

CHAPTER 4763
DEPARTMENT OF HEALTH
MEDICAL EDUCATION ASSISTANCE PROGRAMS

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RURAL PHYSICIAN LOAN FORGIVENESS PROGRAM

4763.0100 SCOPE.

Parts 4763.0110 to 4763.0170 apply to the rural and urban primary care physician loan forgiveness program.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; 18 SR 1472; L 1995 c 212 art 3 s 57*

4763.0110 DEFINITIONS.

Subpart 1. **Scope.** The terms defined in Minnesota Statutes, section 144.1494, are applicable to parts 4763.0110 to 4763.0170.

Subp. 1a. **Designated rural area.** "Designated rural area" means the area defined in part 4830.0100, subpart 3a.

Subp. 2. **Emergency circumstances.** "Emergency circumstances" means those conditions that make it impossible for the participant to fulfill the service commitment. The conditions include death, total and permanent disability, or temporary disability lasting more than two years.

Subp. 3. **Qualified loans.** "Qualified loans" means:

- A. Perkins Loans/National Direct Student Loans (NDSLs);
- B. Stafford Loans/Guaranteed Student Loans (GSLs);
- C. Health Professions Student Loans (HPSLs);
- D. Supplemental Loans for Students (SLSs)/Auxiliary Loans to Assist Students (ALASs);
- E. Health Education Assistance Loans (HEALs);
- F. Mayo Foundation Loans;
- G. MedLoans;
- H. Minnesota Medical Association Loans (MMAs);
- I. University of Minnesota Trust Fund Loans (TFLs);
- J. Minnesota Student Educational Loan Fund (SELF loans);
- K. Student Loan Marketing Association Consolidation Loans (SMART) and other student loan consolidation loans approved by the United States Department of Education;
- L. Professional Education Plan (PEP loans);
- M. TERI Supplemental Loans;

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- N. Norwest Collegiate Loans;
- O. Graduate EXCEL (Nellie Mae); and
- P. Minnesota Medical Foundation Loans (MMFs).

Subp. 4. **Underserved urban community.** "Underserved urban community" means a Minnesota urban area or population included in the List of Designated Primary Medical Care Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), or Medically Underserved Populations (MUPs) maintained and updated by the United States Department of Health and Human Services.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; 17 SR 1021; 18 SR 1472; L 1995 c 212 art 3 s 57; L 1997 c 183 art 2 s 20*

4763.0120 CRITERIA FOR SELECTION.

Subpart 1. **Classification of rural physician applicants.** The commissioner of health shall place rural physician applicants in one of the following classifications:

- A. fourth year medical students;
- B. pediatric residents;
- C. family practice residents; or
- D. internal medicine residents.

Subp. 1a. **Ranking.** Applicants within each classification itemized in subpart 1 must be ranked further in the following order:

- A. Minnesota residents who fulfill residency training in Minnesota;
- B. Minnesota residents who fulfill residency training outside Minnesota;
- C. applicants who are not Minnesota residents, but fulfill residency training in Minnesota; or
- D. applicants who are not Minnesota residents and do not fulfill residency training in Minnesota.

Subp. 1b. **Underserved urban community applicants.** Applicants seeking to practice in underserved urban communities must be fourth year medical students, family practice residents, pediatric residents, or internal medicine residents.

Subp. 2. **Insufficient award availability.** If more than 12 applicants agree to serve as physicians in a designated rural area, the commissioner of health shall choose participants in the order specified in subpart 1a for participation. If more than four applicants agree to serve as physicians in an underserved urban community, the commissioner of health shall choose participants in the order specified in subpart 1a for participation. Applicants not chosen to participate initially must be placed on an alternate list from which additional participants will be chosen if a chosen participant declines to participate.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; 18 SR 1472; L 1995 c 212 art 3 s 57*

4763.0130 APPLICATION PROCESS.

Subpart 1. **Acknowledgment letter.** On receipt of a letter of interest from a prospective physician, the commissioner of health shall send the prospective physician more detailed information about the program.

