**Minnesota**

**Cancer Surveillance System**

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<td>MN</td>
<td>STATUTE: M.S. 144.671-144.69 RULE: M.R. 4606.3300 to 3309 (currently under revision)</td>
<td>144.671 CANCER SURVEILLANCE SYSTEM; PURPOSE. The commissioner of health shall establish a statewide population-based cancer surveillance system. The purpose of this system is to: (1) monitor incidence trends of cancer to detect potential public health problems, predict risks, and assist in investigating cancer clusters; (2) more accurately target intervention resources for</td>
<td>4606.3303 COMPREHENSIVE REPORTS OF CANCER.</td>
<td>144.672 DUTIES OF COMMISSIONER; RULES. Subpart 1. Cancer registries. Cancer registries shall forward by first class mail, by messenger, or via electronic means, case reports to the commissioner within 15 working days of the date the patient's record in the cancer registry was completed. Subpart 2. Medical laboratories. Medical laboratories shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner for all cases of cancer within 15 working days of the date of diagnosis. Subpart 3. Hospitals and medical clinics. Hospitals and medical clinics shall forward by first class</td>
<td>NO</td>
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communities and patients and their families;
(3) inform health professionals and citizens about risks, early detection, and treatment of cancers known to be elevated in their communities; and
(4) promote high quality research to provide better information for cancer control and to address public concerns and questions about cancer.

**144.68 RECORDS AND REPORTS REQUIRED.**

**Subdivision 1. Person practicing healing arts.** Every person licensed to mail, by messenger, or via electronic data submission, case reports to the commissioner for all cases of cancer diagnosed in the institution within 15 working days of the date of diagnosis.

**Subp. 4. Physicians and dentists.** A. Physicians and dentists who diagnose cancer in humans shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner within 15 working days of the date of diagnosis. B. A physician or dentist is exempted from item A if the physician or dentist (i) is working within a hospital, medical clinic, or medical laboratory required to report by this part, (ii) knows the case was admitted to a hospital required to report by this part, or (iii) has received, from a medical laboratory required to report by this part, a written report indicating the presence of cancer in the case.

**Subp. 5. Designating a costs in providing information to the system;**
(4) criteria relating to contracts made with outside entities to conduct studies using data collected by the system. The criteria may include requirements for a written protocol outlining the purpose and public benefit of the study, the description, methods, and projected results of the study, peer review by other scientists, the methods and facilities to protect the privacy of the data, and the qualifications of the researcher proposing to undertake the study; and
(5) specification of fees to be charged under section 13.03, subdivision 3, for all out-of-pocket expenses for data summaries or specific analyses of data requested by public and private agencies, organizations, and individuals, and which are not otherwise included in the commissioner's annual summary reports. Fees collected are
practice the healing arts in any form, upon request of the commissioner of health, shall prepare and forward to the commissioner, in the manner and at such times as the commissioner designates, a detailed record of each case of cancer treated or seen by the person professionally.

**Subd. 2. Hospitals and similar institutions.** Every hospital, medical clinic, medical laboratory, or other institution for the hospitalization, clinical or laboratory diagnosis, or care of human beings, upon request of the commissioner of health, shall prepare reporting entity. Alternatively, cancer registries, medical laboratories, hospitals, medical clinics, or any combination of these within or as part of an institution, may notify the commissioner of the identity of a reporting entity to report on behalf of the institution and as such shall meet the requirements of cancer reporting under subparts 1 to 4.

4606.3304 REPORTS.

**Subpart 1. Case information.** Reports of case information that are required in part 4606.3303 must consist of source documents and contain as much of the following information as is known:

- A. patient identifiers, including Social Security number, and demographics;
- B. provider and facility information;
- C. cancer diagnostic information;
- D. extent of disease and other prognostic factor information; appropriated to the commissioner to offset the cost of providing the data.

**Subd. 2. Biennial report required.** The commissioner of health shall prepare and transmit to the governor and to members of the legislature under section 3.195, a biennial report on the incidence of cancer in Minnesota and a compilation of summaries and reports from special studies and investigations performed to determine the potential public health significance of an increase in cancer incidence, together with any findings and recommendations. The first report shall be delivered by February 1989, with subsequent reports due in February of each of the following odd-numbered years.

144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.

… Except as provided by rule, and as part of an epidemiologic investigation, an officer or employee of the commissioner of health may interview patients.
and forward to the commissioner, in the manner and at the times designated by the commissioner, a detailed record of each case of cancer.

Subd. 3. Reporting without liability. The furnishing of the information required under subdivisions 1 and 2 shall not subject the person, hospital, medical clinic, medical laboratory, or other institution furnishing the information, to any action for damages or other relief.

4606.3302 DEFINITIONS

…Subp. 18. Tumor registry. "Tumor registry" means a

E. first course of cancer-directed treatment;
F. follow-up information; and
G. other information as needed for system administration.

Subp. 2. Abstracts. Alternatively, reports of case information that are required in part 4606.3303 may consist of completed abstracts or electronic data submission and must contain the information required in subpart 1.

…Subp. 3. Occupational data. Hospitals, medical clinics, and physicians shall, upon request of the commissioner, report as much information as is known concerning the occupational history of cancer cases. The commissioner shall by publication in the State Register request reports of such information when the following conditions exist:

A. epidemiologic surveillance and studies based on this information will assist in identifying cancer risks in

named in any such report, or relatives of any such patient, only after the consent of the attending physician or surgeon is obtained.

4606.3306 PHYSICIAN CONSENT

Subpart 1. Attempt to obtain consent. When undertaking epidemiologic studies, the commissioner shall attempt to locate and obtain the consent of the attending physician as identified in the case report before approaching any case named in a report or a personal representative of a deceased case as defined in Minnesota Statutes, section 13.10, subdivision 1, paragraph (c).

Subp. 2 Approach without consent. The commissioner may approach a case named in a report or a personal representative of a deceased case as defined in Minnesota Statutes, section 13.10, subdivision 1, paragraph (c), without the consent of the attending physician as identified in the case report in order to conduct...
| collection of cancer data on patients that is maintained as an identified repository of such data for, or within any hospital, medical clinic, or centralized institution. | certain occupational groups; and B. there is a specific, planned mechanism for the surveillance and epidemiologic study of the cancer related to the occupational group. | epidemiologic investigations if the attending physician is deceased, is no longer licensed in the state, is no longer practicing, or cannot otherwise be located, or is no longer caring for the case and is unable to identify the case’s current attending physician. |

### 4606.3307 AUTHORIZED RESEARCH

**Subpart 1. Criteria.** The commissioner of health may enter into contracts to conduct research, using data collected pursuant to parts 4606.3300 to 4606.3309, with public and private research agencies or with individuals who satisfy all of the allowing criteria…

**Subp. 2. Release of information.** Under no circumstances will researchers be provided access to personal identifiers that would allow contact of a patient without attempting to obtain physician consent as described in part 4606.3306…