

ACT NO. 7939

BILL NO. 31-0385

THIRTY-FIRST LEGISLATURE OF THE VIRGIN ISLANDS

Regular Session

2016

An Act repealing and reenacting title 19 Virgin Islands Code, chapter 47 relating to the Virgin Islands Central Cancer Registry Program

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Be it enacted by the Legislature of the Virgin Islands:

SECTION 1. Title 19 Virgin Islands Code, chapter 47 is repealed and reenacted with amendments to read as follows:

“Chapter 47 Virgin Islands Central Cancer Registry Program

§ 1251. Definitions

In this chapter:

- (1) ‘Cancer’ means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma, Hodgkin’s disease, and leukemia.
- (2) ‘Health care facility’ means hospitals; health care clinics; health centers; skilled nursing facilities; mental health facilities; kidney disease treatment centers, including freestanding hemodialysis units; intermediate care facilities; ambulatory surgical facilities; rehabilitation facilities; health maintenance organizations; and hospice care facilities.
- (3) ‘Health care provider’ means a person, corporation, facility or institution licensed in the Territory to provide health care or professional, medical services including a medical, osteopathic, chiropractic or naturopathic physician; hospital; dentist; registered nurse, including an advanced practice registered nurse; optometrist; podiatrist; physical therapist; psychologist; pharmacist and laboratory technician.
- (4) ‘Identifying Information’ means a coded description of the type of cancer, the stage to which it has advanced, geographic region, age, sex and ethnicity of the diagnosed person.

(5) 'Pathology Laboratory' means any facility that reports the results of examinations of organ tissue, cells, or blood specimens from the human body for cancer to physicians who use the reports for purposes of diagnosis or patient care.

(6) 'Registry' means the Virgin Islands Central Cancer Registry Program.

(7) 'Reportable Neoplasm' means any form of in-situ or invasive malignant neoplasms, carcinomas, basal cell and squamous cell carcinoma of the skin; lymphoma, including Hodgkin's and non-Hodgkin's disease; sarcoma; leukemia; benign and malignant tumor in the central nervous system, or any other malignant growth or neoplastic disease.

(8) 'Central Cancer Registry Standard-Setting Organization' means national and international organizations responsible for developing and implementing standards for cancer reporting for central registries.

(9) 'Territory' means the Virgin Islands of the United States.

§ 1252. Establishment of the Cancer Registry

(a) There is established within the Department of Health under the division of and supervision of the Virgin Islands Chronic Disease Prevention Program, the Virgin Islands Central Cancer Registry. The Registry serves as the territorial surveillance system and repository of cancer data that includes data regarding incidence, mortality, stage of the disease, risk factors and exposures to hazardous substances in the workplace or environment.

(b) To accomplish its mandate, the Registry is responsible for collecting information on all reportable neoplasms for which a diagnosis of, or the first course of treatment of, reportable cancer was performed in the Territory, independent of patient's residence.

(c) The Registry shall establish and regularly convene an advisory committee to assist in building consensus, cooperation, and planning for the Program. Representation on the advisory committee includes, but is not limited to representatives from the cancer prevention and control field; chronic disease programs; hospitals, clinicians, and cancer oriented health educators, epidemiologists and statisticians.

(d) The Registry shall train and certify personnel designated by the reporting entities as persons responsible for reporting information to the Registry.

(e) The Health Commissioner shall promulgate administrative guidelines as may be amended from time to time to ensure that the Registry performs its mandate consistent with federal guidelines of central cancer registries standard-setting organizations.

§ 1253. Participation in program

(a) Each healthcare provider and health care facility shall report in an electronic format or any other format requested by the Registry each new case of a reportable neoplasm to the Registry not later than 180 days after the date of diagnosis or date of first contact with the already diagnosed patient.

(b) Private or public pathology laboratories, clinical laboratories, and dermatopathologists shall report to the Registry every pathology, cytology, bone marrow and autopsy report, pathological reviews, tumor markers, molecular studies, and any other report that is consistent with a clinical or pathological diagnosis or contributes in determining the stage of the disease at the time of diagnosis of the reportable neoplasm in an electronic format or in a format requested by the Registry not later than 30 days after the diagnosis or test.

