or the patient must be referred for consultation in accordance with part 5221.6050 [Emergency], subpart 6.

Subp. 10. **Exacerbations.** If a patient who has been released to work, even with restrictions, and is no longer receiving passive treatment, has a recurrence or exacerbation of symptoms, subsequent treatment is determined by the nature of the new symptoms.

A. If the patient had made a full recovery and was symptom-free proceeding the recurrence, a new course of treatment is warranted within the applicable parameters for treatment of upper extremity disorders.

B. If the patient had not made a full recovery and had continuing symptoms before the exacerbation, subsequent treatment is determined by the nature of the exacerbation.

(1) If any new symptoms have developed, the health care provider must reassess the clinical category, using any indicated diagnostic procedures within the parameters of subpart 1. If the clinical category is changed, a new course of treatment is warranted within the applicable parameters of this part.

(2) If there are new symptoms but reevaluation does not result in a change of clinical category, or there were no new symptoms but rather an intensification of the already existing symptoms, then a new period of passive treatment may be indicated but

the course, program, or plan of treatment may not exceed one month duration. If at the end of that month the exacerbation is not resolved, or if this is the second exacerbation within 12 months, then the patient should be evaluated for surgery, or for chronic management according to subpart 7.

Subp. 11. **Specific treatment parameters for epicondylitis.**

A. Initial nonsurgical management is appropriate for all patients with epicondylitis and must be the first phase of treatment.

(1) The passive, active, and injection treatment modalities and procedures specified in subparts 3 to 5, may be used in sequence or simultaneously during the period of initial nonsurgical management depending on the severity of the condition. After the first week of treatment, initial nonsurgical care must at all times include active treatment modalities according to subpart 4.

(2) Initial nonsurgical management must be provided in the least intensive setting consistent with quality health care practices.

(3) Use of passive treatment modalities in a clinic setting or requiring attendance by a health care provider for a period in excess of 12 weeks is not indicated.

(4) Use of home-based treatment modalities with monitoring by the treating health care provider may continue for up to 12 months.

B. If the patient continues with symptoms and objective physical findings after 12 months of initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition should be reevaluated and surgical therapy provided, if indicated. The purpose and goal of reevaluation is to determine whether surgery is indicated for the patient who has failed to recover with appropriate nonsurgical care.

(1) Reevaluation may include the use of appropriate laboratory and electrodiagnostic testing within the parameters of subpart 1, if not already obtained during the initial evaluation. Repeat testing is not indicated unless there has been an objective change in the patient's condition which in itself would warrant further testing. Failure to improve with therapy does not, by itself, warrant further testing.

(2) Plain films may be appropriate if there is a history of trauma, infection, or inflammatory disorder and are subject to the general parameters in part 5221.6100 [Emergency], subpart 1. Other medical imaging studies are not indicated.

(3) Reevaluation may also include personality or psychological evaluation consistent with the parameters of subpart 1, item H.

(4) Consultation with other health care providers is an important part of reevaluation of a patient who fails to recover with appropriate initial nonsurgical management. The need for consultation and the choice of consultant will be determined by the diagnostic findings and the patient's condition. Consultation is governed by part 5221.6050 [Emergency], subpart 6.

(5) If surgery therapy is indicated, it should be offered to the patient as soon as possible.

(a) If the patient agrees to the proposed surgery, it should be performed as expeditiously as possible consistent with sound medical practice.

(b) If surgery is not indicated, or if the patient does not wish to proceed with surgery, then the patient is a candidate for chronic management.

C. If the patient continues with symptoms and objective physical findings after surgery or the patient refused surgery or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. The purpose and goal of chronic management is twofold: the patient should be made independent of health care providers in the ongoing care of their chronic condition, and the patient should be returned to the highest functional status reasonably possible.

(1) Personality or psychological evaluation performed according to the parameters of subpart 1, item H, may be indicated for patients who are candidates for chronic management.

(2) Any of the chronic management modalities of subpart 7 and any of the durable medical equipment in subpart 8, may be used singly or in combination as part of a program of chronic management.

(3) No further passive treatment modalities listed in subpart 3 are indicated.

(4) No further diagnostic evaluation is indicated unless there is the development of symptoms or physical findings which would in themselves warrant diagnostic evaluation according to the parameters of subpart 1.

(5) Any program of chronic management must include appropriate means by which use of scheduled medications under subpart 15 can be discontinued or severely limited.

Subp. 12. **Specific treatment parameters for tendonitis of forearm, wrist, and hand.**

A. Except as provided in item B, subitem (3), initial nonsurgical management is appropriate for all patients with tendonitis and must be the first phase of treatment. Any course or program of initial nonsurgical management must meet all of the parameters of subpart 11, item A.

B. If the patient continues with symptoms and objective physical findings after 12 months of initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition must be reevaluated and surgical therapy provided, if indicated. Reevaluation and surgical therapy shall meet all of the parameters of subpart 11, item B, with the modifications in subitems (1) to (3).

(1) For patients with a specific diagnosis of de Quervain's syndrome, reevaluation and potential surgical therapy may begin after only two months of initial nonsurgical management.

(2) For patients with a specific diagnosis of trigger finger or trigger thumb, reevaluation and potential surgical therapy may begin after only one month of initial nonsurgical management.

(3) For patients with a locked finger or thumb, surgery may be indicated immediately without any preceding nonsurgical management.

C. If the patient continues with symptoms and objective physical findings after surgery, or the patient refused surgery or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with tendonitis must meet all of the parameters of subpart 11, item C.

Subp. 13. **Specific treatment parameters for nerve entrapment syndromes.**

A. Initial nonsurgical management is appropriate for all patients with nerve entrapment syndromes, except as specified in subitem (2), and must be the first phase of treatment. Any course or program of initial nonsurgical management must meet all of the parameters of subpart 11, item A, with the modifications in subitems (1) and (2).

(1) Initial nonsurgical management is not indicated for a period in excess of 12 weeks.

(2) Nonsurgical management may be inappropriate for patients with advanced symptoms and signs of nerve compression, such as abnormal two-point discrimination, motor weakness, or muscle atrophy, or for patients with symptoms of nerve entrapment due to acute trauma. In these cases, immediate surgery may be indicated.

B. If the patient continues with symptoms and objective physical findings after 12 weeks of initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition must be reevaluated and surgical therapy provided, if indicated. Reevaluation and additional surgical therapy shall meet all of the parameters of subpart 11, item B, with the modifications in subitems (1) to (3).

(1) Reevaluation may begin, and surgical therapy provided if indicated, after 12 weeks of initial nonsurgical management.

(2) Surgery is indicated if an EMG confirms the diagnosis, or if there has been temporary resolution of symptoms lasting at least seven days with local injection.

(3) If there is neither a confirming EMG or appropriate response to local injection, surgery is not indicated unless a second opinion confirms the need for surgery.

C. If the patient continues with symptoms and objective physical findings after all surgery, or the patient refused surgery therapy or the patient was not a candidate for surgery therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with nerve entrapment syndromes must meet all of the parameters of subpart 11, item C.

Subp. 14. **Specific treatment parameters for nerve entrapment syndromes after surgery.**

A. Initial nonsurgical management is appropriate for all patients with recurrent nerve entrapment syndromes after surgery and must be the first phase of treatment. Any course or program of initial nonsurgical management for recurrent nerve entrapment must meet all of the parameters of subpart 13, item A.

B. If the patient continues with symptoms and objective physical findings after 12 weeks of nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient's condition should be reevaluated and additional surgical therapy provided, if indicated. Reevaluation and additional surgical therapy shall meet all of the parameters of subpart 11, item B, except that surgery is only indicated if performed for complications of the previous surgery or if all of the following criteria are met:

(1) an EMG confirms the diagnosis;

(2) there is muscular atrophy or motor weakness or significant hyperesthesia or dysesthesia, especially with objective impairment of sensibility as determined by two-point discrimination or by light touch; and

(3) a second surgical opinion from a health care provider certified or board eligible in hand surgery, orthopedic surgery, or neurosurgery confirms the need for surgery.

C. If the patient continues with symptoms and objective physical findings after surgery or the patient refused surgery therapy or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with recurrent nerve entrapment syndromes after surgery must meet all of the parameters of subpart 11, item C.

Subp. 15. **Scheduled and nonscheduled medication.** Controlled substance medications scheduled under *Minnesota Statutes*, section 152.02, including without limitation narcotics, should be primarily reserved for the treatment of severe acute pain. These medications are rarely indicated in the treatment of patients with upper extremity disorders. The health care provider must document the rationale for the ongoing use of any scheduled medication. Treatment with nonscheduled medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost-effective regimen is used.

5221.6400 [Emergency] INPATIENT HOSPITALIZATION PARAMETERS.

Subpart 1. **General principles.**

A. The health care provider must request preauthorization for inpatient hospital admission for nonemergency care according to part 5221.6050 [Emergency], subpart 9. Hospitalization is characterized as inpatient if the patient spends at least one night in the hospital.

B. Treatment for emergency conditions, including incapacitating pain, should not be delayed to obtain prior authorization. The admitting health care provider should notify the insurer within 24 hours or the first working day following an emergency admission, or within 24 hours after the health care provider learns that it is a workers' compensation injury. The medical necessity for the emergency hospitalization is subject to retrospective review.

C. Unless the patient's condition requires special care, only ward or semiprivate accommodations are indicated. The admitting health care provider must document the special care needs.

D. Admissions before the day of surgery are indicated only if they are medically necessary to stabilize the patient before surgery. Admission before the day of surgery to perform any or all of a preoperative work-up which could have been completed as an outpatient is not indicated.

E. Inpatient hospitalization solely for physical therapy, bed rest, and/or administration of injectable drugs is indicated only if the treatment is otherwise indicated and the patient's condition makes the patient unable to perform the activities of daily life and participate in the patient's own treatment and self-care.

F. Discharge from the hospital must be at the earliest possible date consistent with proper health care.

G. If transfer to a convalescent center or nursing home is indicated, prior authorization is required as provided for inpatient hospitalization.

Subp. 2. **Specific requirements for hospital admission of patients with low back pain.** Hospitalization for low back pain is indicated in the circumstances in items A to D.

A. When the patient experiences incapacitating pain as evidenced by inability to mobilize for activities of daily living, for example unable to ambulate to the bathroom, and in addition, the intensity of service during admission meets the criteria in subitems (1) and (2).

(1) Physical therapy is necessary at least twice daily for assistance with mobility. Heat, cold, ultrasound, and massage therapy alone do not meet this criterion.

(2) Muscle relaxants or narcotic analgesics are necessary intramuscularly or intravenously for a minimum of three injections in 24 hours. Need for parenteral analgesics is determined by:

(a) an inability to take oral medications or diet (N.P.O.); or

(b) an inability to achieve relief with aggressive oral analgesics.

