PALAU CANCER REGISTRY ACT

On August 4, 1999, RPPL No. 5-33 was signed by President Kuniwo Nakamura to “establish a cancer registry system for the collection of information on the incidence of cancer and related data; to provide for the confidentiality of identifying information regarding individual patients, health care facilities and health care providers; and for related purposes.”

The RPPL 5-33 is also known as “Cancer Registry Act”

Section 1. “Short title.” This Act may be cited as the “Cancer Registry Act.”

Section 2. “Definitions.” As used in this Act

(a) “Cancer.” means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma disease.

(b) “Health care facility.” means hospital, nursing home or other institution that provides medical care in the Republic of Palau.

(c) “Health care provider.” means a physician (M.D., M.B.B.S., M.O., D.O., D.D.S), medex, nurse practitioner, registered nurse, nurse midwife, practical nurse or health assistant licensed in the Republic of Palau.

(d) “Minister.” means the Minister of Health or person designated by the Minister to compile information, prepare reports, and performs any functions required or permitted under this act.

Section 3. Cancer Registry

(a) The Minister of Health and each health care facility and health care providers shall jointly establish a uniform, nation-wide population-based cancer registry system for the collection of information regarding the incidence of cancer and related data. The Minister and each health care facility and health care providers shall jointly adopt rules necessary to effect the purposes of this Act, including the data to be reported and the effective date after which reporting by health care facilities and health care providers shall be required.

(b) All cancers diagnosed or treated in the Republic shall be reported to the Minister to compile cancer related data.

(c) The Minister shall establish a training program for the personnel of participating health care facilities and a quality control program for cancer data. The Minister shall collaborate in studies with clinicians and epidemiologists and publish reports on the results of studies. The Minister shall cooperate with the U.S. National Institutes of Health and the Center for Disease Control in providing cancer incidence data.

Section 4. Participation in Program

Each health care facility and health care provider diagnosing or providing treatment to cancer patients shall report to the Minister each cancer case that occurs within the facility or provider’s office. Within 120 days of the effective date of this Act, the Minister and each health care provider and health care facility shall jointly
promulgate a plan to set forth the format, content, and timing of the report required by this section, including remedies and penalties for noncompliance. Any cancer patient whose diagnosis or treatment is reported to the Minister shall be informed of this fact by the health care facility or health care provider prior to submission of the report. This section shall only apply to cancer cases diagnosed or treated following the effective date of this Act.

Section 5. Confidentiality

(a) All information reported pursuant to this Act shall be confidential and privileged. The Minister shall take strict measures to ensure that all identifying information is kept confidential.

(b) All identifying information regarding an individual patient, health care provider or health care facility contained in records of interviews, written reports and statements procured by the Minister, or by any other person, agency or organization acting jointly with the Minister, in connection with cancer morbidity and mortality studied shall be confidential and privileged and may be used solely for the purpose of the study. Nothing in this section shall prevent the Minister from publishing statistical compilation relating to morbidity and mortality studies, which do not identify individual cases or source of information.

Section 6. Disclosure

(a) The Minister may enter into agreements to exchange confidential information with other cancer registries in order to obtain complete reports of Palau residents diagnosed or treated in other countries, subdivisions thereof, and to provide information to other countries, and subdivision thereof, regarding their residents diagnosed or treated in the Republic of Palau.

(b) The Minister may furnish statistical information to other nation’s cancer registries, cancer control agencies, or health researchers in order to collaborate in a national cancer registry or to collaborate in cancer control and prevention research studies. Before releasing confidential information, the Minister shall first obtain from such national registry, agency or researcher, a written agreement to keep the identifying information confidential and privileged. In the case of researchers, the Minister shall first obtain evidence of the approval of his or her academic committee for the protection of human subjects or the equivalent.

Section 7. Liability

(a) No action for damages arising from the disclosure of confidential or privileged information may be maintained against any person, or the employer or employee of any person, who participates in good faith in the reporting of cancer registry data or data for cancer morbidity or mortality studies in accordance with this Act.

(b) No license of a health care facility or health care provider may be denied, suspended or revoked for the good faith disclosure of confidential or privileged information in the reporting of cancer registry data for cancer morbidity or mortality studies in accordance with this Act.
(c) Nothing in this section shall be construed to apply to the unauthorized disclosure of confidential or privileged information when such disclosure is due to gross negligence or willful misconduct.

Section 8. This Act shall take effect upon its approval by the President, or upon its becoming law without such approval, except as otherwise provide by law.

Approved on the 4th day of August 1999.