

## CHAPTER 457 - CANCER

### GENERAL PROVISIONS

<a href="#">NRS 457.010</a>	Legislative declaration.
<a href="#">NRS 457.020</a>	Definitions.
<a href="#">NRS 457.065</a>	Adoption of regulations for administration of chapter.
<a href="#">NRS 457.070</a>	Duties of Division.

**NRS 457.010 Legislative declaration.** The effective diagnosis, care, treatment and cure of persons suffering from cancer is affected with the public interest. Vital statistics indicate that approximately 16 percent of the annual total deaths in the United States result from one or another of the forms of cancer. It is established that accurate and early diagnosis of many forms of cancer, followed by prompt application of methods of treatment which are scientifically proven, either materially reduces the likelihood of death from cancer or may materially prolong the useful life of individuals suffering therefrom. It is, therefore, in the interest of members of the public that they be afforded full and accurate knowledge of the facilities and methods used for the diagnosis, treatment and cure of cancer which are available in this state and, to that end, that there be provided means for testing and investigating cancer devices, drugs, compounds and other agents, and that the members of the public be informed of facts for their protection from misrepresentation in such matters.

(Added to NRS by [1960, 62](#))

**NRS 457.020 Definitions.** As used in this chapter, unless the context requires otherwise:

1. "Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma and leukemia.
2. "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.
3. "Health care facility" has the meaning ascribed to it in [NRS 162A.740](#) and also includes freestanding facilities for plastic reconstructive, oral and maxillofacial surgery.
4. "Other treatment facility" means a facility, other than a health care facility, that provides services to patients with cancer and other neoplasms, including, without limitation, screening, diagnosis and treatment.
5. "Provider of health care" has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [1960, 62](#); A [1963, 965](#); [1967, 1174](#); [1973, 1406](#); [1977, 1221](#); [1993, 174](#); [2009, 212](#); [2013, 3063](#); [2021, 2255](#))

**NRS 457.065 Adoption of regulations for administration of chapter.** The State Board of Health shall adopt regulations for the administration of this chapter which include, without limitation, standards for the:

1. Training and performance of a person who operates a radiation machine for mammography which are at least as stringent as the requirements for accreditation established by the American College of Radiology.

2. Inspection and authorization of a radiation machine for mammography which are at least as stringent as the requirements for accreditation established by the American College of Radiology.

(Added to NRS by [1985, 114](#); A [1991, 904](#))

**NRS 457.070 Duties of Division.** The Division shall:

1. Investigate violations of this chapter.
2. Investigate and test the content, method of preparation and use of any drug, medicine, compound or device proposed to be used or used by any person or association in the State for the diagnosis, treatment or cure of cancer.
3. Make findings of fact upon completion of any testing or investigation authorized by this chapter.
4. Hold hearings for the purpose of determining whether any of the provisions of this chapter have been violated.
5. Contract with independent scientific consultants for specialized services and advice.

(Added to NRS by [1960, 63](#); A [1963, 965](#); [1977, 1221](#); [1983, 1678](#); [1985, 114](#))

## REPORTING AND ANALYZING INFORMATION ON CANCER AND OTHER NEOPLASMS

[NRS 457.230](#) Establishment and maintenance of system for reporting information; objectives; persons required to report information.

[NRS 457.240](#) Regulations of State Board of Health; fees.

[NRS 457.250](#) Records of health care facility, other treatment facility and provider of health care: Availability to Chief Medical Officer; abstracting of information; fees; administrative penalty for violation of section.

[NRS 457.260](#) Publication of reports; provision of data.

[NRS 457.265](#) Analysis of information, records and reports; investigation of trends.

[NRS 457.270](#) Consent required before disclosure of identity of patient, provider of health care, health care facility or other treatment facility.

[NRS 457.280](#) Limitation on civil and criminal liability.

**NRS 457.230 Establishment and maintenance of system for reporting information; objectives; persons required to report information.**

1. The Chief Medical Officer shall, pursuant to the regulations of the State Board of Health, establish and maintain a system for the reporting of information on cancer and other neoplasms.

2. The system must include a record of the cases of cancer and other neoplasms, which are specified by the State Board of Health as subject to reporting, which occur in

this state along with such information concerning the cases as may be appropriate to form the basis for:

(a) The conducting of comprehensive epidemiologic surveys of cancer, cancer-related diseases and other neoplasms in this state; and

(b) The evaluation of the appropriateness of measures for the prevention and control of cancer and other neoplasms.

3. Hospitals, medical laboratories and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall report information on cases of cancer and other neoplasms, which are specified by the State Board of Health as subject to reporting, to the system.

