

2.1 (b) Unless the child is adopted, data pertaining to the birth of a child that are not accessible
2.2 to the public become public data if 100 years have elapsed since the birth of the child who
2.3 is the subject of the data, or as provided under section 13.10, whichever occurs first.

2.4 (c) If a child is adopted, data pertaining to the child's birth are governed by the provisions
2.5 relating to adoption records, including sections 13.10, subdivision 5; 144.218, subdivision
2.6 1; 144.2252; and 259.89.

2.7 (d) The name and address of a mother under paragraph (a) and the child's date of birth
2.8 may be disclosed to the county social services, tribal health department, or public health
2.9 member of a family services collaborative for purposes of providing services under section
2.10 124D.23.

2.11 (e) The commissioner of human services shall have access to birth records for:

2.12 (1) the purposes of administering medical assistance and the MinnesotaCare program;

2.13 (2) child support enforcement purposes; and

2.14 (3) other public health purposes as determined by the commissioner of health.

2.15 (f) Tribal child support programs shall have access to birth records for child support
2.16 enforcement purposes.

2.17 Sec. 2. Minnesota Statutes 2016, section 144.225, subdivision 2a, is amended to read:

2.18 Subd. 2a. **Health data associated with birth registration.** Information from which an
2.19 identification of risk for disease, disability, or developmental delay in a mother or child can
2.20 be made, that is collected in conjunction with birth registration or fetal death reporting, is
2.21 private data as defined in section 13.02, subdivision 12. The commissioner may disclose to
2.22 a tribal health department or community health board, as defined in section 145A.02,
2.23 subdivision 5, health data associated with birth registration which identifies a mother or
2.24 child at high risk for serious disease, disability, or developmental delay in order to assure
2.25 access to appropriate health, social, or educational services. Notwithstanding the designation
2.26 of the private data, the commissioner of human services shall have access to health data
2.27 associated with birth registration for:

2.28 (1) purposes of administering medical assistance and the MinnesotaCare program; and

2.29 (2) for other public health purposes as determined by the commissioner of health.

3.1 Sec. 3. Minnesota Statutes 2016, section 144.225, subdivision 7, is amended to read:

3.2 Subd. 7. **Certified birth or death record.** (a) The state registrar or local issuance office
3.3 shall issue a certified birth or death record or a statement of no vital record found to an
3.4 individual upon the individual's proper completion of an attestation provided by the
3.5 commissioner and payment of the required fee:

3.6 (1) to a person who has a tangible interest in the requested vital record. A person who
3.7 has a tangible interest is:

3.8 (i) the subject of the vital record;

3.9 (ii) a child of the subject;

3.10 (iii) the spouse of the subject;

3.11 (iv) a parent of the subject;

3.12 (v) the grandparent or grandchild of the subject;

3.13 (vi) if the requested record is a death record, a sibling of the subject;

3.14 (vii) the party responsible for filing the vital record;

3.15 (viii) the legal custodian, guardian or conservator, or health care agent of the subject;

3.16 (ix) a personal representative, by sworn affidavit of the fact that the certified copy is
3.17 required for administration of the estate;

3.18 (x) a successor of the subject, as defined in section 524.1-201, if the subject is deceased,
3.19 by sworn affidavit of the fact that the certified copy is required for administration of the
3.20 estate;

3.21 (xi) if the requested record is a death record, a trustee of a trust by sworn affidavit of
3.22 the fact that the certified copy is needed for the proper administration of the trust;

3.23 (xii) a person or entity who demonstrates that a certified vital record is necessary for the
3.24 determination or protection of a personal or property right, pursuant to rules adopted by the
3.25 commissioner; or

3.26 (xiii) an adoption agency in order to complete confidential postadoption searches as
3.27 required by section 259.83;

3.28 (2) to any local, state, tribal, or federal governmental agency upon request if the certified
3.29 vital record is necessary for the governmental agency to perform its authorized duties;

3.30 (3) to an attorney upon evidence of the attorney's license;

4.1 (4) pursuant to a court order issued by a court of competent jurisdiction. For purposes
4.2 of this section, a subpoena does not constitute a court order; or

4.3 (5) to a representative authorized by a person under clauses (1) to (4).

