B. Six members shall constitute a quorum for the transaction of business; however, no board action shall be taken by a vote of less than a majority of the full board. The chairman shall vote only when it would affect the outcome.

C. The board shall meet at a convenient place selected by the chairman.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.88.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987).

§8309. Committees

A. Peer Review Committees shall be appointed by a vote of the board as provided under R.S. 40:1299.88(D)1. Reimbursement for expenses, including travel expenses, incurred in the discharge of their duties will be provided to members of the Peer Review Committees. The board may elect to provide honorariums to members of these committees within the budget and statutory provisions of the Trust Fund Act and the state. Board members or Advisory Committee members are not entitled to honorariums should they serve on Peer Review Committees.

B. The board may establish advisory committees as provided under R.S. 40:1299:88(E)8.

C. The chairman may appoint ad hoc committees as determined by the needs of the board. Members of these committees, if not regular members of the board, are not entitled to any reimbursements for expenses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.88.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987).

§8311. Disbursement of Grant Funds

A. All applications for funding will undergo evaluation and priority rating by a Peer Review Committee. The applications shall be submitted by the Peer Review Committee to the board, who will elect to award funds to the applications. Decisions of the board are final.

B. Grant applications will be handled in the following manner: Advertisement of monies available and where to obtain grant applications shall be made in the Louisiana Register and directly to all appropriate institutions, organizations, and individuals. Grant applications will be forwarded to the appropriate peer review committees.

C. The board shall review the peer review committees' recommendations and notify all applicants of the funding decisions. The chairman of the board shall be responsible for notifying all grant applicants via mail of the decisions of the board within 10 days of the board meeting.

AUTHORITY NOTE: Promulgated in accordance with R. S. 40:1299.80 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987).

§8313. Rules of Operation and Revisions

A. The operation of the board and all committees will be guided by Robert's Rules of Order, Revised, 1979 Edition, in all instances not covered by these procedures.

B. Any revisions to R.S. 40:1299.80 through 1299.90, the Louisiana Cancer and Lung Trust Fund statutes, by the legislature will automatically affect these procedures. Subsequent additions and amendments are to be proposed by a member of the board in writing, and approved by a three-fourths vote of the full board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.80 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:

Subpart 31. Louisiana Tumor Registry

Chapter 85. Statewide Tumor Registry Program

§8501. Purpose

A. R.S. 40:1105.1 et seq., established a "statewide registry program for reporting cancer cases for the purpose of gathering statistical data to aid in the assessment of cancer incidence, survival rates, possible causes of specific cancers, and other related aspects of cancer in Louisiana." In order to provide cancer registry data for interventions to reduce exposure to cancer risks, increase early detection, and improve cancer care and health-related quality of life, the registry will obtain data via new technology from medical/health records, linkages with external files, and directly from cancer patients. The LTR will use its infrastructure and data to assist in the statewide cancer care coordination program. In carrying out this mandate, the Louisiana Tumor Registry collaborates with the National Cancer Institute, the Centers for Disease Control and Prevention, national and international cancer surveillance programs, health care providers and facilities, public health agencies, and research institutions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2836 (December 2004), amended by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2786 (December 2009), LR 39:3304 (December 2013), LR 44:71 (January 2018).

§8502. Background

A. In December 1971, President Richard Nixon signed the National Cancer Act (P.L. 92-218). As a result of this act, the Surveillance, Epidemiology and End Results (SEER) Program, a national cancer surveillance program within the National Cancer Institute, was established. Data on cancer incidence and survival were collected in selected states and

regions, beginning with cases diagnosed on January 1, 1973. The importance of cancer registration was subsequently reinforced by the passage of federal legislation in 1992 (Public Law 102-515) establishing the National Program of Cancer Registries within the CDC. Louisiana participates in both cancer surveillance programs.

