

**PROPOSED REGULATION OF THE  
STATE BOARD OF HEALTH**

**LCB FILE NO. R006-201**

**The following document is the initial draft regulation proposed  
by the agency submitted on 01/21/2020**

REPORTING AND ANALYZING INFORMATION ON CANCER AND OTHER NEOPLASMS

**Section 1. Chapter 457 of NAC is hereby amended to read as follows:**

**NAC 457.015 Adoption of publications by reference; availability; review of revisions by Chief Medical Officer and State Board of Health. (NRS 457.065, 457.240)**

1. The State Board of Health hereby adopts by reference the most current version of:

(a) The following volumes in the *Standards for Cancer Registries* published by the North American Association of Central Cancer Registries:

(1) Volume I, *Data Exchange Standards and Record Descriptions*;

(2) Volume II, *Data Standards and Data Dictionary*;

(3) Volume III, *Standards for Completeness, Quality, Analysis, Management, Security, and Confidentiality of Data*;

(4) Volume IV, *Standard Data EDITS*; and

(5) Volume V, *Pathology Laboratory Electronic Reporting*.

↪ A copy of each volume adopted by reference may be obtained, free of charge, from the North American Association of Central Cancer Registries at the Internet address <https://www.naaccr.org>.

(b) The *International Classification of Diseases for Oncology*, published by the World Health Organization. A copy of this publication may be obtained, free of charge, from the World Health Organization at the Internet address <http://codes.iarc.fr/usingicdo.php>.

(c) The ~~[Facility-Oncology-Registry-Data-Standards-(FORDS)]~~ *Standards for Oncology Registry Entry (STORE)*, published by the Commission on Cancer of the American College of Surgeons. A copy of this publication may be obtained, free of charge, from the American College of Surgeons at the Internet address <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>.

2. If a publication adopted by reference in subsection 1 is revised, the Chief Medical Officer shall review the revision to determine its suitability for this State. If the Chief Medical Officer determines that the revision is not suitable for this State, the Chief Medical Officer shall file an objection to the revision with the State Board of Health within 30 days after the standards are revised. If the Chief Medical Officer does not file such an objection, the revision becomes part of the publication adopted by reference pursuant to subsection 1. If the Board determines that the revision is not suitable for this State, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 30 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

(Added to NAC by Bd. of Health by R057-16, eff. 5-16-2018)

**Section 2. Chapter 457 of NAC is hereby amended to read as follows:**

**NAC 457.050 [Abstracting] Reporting and submitting of information by provider of health care, health care facility and certain other facilities; deadlines for submission; standards for [abstracting] reporting information; waiver of electronic submission. (NRS 457.065, 457.240)**

~~1. [Except as otherwise provided in NAC 457.052, each provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to NRS 457.230 and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall provide to the Chief Medical Officer information concerning such neoplasms by:~~

~~—(a) Abstracting, at a minimum, the information described in NAC 457.052 on a form prescribed by the Chief Medical Officer or a designee thereof; and~~

~~—(b) Except as otherwise provided in subsection 7, submitting that information on a quarterly basis using an electronic means approved by the Chief Medical Officer or the designee.]~~

*Each health care facility, other facility that provides screening, diagnostic or therapeutic services, and providers of health care shall provide to the Chief Medical Officer a report on each cancer diagnosed and or treated by the facility or provider.*

*2. Any reporting entity as described in subsection 1 shall report electronically all neoplasms as outlined in NAC 457.040 in conformance with the standards for reporting information concerning neoplasms as described in section 3.*

~~{2.}~~ Each:

(a) Provider of health care described in subsection 1 shall provide the information to the Chief Medical Officer required pursuant to subsection 1:

(1) For any initial diagnosis made or treatment initiated for cancer or other neoplasms in the first quarter of a calendar year, on or before June 30 of the same calendar year;

(2) For any initial diagnosis made or treatment initiated for cancer or other neoplasms in the second quarter of a calendar year, on or before September 30 of the same calendar year;

(3) For any initial diagnosis made or treatment initiated for cancer or other neoplasms in the third quarter of a calendar year, on or before December 30 of the same calendar year; and

(4) For any initial diagnosis made or treatment initiated for cancer or other neoplasms in the fourth quarter of a calendar year, on or before March 30 of the subsequent calendar year; and

(b) Health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall provide the information to the Chief Medical Officer required pursuant to subsection 1 within 6 months after a patient is admitted, initially diagnosed with or treated for cancer or another neoplasm.