4. Any provider of health care who diagnoses or provides treatment for cancer or other neoplasms shall report information on cases of cancer and other neoplasms, which are specified by the State Board of Health as subject to reporting, to the system.

5. As used in this section, "medical laboratory" has the meaning ascribed to it in [NRS 652.060](#).

(Added to NRS by [1983, 1677](#); A [1997, 1309](#); [2015, 385](#); [2021, 2256](#))

**NRS 457.240 Regulations of State Board of Health; fees.**

1. The State Board of Health shall by regulation:

(a) Prescribe the form and manner in which the information on cases of cancer and other neoplasms must be reported;

(b) Specify the neoplasms which must be reported;

(c) Prescribe other information to be included in each such report, for example, the patient's name and address, the pathological findings, the stage of the disease, the environmental and occupational factors, the methods of treatment, the incidence of cancer or other neoplasms in the patient's family, and the places where the patient has resided;

(d) Establish a protocol for obtaining access to and preserving the confidentiality of the patients' records needed for research into cancer and other neoplasms; and

(e) Prescribe a fee to be imposed on an applicant for:

(1) The issuance or renewal of a certificate of authorization for a radiation machine for mammography pursuant to [NRS 457.184](#);

(2) The issuance or renewal of registration of a radiation machine pursuant to the regulations adopted by the State Board of Health pursuant to [NRS 459.201](#);

(3) The renewal of a license to operate a surgical center for ambulatory patients, facility for the treatment of irreversible renal disease, facility for hospice care, program of hospice care, hospital, facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home or rural clinic pursuant to [NRS 449.089](#); or

(4) The renewal of a license to operate a medical laboratory, other than a laboratory in which the only test performed is a test for the detection of the human

immunodeficiency virus that is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations, pursuant to [NRS 652.080](#).

2. The amount of any fee prescribed pursuant to paragraph (e) of subsection 1 must not exceed 8 percent of the fee for the issuance or renewal of the applicable license, certificate or registration. For the purposes of this subsection, the fee for the renewal of a license to operate a facility described in subparagraph (3) of paragraph (e) of subsection 1 does not include any fee that is imposed per bed in the facility.

3. The fees collected pursuant to paragraph (e) of subsection 1 must be accounted for separately and used by the Division to support the system for the reporting of information on cancer and other neoplasms established pursuant to [NRS 457.230](#).

(Added to NRS by [1983, 1677](#); A [2015, 386](#); [2021, 2256](#))

**NRS 457.250 Records of health care facility, other treatment facility and provider of health care: Availability to Chief Medical Officer; abstracting of information; fees; administrative penalty for violation of section.**

1. Each health care facility, other treatment facility and provider of health care in this State shall make available to the Chief Medical Officer or the Chief Medical Officer's representative the records of the health care facility, other treatment facility or provider of health care for each case of neoplasm that is specified by the State Board of Health as subject to reporting.

2. The Division shall abstract from the records of the health care facility, other treatment facility or provider of health care or shall require the health care facility, other treatment facility or provider of health care to report to the Division such information as is required by the State Board of Health. The abstraction or report must be completed not later than 6 months after the admission, diagnosis or treatment of a patient for cancer or another neoplasm.

3. The State Board of Health shall by regulation adopt a schedule of fees which must be assessed to the health care facility, other treatment facility or provider of health care for each case from which information is abstracted by the Division pursuant to subsection 2.

4. Any person who violates this section is subject to the administrative penalty established by the State Board of Health pursuant to subsection 5.

5. The State Board of Health shall adopt regulations establishing the administrative penalty for any violation of this section.

(Added to NRS by [1983, 1677, 1678](#); A [1993, 174](#); [2001, 2257](#); [2015, 386](#); [2021, 2257](#))

**NRS 457.260 Publication of reports; provision of data.**

1. The Division shall publish reports based upon the material obtained pursuant to [NRS 457.230](#), [457.240](#) and [457.250](#) and shall make other appropriate uses of the material to report and assess trends in the incidence of cancer in a particular area or population, advance research and education concerning cancer and improve treatment of the disease.

2. The Division shall provide any qualified researcher whom the Division determines is conducting valid scientific research with data from the reported information upon the researcher's:

(a) Compliance with appropriate conditions as established under the regulations of the State Board of Health; and

(b) Payment of a fee to cover the cost of providing the data.

(Added to NRS by [1983, 1677](#); A [2003, 1248](#); [2015, 387](#))

**NRS 457.265 Analysis of information, records and reports; investigation of trends.**

1. The Chief Medical Officer or a qualified person designated by the Administrator of the Division shall analyze the material obtained pursuant to [NRS 457.230](#), [457.240](#) and [457.250](#) and the reports published pursuant to [NRS 457.260](#) to determine whether any trends exist in the incidence of cancer in a particular area or population.

