

By the Appropriations Committee on Health and Human Services

603-03533-24

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1                                   A bill to be entitled  
2       An act relating to cancer funding; amending s.  
3       381.915, F.S.; revising the purpose of the Casey  
4       DeSantis Cancer Research Program; revising duties of  
5       the Department of Health under the program; creating  
6       the Cancer Connect Collaborative, a council, within  
7       the department for a specified purpose; authorizing  
8       the collaborative to make certain recommendations on  
9       state policy relating to cancer research or treatment;  
10      providing for membership and meetings of the  
11      collaborative; requiring the collaborative to develop  
12      a long-range comprehensive plan for the program;  
13      requiring the collaborative to solicit input from  
14      certain stakeholders in the development of the plan;  
15      requiring the collaborative to submit the plan to the  
16      Governor and the Legislature by a specified date;  
17      specifying required components of the plan; requiring  
18      the department to provide administrative support and  
19      staff to the collaborative; requiring the  
20      collaborative to administer the Cancer Innovation  
21      Fund; requiring the collaborative to review grant  
22      applications and make recommendations to the  
23      department for awarding grants upon the appropriation  
24      of funds to the fund; requiring the department to make  
25      the final grant allocation award; requiring the  
26      collaborative to prioritize certain applications for  
27      grant funding; revising the frequency with which the  
28      department, in conjunction with participating cancer  
29      centers, must submit a specified report to the Cancer

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30 Control and Research Advisory Council and the  
31 collaborative; requiring the department to submit the  
32 report, and any equivalent independent reports, to the  
33 Governor and the Legislature by a specified date each  
34 year; revising requirements of such reports; beginning  
35 on a specified date, requiring that each allocation  
36 agreement issued by the department relating to certain  
37 cancer center payments include specified elements;  
38 providing an effective date.

39  
40 Be It Enacted by the Legislature of the State of Florida:

41  
42 Section 1. Present subsections (8), (9), and (10) of  
43 section 381.915, Florida Statutes, are redesignated as  
44 subsections (10), (12), and (13), new subsections (8) and (9)  
45 and subsection (11) are added to that section, and subsection  
46 (2) of that section is amended, to read:

47 381.915 Casey DeSantis Cancer Research Program.—

48 (2) The Casey DeSantis Cancer Research Program is  
49 established to enhance the quality and competitiveness of cancer  
50 care in this state, further a statewide biomedical research  
51 strategy directly responsive to the health needs of Florida's  
52 citizens, ~~and~~ capitalize on the potential educational  
53 opportunities available to its students, and promote the  
54 provision of high-quality, innovative health care for persons  
55 undergoing cancer treatment in this state. The department shall:

56 (a) Make payments to cancer centers recognized by the  
57 National Cancer Institute (NCI) at the National Institutes of  
58 Health as NCI-designated cancer centers or NCI-designated

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59 comprehensive cancer centers, and cancer centers working toward  
60 achieving NCI designation. The department shall distribute funds  
61 to participating cancer centers on a quarterly basis during each  
62 fiscal year for which an appropriation is made.

63 (b) Make cancer innovation grant funding available through  
64 the Cancer Innovation Fund administered by the Cancer Connect  
65 Collaborative under subsection (9) to health care providers and  
66 facilities that demonstrate excellence in patient-centered  
67 cancer treatment or research.

68 (8) The Cancer Connect Collaborative, a council as defined  
69 in s. 20.03, is created within the department to advise the  
70 department and the Legislature on developing a holistic approach  
71 to the state's efforts to fund cancer research, cancer  
72 facilities, and treatments for cancer patients. The  
73 collaborative may make recommendations on proposed legislation,  
74 proposed rules, best practices, data collection and reporting,  
75 issuance of grant funds, and other proposals for state policy  
76 relating to cancer research or treatment.

77 (a) The Surgeon General shall serve as an ex officio,  
78 nonvoting member and shall serve as the chair.