*(c) If the information is not received within the required timeframe or if the cancer case is not reported, the reporting entity will be notified in writing. If no corrective action is taken within 30 days of the original letter to comply, the reporting entity is subject to a fee as provided in NAC 457.150. If no response is received, the Division will collect the required information from the reporting entity and an abstracting fee will be charged as set forth in NAC 457.150.*

3. Except as otherwise provided in subsection 4, each provider of health care, *health care facility and certain other facilities* described in subsection 1 ~~[and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms]~~ shall ~~[abstract]~~ **report** information in conformance with the standards for ~~[abstracting]~~ **reporting** information concerning neoplasms set forth in:

(a) Volumes I to V, inclusive, of the *Standards for Cancer Registries*, as adopted by reference in [NAC 457.015](#); and

(b) The ~~[*Facility Oncology Registry Data Standards (FORDS)*]~~ *Standards for Oncology Registry Entry (STORE)*, as adopted by reference in [NAC 457.015](#).

4. Ninety days after a publication specified in subsection 3 is revised, a provider of health care, *health care facility and certain other facilities* described in subsection 1 ~~[and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms]~~ shall ~~[abstract]~~ *report* information in conformance with the revision unless the Chief Medical Officer files an objection to the revision pursuant to [NAC 457.015](#).

5. ~~[A provider of health care described in subsection 1 and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms which does not use the staff of the Division to abstract information from its records shall cause to have abstracted and reported to the Division the neoplasms described in [NAC 457.040](#) in the manner required by this section.]~~

*Any reports as described that require Division staff to add additional coding to conform to the standards in section 3 are subject to a fee as set forth in [NAC 457.150](#).*

6. ~~[If a provider of health care or a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms fails to comply with subsection 5, the Division shall give the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms at least 30 days after the time limit set forth in subsection 2 to comply with subsection 5 before the Division abstracts information from the records of the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms and the Chief Medical Officer charges the fee set forth in [NAC 457.150](#).]~~

*A health care facility as ascribed under [NRS 457.020](#) who fails to report will be notified in writing. If no corrective action is taken within 30 days of the original letter to comply, the health care facility is subject to an administrative penalty as provided in [NAC 457.145](#). If the Division collects the required information from the health care facility an abstract fee for each report will be charged as set forth in [NAC 457.150](#).*

7. ~~[The Chief Medical Officer may waive the requirement of submitting the information by electronic means pursuant to subsection 1 if the Chief Medical Officer determines that such a waiver is in the best interests of the general public.]~~

*Cancer information shall be reported and submitted in an electronic format as approved by the Chief Medical Officer. A waiver can be filed with the Chief Medical Officer who determines that such a waiver is in the best interests of the general public. Any reports received in paper format are subject to a fee as set forth in [NAC 457.150](#).*

8. If a provider of health care described in subsection 1 initially diagnoses a case of cancer or another neoplasm, the provider of health care is required to provide the information ~~[set forth in [NAC 457.052](#)]~~ with regard to the initial diagnosis of cancer or other neoplasm. If the provider of health care does not provide treatment for the cancer or other neoplasm, the provider of health care's responsibility to report information on that case of cancer or other neoplasm pursuant to this section and [NRS 457.230](#) ends.

9. As used in this section, "initial diagnosis" or "initially diagnosed" means that the provider of health care or the health care facility or other facility that provides screening, diagnostic or

therapeutic services to patients with respect to cancer and other neoplasms was the first provider of health care or the health care facility or other facility to designate a cancer code in the medical record of the patient and to inform the patient of his or her diagnosis. The term does not include the preparation of a diagnostic tool, including, without limitation, an image, if that diagnostic tool will be interpreted by another provider of health care or another health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms for the purpose of diagnosing cancer or another neoplasm.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)

### Section 3. Chapter 457 of NAC is hereby repealed to read as follows:

~~[NAC 457.052—Reporting of information by provider of health care, health care facility and certain other facilities: Required contents; request for variance from requirement. (NRS 457.065, 457.240)~~

~~—1.—A provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to NRS 457.230 and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms must include, without limitation, the following information on the form provided to the Chief Medical Officer pursuant to NAC 457.050:~~

~~—(a) The name, address, date of birth, gender and race or ethnicity of the patient, and, if available, the social security number of the patient and the name of the primary payer from which the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and neoplasms may receive payment for the services to the patient;~~

~~—(b) Except as otherwise provided in subsection 2, the name, address and National Provider Identifier (NPI) number of the provider of health care or health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and neoplasms that is making the report;~~

~~—(c) The date and final diagnosis of the patient;~~

~~—(d) The anatomical site of the lesion; and~~

~~—(e) The date of the last contact with the patient and the vital status of the patient at the time of the last contact.~~

~~—2.—If a company provides information for multiple health care facilities owned or operated by the company pursuant to subsection 4 of NAC 457.145, the only address that is required to be included is the address of the company providing the information.~~

~~—3.—A provider of health care and a health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms that is required pursuant to NAC 457.050 to provide the information set forth in subsection 1 and is unable to do so may request a variance from that requirement pursuant to NAC 439.200 to 439.280, inclusive, except that a variance is not necessary if the information required to be abstracted:~~

~~—(a) Is not made available by the patient; or~~

~~—(b) Is not readily obtainable, as determined by the Division, by the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms.~~

