By the Committee on Health Regulation; and Senator Sobel

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A bill to be entitled

2 An act relating to cancer control; amending s. 3 1004.435, F.S.; revising legislative intent to delete 4 provisions relating to research activities for cancer 5 control; changing the name of the cancer control and 6 research advisory council to the Florida Cancer 7 Control and Resource Advisory Council; providing for the appointment and terms of council members and 8 9 duties of the council; providing for a nominating 10 committee to make recommendations for gubernatorial 11 appointments to the council; providing for council membership categories; providing for an executive 12 13 committee of the council and duties of the committee; 14 authorizing consultants to the council; providing 15 duties of the council for the development, review, and 16 approval of the Florida Cancer Plan; deleting 17 responsibilities of the council and the Board of 18 Governors of the State University System relating to 19 cancer research; authorizing the Department of Health 20 to adopt rules for implementation of the section;

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Be It Enacted by the Legislature of the State of Florida:

deleting the use of funds for cancer research;

cross-references; providing an effective date.

providing department duties relating to the

development and establishment of the Florida Cancer

amending ss. 458.324 and 459.0125, F.S.; conforming

Plan; revising the name of the cancer control fund and

588-03235B-12 20121350c1

Section 1. Section 1004.435, Florida Statutes, is amended to read:

1004.435 Cancer control and <u>resource advisory council</u>

- (1) SHORT TITLE.—This section shall be known and may be cited as the "Florida Cancer Control and Research Act."
- (2) LEGISLATIVE INTENT.—It is the finding of the Legislature that:
- (a) Advances in scientific knowledge have led to the development of preventive and therapeutic capabilities in the control of cancer. Such knowledge and therapy must be made available to all citizens of this state through educational and therapeutic programs.
- (b) The present state of our knowledge concerning the prevalence, cause or associated factors, and treatment of cancer have resulted primarily from a vast federal investment into basic and clinical research, some of which is expended in this state. These research activities must continue, but programs must be established to extend this knowledge in preventive measures and patient treatment throughout the state.
- (c) Research in cancer has implicated the environment as a causal factor for many types of cancer, i.e., sunshine, X rays, diet, smoking, etc., and programs are needed to further document such cause and effect relationships. Proven causes of cancer should be publicized and be the subject of educational programs for the prevention of cancer.
- (b) (d) An effective cancer control program would mobilize the scientific, educational, and medical resources that presently exist into an intense attack against <u>cancer</u> this dread

disease.

- (3) DEFINITIONS.—The following words and phrases when used in this section have, unless the context clearly indicates otherwise, the meanings given to them in this subsection:
- (a) "Cancer" means all malignant neoplasms, regardless of the tissue of origin, including lymphoma and leukemia.
- (b) "Council" means the Florida Cancer Control and Resource Research Advisory Council, which is an advisory body appointed to function on a continuing basis for the study of cancer and which recommends solutions and policy alternatives to the Board of Governors and the State Surgeon General and which is established by this section.
  - (c) "Department" means the Department of Health.
- (d) "Fund" means the Florida Cancer Control and Research Fund established by this section.
  - (e) "Plan" means the Florida Cancer Plan.
- (f) (e) "Qualified nonprofit association" means any association, incorporated or unincorporated, that has received tax-exempt status from the Internal Revenue Service.
- (4) FLORIDA CANCER CONTROL AND RESOURCE RESEARCH ADVISORY COUNCIL; CREATION; COMPOSITION.—
- (a) 1. There is created within the H. Lee Moffitt Cancer Center and Research Institute, Inc., the Florida Cancer Control and Resource Research Advisory Council. The council shall serve as a resource and clearinghouse for comprehensive cancer control in the state and shall facilitate effective communication, shared resources, and synergism between and among the cancer stakeholder organizations and groups within the state. The council shall consist of members representing the various cancer

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588-03235B-12 20121350c1

members representing the general public appointed by the

Governor, one member appointed by the President of the Senate,

one member appointed by the Speaker of the House of

Representatives, one member appointed by the State Surgeon

General, and 32 members representing cancer stakeholders in the

state who are appointed by the Governor. Of the 32 members, at

least 10 members must be individuals who are minority persons as

defined in s. 288.703. Each council member must be a resident of

the state, and all members are voting members of the council.