B. For surgery which is otherwise indicated according to part 5221.6500 [Emergency] and is appropriately scheduled as an inpatient procedure.

C. For evaluation and treatment of cauda equina syndrome, according to part 5221.6200 [Emergency], subpart 14.

D. For evaluation and treatment of foot drop or progressive neurologic deficit, according to part 5221.6200 [Emergency], subpart 13.

5221.6500 [Emergency] PARAMETERS FOR SURGICAL PROCEDURES.

Subpart 1. **General.**

A. The health care provider must request authorization according to part 5221.6050 [Emergency], subpart 9, before proceeding with any elective inpatient surgery.

B. Emergency surgery may proceed without a request for prior authorization. The reasonableness and necessity for the emergency surgery shall be subject to retrospective review by the insurer for purposes of determining reimbursement.

Subp. 2. **Spinal surgery.**

A. Surgical decompression of a lumbar nerve root includes, but is not limited to, the following lumbar procedures: laminectomy, laminotomy, discectomy, micro-discectomy, percutaneous discectomy, or foraminotomy. When requesting authorization for decompression of multiple nerve roots, the procedure at each nerve root is subject independently to the requirements of subitems (1) to (3).

(1) Diagnoses: surgical decompression of a lumbar nerve root may be performed for the following diagnoses:

(a) displacement of lumbar intervertebral disc, ICD-9-CM code 722.10;

(b) sciatica, ICD-9-CM code 724.3; or

(c) lumbosacral neuritis, radiculopathy, or radiculitis, ICD-9-CM code 724.4.

(2) Indications: both of the following conditions in units (a) and (b) must be satisfied to indicate that the surgery is reasonably required.

(a) Response to nonsurgical care: the employee's condition includes one of the following:

i. failure to improve with a minimum of six weeks of initial nonsurgical care; or

ii. cauda equina syndrome, ICD-9-CM code 344.6, 344.60, or 344.61; or

iii. foot drop or progressive neurological deficits.

(b) Clinical findings: the employee exhibits the sensory symptoms of subunit i or the objective findings of subunit ii, in combination with the test results of subunit iii:

i. subjective sensory symptoms in a dermatomal distribution which may include radiating pain, burning, numbness, tingling, or paresthesia;

ii. objective clinical findings of dermatomal sensory deficit, nerve root specific motor deficit, including, but not limited to, foot drop or quadriceps weakness, reflex changes, or positive EMG; and

iii. medical imaging test results that correlate with the level of nerve root involvement consistent with both the subjective and objective findings.

(3) Second opinions: repeat surgical decompression of a lumbar nerve root is not indicated at the same nerve root unless a second opinion, if requested by the insurer, confirms that surgery is indicated.

B. Surgical decompression of a cervical nerve root. Surgical decompression of a cervical nerve root includes, but is not limited to, the following cervical procedures: laminectomy, laminotomy, discectomy, foraminotomy with or without fusion. When requesting authorization for decompression of multiple nerve roots, the procedure at each nerve root is subject independently to the requirements of subitems (1) to (3).

(1) Diagnoses: surgical decompression of a cervical nerve root may be performed for the following diagnoses:

(a) displacement of cervical intervertebral disc, ICD-9-CM code 722.0, excluding fracture; or

(b) cervical radiculopathy, radiculitis, or brachial neuritis, ICD-9-CM code 723.4, excluding fracture.

(2) Indications: both of the following conditions must be satisfied to indicate that surgery is reasonably required:

(a) response to nonsurgical care, the employee's condition includes:

i. failure to improve with a minimum of six weeks of initial nonsurgical care; or

ii. progressive neurologic changes;

(b) clinical findings: the employee exhibits the sensory symptoms of subunit i or the objective findings of subunit ii, in combination with the test results of subunit iii:

i. subjective sensory symptoms in a dermatomal distribution which may include radiating pain, burning, numbness, tingling, or paresthesia;

ii. objective clinical findings of dermatomal sensory deficit, nerve root specific motor deficit, reflex changes, or positive EMG; and

iii. medical imaging test results that correlate with the level of nerve root involvement consistent with both the subjective and objective findings.

(3) Second opinions: surgical decompression of a cervical nerve root is not indicated for the following conditions, unless a second opinion, if requested by the insurer, confirms that the surgery is indicated:

(a) repeat surgery at same level;

(b) request for surgery at the C3-4 level; or

(c) requests for surgery with signs and symptoms indicating myelopathy.

C. Lumbar arthrodesis with or without instrumentation.

(1) Indications: one of the following conditions must be satisfied to indicate that the surgery is reasonably required:

(a) unstable lumbar vertebral fracture, ICD-9-CM codes 805.4, 805.5, 806.4, and 806.5; or

(b) for a second or third surgery only, documented reextrusion or redisplacement of lumbar intervertebral disc, ICD-9-CM code 722.10, after previous successful disc surgery at the same level and new lumbar radiculopathy with or without intractable back pain, ICD-9-CM code 724.4. Documentation under this item must include an MRI or CT scan or a myelogram; or

(c) traumatic spinal deformity including a history of compression (wedge) fracture or fractures, ICD-9-CM code 733.1, and demonstrated acquired kyphosis-scoliosis, ICD-9-CM codes 737.1, 737.10, 737.30, 737.41, and 737.43; or

(d) intractable low back pain, ICD-9-CM code 724.2, for longer than three months, and a six week trial with a rigid back brace, such as a Boston or chair back brace or body cast, produces significant pain relief, and one of the following conditions involving lumbar segments L-3 and below is present:

i. for the first surgery only, degenerative disc disease, ICD-9-CM code 722.4, 722.5, 722.6, or 722.7, with postoperative documentation of instability, or positive discogram at one or two levels; or

ii. pseudoarthrosis, ICD-9-CM code 733.82; or

iii. for the second or third surgery only, previously operated disc.

(2) Contraindications: lumbar arthrodesis is not indicated as the first primary surgical procedure for a new, acute lumbosacral disc herniation with unilateral radiating leg pain in a radicular pattern with or without neurological deficit.

(3) Retrospective review: when lumbar arthrodesis is performed to correct instability created during an authorized decompression, laminectomy, or discectomy, approval for the arthrodesis will be based on a retrospective review of the operative report, because the insurer is not able to give prior authorization for the lumbar arthrodesis.

Subp. 3. **Upper extremity surgery.**

A. Rotator cuff repair:

(1) Diagnoses: rotator cuff surgery may be performed for the following diagnoses:

(a) rotator cuff syndrome of the shoulder, ICD-9-CM code 726.1, and allied disorders: unspecified disorders of shoulder bursae and tendons, ICD-9-CM code 726.10, calcifying tendinitis of shoulder, ICD-9-CM code 726.11, bicipital tenosynovitis, ICD-9-CM code 726.12, and other specified disorders, ICD-9-CM code 726.19; or

(b) tear of rotator cuff, ICD-9-CM code 727.61.

(2) Criteria and indications: in addition to one of the diagnoses in subitem (1), both of the following conditions must be satisfied to indicate that surgery is reasonably required:

(a) response to nonsurgical care: the employee's condition has failed to improve with adequate initial nonsurgical treatment; and

(b) clinical findings: the employee exhibits:

i. severe shoulder pain and inability to elevate the shoulder;

ii. weak or absent abduction and tenderness over rotator cuff, and/or pain relief obtained with an injection of anesthetic for diagnostic/therapeutic trial; and

iii. positive findings in arthrogram, MRI, or ultrasound, or positive findings on previous arthroscopy, if performed.

B. Acromioplasty:

(1) Diagnosis: acromioplasty may be performed for acromial impingement syndrome, ICD-9-CM codes 726.0 to 726.2.

(2) Criteria and indications: in addition to the diagnosis in subitem (1), both of the following conditions must be satisfied for acromioplasty:

(a) response to nonsurgical care: the employee's condition has failed to improve after adequate initial nonsurgical care; and

(b) clinical findings: the employee exhibits pain with active elevation from 90 to 130 degrees and pain at night, and a positive impingement test.

C. Repair of acromioclavicular or costoclavicular ligaments:

(1) Diagnosis: surgical repair of acromioclavicular or costoclavicular ligaments may be performed for acromioclavicular separation, ICD-9-CM codes 831.04 to 831.14.

(2) Criteria and indications: in addition to the diagnosis in subitem (1), both of the following conditions must be satisfied for repair of acromioclavicular or costoclavicular ligaments:

(a) response to nonsurgical care: the employee's condition includes:

i. failure to improve after a one week trial period in support brace; or

ii. separation cannot be reduced and held in a brace; and

(b) clinical findings: the employee exhibits localized pain at the acromioclavicular joint and prominent distal clavicle and radiographic evidence of separation at the acromioclavicular joint.

D. Excision of distal clavicle:

(1) Diagnosis: excision of the distal clavicle may be performed for the following conditions:

(a) acromioclavicular separation, ICD-9-CM codes 831.01 to 831.14; or

(b) osteoarthrosis of the acromioclavicular joint, ICD-9-CM codes 715.11, 715.21, and 715.31.

(2) Criteria and indications: in addition to one of the diagnosis in subitem (1), the following conditions must be satisfied for excision of distal clavicle:

(a) response to nonsurgical care: the employee's condition fails to improve with adequate initial nonsurgical care; and

(b) clinical findings: the employee exhibits:

i. pain at the acromioclavicular joint, with aggravation of pain with motion of shoulder or carrying weight;

ii. confirmation that separation of AC joint is unresolved and prominent distal clavicle, or pain relief obtained with an injection of anesthetic for diagnostic/therapeutic trial; and

iii. separation at the acromioclavicular joint with weight-bearing films, or severe degenerative joint disease at the acromioclavicular joint noted on X-rays.

E. Repair of shoulder dislocation (any procedure):

(1) Diagnosis: surgical repair of a shoulder dislocation may be performed for the following diagnoses:

(a) recurrent dislocations, ICD-9-CM code 718.31; and

(b) persistent instability following traumatic dislocation.

(2) Criteria and indications: in addition to one of the diagnoses in subitem (1), the following clinical findings must exist for repair of a shoulder dislocation:

(a) the employee exhibits a history of multiple dislocations that inhibit activities of daily living; and

(b) X-rays confirm dislocation and exclude fracture.

F. Repair of proximal biceps tendon:

(1) Diagnosis: surgical repair of a proximal biceps tendon may be performed for proximal rupture of the biceps, ICD-9-CM code 727.62 or 840.8.

(2) Criteria and indications: in addition to the diagnosis in subitem (1), both of the following conditions must be satisfied for repair of proximal biceps tendon:

(a) the procedure should be done only in conjunction with another indicated repair of the rotator cuff; and

(b) clinical findings: the employee exhibits:

i. complaint of pain that does not resolve with attempt to use arm; and

ii. palpation of "bulge" in upper aspect of arm.