2. If the Chief Medical Officer or the person designated pursuant to subsection 1 determines that a trend exists in the incidence of cancer in a particular area or population, the Chief Medical Officer or the person designated pursuant to subsection 1 shall work with appropriate governmental, educational and research entities to investigate the trend, advance research into the trend and the cancer identified in the trend, and facilitate the prevention and control of the cancer.

(Added to NRS by [2003, 1248](#))

**NRS 457.270 Consent required before disclosure of identity of patient, provider of health care, health care facility or other treatment facility.** The Division shall not reveal the identity of any patient, provider of health care, health care facility or other treatment facility which is involved in the reporting required by [NRS 457.250](#) unless the patient, provider of health care, health care facility or other treatment facility, as applicable, gives prior written consent to such a disclosure.

(Added to NRS by [1983, 1678](#); A [1993, 174](#); [2021, 2257](#))

**NRS 457.280 Limitation on civil and criminal liability.** No person or organization providing information to the Division in accordance with [NRS 457.230](#), [457.240](#) and [457.250](#) may be held liable in a civil or criminal action for divulging confidential information unless the person or organization has done so in bad faith or with malicious purpose.

(Added to NRS by [1983, 1678](#))

## CHAPTER 457 - CANCER

### REPORTING AND ANALYZING INFORMATION ON CANCER AND OTHER NEOPLASMS

- [457.010](#) Definitions.
- [457.015](#) Adoption of publications by reference; availability; review of revisions by Chief Medical Officer and State Board of Health.
- [457.030](#) Severability.
- [457.040](#) Types of neoplasms to be reported.
- [457.045](#) Exceptions to reporting requirement.
- [457.050](#) Abstracting and submitting of information by provider of health care, health care facility and certain other facilities; deadlines for submission; standards for abstracting information; waiver of electronic submission.
- [457.052](#) Reporting of information by provider of health care, health care facility and certain other facilities: Required contents; request for variance from requirement.
- [457.053](#) Reporting of information by medical laboratory.
- [457.057](#) Reporting of information by provider of health care.
- [457.060](#) Confidentiality of information.
- [457.070](#) Procedures for maintaining confidentiality of information.
- [457.080](#) Procedures for taking confidential information outside offices of Division.
- [457.090](#) Mailing of confidential information; list of persons authorized to receive confidential information.
- [457.100](#) Persons with whom Chief Medical Officer contracts.
- [457.110](#) Disclosure of information: Authorized recipients; verification of identity.
- [457.120](#) Disclosure of information: Requirements of person seeking information.
- [457.130](#) Verification of identity of person making request by telephone.
- [457.140](#) Disclosure of information: Scientific research into cancer.
- [457.145](#) Administrative penalty for violation; appeal; single report authorized for company that operates multiple facilities; imposition of administrative penalty upon company rather than facility.
- [457.150](#) Fees.

### REPORTING AND ANALYZING INFORMATION ON CANCER AND OTHER NEOPLASMS

**NAC 457.010 Definitions.** ([NRS 457.065](#), [457.240](#)) As used in [NAC 457.010](#) to [457.150](#), inclusive, unless the context otherwise requires:

1. "Cancer" has the meaning ascribed to it in [NRS 457.020](#).
2. "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.

3. "Health care facility" has the meaning ascribed to it in [NRS 457.020](#).
4. "Medical laboratory" has the meaning ascribed to it in [NRS 652.060](#).
5. "Provider of health care" has the meaning ascribed to it in [NRS 629.031](#).
6. "Registry" means the office in which the Chief Medical Officer conducts the program for reporting information on cancer and other neoplasms and maintains records containing that information.

[Bd. of Health, Malignant Neoplasms Reg. § 1, eff. 3-19-70] — (NAC A 12-3-84; 1-24-92; 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)

**NAC 457.015 Adoption of publications by reference; availability; review of revisions by Chief Medical Officer and State Board of Health. ([NRS 457.065](#), [457.240](#))**

1. The State Board of Health hereby adopts by reference the most current version of:

(a) The following volumes in the *Standards for Cancer Registries* published by the North American Association of Central Cancer Registries:

- (1) Volume I, *Data Exchange Standards and Record Descriptions*;
- (2) Volume II, *Data Standards and Data Dictionary*;
- (3) Volume III, *Standards for Completeness, Quality, Analysis, Management, Security, and Confidentiality of Data*;
- (4) Volume IV, *Standard Data EDITS*; and
- (5) Volume V, *Pathology Laboratory Electronic Reporting*.