B. Acts No. 1197 of the 1995 Louisiana Legislative Session clarified the cancer-reporting responsibilities of health care professionals and institutions, provided for intervention in cases of noncompliance, reinforced the confidentiality requirements to protect participants from civil liability, authorized the exchange of cancer incidence data with other states, and provided for related matters.

C. Acts No. 1138 §2 of the 1995 Session transferred the Louisiana Tumor Registry program and the Louisiana Cancer and Lung Trust Fund Board to the Board of Supervisors of the Louisiana State University Agricultural and Mechanical College, to be administered by the Louisiana State University Health Sciences Center at New Orleans.

D. Acts No. 197 of the 2001 Regular Legislative Session replaced "Secretary of the Department of Health and Hospitals" and "Secretary" with "President of the Louisiana State University System, or his designee" or "President" and replaced "office of public health in the Department of Health and Hospitals" with "office of the President." It also mandated the reporting of follow-up information and confirmed the ability of the LTR to release data to qualified researchers and other state cancer registries.

E. Acts No. 225 of the 2003 Regular Legislative Session added benign and borderline tumors of the brain and central nervous system to the reportablity list and authorized the LTR to cooperate with other designated national and international cancer surveillance programs.

F. Acts No. 373 of the 2017 Regular Legislative Session requires LTR, within the confines of federal privacy laws, to provide diagnostic, treatment and follow-up information for a patient at the request of a physician or medical facility. It also requires LTR to continue to cooperate with Office of Public Health of the Department of Health (LOPH) in the implementation of a program of cancer investigation and intervention, if funding is available, and on evaluation of programs. It changes the smallest level of data released by the LTR to the census tract, if it does not violate suppression rules or federal privacy laws. If a data request is denied by LSUHSC-New Orleans' Institutional Review Board (IRB), the requestor must be given notice in writing of the reason. The LTR Research Committee is expanded to include more qualified members. The annual report is now required to be sent to more governmental entities and the governing body of each parish, as well as LTR creating a mechanism for individuals to be notified when it is published on its website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2836 (December 2004), amended by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2786 (December 2009), LR 39:3304 (December 2013), LR 44:71 (January 2018).

§8503. Definitions

Confidential Data—shall include any information that pertains to an individual cancer case, as ordinarily distinguished from group, aggregate, or tabular data. Statistical totals of "0" or "1" may be deemed confidential, case-specific data. Confidential, case-specific data include, but are not limited to, primary or potential personal identifiers. In addition, in research involving data contained in the National Center for Health Statistics database, statistical totals of 5 or less are also deemed confidential data and are suppressed unless prior written consent of all of the affected respondents has been obtained in accordance with 42 U.S.C. §242k(l); 5 U.S.C. §552(a); and http://www.cdc.gov/nchs/data/misc/staffmanual2004.pdf (p. 16).

Director—the *director* of the Louisiana Tumor Registry, who is appointed by the president of the Louisiana State University System.

Follow-Up Information—information that is used to document outcome and survival for all types of cancer. The information includes, but is not limited to, patient identifiers, treatment, recurrence or progression, vital status, and date of last contact. If the patient is deceased, date of death and causes of death are included.

Health Care Provider—every licensed health care facility and licensed health care provider, as defined in R.S. 40:1231.1(A)(10), in the state of Louisiana, as well as out-of-state facilities and providers that diagnose and/or treat Louisiana residents.

Louisiana Tumor Registry/LTR—the program in Louisiana State University System that administers a population-based statewide cancer registry.

Regional Tumor Registry—an organization that is contracted with the Louisiana Tumor Registry (LTR) to provide in its region such services as: screening all possible sources to identify reportable cases, abstracting required information on all reportable cases, obtaining current follow-up information, editing data, performing quality assurance programs, training personnel from hospitals and other reporting facilities, and furnishing electronic records of acceptable quality to the LTR from all medical facilities and health care providers in the parishes assigned to that region.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2836 (December 2004), amended by LSU System,

Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2787 (December 2009), LR 39:3305 (December 2013), LR 44:71 (January 2018).