Subp. 4. **Lower extremity surgery.**

A. Anterior cruciate ligament (ACL) reconstruction:

(1) Diagnoses: surgical repair of the anterior cruciate ligament, including arthroscopic repair, may be performed for the following diagnoses:

(a) old disruption of anterior cruciate ligament, ICD-9-CM code 717.83; or

(b) sprain of cruciate ligament of knee, ICD-9-CM code 844.2.

(2) Criteria and indications: in addition to one of the diagnoses in subitem (1) the conditions in units (a) to (c) must be satisfied for anterior cruciate ligament reconstruction. Pain alone is not an indication:

(a) the employee gives a history of instability of the knee described as "buckling or giving way" with significant effusion at time of injury, and/or description of injury indicates a rotary twisting or hyperextension occurred;

(b) there are objective clinical findings of positive Lachman's sign, positive pivot shift, and/or positive anterior drawer; and

(c) there are positive diagnostic findings with arthrogram, MRI, or arthroscopy and there is no more than minimal compartmental arthritis.

B. Patella tendon realignment or Maquet procedure:

(1) Diagnosis: patella tendon realignment may be performed for dislocation of patella, open, ICD-9-CM code 836.3, or closed, ICD-9-CM code 836.4.

(2) Criteria and indications: in addition to the diagnosis in subitem (1), all of the following conditions must be satisfied for a patella tendon realignment:

(a) the employee gives a history of rest pain as well as pain with patello-femoral movement, and recurrent effusion, or recurrent dislocation; and

(b) there are objective clinical findings of patellar apprehension, synovitis, lateral tracking, and Q angle greater than 15 degrees.

C. Knee joint replacement:

(1) Diagnoses: knee joint replacement may be performed for degeneration of articular cartilage or meniscus of knee, ICD-9-CM codes 717.1 to 717.4.

(2) Criteria and indications: in addition to the diagnosis in subitem (1), the following conditions must be satisfied for a knee joint replacement:

(a) clinical findings: the employee exhibits limited range of motion, night pain in the joint, and no relief of pain with an adequate course of initial nonsurgical care; and

(b) diagnostic findings: there is significant loss or erosion of cartilage to the bone, and positive findings of advanced arthritis and joint destruction with standing films, MRI, or arthroscopy.

(3) Extent of surgery: if two of the three compartments are affected, total joint replacement is indicated. If only one compartment is affected, a unicompartmental or partial replacement is indicated.

D. Fusion; ankle, tarsal, metatarsal:

(1) Diagnoses: fusion may be performed for the following conditions:

(a) malunion or nonunion of fracture of ankle, tarsal, or metatarsal, ICD-9-CM code 733.81 or 733.82; or

(b) traumatic arthritis (arthropathy), ICD-9-CM code 716.17.

(2) Criteria and indications: in addition to one of the diagnoses in subitem (1), the following conditions must be satisfied for an ankle, tarsal, or metatarsal fusion:

(a) initial nonsurgical care: the employee must have failed to improve with an adequate course of initial nonsurgical care which included:

i. immobilization which may include casting, bracing, shoe modification, or other orthotics; and

ii. anti-inflammatory medications;

(b) clinical findings:

i. the employee gives a history of pain which is aggravated by activity and weight-bearing, and relieved by xylocaine injection; and

ii. there are objective findings on physical examination of malalignment or specific joint line tenderness, and decreased range of motion; and

(c) diagnostic findings: there are medical imaging studies confirming the presence of:

i. loss of articular cartilage and joint space narrowing;

ii. bone deformity with hypertrophic spurring and sclerosis; or

iii. nonunion or malunion of a fracture.

(3) Requests for intertarsal or subtalar fusion must be confirmed by a second opinion.

E. Lateral ligament ankle reconstruction:

(1) Diagnoses: ankle reconstruction surgery involving the lateral ligaments may be performed for the following conditions:

(a) chronic ankle instability, ICD-9-CM code 718.87; or

(b) grade III sprain, ICD-9-CM codes 845.0 to 845.09.

(2) Criteria and indications: in addition to one of the diagnoses in subitem (1), the following conditions must be satisfied for a lateral ligament ankle reconstruction:

(a) initial nonsurgical care: the employee must have received an adequate course of initial nonsurgical care including, at least:

i. immobilization with support, cast, or ankle brace, followed by

ii. a physical rehabilitation program; and

(b) clinical findings:

i. the employee gives a history of ankle instability and swelling;

ii. there is a positive anterior drawer sign on examination; and

iii. there are positive stress X-rays identifying motion at ankle or subtalar joint with at least a 15 degree lateral opening at the ankle joint, or demonstrable subtalar movement, and negative to minimal arthritic joint changes on X-ray.

(3) Prosthetic ligaments: prosthetic ligaments are not indicated.

(4) Implants: requests for any plastic implant must be confirmed by a second opinion.

(5) Calcaneus osteotomy: requests for calcaneus osteotomies must be confirmed by a second opinion.

5221.8900 [Emergency] DISCIPLINARY ACTION; PENALTIES.

Subpart 1. **Discipline.** A health care provider is subject to disciplinary action for failure to comply with the requirements in parts 5221.6010 to 5221.6500 [Emergency] or the violation of any of the provisions of *Minnesota Statutes*, chapter 176, or other rules or orders issued pursuant thereto.

Subp. 2. **Complaints.** Complaints about professional behavior or services of health care providers relating to noncompliance with established workers' compensation laws, rules, or orders shall be made in writing to the commissioner. The commissioner or a designee shall assist a person in filing a complaint, if necessary. A complaint may be submitted by any person who becomes aware of a violation, including designees of the commissioner, administrative law judges, and presiding officials at judicial proceedings.

Subp. 3. **Review and investigation.** The commissioner shall investigate all complaints to determine whether there has been a violation of established workers' compensation laws, rules, or orders. The commissioner may refer a matter to another agency that has jurisdiction over the provider's license or conduct, or to an agency that has prosecuting authority in the event of suspected theft or fraud. Absent suspected theft or fraud, providing treatment outside a parameter set forth in parts 5221.6020 to 5221.6500 [Emergency] shall not in itself result in a referral to a county attorney.

If an investigation indicates that discipline may be warranted, the commissioner shall determine whether the violation involves inappropriate, unnecessary, or excessive treatment, or whether the violation involves other statutes or rules. The commissioner shall take appropriate action according to subpart 6, 7, or 8.

Subp. 4. **Cooperation with disciplinary proceedings.** A health care provider who is the subject of a complaint investigated by the commissioner under *Minnesota Statutes*, section 176.103, shall cooperate fully with the investigation. Cooperation shall include, but is not limited to, responding fully and promptly to any questions raised by the commissioner relating to the subject of the investigation and providing copies of records, reports, logs, data, and cost information as requested by the commissioner to assist in the investigation. The health care provider shall not charge for services or for cost of copies of medical records for this investigation. Cooperation shall also include attending, in person, a meeting scheduled by the commissioner for the purposes of subpart 5. This subpart does not limit the health care provider's right to be represented by an attorney.

Subp. 5. **In-person meeting.** When conferring with the parties to a complaint is deemed appropriate for clarification or settlement of issues, the commissioner shall schedule a meeting. The commissioner shall conduct a meeting for the purpose of obtaining information, instructing parties to the complaint, or for the purpose of resolving disciplinary issues.

Subp. 6. **Resolution by instruction or written agreement.** The commissioner may resolve a complaint through instruction of a provider, or may enter into stipulated consent agreements regarding discipline with a provider in lieu of initiating a contested case or medical services review board proceeding.

Subp. 7. **Inappropriate, unnecessary, or excessive treatment.**

A. If the suspected violation involves a treatment standard set forth in parts 5221.6020 to 5221.6500 [Emergency] the commissioner may refer the health care provider to the medical services review board for review under *Minnesota Statutes*, section 176.103, subdivision 2, if:

(1) the situation requires medical expertise in matters beyond the department's general scope;

(2) wherever possible under *Minnesota Statutes*, chapter 176, a final determination has been made by a workers' compensation presiding official, or provider licensing or registration body that the medical treatment in issue was inappropriate, unnecessary, or excessive; and

(3) a pattern of consistently providing inappropriate, unnecessary, or excessive services exists for three or more employees.

B. Where the medical service review board's report to the commissioner indicates a violation of treatment standards or other inappropriate, unnecessary, or excessive treatment the commissioner shall order a sanction. Sanctions may include, but are not limited to, a warning; a fine of up to $200 per violation; a restriction on providing treatment; requiring preauthorization by the board, the payor, or the commissioner for a plan of treatment; and suspension from receiving compensation for the provision of treatment.

C. Within 30 days of receipt of the order of sanction, the health care provider may request in writing a review by the commissioner of the sanction in accordance with the procedure set forth in *Minnesota Statutes*, section 176.103, subdivision 2a. Within 30 days following receipt of the compensation judge's decision reviewing the sanction, a provider may petition the workers' compensation court of appeals for review according to the procedures in *Minnesota Statutes*, section 176.103, subdivision 2a.

Subp. 8. **Violations of statutes and rules other than those involving inappropriate, unnecessary, or excessive treatment.** If the suspected violation warranting discipline involves a statute or rule other than treatment standards, the commissioner shall initiate a contested case hearing for disciplinary action under *Minnesota Statutes*, section 176.103, subdivision 3, paragraph (b), and the administrative procedure act in *Minnesota Statutes*, chapter 14.

A. Upon petition of the commissioner and following receipt of the recommendation of the administrative law judge, the medical services review board may issue a fine of up to $200 for each violation, or disqualify or suspend the health care provider from receiving payment for services under parts 5221.6010 to 5221.6500 [Emergency], according to *Minnesota Statutes*, section 176.103, subdivision 3, paragraph (b).

B. Within 30 days after service of the board's decision, a provider may petition the workers' compensation court of appeals for review according to *Minnesota Statutes*, section 176.421.

Subp. 9. **Penalties.** In addition to disciplinary action under subparts 1 to 8, the commissioner may assess a penalty under part 5220.2810 if a health care provider fails to release existing written medical data according to *Minnesota Statutes*, section 176.138. A penalty may also be assessed under part 5220.2830 and *Minnesota Statutes*, section 176.231, subdivision 10, if a health care provider fails to provide reports required by part 5221.0410.

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.