4.4 (b) The state registrar or local issuance office shall also issue a certified death record to
4.5 an individual described in paragraph (a), clause (1), items (ii) to (viii), if, on behalf of the
4.6 individual, a licensed mortician furnishes the registrar with a properly completed attestation
4.7 in the form provided by the commissioner within 180 days of the time of death of the subject
4.8 of the death record. This paragraph is not subject to the requirements specified in Minnesota
4.9 Rules, part 4601.2600, subpart 5, item B.

4.10 ARTICLE 2

4.11 CANCER REPORTING SYSTEM

4.12 Section 1. Minnesota Statutes 2016, section 144.69, is amended to read:

4.13 **144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.**

4.14 Notwithstanding any law to the contrary, including section 13.05, subdivision 9, data
4.15 collected on individuals by the cancer surveillance system, including the names and personal
4.16 identifiers of persons required in section 144.68 to report, shall be private and may only be
4.17 used for the purposes set forth in this section and sections 144.671, 144.672, and 144.68.
4.18 Any disclosure other than is provided for in this section and sections 144.671, 144.672, and
4.19 144.68, is declared to be a misdemeanor and punishable as such. Except as provided by
4.20 rule, and as part of an epidemiologic investigation, an officer or employee of the
4.21 commissioner of health may interview patients named in any such report, or relatives of
4.22 any such patient, only after ~~the consent of~~ notifying the attending physician or surgeon ~~is~~
4.23 ~~obtained~~.

4.24 **Sec. 2. [144.691] TRANSFERS OF INFORMATION TO NON-MINNESOTA STATE** 4.25 **AND FEDERAL GOVERNMENT AGENCIES.**

4.26 (a) Information containing personal identifiers collected by the cancer reporting system
4.27 may be disseminated to the statewide cancer registry of other states solely for purposes
4.28 consistent with sections 144.671, 144.672, 144.68, and 144.69, provided that the other state
4.29 agrees to maintain the classification of the information as provided under section 144.69.

4.30 (b) Information, excluding direct identifiers such as name, Social Security number,
4.31 telephone number, and street address collected by the cancer reporting system may be
4.32 provided to the Centers for Disease Control and Prevention's National Program of Cancer

5.1 Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results
 5.2 Program registry.

5.3 **ARTICLE 3**

5.4 **BIRTH DEFECT INFORMATION SYSTEM**

5.5 Section 1. Minnesota Statutes 2016, section 144.2215, subdivision 1, is amended to read:

5.6 Subdivision 1. **Establishment.** The commissioner of health shall establish and maintain
 5.7 an information system containing data on the cause, treatment, prevention, and cure of major
 5.8 birth defects. The commissioner shall consult with representatives and experts in
 5.9 epidemiology, medicine, insurance, health maintenance organizations, genetics, consumers,
 5.10 and voluntary organizations in developing the system and may phase in the implementation
 5.11 of the system. Sections 144.2215 to 144.2219 apply to birth defects that develop during
 5.12 pregnancy and:

5.13 (1) result in live births; or

5.14 (2) result in fetal deaths, reportable under section 144.222.

5.15 Sec. 2. Minnesota Statutes 2016, section 144.2216, subdivision 4, is amended to read:

5.16 Subd. 4. **Opt out.** A parent or legal guardian must be informed by the commissioner at
 5.17 the time of the initial data collection that they may request removal at any time of personal
 5.18 identifying information concerning a child from the birth defects information system using
 5.19 a written form prescribed by the commissioner. The commissioner shall advise parents or
 5.20 legal guardians ~~of infants:~~

5.21 (1) that the information on birth defects may be retained by the Department of Health;

5.22 (2) of the benefit of retaining birth defects records;

5.23 (3) that they may elect to have the birth defects information collected once, within one
 5.24 year of birth or fetal death, as defined in section 144.222, but to require that all personally
 5.25 identifying information be destroyed immediately upon the commissioner receiving the
 5.26 information. If the parents ~~of an infant~~ or legal guardians object in writing to the maintaining
 5.27 of birth defects information, the objection or election shall be recorded on a form that is
 5.28 signed by a parent or legal guardian and submitted to the commissioner of health; and

5.29 (4) that if the parent or legal guardian chooses to opt-out, the commissioner will not be
 5.30 able to inform the parent or legal guardian ~~of a child~~ of information related to the prevention,
 5.31 treatment, or cause of a particular birth defect.

APPENDIX
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