

Proposed

**State of Kansas
Department of Health and Environment**

Notice of Hearing on Proposed Administrative Regulations

The Kansas Department of Health and Environment (KDHE), Division of Public Health, Bureau of Health Promotion, will conduct a public hearing at 10:00 a.m. Wednesday, September 19, 2018, in the Azure Conference Room, fourth floor, Curtis State Office Building, 1000 SW Jackson, Topeka, Kansas, to consider the adoption of proposed amended cancer registry regulation K.A.R. 28-70-2.

A summary of the proposed amended regulation and estimated economic impact follows:

Summary of Regulation:

K.A.R. 28-70-2. Reporting requirements. This amended regulation specifies the cancer screening data for collection and the requirements for reporting when and by what method cancer screening data is to be reported to the Kansas Cancer Registry. The proposed amendments add two types of cancer screening data to be collected and clarify the method of electronic data transfer to the Kansas Cancer Registry. The proposed amendments comply with the national standards from the Centers for Disease Control and Prevention and the National Cancer Institute in regard to routine cancer screenings that provide the opportunity to identify cancers in early stages or before cancers become malignant. The long-term impact of having cancer screening data is to reduce screenable cancers and prolong survivorship.

Economic Impact:

Cost to the agency: There is no additional cost to the agency associated with the amendments to this regulation regarding data collection and reporting.

Cost to reporting parties: There is no additional cost to reporting parties.



Costs to other governmental agencies or units: The amendments to this regulation will not result in additional costs to other government agencies.

The time period between the publication of this notice and the scheduled hearing constitutes a 60-day public comment period for the purpose of receiving written public comments on the proposed regulation. All interested parties may submit written comments prior to 5:00 p.m. on the day of the hearing to Julie Sergeant, Cancer Prevention and Control Program, Bureau of Health Promotion, Kansas Department of Health and Environment, 1000 SW Jackson, Suite 230, Topeka, KS 66612-1274, by email to julie.sergeant@ks.gov, or by fax to 785-559-4234. During the hearing, all interested parties will be given a reasonable opportunity to present their views orally on the proposed regulation as well as an opportunity to submit their written comments. In order to give each individual an opportunity to present their views, it may be necessary for the hearing officer to request that each presenter limit an oral presentation to an appropriate time frame.

Complete copies of the proposed regulation and the corresponding economic impact statement may be obtained from the KDHE Bureau of Health Promotion website, at <http://www.kdheks.gov/bhp/index.html> or by contacting julie.sergeant@ks.gov, 785-296-5868 or fax 785-559-4234. Questions pertaining to the proposed regulation should be directed to Julie Sergeant at the contact information above.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulation and the economic impact statement in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Julie Sergeant.

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Jeff Andersen
Secretary
Kansas Department of Health and Environment

28-70-2. Reporting requirements. (a)(1) Each administrator of a hospital, an ambulatory surgery center, a radiology oncology center, or a pathology laboratory shall, within six months of the date of diagnosis, report to the registry each case of cancer diagnosed or treated, unless exempted under subsection (d) of this regulation.

(2) Each report shall provide all required information available in the medical or administrative records that are under the direct control of the reporting administrator. No administrator shall be required to contact the patient, the patient's family, or another health care provider to obtain additional information not contained in the medical or administrative records.

(b) Each person who is either licensed to practice medicine and surgery or licensed to practice dentistry and who practices in a clinic or physician's office and each administrator of a hospice or adult care home shall provide the following to the registry:

(1) If used to confirm each cancer diagnosis, a list of in-state and out-of-state pathologists, or pathology laboratories and dermatopathologists; and

(2) for each patient for whom a cancer diagnosis has been confirmed, pathologically or clinically, a list that includes the name, social security number, date of birth, and cancer site. The social security number shall be used only for confirmation of patient identity.

(c) Upon receipt of any written request for information from the registry regarding a patient, each reporting party specified in subsection (a) or (b) shall provide the requested information that is contained in medical or administrative records under the direct control of the reporting party. The requested information may consist of either of the following:

(1) Any information specified in subsection (e), even if the patient's cancer has not been diagnosed or treated by the hospice or adult care home or by the health care provider or licensee



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specified in subsection (a) or (b); or

(2) annual follow-up information, including tumor recurrence and follow-up treatment.

(d) The reports specified in this regulation shall not be required for the following types of cancer:

(1) Squamous cell carcinoma of the skin, unless located on a lip of the face or in the genital area; or unless spread beyond local tissues at the time of diagnosis;

(2) basal cell carcinoma of the skin, unless located on a lip of the face or in the genital areas; or unless spread beyond local tissues at the time of diagnosis; and

(3) carcinoma in situ of the uterine cervix.

