

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.

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

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

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

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

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

1.19 (1) whether the data currently being collected is sufficient to identify and describe
1.20 health disparities for particular communities or if the collection of additional types and
1.21 categories of data is necessary in order to better identify health disparities and to facilitate
1.22 efforts to reduce these disparities;

1.23 (2) if additional types and categories of data collection is determined necessary, what
1.24 additional types and categories should be collected and in what areas;

2.1 (3) whether there is a need to aggregate data to make data in the categories identified
2.2 in subdivision 1 more accessible to community groups, researchers, and to the legislature;
2.3 and

2.4 (4) other ways to improve data collection efforts in order to ensure the collection
2.5 of high-quality, reliable data in clauses (1) to (3) that will ensure accurate research and
2.6 the ability to create measurable program outcomes in order to facilitate public policy
2.7 decisions regarding the elimination of health disparities.

2.8 (b) In making recommendations, the work group shall consider national and state
2.9 standardized data classification systems, as well as federal or state requirements for
2.10 collection of certain data based on predetermined classification systems that may impact
2.11 some data collection efforts.

2.12 Subd. 3. **Report.** By January 15, 2011, the commissioners of health and human
2.13 services shall submit to the legislature the inventory compiled in subdivision 1 and the
2.14 recommendations developed in subdivision 2.