Labor Standards Division

Notice of Prevailing Wage Certifications for Construction Projects

Effective February 1, 1993 prevailing wage rates are certified for commercial construction projects in: Anoka county: Reroofing L.O. Jacob, Sorteberg, Wilson and AHLC/DC Elementarys-Anoka & Coon Rapids; Cass county: Bena High School-Cass Lake;

Hennepin county: Washington Avenue Parking ramp/U. of M.-Minneapolis, Twin City Recreational Sports Facilities-Minneapolis, Reroofing South Hennepin Technical College-Eden Prairie; Lyon county: FSE Elevator Modernization-Marshall; Ramsey county: Fisheries and Aquaculture Facility-St. Paul; Rice county: MN Academy for the Blind Dow Hall-Faribault; Scott county: Minnesota Correctional Facility-Shakopee; St. Louis county: Fire Department Training Center, Domestic Water Piping/U. of M./Duluth-Duluth; Winona county: Reroofing, Wall Repair & Panel Wall Replacement-Maxwell Library & Winona State University-Winona.

Copies of the certified wage rates for these projects may be obtained by writing the Minnesota Department of Labor and Industry, 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

Metropolitan Waste Control Commission

Public Notice for Letters of Interest (LOI), Request for Qualifications (RFQ), and Statement of Qualifications (SOQ) for Engineering Services

The Metropolitan Waste Control Commission is soliciting Letters of Interest for engineering services in support of in-house projects prepared by Commission staff. The Commission intends to engage 6 firms consisting of one Minority Business Enterprise (MBE), one Women's Business Enterprise (WBE), two Geotechnical Services firms, and two multi-discipline firms. The type of work envisioned for these firms includes:

Geotechnical Services firms: Provide site investigations, monitoring, testing, and preparation of remedial action plans and other report associated with underground storage tanks (UST), upgrades, and replacements.

Other Professional Services: Provide technical assistance to Commission staff during those time periods when staff's experience does not include a specific area of engineering and/or when staff resources are insufficient to complete the project in a timely manner.

The other professional services will cover a variety of engineering disciplines, including: environmental, sewer design, civil, structural, mechanical, and electrical.

Firms interested in being considered for this work are to submit a LOI requesting the RFQ submittal package. LOI's are to be received no later than Friday, February 12, 1993. RFQ submittal packages will be issued promptly upon receipt of LOI's. SOQ's are due by 12 Noon on Wednesday, February 24, 1993. LOI's are to be directed to:

Metropolitan Waste Control Commission
Mears Park Centre
230 East 5th Street
St. Paul, MN 55101
Attn: Manager, Contracts and Documents Division

Dated: 1 February 1993

By Order of the
Metropolitan Waste Control Commission
Gordon O. Voss, Chief Administrator

Department of Natural Resources

Notice of Intent to Hold State Metallic Minerals Lease Sale State Lands to be Offered for Metallic Minerals Exploration

The Minnesota Department of Natural Resources announces that plans are being developed to hold the state's eighteenth sale of metallic minerals exploration and mining leases. The sale is tentatively scheduled for May 1993. The lease sale plans are being announced at this time in order to give mining companies, public interest groups and all other interested parties additional time to review the areas under consideration.

The purpose of Minnesota's metallic minerals rules (*Minnesota Rules*, parts 6125.0100-.0700) is to promote and regulate the prospecting for, mining and removal of metallic minerals on state-owned and state-administered lands. These rules, and the leases issued under these rules, authorize exploration and development of these minerals and impose certain requirements on the lessee. The requirements include: the payment of rentals that increase with the passage of time, the payment of royalty for all ore mined and removed, the submission of data and other reports, and the addressing of environmental considerations. In addition, the state lessee must comply with all applicable regulatory laws.

The areas under consideration for the lease sale cover portions of Beltrami, Lake of the Woods, Roseau, and Saint Louis Counties. All of the lands being considered have been offered in previous metallic minerals lease sales, but based upon the interest shown by industry, new geologic data, and exploration techniques developed during the past few years, it is felt that within these lands there is significant potential for the discovery of mineral resources.

The exact time and place of the lease sale will be announced by legal notice at least thirty (30) days prior to the sale. Mining unit books, listing the state lands to be offered at the lease sale, will be available for inspection or purchase at that time.

A map showing the general areas under consideration may be obtained from the Division of Minerals, Box 45, 500 Lafayette Road, Saint Paul, MN 55155-4045, telephone 612-296-4807.

Dated: 1 February 1993

Rodney W. Sando
Commissioner of Natural Resources

Office of the Secretary of State

Notice of Vacancies in Multi-Member Agencies

NOTICE IS HEREBY GIVEN to the public that vacancies have occurred in multi-member state agencies, pursuant to *Minnesota Statutes* 15.0597, subdivision 4. Application forms may be obtained from the Office of the Secretary of State, Open Appointments, 180 State Office Building, St. Paul, MN 55155-1299; (612) 297-5845, or in person at Room 174 of the State Office Building. More specific information about these vacancies may be obtained from the agencies listed below. These vacancies will remain open for application through **February 23, 1993.** Appointing Authorities may also choose to review applications received after that date. Applications are kept on file for a one year period.

The 1992 Annual Compilation and Statistical Report is available from the Minnesota Bookstore. This publication includes a complete listing of state boards and councils that follow the Open Appointments process, descriptions of these agencies and their memberships, and statistical information about appointments and vacancies made during the 1992 fiscal year. The 1992 Annual Compilation also indicates members with terms scheduled to end in January 1993. Many of these positions may still be open for application. The cost of the 1992 Annual Compilation is $5.50 per copy plus sales tax. There is a $2.00 charge for mailing per order; an order may include any number of copies. To order copies of the 1992 Annual Compilation please call the Minnesota Bookstore at 297-3000 or 1-800-657-3757.

COUNCIL ON BLACK MINNESOTANS
2233 University Ave., Suite 426, St. Paul, MN 55114. 612-642-0811.
Minnesota Statutes 3.9225.

APPOINTING AUTHORITY: Governor. COMPENSATION: Per diem for public members.
VACANCY: One vacancy.

The council makes recommendations to the governor and legislature on improving the economic and social conditions of African American and Native African Minnesotans. The governor appoints eleven public members who must represent persons of African descent throughout the state, and must include at least five males and five females. The legislature appoints two senators and two representatives who serve as ex-officio, non-voting members.

GOVERNOR'S ADVISORY COUNCIL ON TECHNOLOGY FOR PERSONS WITH DISABILITIES
MN Dept. of Administration, 300 Centennial Bldg., 650 Cedar St., St. Paul, MN 55155. 612-297-1554.
Executive Order 92-05.

APPOINTING AUTHORITY: Governor. COMPENSATION: None.
VACANCY: Three vacancies: to be appointed from consumers, business, private sector, service providers, and funding agencies. Preference given to persons residing in Greater Minnesota.

The council will coordinate, support and advance technology uses for persons with disabilities through public awareness, advocacy, training, consumer involvement, expanded service delivery, interagency coordination and insuring services to people of all ages. The council consists of fifteen members representing the private sector, consumers, service agencies, third party funding sources, education, and library systems.

MN BOARD OF CHIROPRACTIC EXAMINERS PEER REVIEW COMMITTEE
2700 University Ave. W., Suite 20, St. Paul, MN 55114-1089. 612-642-0591.
Minnesota Statutes 148.01-148.106.

APPOINTING AUTHORITY: Executive Director, State Board of Chiropractic Examiners. COMPENSATION: $55 per diem.
VACANCY: One vacancy: professional member; must be available for first meeting on Tuesday, April 13, 1993 at 12:30 p.m.

The committee makes determinations of whether or not certain chiropractors properly utilized services rendered or ordered appropriate treatment or service, and if the cost of treatment was unconscionable. The committee consists of seven members, including five chiropractors and two consumer members. Terms are varied.

NONPUBLIC EDUCATION COUNCIL
710 Capitol Square Bldg., St. Paul, MN 55101. 612-296-6595.
Minnesota Statutes 123.935.

APPOINTING AUTHORITY: Commissioner of Education. COMPENSATION: $55 per diem, reimbursed for expenses.
VACANCY: One vacancy.

The council advises the commissioner and the state board on nonpublic educational aids. When requested by the commissioner or the state board, the council may submit its advice about other nonpublic school matters. The council is also authorized to recognize educational accrediting agencies for purposes relating to Minnesota's Compulsory Instruction Law. The fifteen member council shall represent various areas of the state, methods of providing nonpublic education, and shall be knowledgeable about nonpublic education.

REGIONAL TRANSIT BOARD
Mears Park Centre, 230 E. Fifth St., St. Paul, MN 55101. 612-292-8789.
Minnesota Statutes 473.373.

APPOINTING AUTHORITY: Governor, Metropolitan Council. COMPENSATION: $50 per diem plus expenses.
VACANCY: Two vacancies: This is a correction of the announcement published January 4, 1993. One resident of District H and one resident of District G. Applicants may be general public citizens or local elected officials. (Six seats on the Regional Transit Board must be held by local elected officials, but they are not tied to specific districts.)

These two positions have a term expiration of the first Monday in January, 1995. District H includes the communities of Mendota Heights, West St. Paul, South St. Paul, Inver Grove Heights, Eagan, Apple Valley, Rosemount, Hastings, Farmington, Woodbury, Cottage Grove, Afton, Marine on the St. Croix, Baytown, Lake Elmo, Oakdale, St. Paul Park, and all of the townships located in or around these communities. District G includes the counties of Carver and Scott (excluding the city of New Prague) and includes that part of the county of Dakota consisting of the cities of Burnsville and Lakeville; and that part of the city of Chanhassen which is in Hennepin county as well as Bloomington and Richfield in Hennepin county. The board coordinates transit programs, conducts transit research and evaluation, and implements short- to mid-range planning consistent with the long-range transit plans of the Metropolitan Council. The board consists of eleven members, including eight members appointed by the Metropolitan Council, one from each metropolitan agency district, six of the eight members are to be elected city, town, or county officials; three members appointed by the governor, including a chair, one person age 65 or older, and one person with a disability. Appointments are with the advice and consent of the senate. Members must file with the Ethical Practices Board. Meetings at 4:00 every 1st and 3rd Monday at Mears Park Centre.

SEXUAL ASSAULT ADVISORY COUNCIL
MN Dept. of Corrections, 300 Bigelow Bldg., 450 N. Syndicate, St. Paul, MN 55104. 612-642-0200.
Minnesota Statutes 611A.25, Sec. 7.

APPOINTING AUTHORITY: Commissioner of Corrections. COMPENSATION: Reimbursement of expenses.
VACANCY: Two vacancies: two metro service providers.

The advisory council advises the commissioner of Corrections on all planning, development, data collection, rulemaking, funding and evaluation of programs and services to sexual assault victims other than matters of a purely administrative nature. The council consists of twelve members. No more than six of the members of the council shall be representative of community or governmental organizations (persons not affiliated with grantee or potential grantee) that provide services to sexual assault victims. One-half of the members shall be from the metro area and one-half of the members from the non-metro, including all non-metro areas of the state. Special consideration to comprising the council of diverse populations. Monthly meetings, approximately three hours, at the Dept. of Corrections central office.