2. Of the three members representing the general public appointed by the Governor, one shall serve an initial term of 2 years, one shall serve an initial term of 3 years, and one shall serve an initial term of 4 years, beginning July 1, 2012; thereafter, these gubernatorial appointments to the council shall be for 4-year terms. The remaining members appointed by the Governor and the members appointed by the President of the Senate, the Speaker of the House of Representatives, and the State Surgeon General shall serve 4-year terms. A chair and vice-chair shall each be elected by the council membership for 2-year terms. The council shall consist of 35 members, which includes the chairperson, all of whom must be residents of this state. All members, except those appointed by the Speaker of the House of Representatives and the President of the Senate, must be appointed by the Governor. At least one of the members appointed by the Governor must be 60 years of age or older. One member must be a representative of the American Cancer Society; one member must be a representative of the Florida Tumor Registrars Association; one member must be a representative of

588-03235B-12 20121350c1 117 the Sylvester Comprehensive Cancer Center of the University of 118 Miami; one member must be a representative of the Department of 119 Health; one member must be a representative of the University of 120 Florida Shands Cancer Center; one member must be a 121 representative of the Agency for Health Care Administration; one 122 member must be a representative of the Florida Nurses 123 Association; one member must be a representative of the Florida 124 Osteopathic Medical Association; one member must be a 125 representative of the American College of Surgeons; one member 126 must be a representative of the School of Medicine of the 127 University of Miami; one member must be a representative of the 128 College of Medicine of the University of Florida; one member 129 must be a representative of NOVA Southeastern College of 130 Osteopathic Medicine; one member must be a representative of the 131 College of Medicine of the University of South Florida; one 132 member must be a representative of the College of Public Health 133 of the University of South Florida; one member must be a 134 representative of the Florida Society of Clinical Oncology; one 135 member must be a representative of the Florida Obstetric and 136 Gynecologic Society who has had training in the specialty of 137 gynecologic oncology; one member must be a representative of the 138 Florida Ovarian Cancer Alliance Speaks (FOCAS) organization; one 139 member must be a representative of the Florida Medical 140 Association; one member must be a member of the Florida 141 Pediatric Society; one member must be a representative of the 142 Florida Radiological Society; one member must be a 143 representative of the Florida Society of Pathologists; one 144 member must be a representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.; three members must be 145

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588-03235B-12 20121350c1

representatives of the general public acting as consumer advocates; one member must be a member of the House of Representatives appointed by the Speaker of the House of Representatives; one member must be a member of the Senate appointed by the President of the Senate; one member must be a representative of the Florida Dental Association; one member must be a representative of the Florida Hospital Association; one member must be a representative of the Association of Community Cancer Centers; one member shall be a representative from a statutory teaching hospital affiliated with a communitybased cancer center; one member must be a representative of the Florida Association of Pediatric Tumor Programs, Inc.; one member must be a representative of the Cancer Information Service; one member must be a representative of the Florida Agricultural and Mechanical University Institute of Public Health; and one member must be a representative of the Florida Society of Oncology Social Workers. Of the members of the council appointed by the Governor, at least 10 must be individuals who are minority persons as defined by s. 288.703.

(b) A nominating committee shall review applicants for the council on an annual basis and make recommendations for gubernatorial appointments to the council. The nominating committee shall be comprised of a minimum of seven council members selected by, and including, the vice chair. The nominating committee shall constitute a subgroup of the council membership in that at least one member shall represent each membership category identified in paragraph (c). The individuals selected by the nominating committee shall be forwarded for gubernatorial appointment and are eligible for reappointment one

175 <u>time.</u>

(c) The 32 members appointed by the Governor who represent cancer stakeholders in the state shall be recommended by cancer stakeholder organizations or groups, by council nomination, or through self-referrals. The membership categories and the maximum number of members in each category include:

