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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 1477

03/11/2013 Authored by Clark, Allen and Laine

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act  
1.2 relating to health; modifying provisions of the cancer surveillance system;  
1.3 amending Minnesota Statutes 2012, sections 13.3806, subdivision 14; 144.671.

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

1.5 Section 1. Minnesota Statutes 2012, section 13.3806, subdivision 14, is amended to read:

1.6 Subd. 14. **Cancer surveillance system.** Data on individuals collected by the cancer  
1.7 surveillance system are private data on individuals and classified pursuant to section 144.69.

1.8 Sec. 2. Minnesota Statutes 2012, section 144.671, is amended to read:

1.9 **144.671 CANCER SURVEILLANCE SYSTEM; PURPOSE.**

1.10 Subdivision 1. Duties. (a) The commissioner of health shall establish a statewide  
1.11 population-based cancer surveillance system. The purpose of this system is to:

1.12 (1) monitor incidence trends of cancer to detect potential public health problems,  
1.13 predict risks, and assist in identifying and investigating cancer clusters;

1.14 (2) more accurately target prevention, intervention, and cancer control resources for  
1.15 communities ~~and~~ patients, and their families;

1.16 (3) inform health professionals and citizens about risks, early detection, and  
1.17 treatment of cancers known to be elevated in their communities; and

1.18 (4) promote high quality research in order to provide better information for cancer  
1.19 control and to address public health concerns and questions about cancer-, including:

1.20 (i) monitoring cancer trends over time;

1.21 (ii) determining cancer patterns in various populations;

1.22 (iii) guiding, planning, and evaluating cancer control programs;

1.23 (iv) setting priorities for allocating health resources;

2.1 (v) advancing clinical, epidemiologic, and health services research; and  
2.2 (vi) providing information to a national database of cancer incidence, but the identity  
2.3 of the patient in the report, record, and information must remain confidential.

2.4 (b) In order to implement the requirements of paragraph (a), clause (1), with the  
2.5 patient's informed consent the commissioner shall develop and make available a standard  
2.6 questionnaire to be given to the patient that requests information on the following:

2.7 (1) information on all previous home addresses, occupations, and places of work;

2.8 (2) the time and place of any military service;

2.9 (3) if known, possible exposure whether in the home, workplace, or elsewhere, to  
2.10 potentially toxic substances listed on the questionnaire; and

2.11 (4) any other occasions or sites of possible toxic exposure.

2.12 (c) The commissioner of health must determine at least 40 potentially toxic  
2.13 substances to be listed on the questionnaire, as required in paragraph (b), clause (3),  
2.14 and review and update the list annually.

2.15 (d) Nothing in this section shall be construed to compel any patient or individual to  
2.16 submit to medical examination or supervision by the commissioner.

2.17 Subd. 2. **Status of data collected.** Information collected on individuals for the  
2.18 cancer registry are private data on individuals as defined in section 13.02, subdivision 12,  
2.19 and may only be used for the purposes in this section. The provisions in section 13.04,  
2.20 subdivision 2, also apply when collecting information on individuals under this section.