STATE ADVISORY COUNCIL ON MENTAL HEALTH
444 Lafayette Rds., St. Paul, MN 55155-3828. 612-297-4163.
Minnesota Statutes 245.697.

APPOINTING AUTHORITY: Governor. COMPENSATION: $55 per diem. Reimbursed for expenses.
VACANCY: One vacancy.

The council advises the governor, the legislature, and state agency heads about policy, programs, and services affecting people with

mental illness. Thirty members include commissioner designees from the Departments of Education, Corrections, Vocational Rehabilitation, and the Housing Finance Agency, one representative in the state agency responsible for the state's Title XIX program, one member from each of the four core mental health professional disciplines (psychiatry, psychology, social work, nursing); one representative from each of the following advocacy groups: Mental Health Association of MN, MN Alliance for the Mentally Ill, MN Mental Health Law Projects; providers of mental health services, consumers of mental health services, family members of persons with mental illnesses, legislators, social service agency directors, county commissioners, and other members reflecting a broad range of community interest.

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.

Transportation Department

Port Development Assistance Program

The Minnesota Department of Transportation is accepting applications until March 15, 1993 for projects that comply with the Port Development Assistance Program Law.

Because funding for the Port Development Assistance Program is pending parts of the application process will be modified.

For a copy of the Port Development Assistance Program, the rules and information regarding the modifications of the application process please contact:

DuWayne Elliott
Office of Railroads and Waterways
925 Kelly Annex
Transportation Building
St. Paul, Minnesota 55155
612-296-0364

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 State Retirement System

Notice of Request for Proposals for an Actuarial Consultant to Assist the Minnesota State Retirement System in Carrying Out its Responsibilities with Respect to Administering the State of Minnesota Deferred Compensation Plan Established Under IRS Code 457

The Minnesota State Retirement System (MSRS) is soliciting proposals for actuarial consulting services. This request for proposal is designed to obtain a consultant to assist MSRS in reviewing the efficiency and appropriateness of current marketing, service, and administrative responsibilities relative to administration of the Minnesota Deferred Compensation Plan. Evaluation of investment performance is not included in this proposal.

All interested vendors should contact the person named below by letter or telephone to request a copy of the Request for Proposal.

Kenneth Lang
Minnesota State Retirement System
Suite 300 Minnesota State Bank Building
175 W. Lafayette Frontage Road
St. Paul, MN 55107-1425
Telephone: (612) 296-1526

All proposals must be submitted to the address listed above on or before 3:00 p.m. Central Time, February 26, 1993. **NO PROPOSALS RECEIVED AFTER THAT DATE AND TIME WILL BE CONSIDERED.**

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 Request for Proposals for Construction Management or Owner's Representative Services

The Minnesota Historical Society is seeking proposals from qualified firms and individuals to provide preliminary consultation and either Owner's Representative or Construction Management Services for the construction of a new museum and the restoration of historic buildings at the Mille Lacs Indian Museum site located approximately 100 miles north of the Twin Cities on Highway 169.

This Request is open only to proposers experienced in the contract provision of construction management and owner's representative services. In order to be qualified, a proposer must have provided such services on projects in excess of $2.5 million.

The Request for Proposals is available by calling or writing Gary W. Goldsmith, Contracting Officer, Minnesota Historical Society, 345 Kellogg Blvd. West, St. Paul, MN 55102. Telephone (612) 297-5863.

Proposals must be received not later than February 11, 1993.

Details concerning submission requirements are included in the Request for Proposals.

State Contract

Department of Administration

Office Space Wanted for Department of Natural Resources

The Department of Administration desires proposals for rental of appox. 3,739 usable sq. ft. of office space, 2,052 usable sq. ft. of vehicle storage space and 1, 500 usable sq. ft. of space for fish holding for the Department of Natural Resources. Contact the Dept. of Administration, Real Estate Management Division, 50 Sherburne Ave., Rm. 309, St. Paul, MN 55155, (612) 296-6674. Proposals must be submitted by 4:30 p.m. (CST) on Friday, March 26, 1993.

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.

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

A = Sealed Bid
B = Write for Price
C = Request for Proposal
D = Request for Information
E = $0-$1,500 Estimated Dollar Value
F = $1,500-$5,000 Estimated Dollar Value
G = $5,000-$15,000 Estimated Dollar Value
H = $15,000-$50,000 Sealed Bid
I = $50,000 and Over Sealed Bid/Human Rights Compliance Required
J = Targeted Vendors Only
K = Local Service Needed
L = No Substitute
M = Installation Needed
N = Pre-Bid Conference
O = Insurance or Bonding Required

Materials Management Division: Commodities and Requisitions Awarded

Item: Contractor, Asbestos Removal
Req.#: 02310-36205-01
Awarded to: Abatement Services, Inc., St. Paul, MN
Awarded amount: $9,970.00
Awarded date: January 26, 1993
Expir/deliv date: February 15, 1993
Shipped to: Minnesota Department of Education Receiving

Item: Contractor, Asbestos Removal
Req.#: 02310-36206-01
Awarded to: Abatement Services, Inc., St. Paul, MN
Awarded amount: $9,140.00
Awarded date: January 26, 1993
Expir/deliv date: February 15, 1993
Shipped to: Minnesota Department of Education Receiving

Item: Van, (Contract)
Req.#: 02514-30182-01
Awarded to: Becker Ron, Hastings, MN
Awarded amount: $162,182.15
Awarded date: January 26, 1993
Expir/deliv date: April 15, 1993
Shipped to: Central Motor Pool

Item: Laboratory/Science Equipment, Miscellaneous
Req.#: 04111-31844-01
Awarded to: Forestry Suppliers, Inc., Jackson, MS
Awarded amount: $896.00
Awarded date: January 26, 1993
Expir/deliv date: February 21, 1993
Shipped to: Minnesota Department of Agriculture

Item: Recorder, Data, Laboratory
Req.#: 26070-14962-01
Awarded to: Burleigh Instruments, Inc., Fishers, NY
Awarded amount: $5,290.00
Awarded date: January 26, 1993
Expir/deliv date: February 28, 1993
Shipped to: Bemidji State University

Item: Computer, Personal, Portable
Req.#: 26071-52099-01
Awarded to: Inacomp Computer Centers, Eden Prairie, MN
Awarded amount: $2,361.00
Awarded date: January 26, 1993
Expir/deliv date: February 5, 1993
Shipped to: Mankato State University

Item: Video Equipment, Parts and Accessories
Req.#: 26071-27172-01
Awarded to: Alpha Video and Audio, Bloomington, MN
Awarded amount: $2,057.00
Awarded date: January 26, 1993
Expir/deliv date: February 15, 1993
Shipped to: Mankato State University

Item: Monitor, Video, Computer
Req.#: 26073-24420-01
Awarded to: Comark, Inc., Bloomingdale, IL
Awarded amount: $565.00
Awarded date: January 26, 1993
Expir/deliv date: February 15, 1993
Shipped to: St. Cloud State University

Item: Lumber, Softwood
Req.#: 29002-22531-01
Awarded to: Youngblood Lumber Company, Minneapolis, MN
Awarded amount: $25,500.00
Awarded date: January 26, 1993
Expir/deliv date: March 15, 1993
Shipped to: Department of Natural Resources—Grand Rapids Warehouse

Item: Cleaning Compounds, Miscellaneous
Req.#: 55303-93542-01
Awarded to: Rocket Dispensers, Sioux Falls, SD
Awarded amount: $867.00
Awarded date: January 26, 1993
Expir/deliv date: February 22, 1993
Shipped to: Faribault Regional Center

Item: Signal Equipment, Traffic Light
Req.#: 79000-32985-01
Awarded to: Diversified Business, Minneapolis, MN
Awarded amount: $32,264.00
Awarded date: January 26, 1993
Expir/deliv date: April 26, 1993
Shipped to: Minnesota Department of Transportation

Item: Guardrails and Metal Posts, Traffic Control
Req.#: 79900-23505-01
Awarded to: Rudie Engineering and Supply, Osseo, MN
Awarded amount: $9,876.00
Awarded date: January 26, 1993
Expir/deliv date: February 7, 1993
Shipped to: Minnesota Department of Transportation

Item: Computer Equipment, Miscellaneous
Req.#: 26072-04051-01
Awarded to: Words Plus, Inc., Lancaster, CA
Awarded amount: $5,635.00
Awarded date: January 25, 1993
Expir/deliv date: February 12, 1993
Shipped to: Moorhead State University

Item: Tool, Miscellaneous, Metal Work Machinery
Req.#: 26073-24367-01
Awarded to: American Tool Supply Company, St. Paul, MN
Awarded amount: $1,032.33
Awarded date: January 25, 1993
Expir/deliv date: February 11, 1993
Shipped to: St. Cloud State University

Item: Arts and Crafts Equipment, Miscellaneous
Req.#: 27145-07800-01
Awarded to: Sax Arts and Crafts, New Berlin, WI
Awarded amount: $750.99
Awarded date: January 25, 1993
Expir/deliv date: March 19, 1993
Shipped to: Willmar Community College

Item: Logging Equipment, Miscellaneous
Req.#: 27147-47519-01
Awarded to: Meadows Ben Company, Chamblee, GA
Awarded amount: $264.37
Awarded date: January 25, 1993
Expir/deliv date: January 30, 1993
Shipped to: Vermilion Community College

Item: Snowmobile
Req.#: 29001-25641-01
Awarded to: Arctco, Inc., Thief River Falls, MN
Awarded amount: $796.00
Awarded date: January 25, 1993
Expir/deliv date: February 1, 1993
Shipped to: Department of Natural Resources—Regional Headquarters

Item: Fish Hatchery Equipment, Miscellaneous
Req.#: 29005-16854-01
Awarded to: Zeigler Brothers, Gardens, PA
Awarded amount: $5,213.28
Awarded date: January 25, 1993
Expir/deliv date: February 15, 1993
Shipped to: Various Locations

Item: Tool, Measuring, Precision
Req.#: 32400-34790-01
Awarded to: Sokkia Measuring Systems, Bloomington, MN
Awarded amount: $442.19
Awarded date: January 25, 1993
Expir/deliv date: February 11, 1993
Shipped to: Minnesota Pollution Control Agency

Item: Animal, Live, Miscellaneous
Req.#: 75300-93058-01
Awarded to: Living Design, Sioux Falls, SD
Awarded amount: $4,910.00
Awarded date: January 25, 1993
Expir/deliv date: March 1, 1993
Shipped to: MinnesotaVeterans Homes