Subp. 2. [Repealed, 16 SR 2162]

Subp. 3. **Application form and contract.** Prospective physicians accepted into this program must complete and return the application form and contract provided by the commissioner of health. The prospective physician agrees to serve at least three of the first five years following residency in a designated rural area or underserved urban community. Failure to complete and return the application form and contract by the specified deadline date results in the elimination of the applicant from the rural or urban primary care classification list.

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Subp. 4. **Notification of service.** The prospective physician must notify the commissioner of health in writing immediately after starting service as a physician in a designated rural area or underserved urban community.

Subp. 5. **Agreement or promissory note.** Before any payments are made by the commissioner of health on qualified loans designated by the participant, the participant must sign the agreement or promissory note provided by the commissioner of health. The participant must work as a physician at least 30 hours per week in a designated rural area or underserved urban community.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; 16 SR 2162; 17 SR 1021; 18 SR 1472; L 1995 c 212 art 3 s 57*

4763.0140 LOAN PAYMENT.

Subpart 1. **Designation of loans.** Each program participant must designate which eligible loans the commissioner of health must make payments on. Payments by the commissioner of health cannot exceed \$10,000 per year for each participant, unless the participant fulfills the requirements in subpart 6.

Subp. 2. **Payment billings.** The participant must provide necessary information for payment purposes on eligible loans to the commissioner of health in a timely manner. The participant must provide the commissioner of health with all payment books for the designated loans or forward monthly billing statements for the loans so that the commissioner of health has ample time to make the monthly payments on time.

Subp. 3. **Terms of payments.** The commissioner of health shall make loan payments according to the terms and conditions of the designated loans to the lenders or servicers in an amount that, when annualized, does not exceed \$10,000 per year. The participant must continue to serve as a physician in a designated rural area during the period the commissioner of health is making loan payments for the participant.

Subp. 4. **Additional payment amount.** If the amount paid by the commissioner of health on the designated loans for a participant is less than \$10,000 for a 12-month period, during the 12th month the commissioner of health will pay an additional amount on the designated loans to equal \$10,000 for the 12-month period. Rural physician participants who meet the requirements in subpart 6, may designate an additional \$2,000 above the \$10,000 maximum specified in subpart 1 for each applicable year of residency. The total amount paid during the 12-month period cannot exceed the principal and accrued interest of the designated loans.

Subp. 5. **Discontinuation of service.** The participant must reimburse the commissioner of health for payments made during any period when the participant is not serving as a physician in a designated rural area or underserved urban community.

Subp. 6. **Additional designation of loans.** If a program participant serves at least four weeks during a year of residency substituting for a rural physician to temporarily relieve the rural physician of rural practice commitments, the participant may designate up to an additional \$2,000 above the \$10,000 maximum specified in subpart 1, for each year of residency during which the resident substitutes in this capacity. In order to designate additional loans, the program participant must provide the commissioner of health with written verification from the rural physician documenting the period of time the program participant relieves the rural physician of rural practice commitments.

The program participant must be a licensed physician in Minnesota when performing the services specified in this subpart.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; 17 SR 1021; 18 SR 1472; L 1995 c 212 art 3 s 57*

4763.0150 PENALTY FOR NONFULFILLMENT.

Subpart 1. **Payment amount.** If a participant fails to fulfill the service requirement of this program, the amount paid on designated loans by the commissioner of health must be repaid with interest at a rate established according to Minnesota Statutes,

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section 270.75, subdivision 5. Interest accrues from the date the participant ceases to practice as a physician in a designated rural area or underserved urban community.

Subp. 2. **Payment plan.** The commissioner of health shall set up a payment plan after consulting with the participant. The participant must repay the money within five years.

Subp. 3. **Waiver.** A participant may request a waiver from the repayment obligation from the commissioner of health. The request must be in writing and must provide written documentation on the emergency circumstances that support the need for the waiver. The commissioner of health shall review the documentation and shall grant a full or partial waiver if the commissioner of health finds that the emergency circumstances justify the waiver.