(c) If an entity fails to provide the required information in the format or within the time specified, or if the data is of unacceptable quality, the Commissioner of Health may enter the facility to obtain the information. When this happens, the entity shall reimburse the Registry for the cost associated with obtaining and reporting the information.

(d) Each report submitted to the Registry must contain:

(1) the patient's date and place of birth; sex; race; ethnicity; marital status; usual occupation and industry;

(2) the date of diagnosis;

(3) topography;

(4) histology; including the type involved in the reportable neoplasm;

(5) characteristic of the reportable neoplasm – the behavior, differentiation grade, size; stage of the reportable neoplasm at the time of diagnosis;

(6) the cancer directed first course of treatment;

(7) the name of the health care facility or health care provider; and

(8) other information required by any of the Central Cancer Registry Standard-Setting Organizations.

§ 1254. Confidentiality

(a) All cancer case data provided to the Registry must be kept confidential. No information reported to the Registry which identifies or could lead to the identification of an individual cancer

patient may be disclosed to any person or entity; except that the identifying information may be disclosed to another state cancer registry and territorial health officers.

(b) State cancer registries, cancer researchers or federal cancer control agencies that receive cancer case data from the Registry shall enter into an agreement with the Registry to keep the information confidential.

(c) All Registry employees and researchers shall sign a confidentiality agreement. These agreements remain effective after the employee or researcher no longer has a relationship with the Registry.

§ 1255. Disclosure

(a) Cancer case data may be shared with cancer researchers or federal cancer control agencies for the purposes of cancer prevention, control, and research upon the submittal of documentation to the Registry providing that research in cancer prevention or control is ongoing or approval for such research has been granted. If applicable, the Registry shall also request evidence of compliance with the requirements of 45 CFR Part 46.

(b) The Registry may share statistical compilations of the cancer case data with state cancer registries and federal cancer control agencies for the following reasons:

- (1) to perform studies on the sources and causes of cancer;
- (2) to provide key clues about the possible cause of cancer;
- (3) to provide insight when a particular environmental carcinogen is suspected;
- (4) to track the changing patterns of cancer incidence; and
- (5) for any other clinical, epidemiological, or other cancer research.

§ 1256. Liability

(a) No person who in good faith discloses privileged or confidential information or provides cancer case reports to the Registry or allows the Registry access to a cancer case report is liable in any civil action.

(b) The protection from liability provided in subsection (a) does not apply to the unauthorized disclosure of confidential or privileged information when the disclosure is due to gross negligence or willful misconduct.

(c) The license of a health care provider or a health care facility may not be suspended or revoked for the disclosure of information provided to the Registry pursuant to this chapter.

§ 1257. Penalties

Any person who violates a reporting provision of this chapter or regulations or orders pertaining to the reporting of information to the Registry is subject to a civil fine of not less than \$1,000 per case but not more than \$5,000 per case. Before assessing the fine, the Commissioner of Health, or the Commissioner’s designee, shall conduct a hearing with the person or entity to ascertain the reason for noncompliance and determine if an adjustment in the fine is warranted. Funds collected pursuant to this subsection must be deposited in an account established by the Department of Health within the Department of Finance. The monies in this account must be used exclusively to assist in the funding of the Cancer Registry Program as prescribed by law.

§ 1258. Program Funding

The Registry must be funded through appropriations from the Legislature, federal agencies and through donations from private entities.

§ 1259. Annual Report

The Registry shall publish an annual statistical compilation that does not include identifying information showing the incidence of cancer in the Territory.”

Thus passed by the Legislature of the Virgin Islands on September 20, 2016.

Witness our Hands and Seal of the Legislature of the Virgin Islands this 30th Day of September, A.D., 2016.



Neville James
Neville James
President

Myron D. Jackson
Myron D. Jackson
Legislative Secretary



Bill No. 31-0385 is hereby approved

**Witness my hand and the Seal of the
Government of the United States
Virgin Islands at Charlotte Amalie,
St. Thomas, this 7th day of October A.D. 2016.**


**Kenneth E. Mapp
Governor**