

AMENDED IN ASSEMBLY APRIL 5, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 2325

Introduced by Assembly Member Bonilla

February 18, 2016

An act to amend Section 103885 of, and to add Section 103887 to, the Health and Safety Code, relating to cancer.

LEGISLATIVE COUNSEL'S DIGEST

AB 2325, as amended, Bonilla. Ken Maddy California Cancer Registry.

Existing law requires the State Department of Public Health to establish a statewide system for the collection of information determining the incidence of cancer, known as the Ken Maddy California Cancer Registry. Existing law authorizes the department to designate any demographic parts of the state as regional cancer incidence reporting areas and establish regional cancer registries to provide cancer incidence data. Existing law requires any hospital or other facility providing therapy to cancer patients within a cancer reporting area to report each case of cancer to the department or the authorized representative of the department in a format prescribed by the department. Existing law provides that if the hospital or other facility fails to report in a format prescribed by the department, the department's authorized representative is authorized to access the information from the hospital or the facility and report it in the appropriate format. In these cases, existing law requires the hospital or other health facility to reimburse the department or the authorized representative for its cost to access and report the information. Existing law also requires any physician, dentist, podiatrist, or other health care practitioner diagnosing

or providing treatment for cancer patients to report each cancer case to the department or the authorized representative of the department, except for those cases directly referred to a treatment facility or those previously admitted to a treatment facility for diagnosis or treatment of that instance of cancer.

~~This bill would delete the reporting exception described above and require any physician, dentist, podiatrist, or other health care practitioner diagnosing and providing treatment for cancer patients to report each cancer case to the department or the authorized representative of the department in a format prescribed by the department. The bill would also require reimbursements if a physician, dentist, podiatrist, or other health care practitioner fails to report in the prescribed format, as specified. The bill would require the department to prescribe the data required to be included in reports submitted by physicians, dentists, podiatrists, or other health care practitioners diagnosing cancer patients and to designate a standardized electronic format for the submission of those reports.~~

This bill, on or after January 1, 2019, would require a pathologist diagnosing cancer to report cancer diagnoses to the department in a format prescribed by the department. If a pathologist fails to report in that format, the bill would authorize the department’s authorized representative to access the information from the pathologist in the appropriate format. In these cases, the bill would require the pathologist to reimburse the department or the authorized representative for its cost to access and report the information. The bill would require the department to prescribe the data required to be included in the reports and to designate a standardized electronic format for submission of the reports.

This bill would also require the department to establish a pilot program to enable the department and other authorized users to conduct electronic specific data element searches for the purpose of identifying individuals who meet cancer clinical trial eligibility requirements.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 103885 of the Health and Safety Code
- 2 is amended to read:

1 103885. (a) The director shall establish a statewide system for
2 the collection of information determining the incidence of cancer,
3 using population-based cancer registries modeled after the Cancer
4 Surveillance Program of Orange County. As of the effective date
5 of this section the director shall begin phasing in the statewide
6 cancer reporting system. By July 1, 1988, all county or regional
7 registries shall be implemented or initiated. By July 1, 1990, the
8 statewide cancer reporting system shall be fully operational. Within
9 60 days of the effective date of this section, the director shall
10 submit an implementation and funding schedule to the Legislature.

11 (b) The department may designate any demographic parts of
12 the state as regional cancer incidence reporting areas and may
13 establish regional cancer registries, with the responsibility and
14 authority to carry out the intent of this section in designated areas.
15 Designated regional registries shall provide, on a timely basis,
16 cancer incidence data as designated by the state department to the
17 department. The department may establish a competitive process
18 to receive applications for, and issue, the award of a contract, grant,
19 or allocation of funds, including, but not limited to, a cooperative
20 agreement, subvention agreement, or any other agreement allowed
21 by law, to an agency, including, but not limited to, a health systems
22 agency, single county health department, multicounty health
23 department grouping, or nonprofit professional association to
24 operate the statewide cancer reporting system and to enter into
25 contracts, or issue grants or funding allocations to other agencies
26 representing a designated cancer reporting region for the purposes
27 of collecting and collating cancer incidence data. The award of
28 these contracts, grants, or funding allocations shall be exempt from
29 Part 2 (commencing with Section 10100) of Division 2 of the
30 Public Contract Code. The department shall include appropriate
31 terms and conditions in a contract, grant, or funding allocation to
32 ensure the proper use of state funds, including provision for
33 reimbursement of allowable costs, financial reporting, program
34 performance reporting, monitoring of subgrants, subcontracts, or
35 suballocations to an agency representing a designated cancer
36 reporting region, retention and access requirements for records,
37 data use and management, independent auditing, termination, and
38 disposition of assets acquired under the contract, grant, or funding
39 allocation.