Subp. 4. **Release of information.** The following information about the participant may be released to a consumer credit reporting agency until the participant has repaid in full all money owed the office:

- A. the name and address of participant;
- B. the date the repayment started;
- C. the outstanding balance;
- D. the amount past due;
- E. the number of payments past due;
- F. the number of late payments in the previous 12 months; and
- G. the status or remarks code.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; 18 SR 1472; L 1995 c 212 art 3 s 57,59*

4763.0160 PARTICIPANT RESPONSIBILITIES.

Subpart 1. **Service status verification.** Annually, the participant must complete and return to the commissioner of health by the deadline the service status verification form provided by the commissioner of health.

Subp. 2. **Status change.** The participant must inform the commissioner of health in writing within 30 days of a change of address or service location.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; L 1995 c 212 art 3 s 57*

4763.0170 INFORMATION; FORMS; TERMS.

Subpart 1. **Additional information.** The commissioner of health or the commissioner of health's agent may require additional information from the participant that is not inconsistent with law that is helpful in the commissioner of health's judgment to efficiently administer the program.

Subp. 2. **Forms.** The commissioner of health may provide to participants and require the use of uniform forms in the administration of the program.

Statutory Authority: *MS s 136A.04; 136A.16; 136A.234*

History: *15 SR 1925; L 1995 c 212 art 3 s 57*

MIDLEVEL PRACTITIONER EDUCATION ACCOUNT

4763.0180 SCOPE.

Parts 4763.0180 to 4763.0250 apply to the midlevel practitioner education account program.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*

4763.0190 DEFINITIONS.

Subpart 1. **Scope.** The terms defined in Minnesota Statutes, section 144.1495, are applicable to parts 4763.0180 to 4763.0250.

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Subp. 2. **Designated rural area.** "Designated rural area" means the area defined in part 4830.0100, subpart 3a.

Subp. 3. **Eligible program participant.** An "eligible program participant" is a midlevel practitioner, which includes a nurse practitioner, nurse-midwife, nurse anesthetist, advanced clinical nurse specialist, or physician assistant as defined in part 5600.2600, subpart 11, and Minnesota Statutes, section 136A.1356, subdivisions 1c, 1d, and 1e. The eligible participant must work as a midlevel practitioner at least 30 hours per week in a designated rural area.

Subp. 4. **Emergency circumstances.** "Emergency circumstances" means those conditions that make it impossible for the participant to fulfill the service commitment. The conditions include death, total and permanent disability, or temporary disability lasting more than two years.

Subp. 5. **Qualified loans.** "Qualified loans" means:

- A. Perkins Loans/National Direct Student Loans (NDSLs);
- B. Stafford Loans/Guaranteed Student Loans (GSLs);
- C. Supplemental Loans for Students (SLs)/Auxiliary Loans to Assist Students (ALASs);
- D. Student Educational Loan Fund (SELF); and
- E. loan consolidation programs that only consolidate loan payments for loans specified in this subpart.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*

4763.0200 CRITERIA FOR SELECTION.

Subpart 1. **Classification of applicants.** The commissioner of health shall place applicants in one of the following classifications:

A. Minnesota residents who fulfill midlevel practitioner training in Minnesota or in a state with which the office has entered into a higher education tuition reciprocity agreement;

B. Minnesota residents who fulfill midlevel practitioner training outside Minnesota;

C. applicants who are not Minnesota residents, but fulfill midlevel practitioner training in Minnesota; or

D. applicants who are not Minnesota residents and do not fulfill midlevel practitioner training in Minnesota.

Subp. 2. **Insufficient award availability.** If more than eight applicants start to serve at least 30 hours per week as midlevel practitioners in a designated rural area in any given year, the commissioner of health shall choose participants in the order specified in subpart 1 for participation. Within each classification specified in subpart 1, applicants will be divided into the midlevel practitioner specialty types specified in part 4763.0190, subpart 2, and chosen for participation by lot within each specialty type. One participant will be selected by lot from each specialty type that has at least one applicant. The remaining participants must be chosen by lot from among all the remaining applicants for that year. Applicants not chosen to participate initially must be placed on an alternate list from which additional participants will be chosen if a chosen participant declines to participate.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57,59*

4763.0210 APPLICATION PROCESS.

Subpart 1. **Acknowledgment letter.** On receipt of a letter of interest from a prospective midlevel practitioner, the commissioner of health shall send the prospective midlevel practitioner more detailed information about the program.