(e) Each report from any reporting party specified in subsection (a) or (b) shall include the following information, if available:

(1) Patient identifiers and demographics;

(2) cancer screening history;

(3) cancer diagnosis, including the cancer site and histology;

(3) (4) personal and family history;

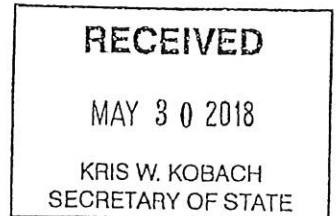
(4) (5) vital status, including the date of death and cause of death, if applicable;

(5) (6) cancer-related treatment information;

(6) (7) follow-up information, including the date of last contact with the patient; and

(7) (8) third-party payer information; and

(9) risk factors for cancer.



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(f) Each report to the registry shall be submitted in one of the following formats:

- (1) American standard code for information interchange (ASCII) file in the North American association of central cancer registries (NAACCR) format;
- (2) electronic or paper forms provided by the registry;
- (3) any other format equivalent to any format specified in ~~paragraph (f)(1) or (2)~~ this subsection that is acceptable to the cancer registry director.

(g) All data transferred to the registry shall be secure and confidential.

(1) All paper data transferred to the registry shall be sealed in an envelope marked "CONFIDENTIAL" and addressed to the cancer registry director.

(2) Electronic data transfer ~~may~~ shall be made by ~~one of the following means:~~

~~(A) Diskette mailed in a sealed envelope marked "CONFIDENTIAL" and addressed to the cancer registry director; or~~

~~(B) a secured electronic transmission, if encrypted, according to prior instructions from the cancer registry director. (Authorized by and implementing K.S.A. 2004 2017 Supp. 65-1,169; implementing K.S.A. 2004 Supp. 65-1,168 and 65-1,169; effective Feb. 27, 1998; amended Aug. 5, 2005; amended P-_____.)~~

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May 29, 2018

Kansas Department of Health and Environment
Economic Impact Statement

Pursuant to the requirements of K.S.A. 2017 Supp. 77-416, the Kansas Department of Health and Environment (KDHE) submits the following economic impact statement concerning regulation amendments for the Kansas Cancer Registry. The proposed regulation amendments are needed to comply with the national standards from the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) with regard to routine cancer screening (e.g., breast and cervical cancer screening) that provide the opportunity to identify such cancers in early stages or before cancers becoming malignant. With early detection of screenable cancers, newly diagnosed cancers will be treated less aggressively. The survivorship of persons who are diagnosed with such cancers may be improved. Additionally, the collected screening data will assist public health agencies to improve screenings for vulnerable Kansans and/or for persons in under-served geographical areas.

1. Regulations to be amended:

K.A.R. 28-70-2. Provides for reporting requirements and collection of cancer screening data.

2. Brief description of each regulation and what is intended to be accomplished by adoption.

K.A.R. 28-70-2. Reporting requirements and collection of cancer-related data. This regulation outlines the reporting requirements including who, what and when cancer-related information is to be reported to the Kansas Cancer Registry. The proposed amendments specify that each report from a reporting party contains the cancer screening history and risk factors for cancer. This proposed regulation eliminates one of the methods for electronic data transfer.

3. Are these regulations mandated by federal law as a requirement for participating in or implementing a federally subsidized or assisted program?

Yes X

No

If yes, please explain.

The proposed amendments are needed to comply with the national standards from the Centers for Disease Control and Prevention and the National Cancer Institute with regard to cancer screening.

4. Do the proposed regulations exceed the requirements of applicable federal law?

Yes

No X

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5. Description of Costs:

(a) Cost to the agency:

There is no added cost to the agency associated with the amendments to this regulation regarding cancer screening data collection and reporting.

(b) Cost to persons who will bear the costs and those who will be affected (i.e., private citizens and consumers of the products or services) and are subject to the proposed rules and regulations or the enforcement:

There is no added cost to the reporting parties. The filing of the report by the reporting party to the Cancer Registry of the cancer screening history and risk factors for cancer will not add any additional cost to the reporting party. The long-term impact of having screening data will extend beyond reduction in screenable cancers and prolong survivorship and will also improve quality of life and significantly reduce personal and societal economic costs.

(c) Costs to other governmental agencies or units:

There is no added cost to any other governmental agency associated with the amendments to this regulation.

6. Description of any less costly or less intrusive methods that were considered by the agency for the purpose of the rules and regulations and why such methods were rejected in favor of the proposed rules and regulations.

No less costly or intrusive methods were identified.

7. Verification of economic impact statement with League of Kansas Municipalities, Kansas Association of Counties and the Kansas Association of School Boards.

The above mentioned regulations were determined as appropriate for consultation as to the economic impact with the League of Kansas Municipalities, Kansas Association of Counties and the Kansas Association of School Boards, pursuant to K.S.A. 2017 Supp. 77-416.

Yes _____

No X

If yes:

Date contacted and by what means (i.e., letter, FAX, etc.):

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