

Tennessee Code
Title 68, Chapter 1, Part 10
Cancer Reporting System

68-1-1001. Short title.

This part shall be known and may be cited as the "Tennessee Cancer Reporting System Act of 1983."

[Acts 1983, ch. 124, § 1.]

68-1-1002. Definitions.

As used in this part, unless the context otherwise requires:

- (1) "Cancer" means and includes, but is not limited to:
 - (A) A large group of diseases characterized by uncontrolled growth and spread of abnormal cells;
 - (B) Any condition of tumors having the properties of anaplasia, invasion, and metastasis;
 - (C) A cellular tumor, the natural course of which is fatal;
 - (D) Malignant neoplasm; and
 - (E) In-situ cancer.
- (2) "Commissioner" means the commissioner of health;
- (3) "Committee" means the cancer reporting advisory committee;
- (4) "Department" means the department of health;
- (5) "Facility" means a health care facility in which diagnosis or treatment services are provided to patients with cancer, including, but not limited to, an ambulatory surgical treatment center, a freestanding cancer treatment center, a radiation therapy center, a chemotherapy treatment center, a nursing home, an oncology or dermatology clinic, a laboratory, or any other facility which provides screening, detection, diagnostic or therapeutic services to patients with cancer.
- (6) "Health care practitioner" means a physician, surgeon, or other health care professional licensed under title 63 who is engaged in diagnosing and treating patients who have cancer;
- (7) "Hospital" means an institution as defined by § 68-11-201;
- (8) "In-situ cancer" means an abnormality of development and organization of cells. It is a condition of early cancer, without the invasion of neighboring tissue;
- (9) "Laboratory" means a facility where tests are performed identifying anatomical and cytological changes, and where specimens are interpreted and pathological diagnoses are made; and
- (10) "Medical, scientific and academic research communities" means those institutions which devote a substantial part of their activity to research and which have internal procedures providing for the collection, study and protection of data.

[Acts 1983, ch. 124, § 3; 1985, ch. 85 § 1; 2000, ch. 775, §§ 2-6.]

68-1-1003. Purpose of chapter - Reports to department – Format and contents of reports – Persons authorized to have access to patients medical records – Reimbursement – Failure to report or give access to records.

(a) The purpose of this act is to ensure an accurate and continuing source of data concerning cancer and to provide appropriate data to members of the medical, scientific, and academic research communities for purposes of authorized institutional research, approved by the appropriate research committee of the applying institution, into the causes, types and demography of such diseases, including, but not limited to, the occupation, family history, and personal habits of persons diagnosed with cancer.

(b) In order to accomplish the purpose described in (a), all hospitals, laboratories, facilities, and health care practitioners shall report to the department, within six (6) months after the date of diagnosis of cancer in a patient, information contained in the medical records of patients who have cancer; provided, however, health care practitioners are not required to report information on patients with cancer who are directly referred to or have been previously admitted to a hospital or a facility for cancer diagnosis or treatment.

(c) The reports required by this section shall be made in such format and shall contain such information as is required by the department. The department shall make available the necessary information regarding format and data to enable hospitals, laboratories, facilities, and health care practitioners to make accurate reports to the department.

(d) The commissioner or the commissioner's authorized representative may take such steps as are necessary to avoid duplicate reporting of information on the same patients, including, but not limited to, waiving the requirement for a health care practitioner to report information on cancer patients who are hospitalized or confined to a nursing home, where information on those patients has been reported by the hospital, nursing home, or other reporting source.

(e) The commissioner or the commissioner's authorized representative shall be permitted to have access to the medical records of cancer patients which are maintained by hospitals, laboratories, facilities, and health care practitioners where necessary to identify cases of cancer and to establish the characteristics of the cancer, the treatment of the cancer, or the medical status of an identified cancer patient.

(f) If a hospital, laboratory, facility, or health care practitioner fails to report the required information to the department in an acceptable format by the required deadline, the commissioner or the commissioner's authorized representative may obtain the information by a direct examination of those patients' medical records. In such cases, the hospital, laboratory, facility, or health care practitioner shall reimburse the department for the department's reasonable expenses incurred in obtaining the information in this manner. The commissioner shall establish in rules the maximum amount of reimbursement which may be sought, and a hospital, laboratory, facility, or health care practitioner from whom reimbursement is sought may appeal the assessment of expenses under the Tennessee Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(g) A hospital, laboratory, facility, or health care practitioner that fails to report information or allow access to records, as required by this section, shall be informed by the department that compliance with the requirements of this act is mandatory.

