SENATE

STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 1132

1.1   A bill for an act

1.2   relating to health; establishing the patient registry to collect data on cancer incidence

1.3   among firefighters; appropriating money; proposing coding for new law in

1.4   Minnesota Statutes, chapter 144.

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

1.6   Section 1. **[144.6906] FIREFIGHTERS' CANCER REGISTRY.**

1.7   Subdivision 1. **Purpose.** (a) The National Institutes of Occupational Safety and Health

1.8   has found that firefighters are at an increased risk of exposure to fire incidents that increase

1.9   firefighters' risk of malignant mesothelioma, lung cancer, and leukemia among other cancers.

1.10   The increased incidence of cancer among firefighters has been attributed to firefighters'

1.11   exposure to resultant pyrolysis products, toxic particulates, gases and fumes, metals such

1.12   as cadmium and lead, chemical substances such as benzene and vinyl chloride, and minerals

1.13   such as asbestos and silicates.

1.14   (b) A state-based cancer registry will enable researchers to conduct focused research on

1.15   cancer incidence among firefighters. This research will lead to improved safety precautions

1.16   and safety protocols for firefighters to lower their cancer risks.

1.17   Subd. 2. **Establishment.** The commissioner of health shall establish and maintain a

1.18   voluntary patient registry to collect data on cancer incidence among firefighters. The patient

1.19   registry shall be used for the following purposes:

1.20   (1) to improve collection infrastructure activities to monitor the incidence of cancer

1.21   among firefighters; and

1.22   (2) to collect, consolidate, store, and make publicly available epidemiological information

1.23   related to cancer incidence and trends among firefighters.

Section 1.   1

2.1   Subd. 3. **Collection of data.** In carrying out the voluntary data collection for purposes

2.2   of inclusion under this section, the commissioner shall include the following de-identified

2.3   information:

2.4   (1) full description of physical examinations and medical history;

2.5   (2) complete results of all relevant diagnostic tests and lab procedures;

2.6   (3) complete report of all relevant pathology and operative reports;

2.7   (4) description of treatments undergone or planned;

2.8   (5) basic demographic information including the age of the firefighter and age of onset

2.9   of cancer;

2.10   (6) a listing of the status of the firefighter whether volunteer, paid on-call, or career

2.11   firefighter;

2.12   (7) the number of years on the job and any additional employment experience that was

2.13   either performed concurrently during firefighting service or at any time after this service;

2.14   (8) the number of fire incidents attended and the type of fire incident, such as residential

2.15   house fire or commercial fire; and

2.16   (9) a list of additional individual risk factors including smoking or drug use.

2.17   For purposes of this section, "de-identified" means a process used to prevent a person's

2.18   identity from being connected with information.

2.19   Subd. 4. **Report and public access.** The commissioner shall report to the legislative

2.20   committees on health care by January 1, 2019, and annually thereafter on the data collected

2.21   from the cancer registry. The report shall consist of summary data as defined in section

2.22   13.02, subdivision 19, and shall be made available to the public. The commissioner shall

2.23   develop a public approval process for obtaining information from the cancer registry without

2.24   a fee for research purposes.

2.25   Subd. 5. **Classification of data.** Except as otherwise required by law, data collected on

2.26   individuals by the cancer registry, including names and personal identifiers, is private,

2.27   confidential data on individuals under section 13.02, subdivision 3, and may only be used

2.28   for the purposes under subdivision 2.

2.29   Sec. 2. **APPROPRIATION.**

2.30 $....... in fiscal year 2018 is appropriated from the general fund to the commissioner of

2.31   health for the purposes of section 1.