

Report Name	Summary	Statute	Division	Frequency	Year of Report Enactment	Last Year Statute Was Changed
Infant Mortality Rates	An annual report on grants made to decrease racial and ethnic disparities in infant mortality rates. The report must provide specific information on the amount of each grant awarded to each agency or organization, the population served by each agency or organization, outcomes of the programs funded by each grant, and the amount of the appropriation retained by the commissioner for administrative and associated expenses.	<a href="#">145.928, subd. 13, paragraph (b)</a>	Centers for Health Equity and Community Health	Annual	2015	2015
Eliminating Health Disparities	A biennial report to the legislature on the local community projects, tribal government, and community health board prevention activities funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, evaluation data, and outcome measures, if available.	<a href="#">145.928, subd. 13, paragraph (a)</a>	Centers for Health Equity and Community Health	Biennial	2001	2015
Induced Abortions in Minnesota	A report providing statistics for the previous calendar year compiled from the data submitted under sections <a href="#">145.4131</a> to <a href="#">145.4133</a> and sections <a href="#">145.4241</a> to <a href="#">145.4249</a> . Each report shall provide the statistics for all previous calendar years, adjusted to reflect any additional information from late or corrected reports. The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion.	<a href="#">145.4134</a>	Centers for Health Equity and Community Health	Annual	1998	2003
Public Health System Development	The commissioner of health, in consultation with the State Community Health Services Advisory Committee and the commissioner of human services, and representatives of local health departments, county government, a municipal government acting as a community health board, area Indian health services, health care providers, and citizens concerned about public health, shall coordinate the process for defining implementation and financing responsibilities of the local government core public health functions. The commissioner shall submit an updated report and recommendations on local government core public health functions.	<a href="#">62Q.33</a>	Centers for Health Equity and Community Health	Biennial	1994	2015

Family Home Visiting Program	A report to the legislature on the family home visiting programs funded under this section and on the results of the evaluations conducted under subdivision 7.	<a href="#">145A.17, subd. 8</a>	Community and Family Health	Biennial	2001	2013
Lead Poisoning Prevention	The commissioner shall examine compliance with Minnesota's existing lead standards and rules and report to the legislature biennially, including an evaluation of current lead program activities by the state and community health boards, the need for any additional enforcement procedures, recommendations on developing a method to enforce compliance with lead standards, and cost estimates for any proposed enforcement procedure. The report shall also include a summary of lead surveillance data collected by the commissioner.	<a href="#">144.9509, Subd. 3</a>	Environmental Health	Biennial	1995	2015
Chemicals of High Concern	The department shall, after consultation with the agency, generate a list of chemicals of high concern. The department must periodically review and revise the list of chemicals of high concern at least every three years. The department may add chemicals to the list if the chemical meets one or more of the criteria in section 116.9401, paragraph (e).	<a href="#">116.9402</a>	Environmental Health	Every 3 Years	1998	2003
Community Clinic Grant Program	The commissioner of health shall evaluate the overall effectiveness of the grant program. The commissioner shall collect progress reports to evaluate the grant program from the eligible community clinics receiving grants. Every two years, as part of this evaluation, the commissioner shall report to the legislature on the needs of community clinics and provide any recommendations for adding or changing eligible activities.	<a href="#">145.9268, Subd. 4</a>	Health Policy	Biennial	2001	2005
Adverse Health Events	An annual report describing, by institution, adverse events reported; outlining, in aggregate, corrective action plans and the findings of root cause analyses; and making recommendations for modifications of state health care operations.	<a href="#">144.7067, subd. 2</a>	Health Policy	Annual	2003	2003
Administrative Costs in Health Plans	The commissioner shall require each group purchaser to submit data on revenue, expenses, and member months, as applicable. The commissioner shall make public, by group purchaser data collected under this paragraph in accordance with section 62J.321, subdivision 5.	<a href="#">62J.38</a>	Health Policy	Annual	2001	2002
Health Care Homes Implementation	An annual report on the implementation and administration of the health care home model for state health care program enrollees in the fee-for-service, managed care, and county-based purchasing sectors.	<a href="#">256B.0752, subd. 1</a>	Health Policy	Annual	2008	2008