A copy of each volume adopted by reference may be obtained, free of charge, from the North American Association of Central Cancer Registries at the Internet address <https://www.naacr.org>.

***The following section changes are approved and are in effect through LCB File No. R010-22 but may not be reflected in the online version of the Nevada Administrative Code (NAC).***

(b) The *International Classification of Diseases for Oncology*, published by the World Health Organization. A copy of this publication may be obtained, free of charge, from the World Health Organization at the Internet address <http://codes.iarc.fr/usingicdo.php>.

(c) The [~~Facility Oncology Registry Data Standards (FORDS),~~] [Standards for Oncology Registry Entry \(STORE\)](#) published by [~~the Commission on Cancer of~~] the American College of Surgeons. A copy of this publication may be obtained, free of charge, from the American College of Surgeons at the Internet address [~~https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals.~~] <https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/cocmanuals>.

2. If a publication adopted by reference in subsection 1 is revised, the Chief Medical Officer shall review the revision to determine its suitability for this State. If the Chief Medical Officer determines that the revision is not suitable for this State, the Chief Medical Officer shall file an objection to the revision with the State Board of Health within 30 days after the standards are revised. If the Chief Medical Officer does not file such an objection, the revision becomes part of the publication adopted by reference

pursuant to subsection 1. If the Board determines that the revision is not suitable for this State, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 30 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

(Added to NAC by Bd. of Health by R057-16, eff. 5-16-2018)

**NAC 457.030 Severability.** ([NRS 457.065](#), [457.240](#)) If any of the provisions of [NAC 457.010](#) to [457.150](#), inclusive, or any application thereof to any person, thing or circumstance is held invalid, the State Board of Health intends that such invalidity not affect the remaining provisions or applications to the extent that they can be given effect.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92)

**NAC 457.040 Types of neoplasms to be reported.** ([NRS 457.065](#), [457.240](#)) Except as otherwise provided in [NAC 457.045](#), the types of neoplasms which must be reported pursuant to [NRS 457.240](#) are as follows:

1. Any neoplasm that is listed in the *International Classification of Diseases for Oncology*, as adopted by reference in [NAC 457.015](#), with a behavior code of in situ or malignant; and
2. Any solid tumor of the brain or central nervous system, including, without limitation, the meninges and intracranial endocrine structures, that is listed in the *International Classification of Diseases for Oncology*, as adopted by reference in [NAC 457.015](#), with a behavior code of benign, uncertain malignant potential, in situ or malignant.

(Added to NAC by Bd. of Health, eff. 12-3-84; A by R075-98, 11-18-98; R057-16, 5-16-2018)

**NAC 457.045 Exceptions to reporting requirement.** ([NRS 457.065](#), [457.240](#)) Carcinoma in situ of the cervix uteri and cervical intraepithelial neoplasia, basal and squamous cell carcinomas of the skin and prostatic intraepithelial neoplasia are not required to be reported pursuant to [NAC 457.040](#).

(Added to NAC by Bd. of Health by R075-98, eff. 11-18-98; A by R057-16, 5-16-2018)

**NAC 457.050 Abstracting and submitting of information by provider of health care, health care facility and certain other facilities; deadlines for submission; standards for abstracting information; waiver of electronic submission.** ([NRS 457.065](#), [457.240](#))

***The following section changes are approved and are in effect through LCB File No. R010-22 but may not be reflected in the online version of the Nevada Administrative Code (NAC).***

1. Except as otherwise provided in ***this section and*** [NAC 457.052](#), each provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to [NRS 457.230](#) and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other

neoplasms shall provide to the Chief Medical Officer information concerning such neoplasms by:

- (a) Abstracting ~~§~~ **or reporting**, at a minimum, the information described in NAC 457.052 on a form prescribed by the Chief Medical Officer or a designee thereof; and
- (b) Except as otherwise provided in subsection ~~7~~ **8**, submitting that information on a quarterly basis using an electronic means approved by the Chief Medical Officer or the designee.

