

**Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget**

Kansas Department of Health and Environment
Agency

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Agency Contact

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Contact Phone Number

28-70-2
K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to: Division of the Budget
900 SW Jackson, Room 504-N
Topeka, KS 66612

I. Brief description of the proposed rule(s) and regulation(s).

KAR 28-70-2. Reporting requirements. This regulation specifies the reporting requirements including who, what and when cancer-related information is to be reported to the Kansas Cancer Registry (KCR). The KCR is the agent of the Kansas Department of Health and Environment (KDHE) for the purpose of receiving and processing confidential cancer reports and other information related to the incidence of cancer in the state. The KCR is located at the University of Kansas Medical Center, Department of Preventive Medicine and Public Health and is managed by the Cancer Registry Director who is a faculty at the Department of Preventive Medicine and Public Health. The proposed amendments require that each report from a reporting party specified in subsections (a) and (b) of the regulation contains the cancer screening history and risk factors for cancer. An amendment eliminates an obsolete method for data transfer.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)

Statewide cancer registries are mandated by the Cancer Registries Amendment Act Public Health Service Act (42 USC 280e -280e4; Public Law 102-515) and are in existence in all 50 states and in the United States territories. The proposed amendments are needed to comply with the federal standards related to cancer screening from the Center for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI).

III. Agency analysis specifically addressing following:

A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

The proposed regulation will neither enhance or restrict business activities and growth.

B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;

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The proposed regulation will have no implementation and compliance costs for businesses, sectors, public utility ratepayers, individuals and local government or on the state economy as a whole.

The proposed regulation adds no additional costs to the reporting parties or to the KCR. Costs will be absorbed within existing resources.

C. Businesses that would be directly affected by the proposed rule and regulation;

Subsections (a) and (b) of the regulation specify the required reporting parties. The proposed regulation will affect the required reporting parties including health care providers that provide cancer screening related services such as hospitals, laboratories and mammography stations. However, there will be no additional costs to reporting parties. Costs will be absorbed within existing resources because all of the reporting parties currently report cancer cases to the KCR.

D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

The filing of a report by a reporting party to the KCR of the cancer screening history and risk factors for cancer will not add any additional costs to the reporting party and costs will be absorbed within existing resources. The long-term impact of screening data will extend beyond reduction in screenable cancers and prolonging survivorship and will also improve quality of life and significantly reduce personal and societal economic costs.

E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;

The measures taken to minimize the cost to businesses, local government, individuals and any detrimental impact on economic development are to conduct linkages of the KCR database with electronic health records, including pathology, cytology, billing, claims, and medical records disease indices (MRDIs), that already contain screening related information. Records linkage will minimize the needs and/or costs resulting from direct abstraction. The electronic health records will be provided by reporting parties, while linkage cost will be covered by the funding obtained by the KCR from the CDC.

F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.

\$0. There are no annual implementation and compliance costs expected to be incurred by or passed along to businesses, local governments or the public.

An estimate, expressed as a total dollar figure, of the total implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.

\$0. There are no total implementation and compliance costs expected to be incurred by or passed along to businesses, local governments or the public. There will be no additional implementation and compliance costs for the reporting parties and the KCR and costs will be absorbed within existing resources.

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- 1) The case-finding sources that include MRDIs and billing records are in electronic format and have been sent routinely to the KCR for case-finding and/or quality audit purpose.
- 2) The screening-related codes already have been included in the cancer-finding lists. Therefore, there is no additional work/cost that is expected from producing the lists of patients who have received screening.
- 3) The CDC and the KCR currently target screening in women diagnosed with breast and/or cervical cancers of which there are about 2500 patients in Kansas annually, or six or less patients per reporting party. Many reporting parties will have no cases, while large reporting parties will have more patients.
- 4) The KCR will provide record linkage of all case-finding sources and send the patient list to the reporting party that provided the screening. The reporting party will send the electronic file to the KCR using the KCR secured file transfer portal, which is a secured free service to all reporting parties. There is no mailing cost to reporting parties. Further, the KCR will abstract the required data using the pertinent electronic reports that are transmitted to the KCR.
- 5) A reporting party has the option to abstract data if they choose to do so and will absorb personnel costs within existing resources. Costs for the KCR personnel will be obtained from the CDC grant funding.

Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?

YES NO

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

The cost estimate methodology is described in paragraph III E. The approach is to perform linkages between the KCR database with various sources of electronic health records that are already in existence. Many of these electronic health records have been transmitted to the KCR and are part of the current/standard data sources in cancer registration operation.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES NO

- G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.**

The proposed amended regulation will have no effect on the cities, counties or school districts within the state. However, when the notice of hearing for this regulation was published in the *Kansas Register*, standard agency procedure was followed and the three organizations were contacted electronically for comment with attached copies of the regulation, economic impact statement and published notice of hearing.

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- H. Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).**

KDHE consulted with and solicited information from the Department of Preventative Medicine and Public Health at the University of Kansas Medical Center. KDHE requested comment from the three organizations listed in paragraph IIIG.

- I. For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons who would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).**

Not applicable.

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