Vermont Cancer Registry Law and Rules

The Vermont Cancer Registry Law

18 V.S.A. §§ 151-157

§ 151. Definitions

As used in this chapter:

(1) "Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma, Hodgkins disease, and leukemia, but excluding basal cell and squamous cell carcinoma of the skin.

(2) "Health care facility" shall have the meaning given in section 9432 of this title.

(3) "Health care provider" shall have the meaning given in section 9432 of this title.

§ 152. Establishment of cancer registry

(a) The commissioner shall establish a uniform statewide population-based cancer registry system for the collection of information determining the incidence of cancer and related data. The secretary shall adopt rules necessary to effect the purposes of this chapter, including the data to be reported and the effective date after which reporting by health care facilities and health care providers shall be required.

(b) All cancers diagnosed or treated in the state shall be reported to the representative of the health department authorized by the commissioner to compile the cancer data, or any individual, agency, or organization designated to cooperate with that representative.

(c) The commissioner shall establish a training program for the personnel of participating health care facilities and a quality control program for cancer data. The commissioner shall collaborate in studies with clinicians and epidemiologists and publish reports on the results of such studies. The commissioner shall cooperate with the National Institutes of Health and the Centers for Disease Control and Prevention in providing cancer incidence data.

§ 153. Participation in program

(a) Any health care facility diagnosing or providing treatment to patients with cancer shall report each case of cancer to the Commissioner or his or her authorized representative in a format prescribed by the Commissioner within 180 days of admission or diagnosis. If the facility fails to report in a format prescribed by the Commissioner, the Commissioner's authorized representative may enter the facility, obtain the information, and report it in the appropriate format. In these cases, the facility shall reimburse the Commissioner or the authorized representative for the cost of obtaining and reporting the information.

(b) Any health care provider diagnosing or providing treatment to patients with cancer shall report each cancer case to the Commissioner or his or her authorized representative within 180 days of diagnosis. Those cases diagnosed or treated at a Vermont facility or previously admitted to a Vermont facility for diagnosis or treatment of that instance of cancer are exceptions and do not need to be reported by the health care provider.

(c) All health care facilities and health care providers who provide diagnostic or treatment services to patients with cancer shall report to the Commissioner any further demographic, diagnostic, or treatment information requested by the Commissioner concerning any person now or formerly receiving services, diagnosed as having or having had a malignant tumor. Additionally, the Commissioner or his or her

authorized representative shall have physical access to all records that would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified patient with cancer. Willful failure to grant access to such records shall be punishable by a fine of up to $ 500.00 for each day access is refused. Any fines collected pursuant to this subsection shall be deposited in the General Fund.

§ 154. Confidentiality

(a) All information reported pursuant to this chapter shall be confidential and privileged. The commissioner shall take strict measures to ensure that all identifying information is kept confidential.

(b) All identifying information regarding an individual patient, health care provider, or health care facility contained in records of interviews, written reports, and statements procured by the commissioner or by any other person, agency, or organization acting jointly with the commissioner in connection with cancer morbidity and mortality studies shall be confidential and privileged and shall be used solely for the purposes of the study. Nothing in this section shall prevent the commissioner from publishing statistical compilations relating to morbidity and mortality studies which do not identify individual cases or sources of information.

§ 155. Disclosure

(a) The Commissioner may enter into agreements to exchange confidential information with other cancer registries in order to obtain complete reports of Vermont residents diagnosed or treated in other states and to provide information to other states regarding their residents diagnosed or treated in Vermont.

(b) The Commissioner may furnish confidential information to the National Breast and Cervical Cancer Early Detection Program, other states' cancer registries, federal cancer control agencies, or health researchers in order to collaborate in a national cancer registry or to collaborate in cancer control and prevention research studies. However, before releasing confidential information, the Commissioner shall first obtain from such state registries, agencies, or researchers an agreement in writing to keep the identifying information confidential and privileged. In the case of researchers, the Commissioner shall also first obtain evidence of the approval of their academic committee for the protection of human subjects established in accordance with 45 C.F.R. part 46.

§ 156. Liability

(a) No action for damages arising from the disclosure of confidential or privileged information may be maintained against any person, or the employer or employee of any person, who participates in good faith in the reporting of cancer registry data or data for cancer morbidity or mortality studies in accordance with this chapter.

(b) No license of a health care facility or health care provider may be denied, suspended, or revoked for the good faith disclosure of confidential or privileged information in the reporting of cancer registry data or data for cancer morbidity or mortality studies in accordance with this chapter.

(c) Nothing in this section shall be construed to apply to the unauthorized disclosure of confidential or privileged information when such disclosure is due to gross negligence or willful misconduct.