**2. A hospital, as defined in NRS 449.012, that has reported providing screening, diagnostic or therapeutic services to more than 50 patients with cancer each year for 3 consecutive years shall fulfill the requirements of subsection 1 by abstracting the information described in NAC 457.052.**

3. Each:

(a) Provider of health care described in subsection 1 shall provide the information to the Chief Medical Officer required pursuant to subsection 1:

- (1) For any ~~initial~~ diagnosis made or treatment initiated for cancer or other neoplasms in the first quarter of a calendar year, on or before June 30 of the same calendar year;
- (2) For any ~~initial~~ diagnosis made or treatment initiated for cancer or other neoplasms in the second quarter of a calendar year, on or before September 30 of the same calendar year;
- (3) For any ~~initial~~ diagnosis made or treatment initiated for cancer or other neoplasms in the third quarter of a calendar year, on or before December 30 of the same calendar year; and

(4) For any ~~initial~~ diagnosis made or treatment initiated for cancer or other neoplasms in the fourth quarter of a calendar year, on or before March 30 of the subsequent calendar year; and

(b) Health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall provide the information to the Chief Medical Officer required pursuant to subsection 1 within 6 months after a patient is admitted, initially diagnosed with or treated for cancer or another neoplasm.

~~3~~ **4.** Except as otherwise provided in subsection ~~4~~ **5**, each provider of health care described in subsection 1 and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms **who abstracts information pursuant to subsection 1 or 2** shall abstract **the** information in conformance with the standards for abstracting information concerning neoplasms set forth in ~~§-(a)~~ Volumes I to V, inclusive, of the *Standards for Cancer Registries* ~~as adopted by reference in NAC 457.015; and~~ **(b) The Facility Oncology Registry Data Standards (FORDS); and the Standards for Oncology Registry Entry (STORE)**, as adopted by reference in NAC 457.015.

~~4~~ **5.** Ninety days after a publication specified in subsection ~~3~~ **4** is revised, a provider of health care described in subsection 1 and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms **who abstracts information pursuant to subsection 1 or 2** shall abstract **the** information in conformance with the revision unless the Chief Medical Officer files an objection to the revision pursuant to NAC 457.015.

~~5~~ **6.** A provider of health care described in subsection 1 and a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms which does not use the staff of the Division to abstract **or**

**report** information from its records shall cause to have abstracted ~~and~~ or reported to the Division the neoplasms described in NAC 457.040 in the manner required by this section.

~~[6.]~~ 7. If a provider of health care or a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms fails to comply with subsection ~~[5.]~~ 6, the Division shall give the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms at least ~~[30]~~ 90 days after the time limit set forth in subsection ~~[2]~~ 3 to comply with subsection ~~[5]~~ 6 before the Division abstracts information from the records of the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms and the Chief Medical Officer charges the **abstracting** fee set forth in NAC 457.150.

~~[7.]~~ 8. The Chief Medical Officer may waive the requirement of submitting the information by electronic means pursuant to subsection 1 if the Chief Medical Officer determines that such a waiver is in the best interests of the general public.

~~[8.]~~ 9. If a provider of health care , **health care facility or other facility** described in subsection 1 ~~[initially]~~ diagnoses , **provides treatment or refers for consultation, review or further action related to the diagnosis or treatment of** a case of cancer or another neoplasm, the provider of health care , **health care facility or other facility, as applicable**, is required to provide the information set forth in NAC 457.052 with regard to the ~~[initial diagnosis of]~~ cancer or other neoplasm. ~~[If the provider of health care does not provide treatment for the cancer or other neoplasm, the provider of health care's responsibility to report information on that case of cancer or other neoplasm pursuant to this section and NRS 457.230 ends.~~

~~9. As used in this section, "initial diagnosis" or "initially diagnosed" means that the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms was the first provider of health care or the health care facility or other facility to designate a cancer code in the medical record of the patient and to inform the patient of his or her diagnosis. The term does not include the preparation of a diagnostic tool, including, without limitation, an image, if that diagnostic tool will be interpreted by another provider of health care or another health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms for the purpose of diagnosing cancer or another neoplasm.]~~

~~10. A provider of health care, health care facility or other facility described in subsection 1 is not required to submit an abstract or report for a patient pursuant to subsection 1 unless the diagnosis of the patient is active or newly reportable and the primary or secondary reason for the visit or admission is related to the diagnosis or treatment of the cancer or other neoplasm. If a patient subsequently develops a new or primary cancer or other neoplasm, the new or primary cancer or other neoplasm must be abstracted or reported separately.~~

~~11. As used in this section:~~

~~(a) "Abstract" means to create an electronic summary, synopsis or abbreviated record that identifies pertinent information about the patient, disease, treatment for the disease and the process of the disease from the time of diagnosis until the death of the patient.~~

~~(b) "Report" means to submit a summary of data from the medical record of a patient.~~

**NAC 457.052 Reporting of information by provider of health care, health care facility and certain other facilities: Required contents; request for variance from requirement. ([NRS 457.065](#), [457.240](#))**

1. A provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to [NRS 457.230](#) and each health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms must include, without limitation, the following information on the form provided to the Chief Medical Officer pursuant to [NAC 457.050](#):

(a) The name, address, date of birth, gender and race or ethnicity of the patient, and, if available, the social security number of the patient and the name of the primary payer from which the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and neoplasms may receive payment for the services to the patient;

(b) Except as otherwise provided in subsection 2, the name, address and National Provider Identifier (NPI) number of the provider of health care or health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and neoplasms that is making the report;

(c) The date and final diagnosis of the patient;

(d) The anatomical site of the lesion; and

(e) The date of the last contact with the patient and the vital status of the patient at the time of the last contact.

