GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 273

Short Title: Cancer Control Reporting. (Public)

Sponsors: Senators Odom; Carpenter, Perdue, and Rucho.

Referred to: Health Care.

March 8, 1999

A BILL TO BE ENTITLED

AN ACT TO REQUIRE ALL FACILITIES AND PROVIDERS THAT DETECT, DIAGNOSE, OR TREAT CANCER PATIENTS TO REPORT CANCER CASES TO THE CANCER CONTROL REGISTRY.

Whereas, cancer control programs and existing statewide population-based cancer registries throughout the country have identified cancer incidence and cancer mortality rates that indicate that the burden of cancer for Americans is substantial and varies widely by geographic location and ethnicity; and

Whereas, statewide cancer incidence and cancer mortality data can be used to identify cancer trends, patterns, and variation for directing cancer control intervention; and

Whereas, since 1947 North Carolina has mandated that physicians report cancer diagnoses in their patients; and

Whereas, changes in communications and medical technology and in the treatment of disease mean that a substantial majority of the data is obtainable from medical facilities such as hospitals, clinics, and laboratories; and

Whereas, current North Carolina law authorizes but does not require facilities that diagnose or treat cancer patients to report clinical, statistical, and other records of cancer; and

Whereas, the current cancer incidence reporting rate in North Carolina is only 87%. This reporting rate is neither compliant with federal standards of 95% nor compliant with Cancer Registry standards of 100%; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. G.S. 130A-209 reads as rewritten:

"**§ 130A-209. Incidence reporting of ~~cancer.~~ cancer; charge for collection if failure to report.**

(a) ~~A physician~~ All health care facilities and health care providers that detect, diagnose, or treat cancer shall report to the central cancer registry each diagnosis of cancer in any person who is screened, diagnosed, or treated by the facility or provider. ~~for whom the physician is professionally consulted.~~ The reports shall be made within ~~60 days~~ six months of diagnosis. Diagnostic, demographic and other information as prescribed by the rules of the Commission shall be included in the report.

(b) If a health care facility or health care provider fails to report as required under this section, then the central cancer registry may access the information from the facility or provider and report it in the appropriate format. The Commission may adopt rules requiring that the facility or provider reimburse the registry for its cost to access and report the information in an amount not to exceed one hundred dollars ($100.00) per case. Thirty days after the expiration of the six-month period for reporting under subsection (a) of this section, the registry shall send notice to each facility and provider that has not submitted a report as of that date that failure to file a timely report shall result in collection of the data by the registry and liability for reimbursement imposed under this section. Failure to receive or send the notice required under this section shall not be construed as a waiver of the reporting requirement.

(c) As used in this section, the term:

(1) 'Health care facility' or 'facility' means any hospital, clinic, or other facility that is licensed to administer medical treatment or the primary function of which is to provide medical treatment in this State. The term includes health care facility laboratories and independent pathology laboratories;

(2) 'Health care provider' or 'provider' means any person who is licensed or certified to practice a health profession or occupation under Chapter 90 of the General Statutes and who diagnoses or treats cancer."

Section 2. G.S. 130A-210 is repealed.

Section 3. The Health Services Commission may adopt temporary rules in accordance with Chapter 150B of the General Statutes to implement this section.

Section 4. This act is effective when it becomes law.