§8505. Responsibilities of Health Care Facilities and Providers

A. All hospitals, pathology laboratories, radiation centers, physicians, nursing homes, hospices, other licensed health care facilities and providers as defined in R.S. 40:1231.1(A)(10) as well as coroners' offices shall report all reportable cases (see §8507.A) to the LTR, a public health authority. In addition, they shall provide information for all cancer-related studies conducted by the cancer registry program. Health care facilities and providers shall report cases regardless of whether the patient is a resident of Louisiana or of where the patient was originally diagnosed and/or treated. As needed for surveillance or cancer studies, the LTR shall have remote electronic access, where available, or physical access to all medical records, aligning identifiers (name, Social Security number, and date of birth), and obtain related diagnostic material such as biospecimens of cancers. Physician offices diagnosing and treating cancer patients shall submit cancer case information electronically to the LTR if their electronic health record (EHR) has the capability.

B. The LTR is mandated to conduct cancer studies and may request additional information from medical/health records and self-reported surveys of cancer patients, and diagnostic material in order to carry out these studies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2837 (December 2004), amended by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2787 (December 2009), LR 39:3305 (December 2013), LR 44:72 (January 2018).

§8507. Case Reporting

A. Reportable Cases. Any in situ or invasive neoplasm, as designated by the most recent edition of the *International Classification of Diseases for Oncology,* published by the World Health Organization, is considered a reportable diagnosis. In addition, benign and borderline tumors as well as other neoplasms mandated by the LTR or its funding agencies shall be considered reportable. The LTR may require the reporting of precursor lesions for special surveillance programs. Details are available at the LTR website.

B. Transmission and Format for Reporting

1. All reports are to be transmitted electronically.

2. Facilities without electronic medical records must submit hard copies.

3. The LTR will stipulate the format for reporting, the required codes, and the format for transmitting data by all hospitals, pathology laboratories, radiation centers, physicians, nursing homes, hospices, and other licensed health care facilities and providers.

4. Diagnosis-related material, such as cancer biospecimens and pathology slides, as well as biological materials such as saliva samples, shall be sent to the Louisiana Tumor Registry if requested.

C. Data Quality. Data must meet the quality standards defined by the LTR. Data submissions of unacceptable quality will be returned for correction and must be resubmitted as specified by the LTR. Adequate text must accompany all coded data items to ensure data quality.

D. Variables to be Reported

1. At a minimum, the reports from non-hospital reporting sources shall include the identifiers, demographic, diagnostic, treatment, and follow-up information required by U.S. Public Law 102-151. Hospital-based reporters must use the standard variables, including identifiers, and codes established by the North American Association of Central Cancer Registries. A complete list of data items is available on the LTR website. Additional variables may be requested as needed to carry out the full mandate of registry operations, including Louisiana-specific cancer studies and meeting the requirements of the LTR funding agencies.

E. Deadlines for Reporting

1. Hospitals must submit completed cancer abstracts within six months of diagnosis or first contact with the patient for that cancer.

2. Pathology laboratories, radiation centers, surgery centers, physicians, and other licensed health care facilities and providers, shall report cancer cases, as defined in §8507.A, within two months of diagnosis or of the facility's first contact with that patient for cancer.

3. Hospices and nursing homes shall identify cancer cases and provide copies of medical records (electronic or paper copies) as requested.

4. In addition, providers shall notify the LTR within one month if they diagnose or treat any cancer patient under age 20 years old.

F. Failure to Report. If a facility fails to meet the deadline for reporting in the format specified by the Louisiana Tumor Registry or if the data are of unacceptable quality, personnel from the LTR or its contractors may enter the facility to screen and abstract the information. In such situations, the facility shall reimburse the Louisiana Tumor Registry or its contractor $45 per case or the actual cost of screening, abstracting, coding, and editing, whichever is greater. Facilities refusing to cooperate within one month of the LTR's request for cancer reporting may be fined. Fines accrue daily after this one month of noncooperation at $100 per day, with a cap of $5000 total. Money from fines accrue to the LTR account, for LTR operations. The LTR may take legal action if necessary to enforce compliance with the law.