2. If a company provides information for multiple health care facilities owned or operated by the company pursuant to subsection 4 of [NAC 457.145](#), the only address that is required to be included is the address of the company providing the information.

3. A provider of health care and a health care facility and other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms that is required pursuant to [NAC 457.050](#) to provide the information set forth in subsection 1 and is unable to do so may request a variance from that requirement pursuant to [NAC 439.200](#) to [439.280](#), inclusive, except that a variance is not necessary if the information required to be abstracted:

(a) Is not made available by the patient; or

(b) Is not readily obtainable, as determined by the Division, by the provider of health care or the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms.

4. To the extent that information concerning which a variance could be requested is the subject of a notice of violation pursuant to [NAC 457.145](#), a health care facility, or as applicable, a company that owns or operates multiple health care facilities, may defer making a request for a variance until the time allowed for correcting the violation expires, including any extension of time to correct the violation issued by the Division.

(Added to NAC by Bd. of Health by R057-16, eff. 5-16-2018)

**NAC 457.053 Reporting of information by medical laboratory. ([NRS 457.065](#), [457.240](#))**

1. A medical laboratory that obtains a specimen of human tissue which, upon examination, shows evidence of cancer or other neoplasms shall, within 10 working days after the date that the pathology report is completed, provide information concerning its findings to the Chief Medical Officer using an electronic means approved by the Chief Medical Officer or a designee thereof.

2. The information provided by a medical laboratory pursuant to subsection 1 must include, without limitation, for each specimen which shows evidence of cancer or other neoplasms which are subject to reporting pursuant to [NAC 457.040](#):

(a) The name, address, date of birth, gender and social security number of the person from whom the specimen was obtained;

(b) The name and the address or telephone number of the provider of health care who ordered the examination of the specimen;

(c) The name and the address or telephone number of the medical laboratory that examined the specimen;

(d) The final diagnosis from the pathology report; and

(e) Any other relevant information from the pathology report, including, without limitation:

(1) The anatomical site of the lesion;

(2) The size of the lesion;

(3) The stage of the disease and the grade of tumor;

(4) The lesion margin status, if available; and

(5) Lymphatic involvement, if available.

(Added to NAC by Bd. of Health by R075-98, eff. 11-18-98; A by R057-16, 5-16-2018)

**NAC 457.057 Reporting of information by provider of health care. ([NRS 457.065](#), [457.240](#))**

1. A provider of health care who has a case of cancer or another neoplasm in which the provider of health care has directly referred or previously admitted a patient to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms is not required to provide information concerning the case to the Chief Medical Officer pursuant to [NAC 457.050](#), but may, within 30 working days after the date of the referral or admission, provide information to the Chief Medical Officer concerning the case on a form prescribed by the Chief Medical Officer or a designee thereof, or by an electronic means approved by the Chief Medical Officer or the designee.

2. Information provided by a provider of health care pursuant to subsection 1 may include, without limitation:

(a) The name, address, date of birth and gender of the patient;

(b) The name and the address or telephone number of the provider of health care making the report;

(c) The date and final diagnosis of the patient; and

(d) The name and the address or telephone number of the hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms to which the patient was referred or admitted.

3. The Chief Medical Officer or a designee thereof may contact a provider of health care regarding a patient of the provider of health care who was directly referred or previously admitted to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms if the Chief Medical Officer determines it is necessary for the abstraction of the required data relating to the incidence of cancer and other neoplasms.

(Added to NAC by Bd. of Health by R075-98, eff. 11-18-98; A by R057-16, 5-16-2018)

**NAC 457.060 Confidentiality of information.** ([NRS 457.065](#), [457.240](#)) All documents in the possession of the registry which contain names of patients, providers of health care, health care facilities or other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms or medical laboratories are confidential except the list of names of medical laboratories, health care facilities or other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms which report information to the registry.

(Added to NAC by Bd. of Health, eff. 12-3-84; A by R075-98, 11-18-98; R057-16, 5-16-2018)

**NAC 457.070 Procedures for maintaining confidentiality of information.** ([NRS 457.065](#), [457.240](#)) Each employee of the Division who has access to confidential information of the registry shall comply with the following procedures for maintaining the confidentiality of that information:

1. All files containing confidential information, including, without limitation, the indexes for access to other files, must be locked when not in use.

