HOUSE JOINT RESOLUTION NO. 524

Directing the Joint Commission on Health Care to study Virginia's Statewide Cancer Registry.

Agreed to by the House of Delegates, February 5, 1999 Agreed to by the Senate, February 18, 1999

WHEREAS, the American Cancer Society estimates that eight or more million Americans are cancer survivors or are being treated for cancer; and

WHEREAS, the 1998 estimate of 1.23 million new cases of cancer does not include localized carcinomas or the approximately 1 million cases of diagnosed basal and squamous cell skin cancers; and

WHEREAS, one out of four deaths in 1998 in the United States is attributable to cancer, with an estimated 564,800 Americans dying of cancer per year; and

WHEREAS, Virginia has collected data on cancer incidence since 1950; and

WHEREAS, federal law approved in 1992 established the National Program of Cancer Registries within the Centers for Disease Control and Prevention for the purpose of improving states' existing cancer registries; and

WHEREAS, Virginia's law and program have evolved over the last 48 years and have been enhanced to meet the federal goals and requirements; and

WHEREAS, cancer surveillance is an important tool in developing a comprehensive and unified scientific and public health mechanism for effective cancer prevention and detection; and

WHEREAS, although the Commonwealth is to be commended for its early recognition of the need for cancer surveillance data, there is reason to believe that the collection, collation, and use of such data could be significantly improved or revised to provide greater benefits to the citizens of Virginia; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study Virginia's Statewide Cancer Registry.

In conducting its study, the Joint Commission shall examine the effectiveness of the Statewide Cancer Registry as established in Article 9 (§ 32.1-70 et seq.) of Chapter 2 of Title 32.1 to determine the:

- 1. Completeness of the data, i.e., whether all necessary reporting sources are required to submit data to enable the registry to collect comprehensive cancer surveillance data.
 - 2. Timeliness of the data reporting, collation, and analyses.
- 3. Manner and thoroughness of the data collation, including, but not limited to, any geographic and population subcomponents.
- 4. Uses of the data for prevention, intervention, and treatment analyses and strategies, including education of the public, medical and health services research, treatment evaluations, and public health intervention and prevention.
 - 5. Access to the data by experts for research purposes and by the public for educational purposes.
- 6. Confidentiality of the data in both statistical and individual form and whether individual data should be available to any researchers, the subject of the data or the subject's family and, if so, the scope of the information to be disclosed and the circumstances for disclosure.
- 7. Legal basis for the registry and whether this legal authority as reflected in Title 32.1 of the Code of Virginia is sufficient to serve the Commonwealth in monitoring cancer incidence and mortality, guiding cancer control planning and evaluation, assisting in prioritizing health resource allocations, advancing medical and public health research, and contributing to the development of both a Virginia and a national cancer control strategy.
- 8. Principles and practices currently in use for cancer control in Virginia and the necessary revisions to these strategies to improve the synergism, sustainability, and effectiveness of the Commonwealth's cancer control efforts.

All agencies of the Commonwealth shall provide assistance to the Joint Commission, upon request.

The Joint Commission shall complete its work in time to submit its findings and recommendations to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.