

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 5213

(SENATE AUTHORS: MATHEWS)

DATE	D-PG	OFFICIAL STATUS
03/25/2024	12888	Introduction and first reading Referred to Health and Human Services

1.1A bill for an act

1.2relating to vital records; requiring that immunization data be included on death

1.3records; proposing coding for new law in Minnesota Statutes, chapter 144.

1.4BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5Section 1. **[144.2212] DEATH CERTIFICATE; IMMUNIZATION RECORD.**

1.6Subdivision 1. **Documentation.** (a) The commissioner of health shall include on each

1.7death certificate the dates and types of immunization administered within the two years

1.8preceding the person's death. The death certificate immunization record must document

1.9vaccination event data elements that must include:

1.10(1) vaccination administration date;

1.11(2) vaccine dose volume;

1.12(3) vaccine dose volume units;

1.13(4) vaccine expiration date;

1.14(5) vaccine lot number;

1.15(6) vaccine product name;

1.16(7) vaccine route of administration; and

1.17(8) vaccine site of administration.

1.18The state registrar shall enter on the decedent's state death record at the time the death

1.19certificate is certified all vaccination event data elements in paragraph (b) through and

1.20including two years prior to the date of death.

(b) For children under eighteen years of age, the entire immunization record text must be placed into a text field attached to the decedent's death certificate.

Subd. 2. Immunization death reports. (a) Within ten days of the beginning of the state fiscal year, the commissioner of health shall produce a report, available to the public, on the total deaths that occurred within 24 hours, three days, one week, three weeks, ten weeks, 25 weeks, and one year of immunization, including subtotals of type of vaccine, gender, age group, race, ethnicity, and comorbidity type, if available.

(b) Within 30 days after the end of the state fiscal year, the commissioner of health shall produce a report and make the report available to the public. The report shall include the prior five years of the same data specified in paragraph (a).

Subd. 3. Cause of death and injury study. The commissioner of health shall conduct a biennial cause of death and injury study and issue a public report within two weeks of the date that is one year before each general presidential election and each general midterm or gubernatorial election. The report shall include:

(1) deaths involving cause of or contributing condition to death;

(2) injuries involving anything that appears in a physician's notes for the patient; and

(3) demographic data that includes race, age, gender, occupation, and other data as appropriate and that is not a violation of privacy.

Subd. 4. Independent audit of reports. (a) The commissioner of health shall select four public health audit proposals biennially from a person or organization not affiliated or dependent upon any governmental entity, pharmaceutical industry ecosystem entity, or public official. The selected auditor or auditors shall be required to sign a nondisclosure agreement to protect the privacy of individuals that the data represents, conduct themselves in accordance with state and federal privacy laws, and share the auditors' findings with the commissioner at least two days prior to any public disclosure of the findings, unless injury or death might occur within those two days.

(b) Prior to the engagement of the auditors, the commissioner shall determine and agree upon the format of the data files to be shared with the auditors.

(c) The auditors' proposal must meet minimum standards of competence in data management, aggregation, depiction, and presentation as a result of the work to be done.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to deaths occurring on or after January 1, 2024.