2. All files on a computer containing confidential information, including, without limitation, the indexes for access to other files, must be closed and protected by password when not in use.

3. Passwords created pursuant to subsection 2 must be changed at least every 30 days.

4. All documents containing confidential information must be out of sight when an employee is away from his or her desk.

5. Keys to the office of the registry may be issued to and used only by employees so authorized by the Chief Medical Officer.

6. The doors to the registry must be locked at all times when the office is vacant.

(Added to NAC by Bd. of Health, eff. 12-3-84; A by R075-98, 11-18-98)

**NAC 457.080 Procedures for taking confidential information outside offices of Division.** ([NRS 457.065](#), [457.240](#)) Each employee of the Division who takes confidential information of the registry outside the offices of the Division shall comply with the following procedures:

1. Any documents or files on a computer containing confidential information must be kept in the employee's briefcase when the documents or files on a computer are not in use.
2. If the employee takes any such document or file on a computer home or to a hotel or motel, the employee must:
  - (a) Safeguard it to the greatest extent possible; and
  - (b) Protect it from view by unauthorized persons.
3. The contents of such a document or file on a computer must not be discussed with the employee's relatives or friends.
4. If a briefcase or other container with such a document or computer file is to be:
  - (a) Left in the employee's car, the container must be locked in the trunk of the car.
  - (b) Taken as baggage on an airplane, bus or other carrier, the container must be kept in the employee's possession and must not be checked with the carrier unless the size or weight of the container precludes its being retained in the employee's possession.

(Added to NAC by Bd. of Health, eff. 12-3-84; A by R075-98, 11-18-98)

**NAC 457.090 Mailing of confidential information; list of persons authorized to receive confidential information.** ([NRS 457.065](#), [457.240](#))

1. If confidential information of the registry is to be mailed to a provider of health care, health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms, the envelope or container must be addressed directly to the provider of health care or to the person designated by the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms, to receive such information.
2. The Chief Medical Officer shall keep a list of the persons who have been designated by the chief administrator of the health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms to receive confidential information of the registry.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 10-22-93; R057-16, 5-16-2018)

**NAC 457.100 Persons with whom Chief Medical Officer contracts.** ([NRS 457.065](#), [457.240](#)) If the Chief Medical Officer contracts with another person to perform data processing or other services using the confidential information of the registry, the other person shall maintain the confidentiality of the information to the same extent as is required in [NAC 457.010](#) to [457.150](#), inclusive, and shall not disclose any of the information to a third person without the prior approval of the Chief Medical Officer.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92)

**NAC 457.110 Disclosure of information: Authorized recipients; verification of identity.** ([NRS 457.065](#), [457.240](#))

1. The Chief Medical Officer or person employed in the registry shall not disclose the existence or nonexistence in the registry of a record concerning any patient or disclose other information about the patient except to:

(a) The provider of health care who treated the patient;

(b) The health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms where the patient was treated;

(c) A health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms or a registry connected with one of those entities which has participated or is participating in treating the patient;

(d) Other states' cancer registries or federal cancer control organizations with which the Department of Health and Human Services has entered into data sharing agreements which ensure confidentiality; or

(e) A qualified researcher in cancer.

2. If a request for information about a patient is made over the telephone by the provider of health care who treated the patient or by a representative of the health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms in which the patient was treated, and the caller is not known to the employee who receives the call at the registry, the employee must verify the identity of the caller in the manner described in [NAC 457.130](#).

(Added to NAC by Bd. of Health, eff. 12-3-84; A 10-22-93; R057-16, 5-16-2018)

**NAC 457.120 Disclosure of information: Requirements of person seeking information.** ([NRS 457.065](#), [457.240](#)) The Chief Medical Officer or person employed in the registry may provide confidential medical information in the registry concerning a patient's medical treatment for cancer with any health care facility, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms or registry connected with one of those entities which has participated or is participating in treating that patient's illness if the person seeking the information:

1. Has been identified in the manner described in [NAC 457.130](#);

2. Furnishes the employee of the registry with specific information, other than the patient's name, which is sufficient to identify the patient without using his or her name; and

3. Gives assurances to the employee of the registry that the confidentiality of the information will be maintained to the same extent as is required in [NAC 457.010](#) to [457.150](#), inclusive.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92; 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)

**NAC 457.130 Verification of identity of person making request by telephone.** ([NRS 457.065](#), [457.240](#)) If an employee in the registry receives a request to provide confidential information over the telephone pursuant to [NAC 457.110](#) or [457.120](#), and the employee does not personally know the requester, the employee shall verify the identity of the requester by making a telephone call to the telephone number, listed in a directory or given by an operator, for the purported person or facility.