- 1. Five members from university-based health care delivery systems with major cancer programs, including the H. Lee Moffitt Cancer Center and Research Institute, Inc., the University of Florida Shands Cancer Center, and the University of Miami Sylvester Comprehensive Cancer Center.
- 2. Five members from community-based health care delivery systems or practices with American College of Surgeons accredited cancer programs.
- 3. Four members from nonprofit or voluntary organizations, including a representative from the American Cancer Society.
- 4. Three members from health and health care disparities research and outreach cancer programs.
- 5. Five members from state governmental agencies, including the Department of Health, the Department of Education, and the Biomedical Research Advisory Council.
- 6. Five members from cancer-related professional organizations, including the Florida Society of Clinical Oncology, the Florida Society of Oncology Social Workers, the Florida Society of Pathologists, the Florida Dental Association, and the Florida Medical Association.
- 7. Five members each representing one of the state regional cancer collaboratives.
  - (d) An executive committee, which shall be responsible for

588-03235B-12 20121350c1

coordinating the activities and planning the direction of the council, shall be comprised of the council's chair and vice chair, the appointee of the Speaker of the House of Representatives, the appointee of the President of the Senate, the appointee of the State Surgeon General, and four members selected by the chair. The positions on the executive committee shall be for terms of 2 years corresponding to the chair's term in office. Membership on the executive committee shall constitute a subgroup of the council membership in that at least one member shall represent each membership category identified in paragraph (c). Additional members may serve at the discretion of the chair.

- (e) The council may invite additional state cancer stakeholder organizations or groups or individuals with expertise, experience, or resources to serve as consultants to assist the council in accomplishing its mission. Such services may include consultative participation in council activities, associated task forces, or projects. Consultants have no voting rights on the council.
- (b) The terms of the members shall be 4 years from their respective dates of appointment.
- (c) A chairperson shall be appointed by the Governor for a term of 2 years. The chairperson shall appoint an executive committee of no fewer than three persons to serve at the pleasure of the chairperson. This committee will prepare material for the council but make no final decisions.
- $\underline{\text{(f)}}$  (d) The council shall meet no less than semiannually at the call of the <u>chair chairperson</u> or, in his or her absence or incapacity, at the call of the State Surgeon General. <u>Twenty</u>

588-03235B-12 20121350c1

Sixteen members constitute a quorum for the purpose of exercising all of the powers of the council. A vote of the majority of the members present is sufficient for all actions of the council.

- (g) (e) The council members shall serve without pay. Pursuant to the provisions of s. 112.061, the council members may be entitled to be reimbursed for per diem and travel expenses.
- $\underline{\text{(h)}}$   $\underline{\text{(f)}}$   $\underline{\text{A}}$  No member of the council  $\underline{\text{may not}}$  shall participate in any discussion or decision to recommend grants or contracts to any qualified nonprofit association or to any agency of this state or its political subdivisions with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.
- (i) (g) The council may prescribe, amend, and repeal bylaws governing the manner in which the business of the council is conducted.
- <u>(j)</u> (h) The council shall advise the Board of Governors, the State Surgeon General, the Governor, and the Legislature with respect to cancer control and resources research in this state.
- (k) (i) The council shall approve each year a program for cancer control and research to be known as the "Florida Cancer Plan" which shall be consistent with the State Health Plan and integrated and coordinated with existing or emerging programs in this state. The council shall review and approve the plan at least every 4 years.
- (1)(j) The council shall formulate and recommend to the State Surgeon General, the Governor, the President of the

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588-03235B-12 20121350c1

Senate, and the Speaker of the House of Representatives a plan for the prevention and early detection of cancer which is evidence-based and consistent with standards of practice and supported by evidence-based medicine care and treatment of persons suffering from cancer and recommend the establishment of standard requirements for the organization, equipment, and conduct of cancer units or departments in hospitals and clinics in this state. The council may recommend to the State Surgeon General the designation of cancer units following a survey of the needs and facilities for treatment of cancer in the various localities throughout the state. The State Surgeon General shall consider the plan in developing departmental priorities and funding priorities and standards under chapter 395.

(m) (k) The council shall provide expertise and input in the content and development of is responsible for including in the Florida Cancer Plan, which is otherwise generated through the Department of Health. Recommendations shall include for the coordination and integration of medical, nursing, paramedical, lay, and other state efforts plans concerned with cancer control and research. Committees may shall be formed to develop strategies for taking action regarding by the council so that the following areas will be established as entities for actions:

- 1. Cancer plan evaluation, including the creation of attumor registry, data retrieval systems, and epidemiology of cancer in the state and its relation to other areas.
  - 2. Cancer prevention.
  - 3. Cancer detection.
- 4. Cancer <u>treatments</u> patient management: treatment, rehabilitation, terminal care, and other patient-oriented

291 activities.

