

26:2-106

LEGISLATIVE HISTORY CHECKLIST  
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(Cancer registry)

NJSA: 26:2-106

LAWS OF: 1996 CHAPTER: 74

BILL NO: A1760

SPONSOR(S): Holzapfel and Wolfe

DATE INTRODUCED: March 25, 1996

COMMITTEE: ASSEMBLY: Appropriations

SENATE: ---

AMENDED DURING PASSAGE: No Assembly Committee Substitute enacted

DATE OF PASSAGE: ASSEMBLY: June 17, 1996

SENATE: June 27, 1996

DATE OF APPROVAL: July 22 1996

FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

SPONSOR STATEMENT: Yes

COMMITTEE STATEMENT: ASSEMBLY: Yes

SENATE: No

FISCAL NOTE: No

VETO MESSAGE: No

MESSAGE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

REPORTS: No

HEARINGS: No

See newspaper clippings--attached:

"Whitman signs bill mandating reporting...", <sup>23</sup> 7-~~21~~-96, Atlantic City Press.  
"State to use \$400,000 for cancer registry," 7-23-96, Asbury Park Press.

KBP:pp

P.L. 1996, CHAPTER 74, *approved July 22, 1996*  
Assembly Committee Substitute for  
Assembly, No. 1760

1 AN ACT concerning the New Jersey Cancer Registry, amending  
2 P.L.1977, c.266 and making an appropriation.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. Section 3 of P.L.1977, c.266 (C.26:2-106) is amended to read  
8 as follows:

9 3. a. The Commissioner of Health, in consultation with the Public  
10 Health Council, shall require the reporting of cases of cancer and other  
11 specified tumorous and precancerous diseases, and the submission of  
12 such specified additional information on reported cases or control  
13 populations as he deems necessary and appropriate for the recognition,  
14 prevention, cure or control of such diseases.

15 b. Pursuant to subsection a. of this section, the Commissioner of  
16 Health is hereby authorized to adopt and promulgate, in the manner  
17 prescribed by the applicable provisions of the "Administrative  
18 Procedure Act" (P.L.1968, c. 410; C. 52:14B-1 et seq.), rules and  
19 regulations specifying the health care providers, individuals, and other  
20 organizations obliged to make the report and submissions required by  
21 subsection a. of this section, the related information to be included in  
22 such reports, and the methods for such reporting.

23 c. All abstracting work performed by a health care facility in  
24 accordance with this section shall be performed by a certified tumor  
25 registrar.

26 d. (1) The Department of Health shall contract out its registry  
27 services to health care facilities which lack adequate internal  
28 capabilities to report cases on a timely basis, as provided in the  
29 regulations adopted pursuant to this section. Such health care  
30 facilities shall reimburse the department for services rendered.

31 (2) If a health care facility fails to correct deficiencies in its  
32 reporting that are discovered on audit by the Department of Health

**EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined thus is new matter.**

1 within 30 days, the department will conduct the appropriate registrar  
2 activities and charge the facility for all costs related to its services.

3 e. Health insurers and other third party health care payers  
4 providing health benefits plans to residents of the State shall report to  
5 the Department of Health cases of cancer of State residents based  
6 upon selection criteria and in a format specified by the department.

7 f. (1) A health care facility, health care provider or health insurer  
8 that fails to comply with the provisions of this section shall be liable  
9 to a penalty of up to \$500 per unreported cancer case.

10 (2) A health care facility that fails to report cases of cancer  
11 electronically, as required by regulation, by December 31, 1996 shall  
12 be liable to a penalty not to exceed \$1,000 per business day.

13 (3) A penalty sued for under the provisions of this subsection shall  
14 be recovered by and in the name of the Department of Health and shall  
15 be dedicated to the cancer registry.

16 (cf: P.L.1977, c.266, s.3)

17

18 2. There is appropriated \$400,000 from the General Fund to the  
19 Department of Health to be used to improve the reporting and analysis  
20 capabilities of the State cancer registry, including cancer incidence and  
21 epidemiological research associated with the Toms River, New Jersey  
22 childhood cancer investigation.

23

24 3. This act shall take effect immediately.

25

26

27

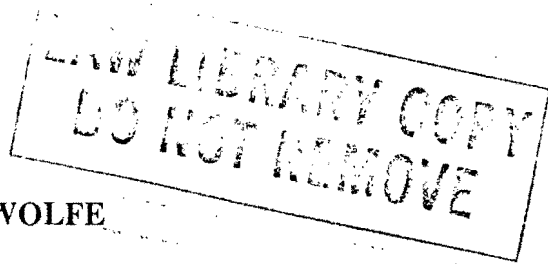
28

29 Strengthens reporting requirements of State cancer registry,  
30 appropriates \$400,000 to DOH.

ASSEMBLY, No. 1760

STATE OF NEW JERSEY

INTRODUCED MARCH 25, 1996



By Assemblymen HOLZAPFEL and WOLFE

1 A SUPPLEMENT to "An Act making appropriations for the support of  
2 the State Government and the several public purposes for the fiscal  
3 year ending June 30, 1996 and regulating the disbursement  
4 thereof," approved June 30, 1995 (P.L.1995, c.164).

