

Tips to Strengthen Central Cancer Registry Laws and Regulations

“Laws and rules are the backbone of central registries, and we need to learn to be more comfortable working with them. Change is coming, and we cannot move forward if we are locked down by outdated laws.” — Participating Registry Director



USE THE [CaRI DATABASE](#): It allows registries to see what other states are doing with their laws and regulations. Because the legal language is already tested, you can be more confident when adapting model wording to your circumstances, reducing the risk of negative impact on operations or stakeholders.



PLAN STRATEGICALLY: Think carefully about the types of changes needed and how you will put them in place.



BE FLEXIBLE AND BROAD: Broad laws that provide regulatory power to the Executive Branch are best. Update and revise regulatory codes to improve operations and reporting.



CONSIDER LICENSING AND CERTIFICATE OF NEED REGULATIONS: Laws and regulations that require hospitals or health facilities to comply with all state requirements to be eligible for certificates of need or licenses may give you an opportunity to strengthen compliance. See if you can include registry reporting requirements under this umbrella.



WORK WITH YOUR STAKEHOLDERS: Strong relationships are critical to your success. Work with advocates and supporters. Listen to the opposition carefully. Build consensus and be willing to compromise. NACDD, ACS, and Komen are excellent sources for help with advocacy support.



SUCCESS STORIES: Registries have changed laws and regulations to simplify edits to reporting fields, require electronic reporting, improve access to medical records, require pathology reports, increase penalties or fees, and require CTRs.



This tip sheet was developed based on contributions from central registries throughout North America. It is not meant to lay out a specific methodology, but rather as a starting point for more in-depth discussions, development of tools, and the establishment of new processes or practices within individual registries as appropriate.

This publication was supported by the Cooperative Agreement Number 6-NU38OT000286-01 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the author and do not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services.

For more information, please visit www.naacccr.org.