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**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



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DIVISION OF PUBLIC & BEHAVIORAL HEALTH

Office of Public Health Informatics and Epidemiology

Nevada Central Cancer Registry

LCB File No. R010-22

Informational Statement per NRS 233B.066

1. A clear and concise explanation of the need for the adopted regulation;

Until recently, complete, and high-quality cancer cases were reported through hospital cancer registries because cancer cases were primarily diagnosed and treated in hospitals. With advances in medicine, patients are often diagnosed and treated outside the hospital setting. Existing state law NRS 457.230(4) exempts a provider of health care who diagnoses or provides treatment from reporting if the patient is directly referred or previously admitted to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services. The proposed regulation changes are needed to increase and improve current cancer reporting in Nevada. The regulation changes would expand the authority of Nevada Central Cancer Registry to enforce cancer reporting requirements for providers who not only diagnose, but also provide treatment and refer out a case of cancer or other neoplasms.

Cancer information should come from multiple sources to ensure all cancer cases within the State are captured in a complete and timely manner to meet standards for U.S. Statistics inclusion. This data is a vital tool for monitoring the incidence of cancer within the state and sharing the information with health care professionals, researchers, and the general public.

These regulation changes would also create a sustainable, yet fiscally responsible method for the registry to generate revenue to support hiring two new Health Program Specialist 1 (HPS1) positions to support the registry. The expected target number of incidence cases in Nevada is set to increase based on certain national data quality indicators and with the lack of staff capacity within the Cancer Registry to support these efforts, Nevada runs the risk of losing support and funding for cancer prevention efforts. Currently Nevada is under-reported for their cancer incidence data due to the lack of provider reporting and staff capacity to perform proper outreach, training, and data reporting.

2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary;

The Division of Public and Behavioral Health, Nevada Central Cancer Registry held a virtual Public Workshop on May 26, 2022, to consider proposed regulations (LCB File No. R010-22). One verbal comment was made in support of the regulation amendment and one question was made requesting information of a facility's reporting status to the Cancer Registry.

Any persons interested may obtain a copy of the meeting summary from the Public Workshop by visiting the Nevada Central Cancer Registry website, Nevada Central Cancer Registry Regulation Public Workshops and Public Hearings (nv.gov) or by emailing dpbhNCCR@health.nv.gov or calling the main office at (775)-684-5968 to request a copy of meeting summary.

3. A statement indicating the number of persons who attended each hearing, testified at each hearing, and submitted written statements regarding the proposed regulation. This statement should include for each person identified pursuant to this section that testified and/or provided written statements at each hearing regarding the proposed regulation, the following information, if provided to the agency conducting the hearing:

A public workshop was held on May 26, 2022, and out of fifteen callers, one verbal comment was made in support of the regulation amendment and one question was made requesting information of a facility's reporting status to the Cancer Registry. No written statements were submitted for the public workshop held on May 26, 2022. For a summary of the May 26, 2022, public workshop you may visit, https://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_Regulation_Public_Workshops_and_Public_Hearings/ or by emailing dpbhNCCR@health.nv.gov.

A public hearing was held on September 2, 2022. No public comment was made during this public hearing meeting and no written testimonies were received prior to the public hearing. For a summary of the September 2, public hearing you may visit <https://dpbh.nv.gov/Boards/BOH/Meetings/2022/NVBOH2022/> or by emailing StateBOH@health.nv.gov.

4. A description of how comment was solicited (i.e., notices) from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

The Division of Public and Behavioral Health prepared and distributed electronically a Small Business Impact Questionnaire to all the Nevada licensed health care facilities, also sharing the link to the questionnaire with the Nevada Hospital Association and Rural Health Partners, as well as posting on the Nevada Central Cancer Registry website. The Division distributed the survey electronically on January 24, 2022, and it was available through February 18, 2022.

Any persons interested in obtaining a copy of the questionnaire summary may visit the Nevada Central Cancer Registry website, Nevada Central Cancer Registry Regulation Public Workshops and Public Hearings (nv.gov) or email dpbhNCCR@health.nv.gov or call the program's main office at (775)-684-5968 to request a copy of questionnaire summary.