5  
6 BE IT ENACTED by the Senate and General Assembly of the State  
7 of New Jersey:

8  
9 1. In addition to the amounts appropriated under P.L.1995, c.164,  
10 there is appropriated out of the General Fund the following sum for  
11 the purpose specified:

12 GENERAL FUND

13 DIRECT STATE SERVICES

14 46 DEPARTMENT OF HEALTH

15 20 Physical and Mental Health

16 21 Health Services

17 4230 Division of Epidemiology, Environmental and Occupational Health

18 03-4230 Epidemiology, Environmental and Occupational Health Services \$400,000

19 Special Purpose:

20 New Jersey State Commission on Cancer Research ..... (\$400,000)

21 Of the amount appropriated hereinabove for the New Jersey State Commission on Cancer  
22 Research, \$100,000 shall be used for a program to track residents of Toms River, New Jersey  
23 for the purpose of determining the number of cancer cases associated with that area and  
24 \$300,000 shall be used for an epidemiological study on the incidence of cancer in Toms River,  
25 New Jersey.

26  
27 2. This act shall take effect immediately.

28  
29  
30 STATEMENT

31  
32 This bill would appropriate a total of \$400,000 to the New Jersey  
33 State Commission on Cancer Research from the General Fund for  
34 research into the incidence of cancer among residents of Toms River.  
35 Of this \$400,000, \$100,000 would be used to establish a program to  
36 track all residents of Toms River to more accurately establish the  
37 number of cancer cases associated with the Toms River area. The  
38 remaining \$300,000 appropriation would be used for an

1 epidemiological study on the incidence of cancer in Toms River.

2       Recent data on childhood cancer rates in the Toms River area have  
3 shown a higher than average rate of brain and central nervous system  
4 cancer. Over a 13-year period ending in 1991, there were five  
5 reported juvenile cases of brain or central nervous system cancers in  
6 the Toms River area, as compared with the expected Statewide norm  
7 of two or fewer cases in an area that size. For Toms River children  
8 under the age of five, the rate of brain and central nervous system  
9 cancer was more than seven times higher than expected. In addition,  
10 there may be a number of unreported cases involving children who  
11 have lived in the Toms River area, yet received treatment in another  
12 state. This supplemental appropriation would allow the New Jersey  
13 State Commission on Cancer Research to track and study the causes  
14 of this possible cancer cluster.

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19       Supplemental appropriation of \$400,000 to New Jersey State  
20 Commission on Cancer Research for research on the incidence of  
21 cancer in Toms River, New Jersey.

ASSEMBLY COMMITTEE SUBSTITUTE FOR  
ASSEMBLY, No. 1760

STATE OF NEW JERSEY

ADOPTED JUNE 3, 1996

Sponsored by Assemblymen HOLZAPFEL and WOLFE

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22 such reports, and the methods for such reporting.

23 c. All abstracting work performed by a health care facility in  
24 accordance with this section shall be performed by a certified tumor  
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28 capabilities to report cases on a timely basis, as provided in the  
29 regulations adopted pursuant to this section. Such health care  
30 facilities shall reimburse the department for services rendered.

31 (2) If a health care facility fails to correct deficiencies in its  
32 reporting that are discovered on audit by the Department of Health

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19 Department of Health to be used to improve the reporting and analysis  
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ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

**ASSEMBLY, No. 1760**

**STATE OF NEW JERSEY**

DATED: JUNE 3, 1996

The Assembly Appropriations Committee reports favorably an Assembly Committee Substitute for Assembly Bill No.1760.

This Assembly Committee Substitute for Assembly Bill No.1760 strengthens the reporting requirements of the State cancer registry to allow for more complete and precise statistical data. The substitute requires that all abstracting work performed by a health care facility be performed by a certified tumor registrar to provide for greater accuracy and consistency. The substitute allows the Department of Health (DOH) to contract out its registry services to those health care facilities which lack the capability to comply with the reporting requirements on a timely basis. The DOH will also conduct registry services at facilities which fail to correct deficiencies discovered on audit. These facilities will reimburse the DOH for all costs related to the services rendered. In addition, the substitute requires health insurers and all third party health care payers to report cancer cases pursuant to rules established by the DOH.

The substitute establishes a penalty of up to \$500 per unreported cancer case to any health care facility, provider or insurer that fails to comply with the State cancer registry's reporting requirements and a penalty of up to \$1,000 per day to any health care facility that fails to report electronically by December 1, 1996. The substitute dedicates all monies recovered through these penalties to the State cancer registry.