Subp. 2. **Application form and contract.** Before completing the first year of the midlevel practitioner program, the prospective midlevel practitioner must complete and return the application form and contract provided by the commissioner of health. The prospective midlevel practitioner agrees to serve at least two of the first four years following graduation from the midlevel practitioner program in a designated rural area if chosen as a participant. Failure to complete and return the application form and contract by the specified deadline date results in the elimination of the applicant from the classification list.

Subp. 3. **Notification of service.** A program participant must notify the commissioner of health in writing immediately after starting service as a midlevel practitioner in a designated rural area. A program participant must work as a midlevel practitioner in a designated rural area at least 30 hours per week.

Subp. 4. **Agreement or promissory note.** Before any payments are made by the commissioner of health on qualified loans designated by the midlevel practitioner, the participant must sign the agreement or promissory note provided by the commissioner of health.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*

4763.0220 LOAN PAYMENT.

Subpart 1. **Designation of loans.** Each program participant must designate which eligible loans the commissioner of health must make payments on. Payments by the commissioner of health cannot exceed \$3,500 per year for each participant.

Subp. 2. **Payment billings.** The participant must provide necessary information for payment purposes on eligible loans to the commissioner of health in a timely manner. The participant must provide the commissioner of health with all payment books for the designated loans or forward monthly billing statements for the loans so that the commissioner of health has ample time to make the monthly payments on time.

Subp. 3. **Terms of payments.** The commissioner of health shall make loan payments according to the terms and conditions of the designated loans to the lenders or servicers in an amount that, when annualized, does not exceed \$3,500 per year. The participant must continue to serve as a midlevel practitioner in a designated rural area during the period the commissioner of health is making loan payments for the participant.

Subp. 4. **Discontinuation of service.** The participant must reimburse the commissioner of health for payments made during any period when the participant is not serving as a midlevel practitioner in a designated rural area.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*

4763.0230 PENALTY FOR NONFULFILLMENT.

Subpart 1. **Payment amount.** If a participant fails to fulfill the service requirement of this program, the amount paid on designated loans by the commissioner of health must be repaid with interest at a rate established according to Minnesota Statutes, section 270.75, subdivision 5. Interest accrues from the date the participant ceases to practice as a midlevel practitioner in a designated rural area.

Subp. 2. **Payment plan.** The commissioner of health shall set up a payment plan after consulting with the participant. The participant must repay the money within four years.

Subp. 3. **Waiver.** A participant may request a waiver from the repayment obligation from the commissioner of health. The request must be in writing and must provide written documentation on the emergency circumstances that support the need for the waiver. The commissioner of health shall review the documentation and shall

grant a full or partial waiver if the commissioner of health finds that the emergency circumstances justify the waiver.

Subp. 4. **Release of information.** The following information about the participant may be released to a consumer credit reporting agency until the participant has repaid in full all money owed the office:

- A. the name and address of the participant;
- B. the date the repayment started;
- C. the outstanding balance;
- D. the amount past due;
- E. the number of payments past due;
- F. the number of late payments in the previous 12 months; and
- G. the status or remarks code.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57,59*

4763.0240 PARTICIPANT RESPONSIBILITIES.

Subpart 1. **Service status verification.** Annually, the participant must complete and return to the commissioner of health, by the deadline, the service status verification form provided by the commissioner of health.