- 5. <u>Support services for cancer patients and caregivers</u> education: lay and professional.
- 6. Unproven methods of Cancer education for laypersons and professionals therapy: quackery and unorthodox therapies.
- 7. Other cancer-control-related topics Investigator-initiated project research.
- (n) (1) In order to implement in whole or in part the Florida Cancer Plan, the council may shall recommend to the Board of Governors or the State Surgeon General the awarding of grants and contracts to qualified profit or nonprofit associations or governmental agencies in order to plan, establish, or conduct programs in cancer control or prevention and, cancer education or and training, and cancer research.
- (o) The council shall have input into the prioritization and implementation of statewide programs and the allocation of resources in the department's comprehensive cancer control program, consistent with the Florida Cancer Plan.
- (p) (m) If funds are specifically appropriated by the Legislature, the council shall develop or purchase standardized written summaries, written in layperson's terms and in language easily understood by the average adult patient, informing citizens and professionals on cancer prevention, detection, treatment, and survivorship actual and high-risk breast cancer patients, prostate cancer patients, and men who are considering prostate cancer screening of the medically viable treatment alternatives available to them in the effective management of breast cancer and prostate cancer; describing such treatment alternatives; and explaining the relative advantages,

588-03235B-12 20121350c1

disadvantages, and risks associated therewith. The breast cancer summary, upon its completion, shall be printed in the form of a pamphlet or booklet and made continuously available to physicians and surgeons in this state for their use in accordance with s. 458.324 and to osteopathic physicians in this state for their use in accordance with s. 459.0125. The council shall periodically update both summaries to reflect current standards of medical practice in the treatment of breast cancer and prostate cancer. The council shall develop and implement educational programs and position statements, including distribution of the summaries developed or purchased under this paragraph, to inform citizen groups, associations, government officials, and voluntary organizations about cancer-related matters early detection and treatment of breast cancer and prostate cancer.

(q) (n) The council may recommend to shall have the responsibility to advise the Board of Governors and the State Surgeon General, the Governor, the President of the Senate, and the Speaker of the House of Representatives on methods of enforcing and implementing laws already enacted and concerned with cancer control, research, and education.

<u>(r)</u> (o) The council may recommend to the Board of Governors or the State Surgeon General rules not inconsistent with law as it may deem necessary for the performance of its duties and the proper administration of this section.

(s) (p) The council shall formulate and put into effect a continuing educational program for the prevention of cancer and its early diagnosis and disseminate to hospitals, cancer patients, and the public information concerning the proper

349 treatment of cancer.

- $\underline{\text{(t)}}$  The council shall be physically located at the H. Lee Moffitt Cancer Center and Research Institute, Inc., at the University of South Florida.
- (u) (r) By December 1 On February 15 of each year, the council shall report its findings and recommendations to the State Surgeon General, the Governor, the President of the Senate, and the Speaker of the House of Representatives and to the Legislature.
- (5) RESPONSIBILITIES OF THE BOARD OF GOVERNORS, THE H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC., AND THE STATE SURGEON GENERAL, AND THE DEPARTMENT OF HEALTH.—
- (a) The Board of Governors or The State Surgeon General, after consultation with the council, may shall award grants and contracts to qualified nonprofit associations and governmental agencies in order to plan, establish, or conduct programs in cancer control or and prevention and, cancer education or and training, and cancer research.
- (b) The H. Lee Moffitt Cancer Center and Research Institute, Inc., shall provide a full-time executive director to coordinate, facilitate, and communicate the mission and responsibilities of the council. Additional administrative support, information, and other assistance shall be provided such staff, information, and other assistance as reasonably necessary for the completion of the responsibilities of the council.
- (c) The <u>Department of Health</u> Board of Governors or the State Surgeon General, after consultation with the council, may adopt rules necessary for the implementation of this section.