The substitute appropriates \$400,000 to the DOH to improve the reporting and analysis capabilities of the State cancer registry, including cancer incidence and epidemiological research associated with the Toms River, New Jersey, childhood cancer investigation.

FISCAL IMPACT:

The bill appropriates \$400,000 from the State General Fund to the Department of Health to improve the reporting and analysis capabilities of the State cancer registry.





## OFFICE OF THE GOVERNOR NEWS RELEASE

**CN-001**

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(609) 984-7160

**TRENTON, NJ 08625**

**RELEASE:**

July 22, 1996

TRENTON - Governor Christie Whitman signed legislation today that strengthens reporting requirements of the New Jersey Cancer Registry, allows for penalties if health facilities fail to report cancer cases in a timely manner and provides the funds necessary to bring the Registry up to date.

The law provides \$400,000 for certified tumor registrars who will aggressively pursue cancer information from health providers and a cancer epidemiologist to analyze data, review trends in cancer morbidity and investigate cancer clusters.

These resources initially will be used in the ongoing study of childhood cancer in Dover Township in Ocean County.

"The health and well-being of New Jerseyans is a top priority. But when health is compromised by cancer, we need to have the right information, the ability to use data and intercede when necessary. This law takes us to that goal," said Whitman, who signed the legislation at the State House.

In addition to the \$400,000, the Governor pledged \$200,000 from her discretionary fund to be used for water testing in Dover Township as part of the cancer investigation. The Governor has a \$2 million discretionary fund each year which she designates for different projects.

The Registry collects information on every cancer diagnosed among New Jersey residents, which is approximately 42,000 cases a year. Physicians, laboratories, hospitals and others in New Jersey are required by law to report incidences of cancer. Facilities in New York, Pennsylvania, Delaware and Florida report through a special agreement.

Health and Senior Services Commissioner Len Fishman said the Registry, which has complete data through 1991, will now have the resources to eliminate a backlog of cases by the end of this year.

"Our Registry is already one of the best in the country. This law gives us the ability to make it even better." Fishman said.

The commissioner also said the Registry is "the single most important tool" for determining population risks and trends.

For the first time, the law carries penalties for health facilities or other providers who fail to report each cancer case to the Registry within six months of diagnosis. A penalty of \$500 per unreported case will be assessed.

In addition, a penalty of \$1,000 per day will be assessed against any health care facility that fails to report electronically by December 1, 1996. About 86 percent of hospitals report electronically now. All have the capability of doing so.

Sponsors of Assembly Bill 1760 are assemblymen David Wolfe and James Holzapfel and for Senate Bill 992 senators Andy Ciesla and Robert Singer, all Republicans from Ocean County.

Attached is a fact sheet on the New Jersey Cancer Registry.

## NEW JERSEY STATE CANCER REGISTRY FACTS

- o The State Cancer Registry was established by Law in 1977 following concern that New Jersey was "Cancer Alley". This concern was based on mortality studies that showed NJ had the highest cancer mortality rates in the country.
- o About 42,000 NJ residents will be diagnosed with cancer in 1996. The Registry will collect over 60,000 reports of these cancers, primarily from health care facilities in the state, diagnosing or treating cancer patients. Physicians, dentists, and clinical laboratories also report non-hospitalized cancer patients.
- o About 10% of all cancer cases are reported by out-of-state facilities via reciprocal reporting agreements with other states.
- o Data collected include demographic information (age, race, gender, marital status, address at diagnosis, usual occupation, usual industry) and medical data (where in the body the cancer originated, specific type of cancer, how far the cancer had spread prior to diagnosis, and treatment information if available).
- o The database now includes information on over 750,000 cancers from 1979-present. Data are considered complete for the years 1979-1991, with 1992-1994 about 80% complete. 1995 data are about 40% complete.
- o New Jersey's diverse, multi-ethnic population and unique environmental and industrial factors make the collection of data by the State Cancer Registry vital to the ability of researchers, policy makers, and health planners to combat this disease.
- o Data are used to:
  - o monitor cancer trends
  - o compare to national data
  - o plan and evaluate cancer control initiatives
  - o epidemiologic studies of cancer causes
  - o cluster investigations
- o A new cancer case is diagnosed every 12 minutes in New Jersey, 24 hours a day, 365 days per year. A NJ resident dies from cancer every half hour.
- o For women, NJ's overall cancer rate ranks sixth among 28 states and provinces compared in "Cancer Incidence in North America" published by the North American Association of Central Cancer Registries. Men ranked ninth for overall cancer rates.
- o For women in NJ the most common types of cancer are: breast, lung, colon and rectum, corpus uteri, and ovary.
- o For NJ men the leading types of cancer are: prostate, lung, colon and rectum, bladder, and lymphoma.
- o This Bill creates one of the strongest legislations for cancer reporting in the nation. This legislation will enable statewide collection of comprehensive, timely and accurate data, which will provide invaluable information about cancer in our state.