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## Improving Provider Reporting to the Central Cancer Registry

Assembly Bill 471 (AB471) passed in the 2021 State Legislative Session. This Bill approved a fee of 6% to be implemented on issuance or renewal fees for certain health care facilities, medical laboratories licenses, and mammography machines to help fund the expansion of the Nevada Central Cancer Registry. The Bill also allowed for regulation changes to remove and clarify confusing language regarding entities obligated to report to the statewide registry. This factsheet serves as an overview of amendments made to the Nevada Administrative Code (NAC) Chapters 457, 449, and 652.

### Regulation Changes

**Added language** to clarify which entities are required to submit a **report** versus submitting a complete electronic **abstract** to the state registry.

**Added clarifying** language to provide the Nevada Central Cancer Registry the authority to enforce cancer reporting requirements across the board for providers who diagnose, provide treatment, **or** refer a case of cancer or other neoplasm. **Referrals are now included in the cancer reporting requirements.**

**Added a fee equal to 6%** of the issuance or renewal to the licensure to operate 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 and;

**Added a fee equal to 6%** of the renewal of a license to operate a medical laboratory, other than a laboratory that performs waived HIV testing.

**Added a fee equal to 6%** of the issuance or renewal fee to the licensure renewal for mammography machine certification.

### Abstract vs. Report Definition Clarification

**Abstract means** to create an electronic summary, synopsis or abbreviated record that identifies information about the patient, disease, treatment for the disease and the process of the disease from the time of diagnosis until death of the patient. The electronic summary abstract is transcribed into a series of codes as prescribed by the National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR) standard setters before submission to the state cancer registry and is usually completed by Certified Tumor Registrar or similarly trained individual.

**Report means** to submit a summary of data from medical records of a patient, on a format prescribed by the state cancer registry.

## Required to Report

- Health care facilities
- Providers of health care who diagnose, provide treatment, or refer a case of cancer or other neoplasm.
- Medical laboratories
- Other facilities that provide screening, diagnostic, or therapeutic services, or referral services

## Required to Abstract

A hospital, as defined in NRS 449.012, providing screening, diagnostic or therapeutic services, or cancer diagnosis referrals to more than 50 patients with cancer each year, for 3 consecutive calendar years shall fulfill the requirements of abstracting the information as described by NAC 457.052.

## Why these changes were made

Until recent years, complete, and high-quality cancer cases were reported through hospital cancer registries. With advances in medicine, patients are often now diagnosed and treated outside the hospital setting. This shift resulted in under-reporting of cancer cases to the state registry. Previous state law (NRS 457.230 Section 4) exempted a provider of health care who diagnosed or provided treatment from reporting if the patient was directly referred or previously admitted to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services.

### To begin reporting today or to confirm reporting status, contact:

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