Summary of Response

Summary of Comments Received			
There were 10 responses received out of 2,600 small business impact questionnaires distributed			
(Q#1) Will a specific regulation have an adverse economic effect upon your business?	(Q#2) Will the regulation(s) have any beneficial effect upon your business?	(Q#3) Do you anticipate any indirect adverse effects upon your business?	(Q#4) Do you anticipate any indirect beneficial effects upon your business?
4 – Yes 3- No 3- No Response	0-Yes 7-No 3- No Response	4- Yes 3-No 3- No Response	1-Yes 6-No 3- No Response
<p>Direct comments from small business impact survey issued January 18, 2022</p> <p><u>Comments (Q#1):</u></p> <ul style="list-style-type: none"> • Increase amount paid. • My facility is not among those listed. • Covid and its effect has caused not only a decline in referrals, but also staffing challenges. Raises in minimum wage, and inflation are causes for a financial strain that is bordering crisis. Any new regulation or expense will further that struggle. While large corporate diagnostic/lab providers are fluid enough to adapt, small businesses like MMI should be excluded from such expectations. • The new addition fee on the Cancer regulation. • It is just more money to pay out than we small businesses can afford. <p><u>Comments (Q#2):</u></p> <ul style="list-style-type: none"> • My facility is not among those listed. • I don't see how this regulation benefits anyone. • It will burden us with additional cost when we are just a HIRC with only two residents. <p><u>Comments (Q#3):</u></p> <ul style="list-style-type: none"> • Have to increase rent fee and some may move out lowering revenue. • Not at the moment and hopefully, not in the future either. • All of my company dollars are accounted for in operations. I will need to compensate for revenues going elsewhere, this could affect at least one employee's hours and or position. • Indirect effect could be that the thought of closing our business if there is no profit left would be considered. • More time on paperwork/computer taking away from caring for the Residents. <p><u>Comments (Q#4):</u></p> <ul style="list-style-type: none"> • Other companies' fees will increase to compensate as well. • Not at the moment • I do not anticipate any benefit to my company. 			

5. If, after consideration of public comment, the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change. The statement should also explain the reasons for making any changes to the regulation as proposed.

There were no changes to the regulations following the public workshops or public hearing. No concerns were expressed during the public workshop or public hearing. The only concerns received by the Division were in response to the Small Business Impact Questionnaire, which expressed financial concerns associated with the fee. However, Assembly Bill 471 (2021) authorizes the Division to prescribe a fee, not to exceed 8 percent of the license or renewal fee. The proposed fee is compliant with AB 471 and necessary for implementation.

Further, the Division has worked consistently for many months collaborating with community stakeholders to develop reasonable changes in these regulations.

6. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:

(a) Both adverse and beneficial effects

- a. The Division of Public and Behavioral Health does not anticipate adverse/negative impact on the business which it is to regulate. This conclusion was made by considering both the Small Business Impact Survey results and the workgroup meetings with community stakeholders which resulted in the development of the most reasonable and equitable fee system to sustain the registry's growth and also improve the data reporting for the State of Nevada. Although there were 4 responses in the Small Business Impact Questionnaire which resulted in businesses stating they would suffer an adverse economic impact, the financial impact would be equal to a \$28 increase for 3 of the 4 businesses that responded and \$30 for the 4th business which responded. And although this is a financial impact, it is the position of the Division that this once-a-year annual cost would not be sufficient to be considered a major adverse economic impact.
- b. The Division of Public and Behavioral Health expects the regulations to have a positive impact on the businesses that it is to regulate. With additional new staff hired for the registry, through approval of these regulations, there will be more opportunities for tailored support to train, onboard, and provide technical assistance to new and existing reporting facilities. Additionally, many of the same businesses that are required to report will have more readily available cancer incidence data for research on prevention and treatment care options, to learn how to allocate resources when performing education and outreach to patients.
- c. The Division of Public and Behavioral Health does not anticipate adverse/negative impacts on the general public. There is no request for data or fees being imposed on the general public.
- d. These regulations would allow for more timely and complete cancer data to be available for the general public to view and request research studies, for evaluating the appropriateness of measures for the prevention and control of cancer, and to conduct comprehensive epidemiological surveys of cancer and cancer-related deaths statewide.