Item: Badges, Shields, ID Pins
Req.#: 99650-91170-01
Awarded to: Trophies by Linda, Maple Grove, MN
Awarded amount: $454.50
Awarded date: January 25, 1993
Expir/deliv date: February 26, 1993
Shipped to: Minnesota Office of Waste Management

Item: Camera, Still Picture
Req.#: 04151-31780-01
Awarded to: West Photo Shop, Minneapolis, MN
Awarded amount: $2,455.60
Awarded date: January 25, 1993
Expir/deliv date: February 8, 1993
Shipped to: Minnesota Department of Agriculture

Item: Laboratory/Science Supplies
Req.#: 07300-41621-01
Awarded to: Becton Dickinson Public, West Caldwell, NJ
Awarded amount: $1,685.00
Awarded date: January 25, 1993
Expir/deliv date: January 27, 1993
Shipped to: Department of Public Safety

Item: Aircraft, Repair/Maintenance Equipment
Req.#: 07500-42122-01
Awarded to: Maxwell Aircraft Service, Inc., Minneapolis, MN
Awarded amount: $1,415.00
Awarded date: January 25, 1993
Expir/deliv date: January 29, 1993
Shipped to: Department of Public Safety/State

Item: Service, Auto Body Repair; Non Metro Area
Req.#: 07500-42133-01
Awarded to: Auto Body Specialist, Sauk Centre, MN
Awarded amount: $2,998.96
Awarded date: January 25, 1993
Expir/deliv date: February 15, 1993
Shipped to: Department of Public Safety

Item: Service, Auto Body Repair; Non Metro Area
Req.#: 07500-42138-01
Awarded to: Pat's Body Shop, Bemidji, MN
Awarded amount: $1,893.78
Awarded date: January 25, 1993
Expir/deliv date: January 28, 1993
Shipped to: Department of Public Safety

Item: Handicapped Device, Visual
Req.#: 21701-53601-01
Awarded to: Henter Joyce, Inc., St. Petersburg, FL
Awarded amount: $1,730.00
Awarded date: January 25, 1993
Expir/deliv date: February 26, 1993
Shipped to: Minnesota Department of Jobs and Training

Item: Handicapped Device, Visual
Req.#: 21701-53613-01
Awarded to: Eye Clinic West, Duluth, MN
Awarded amount: $2,245.00
Awarded date: January 25, 1993
Expir/deliv date: February 8, 1993
Shipped to: Minnesota Department of Jobs and Training

Item: School Supplies, Miscellaneous
Req.#: 26070-14953-01
Awarded to: North School Supply Company, Fargo, ND
Awarded amount: $4,450.00
Awarded date: January 25, 1993
Expir/deliv date: March 31, 1993
Shipped to: Bemidji State University

Item: Computer, Personal
Req.#: 27147-47510-01
Awarded to: PC Tailors, Roseville, MN
Awarded amount: $17,489.00
Awarded date: January 22, 1993
Expir/deliv date: February 12, 1993
Shipped to: Vermilion Community College

Item: Video Equipment, Parts and Accessories
Req.#: 55100-05110-01
Awarded to: Best Buy Company, Blaine, MN
Awarded amount: $1,222.50
Awarded date: January 22, 1993
Expir/deliv date: February 15, 1993
Shipped to: Anoka—Metro Regional Treatment Center

Item: Health Care Equipment, Miscellaneous
Req.#: 55303-93522-01
Awarded to: Suburban Med Homecare, Bloomington, MN
Awarded amount: $670.00
Awarded date: January 22, 1993
Expir/deliv date: February 1, 1993
Shipped to: Faribault Regional Center

Item: Infrared Equipment
Req.#: 79000-32525-01
Awarded to: Cannon CRV, Owatonna, MN
Awarded amount: $14,079.81
Awarded date: January 22, 1993
Expir/deliv date: February 15, 1993
Shipped to: Various Locations

Item: Crack Sealing Machine, Highway
Req.#: 79382-02517-01
Awarded to: Stepp Manufacturing Company, Inc., North Branch, MN
Awarded amount: $16,825.00
Awarded date: January 22, 1993
Expir/deliv date: June 1, 1993
Shipped to: Various Locations

Item: Posts and Poles, Wood
Req.#: 79750-01259-01
Awarded to: Garfield Lumber Company, Garfield, MN
Awarded amount: $1,150.00
Awarded date: January 22, 1993
Expir/deliv date: February 5, 1993
Shipped to: Minnesota Department of Transportation

Item: Plywood
Req.#: 79750-01258-01
Awarded to: Knox Lumber Company, Newport, MN
Awarded amount: $389.80
Awarded date: January 22, 1993
Expir/deliv date: February 1, 1993
Shipped to: Minnesota Department of Transportation

Item: Laboratory/Science Equipment, Miscellaneous
Req.#: 26070-14963-01
Awarded to: Builders Commonwealth, Inc., Duluth, MN
Awarded amount: $4,660.00
Awarded date: January 22, 1993
Expir/deliv date: March 30, 1993
Shipped to: Bemidji State University

Item: Recorder, Data, Laboratory
Req.#: 26070-14961-01
Awarded to: Burleigh Instruments, Inc., Fishers, NY
Awarded amount: $6,495.00
Awarded date: January 22, 1993
Expir/deliv date: February 10, 1993
Shipped to: Bemidji State University

Item: Computer, Personal
Req.#: 26071-67344-01
Awarded to: Team Electronics, Mankato, MN
Awarded amount: $2,635.00
Awarded date: January 22, 1993
Expir/deliv date: January 31, 1993
Shipped to: Mankato State University

Item: Camera, Video Tape
Req.#: 26071-55244-01
Awarded to: Audio Visual Wholesalers, Plymouth, MN
Awarded amount: $1,771.90
Awarded date: January 22, 1993
Expir/deliv date: February 28, 1993
Shipped to: Mankato State University

Item: Computer, Personal
Req.#: 26073-24312-01
Awarded to: Gateway 2000, North Sioux City, SD
Awarded amount: $5,870.00
Awarded date: January 22, 1993
Expir/deliv date: February 24, 1993
Shipped to: St. Cloud State University

Item: Computer Network Equipment
Req.#: 26073-24389-01
Awarded to: Inacomp Computer Centers, Eden Prairie, MN
Awarded amount: $628.00
Awarded date: January 22, 1993
Expir/deliv date: February 13, 1993
Shipped to: St. Cloud State University

Item: Television Broadcast Equipment
Req.#: 26073-24344-01
Awarded to: Audio Visual, Inc., Eden Prairie, MN
Awarded amount: $7,443.40
Awarded date: January 22, 1993
Expir/deliv date: February 28, 1993
Shipped to: St. Cloud State University

Item: Audio/Video Equipment, Miscellaneous
Req.#: 27157-49011-01
Awarded to: EPA Audio Visual, Rockford, MN
Awarded amount: $1,874.00
Awarded date: January 22, 1993
Expir/deliv date: February 28, 1993
Shipped to: Inver Hills Community College

Item: Computer, Personal
Req.#: 02430-30886-01
Awarded to: Ware, Inc., New Brighton, MN
Awarded amount: $147,582.00
Awarded date: January 21, 1993
Expir/deliv date: February 4, 1993
Shipped to: Intertechnologies Group

Item: Service, Printing
Req.#: 04111-31696-01
Awarded to: Brown Printing, Jefferson City, MO
Awarded amount: $1,275.00
Awarded date: January 21, 1993
Expir/deliv date: February 11, 1993
Shipped to: Minnesota Department of Agriculture

Item: Lights and Sirens, Vehicle
Req.#: 07500-42124-01
Awarded to: Emergency Equipment System, Covina, CA
Awarded amount: $1,958.60
Awarded date: January 21, 1993
Expir/deliv date: February 1, 1993
Shipped to: Various Locations

Item: Drive, Disk or Tape, Computer
Req.#: 26071-91041-01
Awarded to: Portico Computers, Minneapolis, MN
Awarded amount: $1,763.00
Awarded date: January 21, 1993
Expir/deliv date: January 31, 1993
Shipped to: Mankato State University

Item: Printer, Computer
Req.#: 26071-68763-01
Awarded to: Cedar Computer Center, Bloomington, MN
Awarded amount: $1,262.00
Awarded date: January 21, 1993
Expir/deliv date: January 31, 1993
Shipped to: Mankato State University

Item: Scanner/Optical Reader, Computer
Req.#: 26072-04057-01
Awarded to: Computerland, Plymouth, MN
Awarded amount: $1,024.00
Awarded date: January 21, 1993
Expir/deliv date: February 15, 1993
Shipped to: Moorhead State University

Item: Software, Custom
Req.#: 26073-24400-01
Awarded to: Mac Warehouse, South Norwalk, CT
Awarded amount: $365.00
Awarded date: January 21, 1993
Expir/deliv date: February 14, 1993
Shipped to: St. Cloud State University

Item: Television Broadcast Equipment
Req.#: 26073-24340-01
Awarded to: Ampex Customer Service, Colorado Srings, CO
Awarded amount: $7,418.00
Awarded date: January 21, 1993
Expir/deliv date: January 21, 1993
Shipped to: St. Cloud State University

Item: Printing Machine, Press
Req.#: 26073-24363-01
Awarded to: AM Multigraphics, Eagan, MN
Awarded amount: $17,495.00
Awarded date: January 21, 1993
Expir/deliv date: February 6, 1993
Shipped to: St. Cloud State University

Item: Service, Printing; Forms, Special Order
Req.#: 27138-53834-01
Awarded to: Bergstrom and Company, Minneapolis, MN
Awarded amount: $7,494.00
Awarded date: January 21, 1993
Expir/deliv date: February 27, 1993
Shipped to: Community College Board

Item: Computer Network Supplies
Req.#: 27148-61091-01
Awarded to: EMCOMM, Loretto, MN
Awarded amount: $3,847.00
Awarded date: January 21, 1993
Expir/deliv date: January 21, 1993
Shipped to: Rochester Community College

Item: Computer Network Supplies
Req.#: 27147-47517-01
Awarded to: Parker Associates, Wayzata, MN
Awarded amount: $2,503.65
Awarded date: January 21, 1993
Expir/deliv date: February 5, 1993
Shipped to: Vermilion Community College

Item: Software, Mainframe Computer
Req.#: 55000-32363-01
Awarded to: Micro Focus, Inc., Palo Alto, CA
Awarded amount: $3,900.00
Awarded date: January 21, 1993
Expir/deliv date: February 5, 1993
Shipped to: Department of Human Services

Item: Dictating/Transcribing Equipment
Req.#: 55304-09472-01
Awarded to: Miller Business Products, Brainerd, MN
Awarded amount: $6,170.55
Awarded date: January 21, 1993
Expir/deliv date: January 25, 1993
Shipped to: Brainerd Regional Human Service Center