Minnesota e-Health Initiative	An annual report outlining progress to date in implementing a statewide health information infrastructure and recommending action on policy and necessary resources to continue the promotion of adoption and effective use of health information technology.	<a href="#">62J.495, subd. 2</a>	Health Policy	Annual	2005	2016
Projected Spending Baseline for Health Indicators	A report on the projected impact on spending from specified health indicators related to various preventable illnesses and death. The impacts shall be reported over a ten-year time frame using a baseline forecast of private and public health care and long-term care spending for residents of this state, and updated annually for each of the following health indicators: costs related to rates of obesity, including obesity-related cancers, coronary heart disease, stroke, and arthritis; costs related to the utilization of tobacco products; costs related to hypertension; costs related to diabetes or prediabetes; and costs related to dementia and chronic disease among an elderly population over 60, including additional long-term care costs.	<a href="#">62U.10, Subd. 6</a>	Health Policy	Annual	2015	2016
Actual Total Private and Public Health Care Spending	The commissioner of health shall determine the actual total private and public health care spending for residents of this state for the calendar year two years before the current calendar year, based on data collected under chapter 62J, and shall determine the difference between the projected spending, as determined under subdivision 2, and the actual spending for that year. The actual spending must be certified by an independent actuarial consultant. If the actual spending is less than the projected spending, the commissioner shall determine, based on the proportion of spending for state-administered health care programs to total private and public health care spending for the calendar year two years before the current calendar year, the percentage of the calculated aggregate savings amount accruing to state-administered health care programs.	<a href="#">62U.10, Subd. 3</a>	Health Policy	Annual	2008	2016
Community Benefit Provided by Minnesota's Hospitals	For each hospital reporting health care cost information under section <a href="#">144.698</a> or <a href="#">144.702</a> , the commissioner shall report annually on the hospital's community benefit and community care, including detailed information on each component of those costs as defined in this subdivision. The information shall be reported in terms of total dollars and as a percentage of total operating costs for each hospital.	<a href="#">144.699, subd. 5</a>	Health Policy	Annual	2007	2007

Center for Health Care Purchasing Improvement	An annual report on the operations, activities, and impacts of the center, including a description of the state's efforts to develop and use more common strategies for health care performance measurement and health care purchasing. The report must also include an assessment of the impacts of these efforts, especially in promoting greater transparency of health care costs and quality, and greater accountability for health care results and improvement.	<a href="#">62J.63, Subd. 3</a>	Health Policy	Annual	2006	2009
MERC Grant Distribution	An annual summary report on the implementation Medical Education and Research Costs grant program.	<a href="#">62J.692, Subd. 5</a>	Health Policy	Annual	1999	2016
Trauma System Report	An annual report that includes comparative demographic and risk-adjusted epidemiological data on designated trauma hospitals. Any analyses or reports that identify providers may only be published after the provider has been provided the opportunity by the commissioner to review the underlying data and submit comments. The provider shall have 21 days to review the data for accuracy.	<a href="#">144.6071, subd. 7</a>	Health Policy	Annual	2010	2010
Annual Report on Provider Quality	The commissioner shall establish standards for measuring health outcomes, establish a system for risk adjusting quality measures, and issue annual public reports on provider quality.	<a href="#">62U.02, subd. 3</a>	Health Policy	Annual	2008	2015
International Medical Graduate Assistance Program	An annual report on the progress of the integration of international medical graduates into the Minnesota health care delivery system. The report shall include recommendations on actions needed for continued progress integrating international medical graduates.	<a href="#">144.1911, subd. 10</a>	Health Policy	Annual	2015	2015
Total Health and Long-Term Care Spending Related to Health Indicators	The commissioner of health shall determine the actual total private and public health care and long-term care spending for Minnesota residents related to each health indicator projected in subdivision 6 for the most recent calendar year available. The commissioner shall determine the difference between the projected and actual spending for each health indicator and for each year, and determine the savings attributable to changes in these health indicators. The assumptions and research methods used to calculate actual spending must be determined to be appropriate by an independent actuarial consultant.	<a href="#">62U.10, Subd. 7</a>	Health Policy, Office of Statewide Health Improvement Initiatives	Annual	2015	2016

Cancer in Minnesota	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.	<a href="#">144.672, subd. 2</a>	Health Promotion and Chronic Disease	Biennial	1987	2001
Sexual Violence Prevention Program	A report on the prevalence and incidence of sexual violence in Minnesota.	<a href="#">145.4715</a>	Health Promotion and Chronic Disease	Routinely	2012	2012
STEMI Quality of Care and Patient Outcome Improvements	The commissioner of health shall assess and report on the quality of care provided in the state for ST elevation myocardial infarction response and treatment.	<a href="#">144.497</a>	Health Promotion and Chronic Disease	Annual	2014	2014
Environmental Public Health Tracking & Biomonitoring	A biennial report on the status of environmental health tracking activities and related research programs, with recommendations for a comprehensive environmental public health tracking program.	<a href="#">144.996, Subd. 1</a>	Health Promotion and Chronic Disease	Biennial	2007	2007
Suicide Prevention Plan Progress Report	To the extent funds are appropriated for the purposes of this subdivision, the commissioner shall conduct periodic evaluations of the impact of and outcomes from implementation of the state's suicide prevention plan and each of the activities specified in this section.	<a href="#">145.56, Subd. 5</a>	Health Promotion and Chronic Disease	Biennial	2001	2015
Safe Harbor Program Evaluation	A comprehensive evaluation of the statewide program for safe harbor for sexually exploited youth. The evaluation must consider whether the program is reaching intended victims and whether support services are available, accessible, and adequate for sexually exploited youth, as defined in section 260C.007, subdivision 31.	<a href="#">145.4718</a>	Health Promotion and Chronic Disease	Biennial	2013	2013