1 (c) The director shall designate cancer as a disease required to
2 be reported in the state or any demographic parts of the state in
3 which cancer information is collected under this section. All
4 cancers diagnosed or treated in the reporting area shall thereafter
5 be reported to the representative of the department authorized to
6 compile the cancer data, or any individual, agency, or organization
7 designated to cooperate with that representative.

8 (d) (1) Any hospital or other facility providing therapy to cancer
9 patients within an area designated as a cancer reporting area shall
10 report each case of cancer to the department or the authorized
11 representative of the department in a format prescribed by the
12 department. If the hospital or other facility fails to report in a
13 format prescribed by the department, the department's authorized
14 representative may access the information from the hospital or the
15 facility and report it in the appropriate format. In these cases, the
16 hospital or other health facility shall reimburse the state department
17 or the authorized representative for its cost to access and report
18 the information.

19 (2) Any physician and surgeon, dentist, podiatrist, or other health
20 care practitioner diagnosing or providing treatment for cancer
21 patients shall report each cancer case to the department or the
22 authorized representative of the department in a format prescribed
23 by the department. If the physician and surgeon, dentist, podiatrist,
24 or other healthcare practitioner fails to report in a format prescribed
25 by the department, the department's authorized representative may
26 access the information from that person and report it in the
27 appropriate format. In these cases, the physician and surgeon,
28 dentist, podiatrist, or other healthcare practitioner shall reimburse
29 the state department or the authorized representative for its cost
30 to access and report the information. For purposes of reports
31 submitted pursuant to this paragraph by a physician and surgeon,
32 dentist, podiatrist, or other healthcare practitioner diagnosing
33 cancer patients, the department shall prescribe the data required
34 to be included in the report and designate a standardized electronic
35 format for submission. *department, except for those cases directly*
36 *referred to a treatment facility or those previously admitted to a*
37 *treatment facility for diagnoses or treatment of that instance of*
38 *cancer.*

39 (3) *On or after January 1, 2019, a pathologist diagnosing cancer*
40 *shall report cancer diagnoses to the department in a format*

1 *prescribed by the department. If a pathologist fails to report in*
2 *that format, the department's authorized representative may access*
3 *the information from the pathologist in the appropriate format. In*
4 *these cases, the pathologist shall reimburse the department or the*
5 *authorized representative for its cost to access and report the*
6 *information. For purposes of reports submitted pursuant to this*
7 *paragraph, the department shall prescribe the data required to be*
8 *included in the report and designate a standardized electronic*
9 *format for submission.*

10 (e) Any hospital or other facility, ~~or any physician and surgeon,~~
11 ~~dentist, podiatrist, or other health care practitioner,~~ *facility* that is
12 required to reimburse the department or its authorized
13 representative for the cost to access and report the information
14 pursuant to subdivision (d) shall provide payment to the department
15 or its authorized representative within 60 days of the date this
16 payment is demanded. In the event any hospital or other ~~facility,~~
17 ~~or any physician and surgeon, dentist, podiatrist, or other health~~
18 ~~care practitioner,~~ *facility* fails to make the payment to the
19 department or its authorized representative within 60 days of the
20 date the payment is demanded, the department or its authorized
21 representative may, at its discretion, assess a late fee not to exceed
22 1 ½ percent per month of the outstanding balance. Further, in the
23 event that the department or its authorized representative takes a
24 legal action to recover its costs and any associated fees, and the
25 department or its authorized representative receives a judgment in
26 its favor, the hospital or other ~~facility, or the physician and surgeon,~~
27 ~~dentist, podiatrist, or other health care practitioner,~~ *facility* shall
28 also reimburse the department or its authorized representative for
29 any additional costs it incurred to pursue the legal action. Late fees
30 and payments made to the department *by hospitals or other*
31 *facilities* pursuant to this subdivision shall be considered as
32 reimbursements of the additional costs incurred by the department.

33 (f) All physicians and surgeons, hospitals, outpatient clinics,
34 nursing homes and all other facilities, individuals, or agencies
35 providing diagnostic or treatment services to patients with cancer
36 shall grant to the department or the authorized representative access
37 to all records that would identify cases of cancer or would establish
38 characteristics of the cancer, treatment of the cancer, or medical
39 status of any identified cancer patient. Willful failure to grant
40 access to those records shall be punishable by a fine of up to five

1 hundred dollars (\$500) each day access is refused. Any fines
2 collected pursuant to this subdivision shall be deposited in the
3 General Fund.