~~—4.—To the extent that information concerning which a variance could be requested is the subject of a notice of violation pursuant to NAC 457.145, a health care facility, or as applicable, a company~~

~~that owns or operates multiple health care facilities, may defer making a request for a variance until the time allowed for correcting the violation expires, including any extension of time to correct the violation issued by the Division.~~

~~—(Added to NAC by Bd. of Health by R057-16, eff. 5-16-2018)}~~

**Section 4. Chapter 457 of NAC is hereby amended to read as follows:**

**NAC 457.057 Reporting of information by provider of health care[.] *who directly refers a patient for diagnosis or treatment.* (NRS 457.065, 457.240)**

1. A provider of health care who has a case of cancer or another neoplasm in which the provider of health care has directly referred or previously admitted a patient to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms is not required to provide information concerning the case to the Chief Medical Officer pursuant to NAC 457.050, but may, within 30 working days after the date of the referral or admission, provide information to the Chief Medical Officer concerning the case on a form prescribed by the Chief Medical Officer or a designee thereof, or by an electronic means approved by the Chief Medical Officer or the designee.

2. Information provided by a provider of health care pursuant to subsection 1 may include, without limitation:

(a) The name, address, date of birth and gender of the patient;

(b) The name and the address or telephone number of the provider of health care making the report;

(c) The date and final diagnosis of the patient; and

(d) The name and the address or telephone number of the hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms to which the patient was referred or admitted.

3. The Chief Medical Officer or a designee thereof may contact a provider of health care regarding a patient of the provider of health care who was directly referred or previously admitted to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms if the Chief Medical Officer determines it is necessary for the abstraction of the required data relating to the incidence of cancer and other neoplasms.

(Added to NAC by Bd. of Health by R075-98, eff. 11-18-98; A by R057-16, 5-16-2018)

**Section 5. Chapter 457 of NAC is hereby amended to read as follows:**

**NAC 457.110 Disclosure of information: Authorized recipients; verification of identity. (NRS 457.065, 457.240)**

1. The Chief Medical Officer or person employed in the registry shall not disclose the existence or nonexistence in the registry of a record concerning any patient or disclose other information about the patient except to:

***(a) The patient or a legal representative;***

(a) The provider of health care who treated the patient;

(b) The health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms where the patient was treated;

(c) A health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms or a registry connected with one of those entities which has participated or is participating in treating the patient;

(d) Other states' cancer registries or federal cancer control organizations with which the Department of Health and Human Services has entered into data sharing agreements which ensure confidentiality; or

(e) A qualified researcher in cancer.

2. If a request for information about a patient is made over the telephone by the provider of health care who treated the patient or by a representative of the health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms in which the patient was treated, and the caller is not known to the employee who receives the call at the registry, the employee must verify the identity of the caller in the manner described in [NAC 457.130](#).

(Added to NAC by Bd. of Health, eff. 12-3-84; A 10-22-93; R057-16, 5-16-2018)

#### **Section 6. Chapter 457 of NAC is hereby amended to read as follows:**

**NAC 457.120 Disclosure of information: Requirements of person seeking information.** ([NRS 457.065](#), [457.240](#)) The Chief Medical Officer or person employed in the registry may provide confidential medical information in the registry concerning a patient's medical treatment for cancer with *the patient or a legal representative*, any health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms or registry connected with one of those entities which has participated or is participating in treating that patient's illness if the person seeking the information:

1. Has been identified in the manner described in [NAC 457.130](#);
2. Furnishes the employee of the registry with specific information, other than the patient's name, which is sufficient to identify the patient without using his or her name; and
3. Gives assurances to the employee of the registry that the confidentiality of the information will be maintained to the same extent as is required in [NAC 457.010](#) to [457.150](#), inclusive.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92; 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)

#### **Section 7. Chapter 457 of NAC is hereby amended to read as follows:**

**NAC 457.150 Fees.** ([NRS 439.150](#), [457.065](#), [457.250](#), [457.260](#)) The Chief Medical Officer shall charge and collect from:

1. A provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to [NRS 457.230](#) or a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms, a fee ~~[of \$250 for each abstract prepared by the Division from the records of the provider of health care or the health care facility or other facility.]~~

*for:*

- a) Each abstract prepared by the Division from the records of the provider or facility. This fee is based on the actual cost incurred if Division staff enters the provider office or facility to collect the required information and may include salary and travel expenses.*



*b) Each report that does not conform to the standards as outlined in NAC 457.015 and requires additional coding and editing .....\$15*

*c) Each paper report that requires data entry in the registry system .....\$35*

*d) Each report not submitted in the required time frame or was missed by the provider or facility .....\$50*

2. A medical researcher who obtains data from the registry, a fee of \$200 or the actual cost of providing the data, whichever is more.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 8-31-89; 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)