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State of Minnesota

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HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH SESSION

HOUSE FILE No. 3630

March 11, 2010

Authored by Murphy, E.; Ruud; Slocum and Dean

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

March 22, 2010

Committee Recommendation and Adoption of Report:

To Pass as Amended

Read Second Time

1.1 A bill for an act
1.2 relating to eliminating health disparities and promoting health equity; requiring
1.3 the commissioner of health to develop new categories for collecting granular data
1.4 that accurately captures race, ethnicity, primary language, and socioeconomic
1.5 status, and to develop a process for standardizing the collection, organization,
1.6 and reporting of such data across all health and social determinants data sets.

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

1.8 Section 1. DATA COLLECTION ON HEALTH DISPARITIES.

1.9 Subdivision 1. Inventory. The commissioners of health and human services shall
1.10 conduct an inventory on the health-related data collected by each respective department
1.11 including, but not limited to, health care programs and activities, vital statistics, disease
1.12 surveillance registries and screenings, social determinants of health, and health outcome
1.13 measurements.

1.14 The inventory must review the categories of data that are collected, describe the
1.15 methods of collecting, organizing, and reporting data relating to race, ethnicity, country of
1.16 origin, primary language, tribal enrollment status, and socioeconomic status, and specify
1.17 whether the data being collected in these categories is currently required.

1.18 Subd. 2. Review. (a) Upon completion of the inventory in subdivision 1, the
1.19 commissioners of health and human services shall consult with representatives of culturally
1.20 based community groups, community health boards, tribal governments, hospitals, and
1.21 health plan companies to review the compiled inventory and make recommendations on:

1.22 (1) how to improve data collection and reporting to better identify and describe
1.23 health disparities for particular communities through the collection of additional types and
1.24 categories of more granular data;

2.1 (2) how to make data in the categories identified in subdivision 1 more accessible to  
2.2 community groups, researchers, and to the legislature; and

2.3 (3) other ways to improve data collection efforts in order to ensure the collection of  
2.4 high-quality, reliable granular data in clauses (1) and (2) that will ensure accurate research,  
2.5 establish measurable program outcomes, guide planning and development of programs and  
2.6 activities to eliminate health disparities, and facilitate informed public policy decisions.

2.7 (b) In making recommendations, the commissioners shall consider national and state  
2.8 standardized data classification systems and federal or state requirements for collection of  
2.9 data based on predetermined classification systems that may impact data collection efforts.

2.10 Subd. 3. **Report.** By January 15, 2011, the commissioners of health and human  
2.11 services shall submit to the legislature the inventory compiled in subdivision 1 and the  
2.12 recommendations developed in subdivision 2. The report must include a proposed work  
2.13 plan, implementation schedule, and cost estimate for implementing improvements to  
2.14 data collection and reporting systems by incorporating more granular categories of data  
2.15 relating to race, ethnicity, country of origin, primary language, tribal enrollment status,  
2.16 and socioeconomic status, and making data and reports more accessible to community  
2.17 groups in usable formats.