Technical Bulletin

Division of Public and Behavioral Health

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Topic: New Cancer Reporting Requirements for Nevada Healthcare Facilities and Healthcare Providers
Section/Program: Nevada Division of Public and Behavioral Health/Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry (NCCR)
Contact: Christine Pool, NCCR Program Manager (cpool@health.nv.gov)
To: All Healthcare Facilities and Healthcare Providers

The effective early detection, diagnosis, follow-up, treatment and cure of cancer is significantly affected and enhanced by the implementation of focused public health activities. On May 19, 2015 Governor Brian Sandoval signed Assembly Bill 42 (A.B. 42) which amended Nevada Revised Statute **(NRS) 457.230** to eliminate a fee that was charged to a healthcare facility that abstracted their own cancer information and changed the penalty for non-reporting from a misdemeanor to an administrative penalty. Subsequent changes to the Nevada Administrative Code **(NAC) 457** revised existing regulations to reflect the statutory changes and re-aligned the collection of cancer information to current national reporting standards. These changes were adopted by the State Board of Health on March 9, 2018, and **the new cancer reporting requirement will go into effect January 1, 2019.**

The NCCR is a population-based registry that is required to maintain data on all cancer patients within the state of Nevada, and under NRS 457 and NAC 457, all reportable cancer cases must be submitted to the NCCR in a timely manner.

Cancer data is used to evaluate patient outcomes, quality of life, survival rate, and several other indicators that are used to plan cancer prevention and control activities implemented to reduce the medical, financial, and societal burden of cancer in Nevada.

Until recently, complete and high-quality data on 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 hospital settings. Therefore, it is very important to ensure that cancer data is received from **all** healthcare facilities and healthcare providers to avoid under-reporting and under-estimation of the cancer burden in our state. This includes:

General, Critical Access and Specialty/Surgery Hospitals must electronically report all inpatient and outpatient cancer cases, including analytic and non-analytic cases.

Ambulatory Surgery Centers (independent centers not affiliated with any hospital) which includes plastic reconstructive, oral, and maxillofacial surgery centers must electronically report any patient undergoing a biopsy or other surgical procedure at the facility for a newly diagnosed reportable cancer.

Long-Term Acute Care Hospitals, Hospices and Skilled Nursing Facilities must electronically report the following types of diagnosed reportable cancer cases:

- Cases clinically diagnosed but not confirmed through biopsy, cytology, or other microscopic methods
- Cases for whom the first course of cancer treatment is initiated at the facility. Treatment may include chemotherapy, immunotherapy, or hormone therapy
- Cases admitted with active cancer for the purpose of receiving supportive care, palliative care, pain management and/or hospice services

Other Facilities that provide cancer screening services, diagnostic services, or therapeutic cancer services must electronically report confirmed cancer cases which are subject to reporting. This includes facilities that provide radiology services, palliative, prophylactic, or adjuvant therapy for reportable cases.

Providers of healthcare in private or group practice must electronically report all required cancer cases which are initially diagnosed and or treated. This includes:

- Patient is informed of their cancer diagnosis (initially diagnosed)
- Patient is diagnosed in the physician's own laboratory or by sending a specimen from the office to an outside laboratory, whether hospital or independent
- Patient whose first course of treatment is initiated in the physician's office or clinic. This includes cancer treatment by surgery, radiation, chemotherapy, immunotherapy, or hormones

A provider of healthcare who has a case of cancer which is directly referred or admitted to a facility for diagnosis or treatment may only report limited information concerning that cancer case.

Medical Laboratories must electronically report each specimen which shows evidence of cancer which are subject to reporting. This includes:

- Hospital-based laboratories
- Private laboratories
- Independent laboratories

Your participation will not only help the registry identify missed/underreported cases but will also ensure completeness, timeliness and the ability to compute reliable frequencies and rates needed to implement data-driven interventions to prevent and control cancer.

To ensure healthcare facilities are in reporting compliance and for a healthcare provider to start reporting, please contact Christine Pool at cpool@health.nv.gov for additional information and resources.

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