G. Quality Assurance

1. Staff members from the LTR central office, the regional registries, and national cancer surveillance programs designated by the LTR shall perform periodic quality assurance studies at all reporting facilities. These studies shall include:

a. rescreening medical and health records to ensure that all reportable cases have been identified;

b. reabstracting the records of patients to ensure that all data have been abstracted and coded correctly.

2. Reporting facilities shall assist LTR staff by compiling a list of cancer patients in the format required by the LTR and by obtaining the necessary medical and health records.

H. Follow-Up. Current follow-up, as defined in §8503, is required for all cancer cases. Health care facilities and providers will supply this information when requested.

I. External Linkages. LTR data may be linked with external databases in order to improve the accuracy and completeness of follow-up data or for research. All linkages shall be carried out in compliance with LTR confidentiality rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:11105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2837 (December 2004), amended by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2787 (December 2009), LR 39:3305 (December 2013), LR 44:72 (January 2018).

§8509. Confidentiality

A. R.S. 40:1105.6 and 1105.8 of Acts 1995, No. 1197, strengthen and enforce previous legislative provisions to ensure the confidentiality of patients, health care providers, and reporting facilities. These laws protect licensed health care providers and facilities that participate in the cancer registration program from liability. They also specify the confidentiality requirements of the Louisiana Tumor Registry.

B. Louisiana Tumor Registry policies and procedures comply with the standards of the Health Insurance and Portability and Accountability Act (HIPAA). The Office of Civil Rights has determined that releases of confidential data to state-mandated cancer registries do not require patient consent, since the registries serve as a public health authority.

C. LTR Responsibilities. The president or his or her designee shall take strict measures to ensure that all case-specific information is treated as confidential and privileged. All employees, consultants, and contractors of the Louisiana Tumor Registry and of its regional offices shall sign an "agreement to maintain confidentiality of data" each year, and these agreements shall be kept on file. Any employee who discloses confidential information through gross negligence or willful misconduct is subject to penalty under the law.

D. Protection of Reporting Sources. Health care providers and facilities that disclose cancer morbidity or mortality information to the Louisiana Tumor Registry or its employees in conformity with the law shall not be subject to actions for damages. Their licenses shall not be denied, suspended, or revoked for good-faith release of confidential information to the Louisiana Tumor Registry.

E. Protection of Case-Specific Data Obtained by Special Morbidity and Mortality Studies and Other Research Studies

1. R.S. 40:3.1(A) through (H) and R.S. 40:1105.8(F) state that all confidential data such as records of interviews, questionnaires, reports, statements, notes, and memoranda that are procured or prepared by employees or agents of the Office of Public Health shall be used solely for statistical, scientific and medical research purposes. This applies also to data procured by employees or agents of the Louisiana Tumor Registry or organizations, including public or private college universities acting in collaboration with the Louisiana Tumor Registry in special cancer studies.

2. No case-specific data shall be available for subpoena, nor shall they be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding, nor shall such records be deemed admissible as evidence in any civil, criminal, administrative, or other tribunal or court for any reason.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2838 (December 2004), amended by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2789 (December 2009), LR 39:3306 (December 2013), LR 44:72 (January 2018)

§8511. Release of Information

A. Confidentiality of Published Data

1. Reports published or presented by the Louisiana Tumor Registry shall include aggregate, not case-specific, data.

2. Information that would potentially identify a patient or a health care provider or facility shall not be disclosed, except to treating, diagnosing, and follow-up facilities and providers or qualified investigators currently approved by both the LTR and the LSUHSC Institutional Review Board, in conformity of R.S. 40:1105.8.1

3. When collecting self-reported information from cancer patients, patient privacy will be protected by HIPAA-compliant procedures.