Item: Furniture, Domestic/Dormatory, Miscellaneous
Req.#: 55303-93532-01
Awarded to: Facilities Group, Edina, MN
Awarded amount: $5,516.50
Awarded date: January 21, 1993
Expir/deliv date: April 1, 1993
Shipped to: Faribault Regional Center

Item: Printing Equipment, Miscellaneous
Req.#: 02307-35938-01
Awarded to: Stencils and Marking, St. Paul, MN
Awarded amount: $2,300.69
Awarded date: January 20, 1993
Expir/deliv date: January 22, 1993
Shipped to: Materials Management Division/Carole

Item: Computer, Equipment, Miscellaneous
Req.#: 02420-34579-01
Awarded to: PC Solutions, Inc., Eden Prairie, MN

Awarded amount: $11,648.00
Awarded date: January 20, 1993
Expir/deliv date: February 8, 1993
Shipped to: Department of Administration

Item: Chromatograph, Gas
Req.#: 12400-14706-01
Awarded to: Finnigan Mat 2, Schaumburg, IL
Awarded amount: $86,033.00
Awarded date: January 20, 1993
Expir/deliv date: April 28, 1993
Shipped to: Minnesota Department of Health

Item: Contractor, Doors (Furnish/Install)
Req.#: 21200-53490-01
Awarded to: JGC Equipment Company, Blaine, MN
Awarded amount: $71,205.02
Awarded date: January 20, 1993
Expir/deliv date: February 15, 1993
Shipped to: Various Locations

Item: Projection Viewer, Computer
Req.#: 26071-67650-01
Awarded to: EPA Audio Visual, Rockford, MN
Awarded amount: $4,992.77
Awarded date: January 20, 1993
Expir/deliv date: February 5, 1993
Shipped to: Mankato State University

Item: Projection Viewer, Computer
Req.#: 26071-73357-01
Awarded to: EPS Audio Visual, Rockford, MN
Awarded amount: $3,581.29
Awarded date: January 20, 1993
Expir/deliv date: February 5, 1993
Shipped to: Mankato State University

Item: Computer Equipment, Miscellaneous
Req.#: 26071-23150-01
Awarded to: Cisco Systems, Inc., Chaska, MN
Awarded amount: $5,121.50
Awarded date: January 20, 1993
Expir/deliv date: March 26, 1993
Shipped to: Mankato State University

Item: Electronic Supplies, Miscellaneous
Req.#: 26071-02297-01
Awarded to: Graybar Electric Company, Minneapolis, MN
Awarded amount: $1,406.10
Awarded date: January 20, 1993
Expir/deliv date: January 29, 1993
Shipped to: Mankato State University

Item: Computer Accessories
Req.#: 27155-55233-01
Awarded to: National Audio Visual Supply, East Rutherford, NJ
Awarded amount: $469.50
Awarded date: January 20, 1993
Expir/deliv date: February 14, 1993
Shipped to: Rainy River Community College

Item: Computer, Personal
Req.#: 30000-18782-01
Awarded to: Blue Star Marketing, Minneapolis, MN
Awarded amount: $3,594.00
Awarded date: January 20, 1993
Expir/deliv date: February 8, 1993
Shipped to: State Planning Agency

Item: Cartridge, Toner/Ribbon, Printer
Req.#: 32200-34775-01
Awarded to: Allanson Business, Minneapolis, MN
Awarded amount: $959.88
Awarded date: January 20, 1993
Expir/deliv date: February 12, 1993
Shipped to: Minnesota Pollution Control Agency

Item: Telephone Parts and Accessories
Req.#: 42210-18784-01
Awarded to: GBH Distributing, Inc., Glendale, CA
Awarded amount: $1,695.00
Awarded date: January 20, 1993
Expir/deliv date: January 26, 1993
Shipped to: Department of Labor and Industry

Item: Audiometry Equipment, Medical
Req.#: 55304-09476-01
Awarded to: Madsen Electric, St. Louis Park, MN
Awarded amount: $4,515.00
Awarded date: January 20, 1993
Expir/deliv date: February 8, 1993
Shipped to: Brainerd Regional Human Service Center

Item: Kitchen Equipment and Appliances, Large
Req.#: 55105-09284-01
Awarded to: JTS Services, Inc., St. Paul, MN
Awarded amount: $4,184.00
Awarded date: January 20, 1993
Expir/deliv date: February 12, 1993
Shipped to: St. Peter Regional Treatment Center

Item: Kitchen Equipment and Appliances, Large
Req.#: 55105-09283-01
Awarded to: Horizon Equipment, St. Paul, MN
Awarded amount: $3,019.00
Awarded date: January 20, 1993
Expir/deliv date: February 12, 1993
Shipped to: St. Peter Regional Treatment Center

Item: Kitchen Devices and Supplies
Req.#: 55303-93533-01
Awarded to: Minnesota Foodservice Equipment Company, Brainerd, MN
Awarded amount: $1,142.32
Awarded date: January 20, 1993
Expir/deliv date: February 1, 1993
Shipped to: Faribault Regional Center

Item: Floor Maintenance Equipment, Parts and Accessories
Req.#: 79382-02560-01
Awarded to: Tennant Company, Bensenville, IL
Awarded amount: $19,645.00
Awarded date: January 20, 1993
Expir/deliv date: March 10, 1993
Shipped to: Minnesota Department of Transportation

Item: Soil Testing/Sampling Equipment
Req.#: 79000-32808-01
Awarded to: Custom Machine Inc., Dixon, IL
Awarded amount: $13,070.25
Awarded date: January 20, 1993
Expir/deliv date: April 15, 1993
Shipped to: Minnesota Department of Transportation

Print Communication Division: Printing Contracts Awarded

Item: Medication Administration Form
Req.#: 27313
Awarded to: Custom Business Forms
Amount: $399.43
Date awarded: January 12, 1993
Deliver to: Minnesota Veterans Home
Delivery date: 14 days

Item: Medication Administration Record
Req.#: 27312
Awarded to: Custom Business Forms
Amount: $453.18
Date awarded: January 12, 1993
Deliver to: Minnesota Veterans Home
Delivery date: 14 days

Item: Read My Lips Manual
Req.#: 27260
Awarded to: Heartland Graphics
Amount: $9,295.32
Date awarded: January 11, 1993
Deliver to: 15 days

Item: Operator's Checklist
Req.#: 27368
Awarded to: Financial Forms
Amount: $1,154.03
Date awarded: January 12, 1993
Deliver to: Department of Transportation
Delivery date: A/R

Item: Prebill with Title
Req.#: 27359
Awarded to: Royal Business Forms
Amount: $10,004.61
Date awarded: January 12, 1993
Deliver to: Pubic Safety Department
Delivery date: A/R

Item: Notification Card
Req.#: 27381
Awarded to: Royal Business Forms
Amount: $215.60
Date awarded: January 12, 1993
Deliver to: Department of Natural Resources
Delivery date: 30 days

Item: Title Application
Req.#: 27336
Awarded to: Financial Forms
Amount: $10,158.98
Date awarded: January 12, 1993
Deliver to: Pubic Safety Department
Delivery date: A/R

Item: Household Report Form
Req.#: 27356
Awarded to: Royal Business Forms
Amount: $4,153.50
Date awarded: January 12, 1993
Deliver to: Human Services Department
Delivery date: A/R

Awards of Professional, Technical and Consulting Contracts December 1992

Contractor Name	Description of Tasks	Dollar Amount	Begin Date	End Date
ADMINISTRATION				
MILLER, HANDON, WESTERBECK, BERGER, INC.	ARCHITECTURAL SERVICES	8000.00	/ /	/ /
Subtotal		8000.00		
ADMINISTRATIVE HEARINGS				
FREDERICK R. WEDDEL	CONDUCT HEARINGS	51000.00	01/01/93	12/31/93
KARL W. SONNEMAN	CONDUCT HEARINGS	51000.00	01/01/93	12/31/93
Subtotal		102000.00		
AGRICULTURE				
AUTOLINE TELEDIAGNOSTICS, INC.	CONSULTING SERVICES (OXYFUEL PROGRAM)	3000.00	11/15/92	02/28/93
Subtotal		3000.00		
ARTS BOARD				
DAVID HALL	PROVIDE ARTWORK	2500.00	02/12/93	02/12/93
Subtotal		2500.00		
CAPITOL AREA ARCH & PLAN BOARD				
JOHN RAUMA	AMEND AMOUNT	7000.00	/ /	/ /
Subtotal		7000.00		
COMMUNITY COLLEGES				
FRANCISCAN SISTERS OF THE EUCHARIST, INC.	INSTRUCTIONAL SERVICES	19400.00	09/09/92	06/30/93
INVER GROVE HEIGHTS FAMILY PRACTICE CLINIC	MEDICAL SERVICES	9900.00	09/18/92	06/11/93
RICHARD DAVIS	AMEND SERVICES AND AMOUNT	3400.00	09/14/92	06/30/93
ROCHESTER-GOLD CROSS AMBULANCE	INSTRUCTIONAL SERVICES	23235.50	09/09/92	06/03/93
Subtotal		55935.50		