4 (g) (1) Except as otherwise provided in this section, all
5 information collected pursuant to this section shall be confidential.
6 For purposes of this section, this information shall be referred to
7 as “confidential information.”

8 (2) The department and any regional cancer registry designated
9 by the department shall use the information to determine the
10 sources of malignant neoplasms and evaluate measures designed
11 to eliminate, alleviate, or ameliorate their effect.

12 (3) Persons with a valid scientific interest who are engaged in
13 demographic, epidemiological, or other similar studies related to
14 health who meet qualifications as determined by the department,
15 and who agree, in writing, to maintain confidentiality, may be
16 authorized access to confidential information.

17 (4) The department and any regional cancer registry designated
18 by the department may enter into agreements to furnish confidential
19 information to other states’ cancer registries, federal cancer control
20 agencies, local health officers, or health researchers for the
21 purposes of determining the sources of cancer and evaluating
22 measures designed to eliminate, alleviate, or ameliorate their effect.
23 Before confidential information is disclosed to those agencies,
24 officers, researchers, or out-of-state registries, the requesting entity
25 shall agree in writing to maintain the confidentiality of the
26 information, and in the case of researchers, shall also do both of
27 the following:

28 (A) Obtain approval of their committee for the protection of
29 human subjects established in accordance with Part 46
30 (commencing with Section 46.101) of Title 45 of the Code of
31 Federal Regulations.

32 (B) Provide documentation to the department that demonstrates
33 to the department’s satisfaction that the entity has established the
34 procedures and ability to maintain the confidentiality of the
35 information.

36 (5) Notwithstanding any other provision of law, any disclosure
37 authorized by this section shall include only the information
38 necessary for the stated purpose of the requested disclosure, used
39 for the approved purpose, and not be further disclosed.

1 (6) The furnishing of confidential information to the department
2 or its authorized representative in accordance with this section
3 shall not expose any person, agency, or entity furnishing
4 information to liability, and shall not be considered a waiver of
5 any privilege or a violation of a confidential relationship.

6 (7) The department shall maintain an accurate record of all
7 persons who are given access to confidential information. The
8 record shall include: the name of the person authorizing access;
9 name, title, address, and organizational affiliation of persons given
10 access; dates of access; and the specific purpose for which
11 information is to be used. The record of access shall be open to
12 public inspection during normal operating hours of the department.

13 (8) Notwithstanding any other provision of law, no part of the
14 confidential information shall be available for subpoena, nor shall
15 it be disclosed, discoverable, or compelled to be produced in any
16 civil, criminal, administrative, or other proceeding, nor shall this
17 information be deemed admissible as evidence in any civil,
18 criminal, administrative, or other tribunal or court for any reason.

19 (9) Nothing in this subdivision shall prohibit the publication by
20 the department of reports and statistical compilations that do not
21 in any way identify individual cases or individual sources of
22 information.

23 (10) Notwithstanding the restrictions in this subdivision, the
24 individual to whom the information pertains shall have access to
25 his or her own information in accordance with Chapter 1
26 (commencing with Section 1798) of Title 1.8 of the Civil Code.

27 (h) For the purpose of this section, “cancer” means either of the
28 following:

29 (1) All malignant neoplasms, regardless of the tissue of origin,
30 including malignant lymphoma, Hodgkins disease, and leukemia,
31 but excluding basal cell and squamous cell carcinoma of the skin.

32 (2) All primary intracranial and central nervous system (CNS)
33 tumors occurring in the following sites, irrespective of histologic
34 type: brain, meninges, spinal cord, caudae equina, cranial nerves
35 and other parts of the CNS, pituitary gland, pineal gland, and
36 craniopharyngeal duct.

37 (i) Nothing in this section shall preempt the authority of facilities
38 or individuals providing diagnostic or treatment services to patients
39 with cancer to maintain their own facility-based cancer registries.

1 (j) It is the intent of the Legislature that the department, in
2 establishing a system pursuant to this section, maximize the use
3 of available federal funds.

4 SEC. 2. Section 103887 is added to the Health and Safety Code,
5 to read:

6 103887. The department shall establish a pilot project to enable
7 the department and users authorized pursuant to this chapter to
8 conduct electronic specific data element searches of the information
9 collected by the statewide cancer registry for the purpose of
10 identifying individuals who meet cancer clinical trial eligibility
11 requirements.

O