(b) Both immediate and long-term effects.

- a. The immediate effect of these regulations would be to allow for the Nevada Central Cancer Registry to begin collecting funding from the fees imposed in the amended regulations, which would in turn allow the registry to expand the staff for much-needed additional support in collecting, processing, and reporting cancer data in a timely and complete manner.
- b. The long-term positive/beneficial effects include the availability of complete and timely cancer data representing the incidence cases in the state of Nevada. Currently, the cancer data is used by more than just the registry, other governmental agencies including local health districts, researchers, and other state registries, local and out-of-state universities, and local hospitals count on the timely and complete cancer data Nevada provides to evaluate the appropriateness of measures for the prevention and control of cancer and conducting comprehensive epidemiological surveys of cancer and cancer-related deaths statewide and nationally.

7. The estimated cost to the agency for enforcement of the proposed regulation.

There is no direct cost to the agency for enforcement of the proposed regulations.

8. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

Cancer reporting is regulated by Public Law 102-515 , the Cancer Registries Amendment Act, was enacted in 1992. Through this Congress established the National Program of Cancer Registries (NPCR) through the Centers for Disease Control and Prevention.

Cancer Registries Amendment Act - Amends the Public Health Service Act to authorize grants or contracts to operate population-based, statewide cancer registries in order to collect certain data for each form of in-situ and invasive cancer except basal cell and squamous cell carcinoma of the skin. Authorizes grants for planning the registries. Authorizes the Secretary of Health and Human Services, directly or through grants and contracts, or both, to provide technical assistance to the States in the establishment and operation of statewide registries.

The Nevada Central Cancer Registry is regulated by both Nevada Revised Statutes (NRS) 457.230-457.280 and those regulations adopted by the State Board of Health. This statute mandates the reporting of cancer in the State of Nevada. The Nevada Administrative Codes (NAC) 457.045-457.150 provides authority requiring hospitals, pathology laboratories, free-standing cancer clinics, long-term care facilities, ambulatory surgery centers and physicians to report cancer cases diagnosed and treated in Nevada to the Statewide Cancer Registry.

LCB File No. R010-22 is not duplicative of existing regulations of other state, federal or other governmental agencies. Currently federal law is very broad as far as requirements go. It requires that a certain level of funding be made available for grants or contracts to operate a population-based, statewide cancer registry in order to collect certain cancer incidence data, as well as provides a minimum list of data variables to be collected and reported on an annual basis. Nevada State law provides more specific requirements as to who is required to report this data, the timeframe for submission after diagnosis, the penalties for non-reporting, how the data can be used, another cost associated with using the data for research and special studies.

9. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions; and

The amended regulations are not more stringent than the current federal regulations, however, the amended regulations do clarify the current state cancer reporting requirements and penalty for non-reporting which are in the Nevada Administrative Code. Although the 6 percent fee is included in the amended regulations, it is not more stringent than what currently in federal law, considering federal cancer reporting law does not outline how states should financially support the state cancer registries outside of the federal funding awarded.

10. If the regulation establishes a new fee or increases an existing fee, a statement indicating the total annual amount the agency expects to collect and the manner in which the money will be used.

All renewal amounts are based on an annual renewal fee except for medical laboratories in which the amounts will be collected every 2 years. Language in LCB File No. R010-22 states a fee equal to 6 percent of the renewal fee for certain health care facilities and radiation machines will be added. Based on the Agency's projected fees for Fiscal Year 23, an annual amount of \$222,998.82 will be collected. This number can vary depending on the number of and type of facilities that renew their licensure. The money will be used to fund two (2) Health Program Specialist 1 full-time employees for the Nevada Central Cancer Registry.

NOTE: The Informational statement is essential. If this statement is not included with the final regulations

or is incomplete or inaccurate, LCB will return the regulation to the agency. Unless a statement is supplied, the LCB will not submit the regulation to the Legislative Commission, and the regulation never becomes effective (NRS 233B.0665).