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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH  
SESSION

HOUSE FILE No. **3630**

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The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

1.1 A bill for an act  
1.2 relating to eliminating health disparities; requiring the commissioner of health to  
1.3 develop new categories for collecting granular data that accurately captures race,  
1.4 ethnicity, primary language, and socioeconomic status; amending Minnesota  
1.5 Statutes 2008, section 145.928, subdivisions 1, 2, 3.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2008, section 145.928, subdivision 1, is amended to read:

1.8 Subdivision 1. **Goal; establishment.** It is the goal of the state, by 2010, to decrease  
1.9 by 50 percent the disparities in infant mortality rates and adult and child immunization  
1.10 rates for American Indians and populations of color, as compared with rates for whites.  
1.11 To do so and to achieve other measurable outcomes, the commissioner of health shall  
1.12 establish a program to close the gap in the health status of American Indians and  
1.13 populations of color as compared with whites in the following priority areas: infant  
1.14 mortality, breast and cervical cancer screening, HIV/AIDS and sexually transmitted  
1.15 infections, adult and child immunizations, cardiovascular disease, diabetes, ~~and~~ accidental  
1.16 injuries and violence, and other areas identified by the commissioner in consultation with  
1.17 community partners listed in subdivision 2. The program established by the commissioner  
1.18 shall include the collection of granular data on race, ethnicity, country of origin, primary  
1.19 language, and socioeconomic status in order to improve the effectiveness of the program  
1.20 and better identify and accurately address additional health problems and health disparities  
1.21 within unique cultural or ethnic subgroups.

1.22 Sec. 2. Minnesota Statutes 2008, section 145.928, subdivision 2, is amended to read:

1.23 Subd. 2. **State-community partnerships; plan.** The commissioner, in partnership  
1.24 with culturally based community organizations; the Alliance for Racial and Cultural

2.1 Health Equity; the Indian Affairs Council under section 3.922; the Council on Affairs  
2.2 of Chicano/Latino People under section 3.9223; the Council on Black Minnesotans  
2.3 under section 3.9225; the Council on Asian-Pacific Minnesotans under section 3.9226;  
2.4 community health boards as defined in section 145A.02; and tribal governments, shall  
2.5 develop and implement a comprehensive, coordinated plan to reduce health disparities in  
2.6 the health disparity priority areas identified in subdivision 1.

2.7 Sec. 3. Minnesota Statutes 2008, section 145.928, subdivision 3, is amended to read:

2.8 Subd. 3. **Measurable outcomes.** The commissioner, in consultation with the  
2.9 community partners listed in subdivision 2, shall:

2.10 (1) establish measurable outcomes to achieve the goal specified in subdivision  
2.11 1 and to determine the effectiveness of the grants and other activities funded under this  
2.12 section in reducing health disparities in the priority areas identified in subdivision 1. The  
2.13 development of measurable outcomes must be completed before any funds are distributed  
2.14 under this section; and

2.15 (2) develop a list of categories to be used for collecting data needed to identify  
2.16 health disparities and guide efforts to reduce disparities, including additional categories  
2.17 for breaking down data by race, ethnicity, country of origin, primary language, and  
2.18 socioeconomic status. The list of categories shall be used by the commissioner of health,  
2.19 the commissioner of human services, and other state departments, programs, and activities  
2.20 relating to:

2.21 (i) collecting data;

2.22 (ii) establishing contract requirements and incentives;

2.23 (iii) awarding grants; and

2.24 (iv) public reporting on quality, access, and health disparities including, but not  
2.25 limited to, sections 62U.02, subdivision 1, and 256B.072.

2.26 The commissioner shall develop the list with consideration of emerging national and state  
2.27 standardized data classification programs.