B. Diagnostic, Treatment, and Follow-Up Information. Diagnostic, treatment, and follow-up information about a

patient shall be provided, if requested, to a physician or medical facility diagnosing or treating the case. Section 45 CFR 164.506 of the Health Information Portability and Accountability Act (HIPAA) allows such sharing of health information.

C. Collaboration with Federal and State Public Health Agencies and National and International Cancer Surveillance Programs

1. The LTR is authorized to collaborate with the National Cancer Institute, the Centers for Disease Control and Prevention, and other national and international cancer surveillance programs and organizations designated by the LTR, including but not limited to the North American Association of Central Cancer Registries and the International Agency for Research on Cancer, in providing cancer data and participating in cancer studies.

2. In addition, the LTR shall work closely with the LOPH in investigating cancer concerns, evaluating programs, and other cancer-related issues. This includes cooperating in the implementation of the program of cancer investigation and intervention provided for in R.S. 40:1105.8.1, if sufficient funding is available for this purpose. LOPH requests for case-specific data will require annual approval by the Institutional Review Board of the Louisiana State University Health Sciences Center-New Orleans (LSUHSC-New Orleans). In addition, the LOPH must comply with LTR confidentiality standards, and reports written for public release using registry data must be reviewed by the registry in advance.

3. The use of registry data by LOPH officials and Louisiana Cancer Prevention and Control Programs, who sign an annual agreement to maintain the confidentiality of registry data, shall be considered an in-house activity and shall be processed expeditiously.

D. Requests for Case-Specific LTR Incidence Data. Case-specific data may be released to qualified persons or organizations for the purposes of cancer prevention, control, and research. Such data do not include information collected for special studies or other research projects.

1. The LTR reserves the right to prioritize its responses to data requests.

2. Requests from researchers for case-specific LTR incidence data, including data linkages, must be submitted in writing and shall be reviewed and approved by the LTR Data Release Committee following the established policies of the Louisiana Tumor Registry. A detailed description of the policies and procedures for requesting Registry data can be obtained from the LTR website. These established policies include, but are not limited to, the following requirements:

a. approval from the LSUHSC-New Orleans Institutional Review Board and compliance with the LSUHSC-New Orleans HIPAA research policy as well as approval from the researcher's Institutional Review Board and compliance with that institution's HIPAA research policy;

b. signature of the LTR "agreement to maintain confidentiality of data" by all investigators who will have access to the data, agreeing to adhere to the LTR confidentiality provisions and prohibiting the disclosure of LTR data in any civil, criminal, administrative, or other proceeding;

c. provision of a copy of the complete protocol for the project;

d. completion of all requirements listed in the document on the LTR website;

e. notification of physician, if required, before contacting patients or their next-of-kin;

f. destruction or return of data once the research is completed.

3. LTR Research Committee. The research committee shall be coordinated by the director of the LTR or designee and may include, but not be limited to, the director of the LTR, and a qualified representative from each of the following entities: LSUHSC-New Orleans, OPH, and the Cancer and Lung Trust Fund Board. The committee will verify:

a. that the researchers are able to execute the proposal, in terms of both financial support and professional qualifications;

b. that the study has scientific and ethical merit;

c. that all appropriate confidentiality protections are in place; and

d. that appropriate consent will be obtained.

E. Requests for Aggregate Data

1. Data requested by the Office of Public Health for responding to concerns about threats to public health shall receive priority in determining the order of processing requests.

2. Subject to the provisions of the Public Records Act, R.S. 44:4.1 et seq., other requests for aggregate data shall be processed in the order of their receipt. The registry shall respond to public requests in as timely a manner as resources permit, provided that these requests meet certain requirements in conformity with R.S. 40:3.1(A) and (F) and R.S. 40:1108.8(F) et seq.