588-03235B-12 20121350c1

(d) The Florida Cancer Plan is established within the Department of Health. The department must utilize the council in developing the plan, prioritizing goals, allocating resources, and approving the plan in its final form. The State Surgeon General, after consultation with the council, shall make rules specifying to what extent and on what terms and conditions cancer patients of the state may receive financial aid for the diagnosis and treatment of cancer in any hospital or clinic selected. The department may furnish to citizens of this state who are afflicted with cancer financial aid to the extent of the appropriation provided for that purpose in a manner which in its opinion will afford the greatest benefit to those afflicted and may make arrangements with hospitals, laboratories, or clinics to afford proper care and treatment for cancer patients in this state.

- (6) FLORIDA CANCER CONTROL AND RESEARCH FUND.-
- (a) There is created the Florida Cancer Control and Research Fund consisting of funds appropriated therefor from the General Revenue Fund and any gifts, grants, or funds received from other sources.
- (b) The fund shall be used exclusively for grants and contracts to qualified nonprofit associations or governmental agencies for the purpose of cancer control or and prevention, cancer education or and training, cancer research, and all expenses incurred in connection with the administration of this section and the programs funded through the grants and contracts authorized by the State Board of Education or the State Surgeon General.
  - Section 2. Subsection (1) and paragraph (a) of subsection

588-03235B-12 20121350c1

407 (2) of section 458.324, Florida Statutes, are amended to read:
408 458.324 Breast cancer; information on treatment
409 alternatives.—

- (1) DEFINITION.—As used in this section, the term "medically viable," as applied to treatment alternatives, means modes of treatment generally considered by the medical profession to be within the scope of current, acceptable standards, including treatment alternatives described in the written summary prepared by the Florida Cancer Control and Resource Research Advisory Council in accordance with s. 1004.435(4)(p) 1004.435(4)(m).
- (2) COMMUNICATION OF TREATMENT ALTERNATIVES.—Each physician treating a patient who is, or in the judgment of the physician is at high risk of being, diagnosed as having breast cancer shall inform such patient of the medically viable treatment alternatives available to such patient; shall describe such treatment alternatives; and shall explain the relative advantages, disadvantages, and risks associated with the treatment alternatives to the extent deemed necessary to allow the patient to make a prudent decision regarding such treatment options. In compliance with this subsection:
  - (a) The physician may, in his or her discretion:
- 1. Orally communicate such information directly to the patient or the patient's legal representative;
- 2. Provide the patient or the patient's legal representative with a copy of the written summary prepared in accordance with s.  $\underline{1004.435(4)(p)}$   $\underline{1004.435(4)(m)}$  and express a willingness to discuss the summary with the patient or the patient's legal representative; or

3. Both communicate such information directly and provide a copy of the written summary to the patient or the patient's legal representative for further consideration and possible later discussion.

Nothing in this subsection shall reduce other provisions of law regarding informed consent.

Section 3. Subsection (1) and paragraph (a) of subsection (2) of section 459.0125, Florida Statutes, are amended to read:

459.0125 Breast cancer; information on treatment alternatives.—

- (1) DEFINITION.—As used in this section, the term "medically viable," as applied to treatment alternatives, means modes of treatment generally considered by the medical profession to be within the scope of current, acceptable standards, including treatment alternatives described in the written summary prepared by the Florida Cancer Control and Resource Research Advisory Council in accordance with s. 1004.435(4)(p) 1004.435(4)(m).
- (2) COMMUNICATION OF TREATMENT ALTERNATIVES.—It is the obligation of every physician treating a patient who is, or in the judgment of the physician is at high risk of being, diagnosed as having breast cancer to inform such patient of the medically viable treatment alternatives available to such patient; to describe such treatment alternatives; and to explain the relative advantages, disadvantages, and risks associated with the treatment alternatives to the extent deemed necessary to allow the patient to make a prudent decision regarding such treatment options. In compliance with this subsection:

(a) The physician may, in her or his discretion:

- 1. Orally communicate such information directly to the patient or the patient's legal representative;
- 2. Provide the patient or the patient's legal representative with a copy of the written summary prepared in accordance with s.  $\underline{1004.435(4)(p)}$   $\underline{1004.435(4)(m)}$  and express her or his willingness to discuss the summary with the patient or the patient's legal representative; or
- 3. Both communicate such information directly and provide a copy of the written summary to the patient or the patient's legal representative for further consideration and possible later discussion.

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Nothing in this subsection shall reduce other provisions of law regarding informed consent.

Section 4. This act shall take effect July 1, 2012.