

## **IDAHO CODE**

### **57-1703. Cancer registry - Definitions.**

(1) "Cancer" means all in-situ or malignant neoplasms diagnosed by histology, radiology, laboratory testing, clinical observation, autopsy or suggestible by cytology, but excluding basal cell and squamous cell carcinoma of the skin unless occurring on a mucous membrane and excluding in-situ neoplasms of the cervix.

(2) "Reportable benign tumors" means noncancerous neoplasms occurring in the brain, meninges, pineal gland or pituitary gland.

(3) "Confidential information" refers to information which may identify a cancer patient, health care facility or health care provider.

(4) "Contractor" means that individual, partnership, corporation or other entity performing cancer registry services under a contractual agreement with the department.

(5) "Department" means the Idaho Department of Health and Welfare.

(6) "Population-based" refers to all cancers and reportable benign tumors diagnosed and/or treated within the state of Idaho by hospitals or other facilities providing screening, diagnostic or therapeutic services to patients with respect to cancer, and from physicians, surgeons, and all other health care providers diagnosing or providing treatment for cancer patients. (1999)

### **57-1704. Establishment of cancer registry.**

(1) The department, or an authorized contractor of the department, shall maintain a uniform statewide population-based cancer registry system for the collection of data pertaining to the incidence, prevalence, management, survival, mortality, geographic distribution and risk factors associated with cancer and reportable benign tumors.

(2) All cancers and reportable benign tumors diagnosed or treated in the state shall be reported to the department or the authorized contractor of the department.

(3) Data reported to the cancer registry shall be available for use in aggregate form for analysis, bench marking, and reports of Idaho's cancer incidence, prevalence, management, survival, mortality, health status, geographic distribution, and risk factors in comparison to the nation. (1995)

### **57-1705. Participation in program.**

(1) Primary reporting:

(a) Any hospital, outpatient surgery center, radiation treatment center, or treatment clinic diagnosing and/or treating a patient with cancer or a reportable benign tumor, on an inpatient or outpatient basis, shall report each case of cancer or a reportable benign tumor to the department or the authorized contractor of the department within one hundred and eighty (180) days of diagnosis.

(b) Independent pathology and cytology laboratories shall report each diagnosis of cancer or a reportable benign tumor to the department or the authorized contractor within one hundred and eighty (180) days of specimen analysis.

(2) Secondary reporting: In the event that a case of cancer or reportable benign tumor was not diagnosed or treated within a hospital, outpatient surgery center, radiation treatment center, or treatment clinic, the department or authorized contractor may request the case to be reported by a physician's office.

(3) Each report of cancer or reportable benign tumor shall include information as defined by the department or the authorized contractor.

(4) The department or authorized contractor of the department shall have physical access to all records which would identify reportable cases and/or establish characteristics, treatment or medical status of reportable cases in the event that there has been a failure to report as delineated in subsections (1), (2), and (3) of this section or for the purposes of subsequent quality control studies and research projects conducted by the department or authorized contractor.

(5) Nothing in this chapter shall prevent the department or authorized contractor from identifying and reporting cases using data linkages with death records, statewide cancer registries, and other potential sources. (1995)

#### **57-1706. Confidentiality.**

(1) The department and authorized contractor will take measures to ensure that all identifying information is kept confidential.

(2) The department and authorized contractor may enter into agreements to exchange confidential information with other states' cancer registries in order to obtain complete reports of Idaho residents diagnosed or treated in other states and to provide information to other states regarding their residents diagnosed or treated in Idaho.

(3) The department and authorized contractor may furnish confidential information to other cancer registries, federal cancer control programs, or health researchers in order to collaborate research studies. Disclosure of confidential information for research purposes must comply with policies and protocols of the department and/or authorized contractor of the department. (1995)

#### **57-1707. Liability.**

(1) No action for damages arising from the disclosure of confidential or privileged information may be maintained against any reporting entities or employees of such entities that participate in good faith in the reporting of cancer registry data in accordance with this chapter.

(2) 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 accordance with this chapter.

(3) The immunity granted in subsections (1) and (2) of this section shall not be construed to apply to the unauthorized disclosure of confidential or privileged information when such disclosure is due to gross negligence or willful misconduct of the reporting entities. (1995)