[Acts 1983, ch. 124, § 4; 1985, ch. 85 § 2; 2000, ch. 775, § 7.]

68-1-1004. Reports to department - Rules and regulations.

(a) The department shall require the reporting of cancer and the submission of such specified additional information on reported cases as the commissioner deems necessary and appropriate.

(b) The commissioner shall promulgate such rules and regulations, including public necessity rules, as are necessary for carrying out the duties and responsibilities of the department under this part. Such promulgation shall be in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

[Acts 1983, ch. 124, § 5; 2000, ch. 775, § 8.]

68-1-1005. [Repealed.]

68-1-1006. Confidentiality of data.

- (a) (1) All data obtained from the reports required by this part are for the confidential use of the department and persons that the commissioner determines are necessary to carry out the intent of this part.
- (2) Information that could possibly identify individuals whose medical records have been used for collecting data may not be included in materials available to the public.

(b) In order to carry out the legislative intent set out elsewhere in this chapter that the data obtained from the reports required by this part are also to be made available for valid research projects, the commissioner, with the advice of the advisory committee established by this chapter, is authorized to make available to members of the research community set out elsewhere in this chapter specific and personally identifiable portions of the data collected; provided, that the following guidelines are observed:

- (1) The researcher sets out clearly the uses for which the data are desired;
- (2) The researcher clearly states the reasons for which confidential and personally identifiable portions of the data are necessary;
- (3) The researcher assures that the data received from the department will be maintained by the researcher with the same level of confidentiality as that maintained by the department; and
- (4) Upon completion of the research project, all data provided by the department and all copies of the data shall be destroyed.

(c) Guidelines for such research applications shall be set out by departmental regulations. For the purposes of this part, those approved to obtain data for research shall not be considered agents of the commissioner.

[Acts 1983, ch. 124, § 7; 1985, ch. 85, § 4.]

68-1-1007. Liability for release of information – Compliance not violative of confidentiality.

A hospital, laboratory, facility, or health care practitioner that reports information to the department or allows the commissioner or the commissioner's authorized representative access to the medical records of cancer patients, as required by this part, shall not be held liable to any person for the release of such information to the department, nor shall the release of such information to the department be construed as a violation of any requirement of law or professional obligation to maintain the confidentiality of patient information.

[Acts 1983, ch. 124, § 8; 2000, ch. 775, § 10.]

68-1-1008. Tests and supervision of patients prohibited.

No patient whose medical records are the subject of data collected in the reports required by this part shall be subjected to any medical examination or case supervision by the commissioner or the commissioner's agents for the purposes of this part.

[Acts 1983, ch. 124, § 9.]

68-1-1009. Violations - Penalties - Enforcement.

(a) Any person receiving information containing the personal identity of any patient, who willfully divulges that identity, except as lawfully provided for in this chapter, commits a Class C misdemeanor.

(b) It is the duty of the district attorney general to prosecute such suit when requested by the commissioner, the county health officer or local board of health.

[Acts 1985, ch. 85, § 5; 1989, ch. 591, § 113.]

68-1-1010. Interstate sharing of information – Confidentiality.

(a) In order to obtain complete information on Tennessee cancer patients who have been diagnosed or treated in other states and in order to provide information to other states regarding their residents who have been diagnosed or treated for cancer in Tennessee, the commissioner or the commissioner's authorized representative is hereby authorized to enter into appropriate written agreements with other states that maintain statewide cancer registries, allowing the exchange of information on cancer patients.

(b) Each state with which the commissioner agrees to exchange such information must agree in writing to keep all patient-specific information confidential and to require any research personnel to whom the information is made available to keep it confidential.

[Acts 2000, ch. 775, § 11.]

68-1011. Annual publishing of reports.

The Department shall annually compile and publish reports utilizing the data collected pursuant to this part and shall make these reports available to the governor, the general assembly, and the public.

[Acts 2000, ch. 775, § 12.]