<p>Home Care Survey and Investigation Process Quality Improvement Program</p>	<p>The commissioner shall establish a quality improvement program for the home care survey and home care complaint investigation processes. The commissioner shall submit to the legislature an annual report. Each report will review the previous state fiscal year of home care licensing and regulatory activities. The report must include, but is not limited to, an analysis of: the number of FTEs in the Division of Compliance Monitoring, including the Office of Health Facility Complaints units assigned to home care licensing, survey, investigation, and enforcement process; numbers of and descriptive information about licenses issued, complaints received and investigated, including allegations made and correction orders issued, surveys completed and timelines, and correction order reconsiderations and results; descriptions of emerging trends in home care provision and areas of concern identified by the department in its regulation of home care providers; information and data regarding performance improvement projects underway and planned by the commissioner in the area of home care surveys; and work of the Department of Health Home Care Advisory Council.</p>	<p><a href="#">144A.483, subd. 1</a></p>	<p>Health Regulation</p>	<p>Annual</p>	<p>2013</p>	<p>2013</p>
<p>Annual Quality Improvement Report on the Nursing Home Survey Process</p>	<p>The commissioner shall establish a quality improvement program for the nursing facility survey and complaint processes. The commissioner must regularly consult with consumers, consumer advocates, and representatives of the nursing home industry and representatives of nursing home employees in implementing the program. The commissioner, through the quality improvement program, shall submit to the legislature an annual survey and certification quality improvement report.</p>	<p><a href="#">144A.10, subd. 17</a></p>	<p>Health Regulation</p>	<p>Annual</p>	<p>2004</p>	<p>2016</p>

Maltreatment of Vulnerable Adults Report	The commissioners of health and human services shall jointly report the following information: the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigations under this section, the resolution of those investigations, and which of the two lead agencies was responsible; trends about types of substantiated maltreatment found in the reporting period; if there are upward trends for types of maltreatment substantiated, recommendations for addressing and responding to them; efforts undertaken or recommended to improve the protection of vulnerable adults; whether and where backlogs of cases result in a failure to conform with statutory time frames and recommendations for reducing backlogs if applicable; recommended changes to statutes affecting the protection of vulnerable adults; and any other information that is relevant to the report trends and findings.	<a href="#">626.557, Subd. 12b</a>	Health Regulation	Biennial	2001	2015
Long-Term Care Services and Supports	The commissioners of health and human services, with the cooperation of counties and in consultation with stakeholders, including persons who need or are using long-term care services and supports, lead agencies, regional entities, senior, disability, and mental health organization representatives, service providers, and community members shall prepare a report regarding the status of the full range of long-term care services and supports for the elderly and children and adults with disabilities and mental illnesses in Minnesota.	<a href="#">144A.351, Subd. 1</a>	Health Regulation	Biennial	2003	2013
Inventory of Biological Specimens, Registries, and Health Data and Databases	An inventory of biological specimens, registries, and health data and databases collected or maintained by the commissioner. In addition to the inventory, the commissioner shall provide the schedules for storage of health data and biological specimens. The inventories must be listed in reverse chronological order beginning with the year 2012.	<a href="#">144.193</a>	Legal Unit	Annual	2013	2013
Obsolete Rules Report	An agency must submit a list of any rules or portions of rules that are obsolete, unnecessary, or duplicative of other state or federal statutes or rules. The list must also include an explanation of why the rule or portion of the rule is obsolete, unnecessary, or duplicative of other state or federal statutes or rules.	<a href="#">14.05, subd. 5</a>	Legal Unit	Annual	1995	2015

Medical Cannabis Studies Relating to Chemical Composition & Dosages	The commissioner shall review and publicly report the existing medical and scientific literature regarding the range of recommended dosages for each qualifying condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for each of the qualifying medical conditions. The commissioner shall make this information available to patients with qualifying medical conditions and update the information annually.	<a href="#">152.25, subd. 2</a>	Office of Medical Cannabis	Annual	2014	2016
Medical Cannabis Program Cost Assessment	The commissioners of state departments impacted by the medical cannabis therapeutic research study shall report to the cochairs of the task force on the costs incurred by each department on implementing sections <a href="#">152.22</a> to <a href="#">152.37</a> . The reports must compare actual costs to the estimated costs of implementing these sections.	<a href="#">152.36, subd. 3</a>	Office of Medical Cannabis	Annual	2014	2016
Tobacco Use Prevention	A biennial report on the statewide and local projects and community health board prevention activities funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, and evaluation data and outcome measures, if available.	<a href="#">144.396, Subd. 10</a>	Office of Statewide Health Improvement Initiatives	Biennial	1999	2009
Statewide Health Improvement Program	A biennial report on the statewide health improvement program funded under this section. The report must include information on each grant recipient, including the activities that were conducted by the grantee using grant funds, the grantee's progress toward achieving the measurable outcomes established under subdivision 2, and the data provided to the commissioner by the grantee to measure these outcomes for grant activities.	<a href="#">145.986, subd. 5</a>	Office of Statewide Health Improvement Initiatives	Biennial	2008	2015
Activities of the Newborn Hearing Screening Advisory Committee	The commissioner shall report on the activities of the committee that have occurred during the past two years.	<a href="#">144.966, Subd. 2</a>	Public Health Lab	Biennial	2013	2013