

GENERAL ASSEMBLY OF NORTH CAROLINA
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SENATE BILL DRS35217-MR-85A

Short Title: North Carolina Cancer Registry Improvement.

(Public)

Sponsors: Senator Sawyer (Primary Sponsor).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO IMPROVE THE DATA COLLECTION OF THE NORTH CAROLINA
3 CENTRAL CANCER REGISTRY.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. Part 1 of Article 50 of Chapter 58 of the General Statutes is amended
6 by adding a new section to read:

7 "**§ 58-50-6. Reporting to the central cancer registry.**

8 An insurer that offers a health benefit plan in this State shall report on a quarterly basis, and
9 by electronic transmission, to the central cancer registry established under G.S. 130A-208 each
10 diagnosis of cancer or benign brain or central nervous system tumor in any insured. The report
11 shall contain information as prescribed by the Department of Health and Human Services to assist
12 the Department in identifying the health care facility or health care provider required to report
13 under G.S. 130A-209. Consistent with the reporting requirements under this section, reports shall
14 be made within six months of receipt of the relevant claims information by the insurer."

15 SECTION 2. G.S. 130A-209 reads as rewritten:

16 "**§ 130A-209. Incidence reporting of cancer; charge for collection if failure to report.**

17 (a) ~~By no later than October 1, 2014, all~~ All health care facilities and health care providers
18 that detect, diagnose, or treat cancer or benign brain or central nervous system tumors shall
19 submit by electronic transmission a report to the central cancer registry each diagnosis of cancer
20 or benign brain or central nervous system tumors in any person who is screened, diagnosed, or
21 treated by the facility or provider. The electronic transmission of these reports shall be in a format
22 prescribed by the United States Department of Health and Human Services, Centers for Disease
23 Control and Prevention, National Program of Cancer Registries. The reports shall be made within
24 six months after diagnosis. Diagnostic, demographic and other information as prescribed by the
25 rules of the Commission shall be included in the report.

26 (b) If a health care facility or health care provider fails to report as required under this
27 section, then the central cancer registry may conduct a site visit to the facility or provider or be
28 provided access to the information from the facility or provider and report it in the appropriate
29 format. The Commission may adopt rules requiring that the facility or provider reimburse the
30 registry for its cost to access and report the information in an amount not to exceed one hundred
31 dollars (\$100.00) per case. Thirty days after the expiration of the six-month period for reporting
32 under subsection (a) of this section, the registry shall send notice to each facility and provider
33 that has not submitted a report as of that date that failure to file a report within 30 days shall
34 result in collection of the data by the registry and liability for reimbursement imposed under this
35 section. Failure to receive or send the notice required under this section shall not be construed as



1 a waiver of the reporting requirement. For good cause, the central cancer registry may grant an
2 additional 30 days for reporting.

3 (c) An insurer that offers a health benefit plan in this State shall report on a quarterly
4 basis, and by electronic transmission, to the central cancer registry each diagnosis of cancer or
5 benign brain or central nervous system tumor in any insured. The report shall contain information
6 as prescribed by the Department to assist the Department in identifying the health care facility or
7 health care provider required to submit information required by subsection (a) of this section.
8 Consistent with the reporting requirements under this section, reports shall be made within six
9 months of receipt of the information by the insurer.

10 (e)(d) As used in this section, the term:The following definitions apply in this section:

11 (1) Health benefit plan. – As defined in G.S. 58-3-167.

12 ~~(1)(2) "Health care facility" or "facility" means any~~ Health care facility or facility. –
13 Any hospital, clinic, or other facility that is licensed to administer medical
14 treatment or the primary function of which is to provide medical treatment in
15 this State. The term includes health care facility laboratories and independent
16 pathology laboratories; laboratories.

17 ~~(2)(3) "Health care provider" or "provider" means any~~ Health care provider or
18 provider. – Any person who is licensed or certified to practice a health
19 profession or occupation under Chapter 90 of the General Statutes and who
20 diagnoses or treats cancer or benign brain or central nervous system tumors.

21 (4) Insurer. – As defined in G.S. 58-3-167."

22 **SECTION 3.** In any capitated contracts for coverage of Medicaid or NC Health
23 Choice services, the Department of Health and Human Services shall require the entity under
24 contract to report on a quarterly basis, and by electronic transmission, to the central cancer
25 registry established under G.S. 130A-208 each diagnosis of cancer or benign brain or central
26 nervous system tumor in any Medicaid or NC Health Choice recipient covered by the entity under
27 contract. The report shall contain information to assist the Department in identifying the health
28 care facility or health care provider required to report to the cancer registry under G.S. 130A-209.
29 Consistent with the reporting requirements under this section, reports shall be made within six
30 months of receipt of the relevant claims information by the entity under contract.

31 **SECTION 4.** This act becomes effective October 1, 2019, and applies to contracts
32 entered in, renewed, or amended on or after that date.