Subp. 2. **Status change.** The participant must inform the commissioner of health in writing within 30 days of a change of address or service location.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*

4763.0250 INFORMATION; FORMS; TERMS.

Subpart 1. **Additional information.** The commissioner of health may require additional information from the participant that is not inconsistent with law that is helpful in the commissioner of health's judgment to efficiently administer the program.

Subp. 2. **Forms.** The commissioner of health may provide to participants and require the use of uniform forms in the administration of the program.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*

NURSING HOME OR INTERMEDIATE CARE FACILITY NURSES EDUCATION ACCOUNT

4763.0260 SCOPE.

Parts 4763.0260 to 4763.0330 apply to the nursing home or intermediate care facility nurses education account.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; 18 SR 1141; L 1995 c 212 art 3 s 57*

4763.0270 DEFINITIONS.

Subpart 1. **Scope.** The terms defined in Minnesota Statutes, section 144.1496, are applicable to parts 4812.0100 to 4763.0330.

Subp. 2. **Eligible program participant.** An "eligible program participant" is a person planning to enroll or enrolled in a program of study designed to prepare the person to become a registered nurse or licensed practical nurse.

Subp. 3. **Emergency circumstances.** "Emergency circumstances" means those conditions that make it impossible for the participant to fulfill the service commitment. The conditions include death, total and permanent disability, or temporary disability lasting more than two years.

Subp. 4. **Qualified loans.** "Qualified loans" means:

- A. Perkins Loans/National Direct Student Loans (NDSLs);
- B. Stafford Loans/Guaranteed Student Loans (GSLs) and other comparable federal student loans;
- C. Supplemental Loans for Students (SLs)/Auxiliary Loans to Assist Students (ALASs);
- D. Student Educational Loan Fund (SELF);
- E. federal Nursing Student Loans; and
- F. loan consolidation programs that only consolidate loan payments for loans specified in this subpart.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; 18 SR 1141; L 1995 c 212 art 3 s 57*

4763.0280 CRITERIA FOR SELECTION.

Subpart 1. **Classification of applicants.** The commissioner of health shall place applicants in one of the following classifications:

- A. Minnesota residents who complete a nursing education program for a registered nurse or licensed practical nurse in Minnesota;
- B. Minnesota residents who complete a nursing education program for a registered nurse or licensed practical nurse outside Minnesota;
- C. applicants who are not Minnesota residents, but complete a nursing education program for a registered nurse or licensed practical nurse in Minnesota; or
- D. applicants who are not Minnesota residents and do not complete a nursing education program for a registered nurse or licensed practical nurse in Minnesota.

Subp. 2. **Insufficient award availability.** If more than ten applicants start to serve at least 30 hours per week as registered nurses or licensed practical nurses in nursing homes in any given year, the commissioner of health shall choose participants in the order specified in subpart 1 for participation. Applicants not chosen to participate initially must be placed on an alternate list from which additional participants will be chosen if a chosen participant declines to participate.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*

4763.0290 APPLICATION PROCESS.

Subpart 1. **Letter of interest.** A person planning to enroll or enrolled in a program of study designed to prepare the person to become a registered nurse or licensed practical nurse must submit a letter of interest to the commissioner of health before completion of a nursing education program. Upon receipt of a letter of interest from a prospective registered nurse or licensed practical nurse, the commissioner of health shall send more detailed information about the program.

Subp. 2. **Application form and contract.** Before completion of the nursing education program, the prospective registered nurse or licensed practical nurse must complete and return the application form and contract provided by the commissioner of health. The prospective registered nurse or licensed practical nurse agrees to serve at least one of the first two years following completion of the nursing education program providing nursing services in a licensed nursing home or intermediate care facility for persons with mental retardation or related conditions if chosen as a participant. Failure to complete and return the application form and contract by the specified deadline date results in the elimination of the applicant from the classification list.

Subp. 3. **Notification of service.** A program participant must notify the commissioner of health in writing immediately after starting service as a nurse in a licensed nursing home or intermediate care facility for persons with mental retardation or

related conditions. A program participant must work as a nurse in a licensed nursing home at least 30 hours per week.