§ 157. Vermont mammography registry

The confidentiality, disclosure, and liability provisions of sections 154, 155, and 156 of this title shall likewise apply to all mammography and pathology data relating to breast cancer and any associated identifying information acquired by the Vermont mammography registry (VMR). In the case of VMR, the rights and obligations of the health commissioner shall be assumed by the appropriate VMR governing body or official.

HISTORY: Added 1993; amended 2015.

Chapter 4 – Health Surveillance and Infectious Disease
Subchapter 2 –

Cancer Registry Rule

1.0 Authority

1.1 This rule is adopted pursuant to 18 V.S.A. § 152(a).

2.0 Purpose

This rule implements the Vermont Cancer Registry (VCR) created by 18 V.S.A. chapter 4 that requires the Commissioner of Health to establish a uniform statewide population-based cancer registry system for the collection of information determining the incidence of cancer and related data.

3.0 Definitions

3.1 “Cancer” means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma, Hodgkin’s disease, and leukemia, but excluding basal cell and squamous cell carcinoma of the skin.

3.2 "Health care facility" means all persons or institutions, including mobile facilities, whether public or private, proprietary or not for profit, which offer diagnosis, treatment, inpatient, or ambulatory care to two or more unrelated persons, and the buildings in which those services are offered. The term shall not apply to any institution operated by religious groups relying solely on spiritual means through prayer for healing, but shall include but is not limited to:

3.2.1 Hospitals, including general hospitals, mental hospitals, chronic disease facilities, birthing centers, maternity hospitals, and psychiatric facilities including any hospital conducted, maintained, or operated by the state of Vermont, or its subdivisions, or a duly authorized agency thereof; and

3.2.2 Nursing homes, health maintenance organizations, home health agencies, outpatient diagnostic or therapy programs, kidney disease treatment centers, mental health agencies or centers, diagnostic imaging facilities, independent diagnostic laboratories, cardiac catheterization laboratories, radiation therapy facilities, or any inpatient or ambulatory surgical, diagnostic, or treatment center.

3.3 "Health care provider" means a person, partnership, corporation, facility, or institution, licensed or certified or authorized by law to provide professional health care service in this state to an individual during that individual's medical care, treatment, or confinement.

4.0 Data Reporting Requirements

4.1 Reporting Timeliness

4.1.1 A health care facility or health care provider diagnosing or providing treatment to cancer patients must report each case of cancer to the VCR within 180 days of admission or diagnosis as prescribed by these regulations if the cancer is diagnosed on or after November 1, 1993.

4.2 Reportable Neoplasms

4.2.1 The following neoplasms are reportable:

4.2.1.1 All cancers with a behavior code of "2" (in situ) or "3" (malignant) in the latest edition of the International Classification of Diseases for Oncology (ICD-O); and

4.2.1.2 Benign and borderline (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3).

4.2.2 The following are not reportable to the VCR:

4.2.2.1 Skin primary (C440-C449) with any of the following histologies:

- Malignant neoplasm (8000-8005)
- Epithelial carcinoma (8010-8046)
- Papillary and squamous cell carcinoma (8050-8084)
- Basal cell carcinoma (8090-8110).

4.2.2.2 Carcinoma in situ of cervix (/2) or cervical intraepithelial neoplasia (CIN III) of the cervix (C530-C539);

4.2.2.4 Prostatic intraepithelial neoplasia (PIN III) of the prostate (C619).

4.3 Data Elements

Each health care facility or health care provider shall report cases to VCR in the format defined in the VCR Procedure Manual and shall include all of the data elements detailed in the VCR Procedure Manual. The data elements include information related to:

- Patient Identifiers and Demographics
- Provider and Facility Identifiers
- Cancer Identification
- Extent of Disease at Diagnosis
- First Course of Treatment
- Follow-up

5.0 Data Quality

5.1 Reviews

5.1.1 Each health care facility or health care provider shall permit periodic quality control reviews by the VCR, including case finding, abstracting, coding, and data submission processing.

5.1.2 Each new abstractor reporting to VCR must complete the New Registrar Procedure, as defined in the VCR Procedure Manual.

5.1.3 Health care facilities or health care providers reporting cases to the VCR shall adhere to the data quality standards as outlined in the VCR Procedure Manual.

5.2 Timing

Unless other arrangements are made with a facility or provider, no fewer than 10 working days' notice is established as the minimum notice period applicable whenever the VCR wishes to have access to information on site at a facility.

5.2 Training

The VCR will ensure the provision of data reporting and data quality training and consultation.

5.3 Mortality and Incidence Reconciliation

Health care facilities or health care providers shall assist the VCR in annual reconciliation of cancer mortality and incidence data.