

BY: Environmental Matters Committee

AMENDMENTS TO HOUSE BILL NO. 636

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “Tumor” and substitute “Cancer”; in the same line, strike “for Cranial and” and substitute “- Reporting of”.

AMENDMENT NO. 2

On page 1, strike beginning with “establishing” in line 3 down through “regulations” in line 15 and substitute “requiring the reporting of certain central nervous system tumors to the Maryland Cancer Registry; adding certain central nervous system tumors to the diagnoses required to be reported in a cancer report; requiring certain health care providers to submit a cancer report for certain central nervous system tumors; including reports of certain central nervous system tumors in a certain quarterly report; adding certain central nervous system tumors to the diagnosis that may be reviewed in certain medical records; defining a certain term”; in line 15, strike “a tumor registry for cranial and” and substitute “reporting primary”; in line 16, after “tumors” insert “to the Maryland Cancer Registry”; in line 17, strike “adding to” and substitute “repealing and reenacting, with amendments,”; and strike in their entirety lines 19 through 21, inclusive, and substitute “Section 18-204”.

AMENDMENT NO. 3

On pages 2 through 4, strike in their entirety the lines beginning with line 2 on page 2 through line 11 on page 4, inclusive, and substitute:

“18-204.

(a) (1) In this section the following words have the meanings indicated.

(2) “Cancer report” means a 1-time abstract of the medical record of a patient diagnosed or treated for cancer OR A CENTRAL NERVOUS SYSTEM TUMOR which contains:

(Over)

factors:

- (i) Reasonably obtained patient demographic information, including risk

- (ii) Relevant information on the:

- 1. Initial HISTOLOGICALLY PRECISE diagnosis;

- 2. Initial treatment;

- 3. Extent of the disease by the end of the first hospitalization; and

- 4. Extent of the disease within 2 months of diagnosis if the information is available to the reporting facility and the reporting facility has a tumor registry; and

- (iii) Facility and other provider identification information.

(3) (I) “CENTRAL NERVOUS SYSTEM TUMOR” MEANS, IRRESPECTIVE OF HISTOLOGIC TYPE OR BEHAVIOR, A PRIMARY TUMOR IN THE FOLLOWING SITES:

- 1. THE BRAIN;

- 2. THE CAUDEA EQUINA;

- 3. A CRANIAL NERVE;

- 4. THE CRANIOPHARYNGEAL DUCT;

- 5. THE MENINGES;

- 6. THE PINEAL GLAND;

- 7. THE PITUITARY GLAND; OR

- 8. THE SPINAL CORD.

(II) “CENTRAL NERVOUS SYSTEM TUMOR” INCLUDES A

PRIMARY INTRACRANIAL TUMOR.

[(3)] (4) "Freestanding ambulatory care facility" has the meaning stated in § 19-3B-01 of the article.

(b) (1) Each hospital which has care of a patient with cancer OR A CENTRAL NERVOUS SYSTEM TUMOR, each freestanding laboratory, freestanding ambulatory care facility, or therapeutic radiological center which has care of or has diagnosed cancer OR A CENTRAL NERVOUS SYSTEM TUMOR for a nonhospitalized patient, and each physician who has care of or has diagnosed cancer OR A CENTRAL NERVOUS SYSTEM TUMOR for a nonhospitalized patient not otherwise reported shall:

(i) 1. Submit a cancer report to the Secretary, on the form that the Secretary provides or in a computerized file;

2. Make available to the Secretary, or an agent of the Secretary, at the facility the information necessary to compile a cancer report; or

3. Enter into an agreement with a hospital or other facility or agency that agrees to report to the Maryland Cancer Registry to act as the reporting source for a cancer OR CENTRAL NERVOUS SYSTEM TUMOR patient who has been referred to or from that facility, or reported to that agency with regard to cancer OR CENTRAL NERVOUS SYSTEM TUMOR screening, diagnosis, or treatment; and

(ii) Effective July 1, 1993, submit a cancer report in a computerized file on a quarterly basis to the Secretary, or an agent of the Secretary, for all patients initially diagnosed, treated, or admitted to a facility for cancer OR A CENTRAL NERVOUS SYSTEM TUMOR during that calendar quarter.

(2) To assure compliance with this section, the Secretary, or an agent of the Secretary, may inspect upon reasonable notice a representative sample of the medical records of patients diagnosed, treated, or admitted for cancer OR A CENTRAL NERVOUS SYSTEM TUMOR at the facility.

(Over)

(3) (i) Information obtained under this subsection shall be confidential and subject to Title 4, Subtitle 1 of this article.

(ii) This subsection does not apply to a disclosure by the Secretary to another governmental agency performing its lawful duties pursuant to State or federal law where the Secretary determines that the agency to whom the information is disclosed will maintain the confidentiality of the disclosure.

(iii) A cancer report is not a medical record under Title 4, Subtitle 3 of this article, but is subject to the confidentiality requirements of Title 4, Subtitle 1 of this article.

(4) Each hospital, freestanding laboratory, freestanding ambulatory care facility, therapeutic radiological center, or physician who in good faith submits a cancer report to the Secretary is not liable in any cause of action arising from the submission of the report.

(5) The Secretary, after consultation with the Cancer Registry Advisory Committee, the Maryland Hospital Association, and representatives of freestanding laboratories and therapeutic radiological centers, shall adopt regulations to implement the requirements of this section.

(6) The Secretary, in accordance with § 2-1246 of the State Government Article, shall submit an annual report to the Governor and General Assembly on the activities of the cancer registry, including utilization of cancer registry data.”.