(Added to NAC by Bd. of Health, eff. 12-3-84)

**NAC 457.140 Disclosure of information: Scientific research into cancer.** ([NRS 457.065](#), [457.240](#))

1. A person who desires to use the confidential records of individual patients or the statistical data of the registry for the purpose of scientific research into cancer must apply in writing to the Chief Medical Officer. The applicant must:

(a) Set forth in the application:

(1) His or her qualifications as an epidemiologist, provider of health care or employee of a bona fide program of research into cancer or other qualification for using confidential information and statistical data in the registry; and

(2) A description of the research project in which that information will be used.

(b) Sign a statement, on a form furnished by the Chief Medical Officer or a designee thereof, in which the applicant agrees not to make any copies of the records, and to maintain the confidentiality of the information in the records in the manner required by [NAC 457.010](#) to [457.150](#), inclusive.

(c) Agree to:

(1) Submit to the Chief Medical Officer or the designee for review and approval any proposed publication which is based on or contains information obtained from the registry;

(2) Notify the Chief Medical Officer if, at any time during the research project or before publishing any results, the applicant finds evidence of an increased risk or a decreased survival rate for cancer as compared to other states in either:

(I) A geographical area of this State; or

(II) A particular group of persons in this State, including, without limitation, a group of persons identifiable by age, gender, race, ethnicity, occupation, lifestyle or place of residence; and

(3) Include in any publication which is based on or contains information obtained from the registry the following disclosure in substantially the following form:

The views expressed herein are solely those of the author and do not necessarily reflect the views of the Division of Public and Behavioral Health of the Department of Health and Human Services.

2. The Chief Medical Officer or the designee must:

(a) Before a researcher is allowed access to information in the registry, make a written finding that the researcher is qualified as a researcher and has a need for the information; and

(b) Notify the Division as soon as practicable after the Chief Medical Officer receives notice of a finding described in subparagraph (2) of paragraph (c) of subsection 1. The Division shall independently assess the validity of the finding before the material may be published or released by the researcher.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92; R075-98, 11-18-98; R057-16, 5-16-2018)

***The following section changes are approved and are in effect through LCB File No. R010-22 but may not be reflected in the online version of the Nevada Administrative Code (NAC).***

**NAC 457.145 Administrative penalty for violation; appeal; single report authorized for company that operates multiple facilities; imposition of administrative penalty upon company rather than facility. ([NRS 457.065](#), [457.250](#))**

1. Before imposing an administrative penalty pursuant to this section, the Division shall give notice in the manner set forth in NAC 439.345 which includes, without limitation, a time determined by the Chief Medical Officer within which the person must correct the violation of NRS 457.250. The Division may, for good cause shown, extend the time within which the person must correct the violation.

2. If a person fails to correct an alleged violation of NRS 457.250 for which a notice of violation has been issued pursuant to subsection 1 within the time allowed for correction, the Division may impose an administrative penalty ~~[of not more than]~~ **against the person. Such administrative penalties must not exceed \$5,000 [against the person.] in the aggregate in a calendar year.**

3. If a person is aggrieved by a decision of the Division relating to the imposition of an administrative penalty pursuant to this section, the aggrieved person may appeal the decision pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

4. A company that owns and operates multiple health care facilities may satisfy the requirement set forth in subsection 1 of NRS 457.250 for all such health care facilities in one report without segregating by health care facility, or by provider of health care, the records subject to reporting.

5. If a company chooses to make the records subject to reporting available to the Chief Medical Officer or the Chief Medical Officer's representative for multiple health care facilities owned or operated by the company in the manner described in subsection 4, any administrative penalty imposed by the Board pursuant to this section for the failure of any health care facility owned or operated by the company to comply with subsection 1 of NRS 457.250 will be imposed upon the company rather than the health care facility.

(Added to NAC by Bd. of Health by R057-16, eff. 5-16-2018)

**NAC 457.150 Fees. ([NRS 439.150](#), [457.065](#), [457.250](#), [457.260](#))** The Chief Medical Officer shall charge and collect from:

1. A provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to [NRS 457.230](#) or a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms, a fee of \$250 for each abstract prepared by the Division

from the records of the provider of health care or the health care facility or other facility.

2. A medical researcher who obtains data from the registry, a fee of \$200 or the actual cost of providing the data, whichever is more.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 8-31-89; 10-22-93; R075-98, 11-18-98; R057-16, 5-16-2018)