Awards of Professional, Technical and Consulting Contracts December 1992

Contractor Name	Description of Tasks	Dollar Amount	Begin Date	End Date
CORRECTIONS				
ALEXANDRIA TECHNICAL COLLEGE	INSTRUCTIONAL SERVICES	3240.00	12/01/92	06/30/93
EDWARD B. SNYDER, M.D.	AMEND AMOUNT	4000.00	/ /	/ /
HOUSE OF HOPE, INC.	AMEND AMOUNT	24000.00	/ /	/ /
JEROLD ELSEN	AMEND AMOUNT	4400.00	/ /	/ /
JUDITH HERZOG	LITERACY INSTRUCTOR	1352.00	01/04/93	06/30/93
LAURA M. DAVIS	CONDUCT TRAINING "VIDEO PRODUCTION"	4920.00	08/31/92	06/30/93
MINNESOTA LITERACY COUNCIL	CONDUCT TRAINING "LITERACY INSTRUCTION METHODS"	1000.00	12/09/92	06/30/93
PROJECT PATHFINDER	CORRECTIONAL SERVICES	900.00	11/02/92	06/30/93
ROBERT J. SORMAN	LITERACY INSTRUCTOR	1352.00	01/04/93	06/30/93
TOYSE KYLE	FACILITATE HUMAN RELATIONS MANAGEMENT COURSE	1875.00	01/01/93	06/30/93
TRUDELL STARR	CHEMICAL DEPENDENCY COUNSELOR	1800.00	09/30/92	06/30/93
Subtotal		48839.00		
EDUCATION				
RICHARD A. FOSTER AND ASSOCIATES	MANAGEMENT ASSISTANCE STUDY	6000.00	11/23/92	01/02/93
ROGER B. WORNER	MANAGEMENT ASSISTANCE STUDY	9000.00	01/04/93	04/01/93
ST. PAUL RAMSEY HOSPITAL	PSYCHOLOGICAL EVALUATIONS	5100.00	10/20/92	06/30/93
VISUAL IMAGE STUDIO, INC.	DESIGN BROCHURES	5000.00	12/07/92	12/31/92
WAVELENGTH	KEYNOTE SPEAKER AND COMMUNICATING WORKSHOPS	7600.00	04/26/93	04/30/93
Subtotal		32700.00		
EMPLOYEE RELATIONS				
LYLE SUMAK ASSOCIATES, INC.	AMEND SERVICES, AMOUNT AND END DATE	7400.00	05/13/92	06/30/93
UNIVERSITY OF ST. THOMAS	CONDUCT TRAINING "TEAM BUILDING"	4500.00	12/03/92	06/30/93
Subtotal		11900.00		
GAMING				
L. PETER BAST	AMEND AMOUNT	6625.00	/ /	/ /
MEYER ASSOCIATES, INC.	ORGANIZE FOCUS GROUPS	2788.50	12/01/92	06/30/93
ROCKWOOD RESEARCH	CONDUCT FOCUS GROUPS	6545.00	12/01/92	06/30/93
Subtotal		15958.50		
HEALTH				
MINNESOTA DEPARTMENT OF TRANSPORTATION	EMS COMMUNICATIONS STUDY	23600.00	11/01/92	09/30/93
PATHFINDER RESOURCES, INC.	PLAN COMMUNITY HEALTH CONFERENCES	10000.00	01/01/93	12/31/93
WILDER RESEARCH CENTER	EVALUATE HOME VISITING PROJECTS	39979.00	12/01/92	06/30/93
Subtotal		73579.00		
HIGHER EDUCATION COORD. BOARD				
TWIN CITIES PUBLIC TELEVISION	UPLINK SERVICES	2487.50	01/10/93	01/23/93
WWTC/RADIO AAHS	PROMOTIONAL SERVICES	1700.00	11/07/92	12/01/92
Subtotal		4187.50		
HUMAN SERVICES				
LYNO SULLIVAN & ASSOCIATES, INC.	COMPUTER UPGRADE/MAINTENANCE SERVICES	99900.00	01/01/93	12/31/93
Subtotal		99900.00		
JOBS & TRAINING				
CHARLES A. HABERLE, M.D.	AMEND AMOUNT	2500.00	/ /	/ /
DR. GENE AUDETTE	CONDUCT TRAINING	5000.00	11/16/92	11/15/93
EUNICE A. DAVIS, M.D.	AMEND AMOUNT	2000.00	/ /	/ /
ROBERT HAMMERSTROM, M.D.	AMEND AMOUNT	3250.00	/ /	/ /
THOMAS KUHLMAN, PH.D.	AMEND AMOUNT	920.00	/ /	/ /
Subtotal		8670.00		
LABOR & INDUSTRY				
THE STRATEGIC ADVANTAGE—MCDOWALL-GREGERSEN ASSOCIATES	CONDUCT TRAINING "ISSUES DEVELOPMENT/TEAM BUILDING"	3300.00	01/05/93	01/07/93
Subtotal		3300.00		

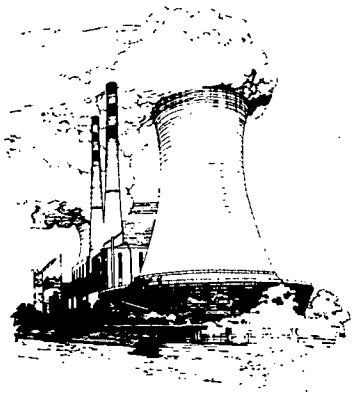
Awards of Professional, Technical and Consulting Contracts December 1992

Contractor Name	Description of Tasks	Dollar Amount	Begin Date	End Date
NATURAL RESOURCES				
MILTON LEFEBVRE	AMEND END DATE		04/03/92	12/31/92
RUSSELL & HERDER ADVERTISING	ADVERTISING SERVICES	143000.00	12/01/92	04/30/93
UNIVERSITY OF MINNESOTA	STUDY THE CONTROL OF PURPLE LOOSESTRIFE	15000.00	10/01/92	06/30/93
Subtotal		29300.00		
NURSING BOARD				
LOIS MIZUNO	RULE MAKING CONSULTANT	5000.00	01/10/93	06/30/93
Subtotal		5000.00		
PEACE OFFICERS STD. & TRG. BD.				
HIBBING TECHNICAL COLLEGE	CONDUCT TRAINING "DEFENSIVE DRIVING"	5000.00	01/01/93	09/30/93
SOUTHWESTERN TECHNICAL COLLEGE	CONDUCT TRAINING "LAW ENFORCEMENT"	5000.00	01/01/92	09/30/93
Subtotal		10000.00		
POLLUTION CONTROL AGENCY				
BRANDON TIRE DUMP	AMEND AMOUNT	28770.00	/ /	/ /
DR. THOMAS FIUTAK	CONDUCT TRAINING "NEGOTIATION"	1400.00	01/19/93	01/22/93
WENCK ASSOCIATES, INC.	AMEND SERVICES, AMOUNT AND END DATE	36000.00	10/01/91	08/01/93
Subtotal		66170.00		
PUBLIC SAFETY				
MINNESOTA STATE PATROL	CONDUCT TRAINING "OCCUPANT PROTECTION USAGE AND ENFORCEMENT"	3000.00	01/01/93	09/30/93
Subtotal		3000.00		
PUBLIC SERVICE				
GERALD R. BODMAN	EVALUATE TESTING PROCEDURES	5000.00	01/01/93	12/31/93
Subtotal		5000.00		
STATE UNIVERSITIES				
CRAIG BOMGAARS	ENGINEERING SERVICES	4150.00	09/01/92	01/01/93
DANIEL W. WHEELER	GRANT MANAGEMENT ACTIVITIES	43000.00	11/02/92	10/31/95
EDUCATIONAL TESTING SERVICE	REVIEW HIGH SCHOOL PREPARATION COMPETENCIES	2500.00	01/01/93	02/01/93
PEG PECK-CHAPMAN	QUALITY TRANSFORMATION PROCESS TRAINER	23807.20	11/04/92	06/30/93
PETER C. BROWN	FACILITATION SERVICES	3300.00	10/26/92	10/26/92
STEVEN WILLIAMS	EXPERT WITNESS	3500.00	10/26/92	10/26/93
Subtotal		80257.20		
SUPREME COURT				
BRANDEIS UNIVERSITY	CONDUCT PRESENTATION "HUMANITIES AND THE PROFESSION"	7500.00	12/01/92	03/01/93
Subtotal		7500.00		
TECHNICAL COLLEGES BOARD				
KRECH & OJARD CONSULTING ENGINEERS, P.A.	AMEND AMOUNT	1950.00	/ /	/ /
Subtotal		1950.00		
TRADE & ECONOMIC DEVELOPMENT				
BRAINERD-STAPLES REGIONAL TECHNICAL COLLEGE	AMEND END DATE		01/01/92	04/30/93
MANKATO STATE UNIVERSITY	AMEND END DATE		01/01/92	04/30/93
MINNESOTA PROJECT INNOVATION	AMEND AMOUNT AND END DATE	6000.00	01/01/92	04/30/93
WINONA STATE UNIVERSITY	AMEND AMOUNT AND END DATE	1400.00	01/01/92	04/30/93
Subtotal		4600.00		
TRANSPORTATION				
BOYD ELLIOT	EXPERT ADVICE "COMPUTATION FOR SURVEY PLATS"	10000.00	/ /	12/31/93
FARRADYNE SYSTEMS, INC.	SUPPORT SERVICES (GUIDESTAR INTELLIGENT VEHICLE HIGHWAY SYSTEM PROGRAM)	750000.00	/ /	09/30/94
HNTB, INC.	AMEND SERVICES		10/25/88	09/30/93

Awards of Professional, Technical and Consulting Contracts December 1992

Contractor Name	Description of Tasks	Dollar Amount	Begin Date	End Date
JOHN DROZDAL	AMEND END DATE		10/01/92	06/01/93
LHB ENGINEERS & ARCHITECTS	ENGINEERING SERVICES	28000.00	/ /	12/31/94
MATTHEW J. HUBER	AMEND SERVICES AND AMOUNT	3150.00	10/19/92	06/30/93
NATIONAL ENGINEERING TECHNOLOGY CORPORATION	SUPPORT SERVICES (GUIDESTAR INTELLIGENT VEHICLE HIGHWAY SYSTEM PROGRAM)	750000.00	/ /	09/30/94
PAUL L. STANTON	AMEND AMOUNT	3000.00	/ /	/ /
STRGAR-ROSCOE-FAUSCH, INC.	AMEND SERVICES AND END DATE		01/01/90	06/01/93
UNIVERSITY OF MINNESOTA	AMEND END DATE		11/18/91	06/30/93
YAMAMOTO MOSS, INC.	AMEND AMOUNT AND END DATE	10825.36	06/01/89	03/01/93
Subtotal		1554975.36		
VETERANS HOMES				
VETERNS ADMINISTRATION MEDICAL CENTER	AMEND AMOUNT AND END DATE	47348.00	10/01/92	12/31/92
Subtotal		47348.00		
Total		22833.70		

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

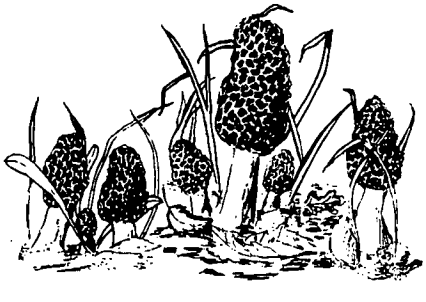
Chapters 2800, 2805, and 2810 from the Minnesota Rules. *Essential* for both students and established brokers and salespersons. It contains all education and licensing requirements. Code No. 3-99. $6.00

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.

STATE OF MINNESOTA

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
TDD (Minnesota Relay Service)
Metro Area (612) 297-5353 Greater MN 1-800-627-3529

Department of Administration

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 7960
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.

NOTE:

STATE REGISTER and other subscriptions do not require sales tax or postage and handling fees.

AMERICAN EXPRESS

DISCOVER

MasterCard

VISA

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			**Subtotal**	
Attention			Plus 6½% tax MN Residents Only	
Address				
City	State	Zip	Shipping (per order)	**$2.00**
American Express/VISA/MasterCard/Discover No.			**TOTAL**	
Signature	Expiration Date	Telephone (During Day)		