Subp. 4. **Agreement or promissory note.** Before any payments are made by the commissioner of health on qualified loans designated by the registered nurse or licensed practical nurse, the participant must sign the agreement or promissory note provided by the commissioner of health.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; 18 SR 1141; L 1995 c 212 art 3 s 57*

4763.0300 LOAN PAYMENT.

Subpart 1. **Designation of loans.** Each program participant must designate which eligible loans the commissioner of health must make payments on. Payments by the commissioner of health cannot exceed \$3,000 per year for each participant.

Subp. 2. **Payment billings.** The participant must provide necessary information for payment purposes on eligible loans to the commissioner of health in a timely manner. The participant must provide the commissioner of health with all payment books for the designated loans or forward monthly billing statements for the loans so that the commissioner of health has ample time to make the monthly payments on time.

Subp. 3. **Terms of payments.** The commissioner of health shall make loan payments according to the terms and conditions of the designated loans to the lenders or servicers in an amount that, when annualized, does not exceed \$3,000 per year. The participant must continue to serve as a nurse in a licensed nursing home or intermediate care facility for persons with mental retardation or related conditions during the period the commissioner of health is making loan payments for the participant.

Subp. 4. **Discontinuation of service.** The participant must reimburse the commissioner of health for payments made during any period when the participant is not serving as a nurse in a licensed nursing home or intermediate care facility for persons with mental retardation or related conditions.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; 18 SR 1141; L 1995 c 212 art 3 s 57*

4763.0310 PENALTY FOR NONFULFILLMENT.

Subpart 1. **Payment amount.** If a participant fails to fulfill the service requirement of this program, the amount paid on designated loans by the commissioner of health must be repaid with interest at a rate established according to Minnesota Statutes, section 270.75, subdivision 5. Interest accrues from the date the participant ceases to practice as a nurse in a licensed nursing home or intermediate care facility for persons with mental retardation or related conditions.

Subp. 2. **Payment plan.** The commissioner of health shall set up a payment plan after consulting with the participant. The participant must repay the money within two years.

Subp. 3. **Waiver.** A participant may request a waiver from the repayment obligation from the commissioner of health. The request must be in writing and must provide written documentation on the emergency circumstances that support the need for the waiver. The commissioner of health shall review the documentation and shall grant a full or partial waiver if the commissioner of health finds that the emergency circumstances justify the waiver.

Subp. 4. **Release of information.** The following information about the participant may be released to a consumer credit reporting agency until the participant has repaid in full all money owed the office:

- A. the name and address of the participant;
- B. the date the repayment started;
- C. the outstanding balance;
- D. the amount past due;

- E. the number of payments past due;
- F. the number of late payments in the previous 12 months; and
- G. the status or remarks code.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; 18 SR 1141; L 1995 c 212 art 3 s 57,59*

4763.0320 PARTICIPANT RESPONSIBILITIES.

Subpart 1. **Service status verification.** Semiannually, the participant must complete and return to the commissioner of health by the deadline the service status verification form provided by the commissioner of health. The program participant shall receive the service status verification form six months from the date of entrance into the program, and every six months thereafter. The participant has 30 days from the date of receipt of the form to complete and return it to the commissioner of health.

Subp. 2. **Status change.** The participant must inform the commissioner of health in writing within 30 days of a change of address or service location.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; 18 SR 2482; L 1995 c 212 art 3 s 57*

4763.0330 INFORMATION; FORMS; TERMS.

Subpart 1. **Additional information.** The commissioner of health may require additional information from the participant that is not inconsistent with law that is helpful in the commissioner of health's judgment to efficiently administer the program.

Subp. 2. **Forms.** The commissioner of health may provide to participants and require the use of uniform forms in the administration of the program.

Statutory Authority: *MS s 136A.04; 136A.16*

History: *17 SR 1021; L 1995 c 212 art 3 s 57*