A bill for an act

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

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

Section 1. **DATA COLLECTION ON HEALTH DISPARITIES.**

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

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

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

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

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

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

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

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