3. Those requesting data may be asked to reimburse the LTR for actual costs for compiling and providing data. In no event shall the LTR be obligated to perform original work to create data not currently in existence.

4. According to R.S. 40:1105.8.1. The census tract is the smallest geographic area for which aggregate data may be released, if it does not violate both the suppression rule of the United States Cancer Statistics Program, and HIPAA. LTR may combine years of data to overcome these rules. IRB approval is required when requesting data for smaller geographic areas or areas that are restricted by the aforementioned rules and laws, except for mandated public health investigations. If a data request is denied by the IRB,

the IRB shall provide written notice of the reason why to the requestor electronically or via mail.

F. Annual Report. A statistical report shall be prepared and made available on the LTR website. This report will also be submitted to the president of the LSU system, LSUHSC-New Orleans, LSUHSC-Shreveport, the Cancer and Lung Trust Fund Board, participating hospitals, the governor, the speaker of the House of Representatives, the president of the Senate, the Legislative Committees on Health and Welfare, and the governing body of each parish.

1. The LTR shall have a mechanism on its website which individuals may elect to receive notifications and the annual report in electronic form.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2839 (December 2004), amended by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2789 (December 2009), LR 39:3307 (December 2013), LR 44:73 (January 2018).

§8512. Patient-Reported Data

A. The LTR is authorized to contact cancer patients to obtain information on self-reported family history of cancer, health-related quality of life, and other related topics to support patient-centered cancer care. Participation of cancer patients is voluntary. The LTR shall use appropriate data collection means to minimize the burden on participants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 44:74 (January 2018).

§8513. Interstate Exchange of Data

A. Because cancer patients may be diagnosed or treated in other states, the Louisiana Tumor Registry is authorized to sign agreements with other states to acquire cancer data concerning Louisiana residents and, in return, to provide those states with cancer data relating to their residents. Each signatory state shall agree in writing to follow standard procedures to safeguard patient confidentiality and ensure data security.

B. Before the release of any confidential information to other state cancer registries, an interstate data exchange agreement shall be executed by a representative of the other state registry who is authorized to legally obligate the registry and by a representative of the Louisiana State University System.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2840 (December 2004), amended by Louisiana State University System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2790 (December 2009), LR 39:3308 (December 2013), LR 44:74 (January 2018).

§8514. Cancer Care Coordination

A. The LTR is authorized to work collaboratively with the Louisiana Department of Health and the Louisiana Cancer Prevention and Control Programs to provide information to cancer patients regarding access to clinical trials and other care services for the statewide cancer care coordination program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 44:74 (January 2018).

§8515. Contact Information for the Louisiana Tumor Registry

Louisiana Tumor Registry
2020 Gravier St., Third Floor
New Orleans, LA 70112
Phone: (504) 568-5757
Fax: (504) 568-5800
Website: http://sph.lsuhsc.edu/louisiana-tumor-registry/

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1105.3(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Louisiana State University Medical Center, Office of the Chancellor, LR 24:1298 (July 1998), amended by the LSU Health Sciences Center, Health Care Services Division, Tumor Registry, LR 30:2840 (December 2004), amended by LSU System, Louisiana State University Health Sciences Center, Louisiana Tumor Registry, LR 35:2790 (December 2009), LR 39:3308 (December 2013), LR 44:74 (January 2018).

Subpart 33. Venereal Disease Control Services

Chapter 87. Venereal Disease Control Program

§8701. Purpose

A. The Office of Preventive and Public Health Services (OPPHS) administers the Venereal Disease Control Program to protect the public against sexually-transmitted (i.e. venereal) diseases. The purpose of the program is to prevent death, disability and social loss by reducing and preventing the incidence of sexually-transmitted diseases through treatment of infected patients and the identification of potentially infectious patients and their medical evaluation.

AUTHORITY NOTE: Promulgated in accordance with R.S 40:1061-1068.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Preventive and Public Health Services, LR 13:246 (April 1987).