

CHAPTER 11

Cancer Registry System Act

SECTIONS

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Editor's note: This chapter entitled Cancer Registry System Act was enacted by section 1 of PL 15-39.

§ 1101. Short title.

This chapter shall be known and cited as the "Cancer Registry System Act".

Source: PL 15-39 § 2.

Editor's note: President Manny Mori signed PL 15-39 into law on June 20, 2008. PL 15-39 § 9 provided that the Cancer Registry System Act would take effect upon the President's signature, or upon its becoming law without signature.

§ 1102. Definitions.

As used in this chapter, the following terms shall have the following meanings set forth below:

- (1) "Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma disease and all benign brain tumors.
- (2) "Health care facility" means a hospital, nursing home, clinic, community health center, dispensary, office or other institution that provides medical care in the Federated States of Micronesia.
- (3) "Health care provider" means a physician (M.D., M.B.B.S., M.O., D.O., or D.D.S), medex, nurse

practitioner, registered nurse, graduate nurse, nurse midwife, practical nurse and/or health assistant in the Federated States of Micronesia.

(4) “Secretary” means the Secretary of Health, Education and Social Affairs (HESA) or person designated by the Secretary to compile information, prepare reports, or perform any functions required or permitted under this Act.

Source: PL 15-39 § 3 (part).

Editor’s note: PL 15-39 contained two sections numbered as section 3. The first created section 1102; the second created section 1103.

§ 1103. Cancer Registry.

(1) The Secretary and each health facility and health care provider shall jointly establish a uniform, nationwide population-based cancer registry system for the collection of information regarding the incidence of cancer and related data. The Secretary and each health care facility and health care provider shall jointly adopt rules necessary to effect the purposes of this Act, including the data to be reported and the effective date after which reporting by health care facilities and health care providers shall be required.

(2) The Secretary shall establish a training program for the personnel of participating health care facilities and a quality control program for cancer data. The Secretary shall collaborate in studies with clinicians and epidemiologists and publish reports on the results of such studies. The Secretary shall cooperate with the U.S. National Institutes of Health and the Centers for Disease Control in providing cancer incidence data.

Source: PL 15-39 § 3 (part).

Cross-reference: FSM Const., art. IX, § 2(r), as amended, states as follows:

Section 2. The following powers are expressly delegated to Congress:

...

(r) to promote education and health by setting minimum standards, coordinating state activities relating to foreign assistance, providing training and assistance to the states and providing support for post-secondary educational programs and projects.

...

FSM Const., art. XIII, § 1 states as follows:

Section 1. The national government of the Federated States of Micronesia recognizes the right of the people to education, health care, and legal services and shall take every step reasonable and necessary to provide these services.

The provisions of the Constitution are found in Part I of this code.

The statutory provisions on the President and the Executive are found in title 2 of this code. The statutory provisions on the Congress of the Federated States of Micronesia are found in title 3 of this code.

The website of the FSM National Government contains announcements, press releases, news, forms, and other information on the National Government at <http://fsmgov.org>.

The official website of the Congress of the Federated States of Micronesia contains the public laws enacted by the Congress, sessions, committee hearings, rules, and other Congressional information at <http://www.fsmcongress.fm/>.

Editor's note: PL 15-39 contained two sections numbered as section 3. The first created section 1102; the second created section 1103.

§ 1104. Participation in program.

Each health care facility and health care provider diagnosing or providing treatment to cancer patients shall report to the Secretary each cancer case that occurs within that facility or provider's office. Within 120 days of the effective date of this Act, the Secretary and each health care provider and health care facility shall jointly promulgate a plan to set forth the format, content and timing of the report required by this section, including remedies and penalties for non-compliance. Any cancer patient whose diagnosis or treatment is reported to the Secretary shall be informed of this fact by the health care facility or health care provider prior to submission of the report. This section shall only apply to cancer cases diagnosed or treated following the effective date of this Act.

Source: PL 15-39 § 4.

§ 1105. Confidentiality.

(1) All information reported pursuant to this chapter shall be confidential and privileged. The Secretary shall take strict measures to ensure that all identifying information is kept confidential.

(2) All identifying information regarding an individual patient, health care provider or health care facility contained in records of interviews, written reports, letters or statements procured by the Secretary, or by any other person, agency or organization acting jointly with the Secretary, in connection with cancer morbidity and mortality studies shall be confidential and privileged and may be used solely for the purposes of the study. Nothing in this section shall prevent the Secretary from publishing statistical compilations relating to morbidity and mortality studies, which do not identify individual cases or sources of information.

Source: PL 15-39 § 5.

§ 1106. Disclosure.

(1) The Secretary may enter into agreements to exchange confidential information with other cancer registries or health care facilities in order to obtain complete reports of FSM residents diagnosed or treated in other

countries, or subdivisions thereof, and to provide information to other countries, and subdivisions thereof, regarding their residents diagnosed or treated in the FSM.

(2) The Secretary may furnish statistical information to other nations' cancer registries, cancer control agencies, or health researchers in order to collaborate in a national or regional cancer registry or to collaborate in cancer control and prevention research studies. Before releasing confidential information, the Secretary shall first obtain evidence of the approval of his or her academic committee for the protection of human subjects or the equivalent.

Source: PL 15-39 § 6.

§ 1107. Liability.

(1) No action for damages arising from the disclosure of confidential or privileged information may be maintained against any person, or the employer or employee of any person, who participates in good faith in the reporting of cancer registry data or data for cancer morbidity or mortality studies 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 the reporting of cancer registry data for cancer morbidity or mortality studies in accordance with this chapter.

(3) Nothing in this section shall be construed to apply to the unauthorized disclosure of confidential or privileged information when such disclosure is due to gross negligence or willful misconduct.

Source: PL 15-39 § 7.

§ 1108. Penalties for unauthorized disclosure of confidential information.

Any person who discloses confidential information obtained for the purposes of this chapter, except in accordance with this chapter, shall be guilty of an offense and shall be liable on conviction in a court of law to a fine of \$2,000 or to imprisonment for not more than six months, or to both such fine and imprisonment.

Source: PL 15-39 § 8.

Editor's note: PL 15-39 § 8 designated a subsection (1), but no others. The subsection number has been omitted to comply with standard code formatting.