79 (b) The collaborative shall be composed of the following  
80 voting members, to be appointed by September 1, 2024:

81 1. Two members appointed by the Governor, one member  
82 appointed by the President of the Senate, and one member  
83 appointed by the Speaker of the House of Representatives, based  
84 on the criteria of this subparagraph. The appointing officers  
85 shall make their appointments prioritizing members who have the  
86 following experience or expertise:

87 a. The practice of a health care profession specializing in

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88 oncology clinical care or research;

89 b. The development of preventive and therapeutic treatments  
90 to control cancer;

91 c. The development of innovative research into the causes  
92 of cancer, the development of effective treatments for persons  
93 with cancer, or cures for cancer; or

94 d. Management-level experience with a cancer center  
95 licensed under chapter 395.

96 2. One member who is a resident of this state who can  
97 represent the interests of cancer patients in this state,  
98 appointed by the Governor.

99 (c) The terms of appointees under paragraph (b) shall be  
100 for 2 years unless otherwise specified. However, to achieve  
101 staggered terms, the initial appointees under that paragraph  
102 shall serve 3 years for their first term. These appointees may  
103 be reappointed for no more than four consecutive terms.

104 (d) Any vacancy occurring on the collaborative must be  
105 filled in the same manner as the original appointment. Any  
106 member who is appointed to fill a vacancy occurring because of  
107 death, resignation, or ineligibility for membership shall serve  
108 only for the unexpired term of the member's predecessor.

109 (e) Members whose terms have expired may continue to serve  
110 until replaced or reappointed, but for no more than 6 months  
111 after the expiration of their terms.

112 (f) Members shall serve without compensation but are  
113 entitled to reimbursement for per diem and travel expenses  
114 pursuant to s. 112.061.

115 (g) The collaborative shall meet as necessary, but at least  
116 quarterly, at the call of the chair. A majority of the members

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117 of the collaborative constitutes a quorum, and a meeting may not  
118 be held with less than a quorum present. In order to establish a  
119 quorum, the collaborative may conduct its meetings through  
120 teleconference or other electronic means. The affirmative vote  
121 of a majority of the members of the collaborative present is  
122 necessary for any official action by the collaborative.

123 (h) The collaborative shall develop a long-range  
124 comprehensive plan for the Casey DeSantis Cancer Research  
125 Program. In the development of the plan, the collaborative must  
126 solicit input from cancer centers, research institutions,  
127 biomedical education institutions, hospitals, and medical  
128 providers. The collaborative shall submit the plan to the  
129 Governor, the President of the Senate, and the Speaker of the  
130 House of Representatives no later than December 1, 2024. The  
131 plan must include, but need not be limited to, all of the  
132 following components:

133 1. Expansion of grant fund opportunities to include a  
134 broader pool of Florida-based cancer centers, research  
135 institutions, biomedical education institutions, hospitals, and  
136 medical providers to receive funding through the Cancer  
137 Innovation Fund.

138 2. An evaluation to determine metrics that focus on patient  
139 outcomes, quality of care, and efficacy of treatment.

140 3. A compilation of best practices relating to cancer  
141 research or treatment.

142 (i) The department shall provide reasonable and necessary  
143 support staff and materials to assist the collaborative in the  
144 performance of its duties.

145 (9) The collaborative shall administer the Cancer

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146 Innovation Fund. During any fiscal year for which funds are  
147 appropriated to the fund, the collaborative shall review all  
148 submitted grant applications and make recommendations to the  
149 department for awarding grants to support innovative cancer  
150 research and treatment models, including emerging research and  
151 treatment trends and promising treatments that may serve as  
152 catalysts for further research and treatments. The department  
153 shall make the final grant allocation awards. The collaborative  
154 shall give priority to applications seeking to expand the reach  
155 of innovative cancer treatment models into underserved areas of  
156 this state.

157 (10) Beginning July 1, ~~2017~~, and each year ~~every 3~~  
158 years thereafter, the department, in conjunction with  
159 participating cancer centers, shall submit a report to the  
160 Cancer Control and Research Advisory Council and the  
161 collaborative on specific metrics relating to cancer mortality  
162 and external funding for cancer-related research in ~~this the~~  
163 state. If a cancer center does not endorse this report or  
164 produce an equivalent independent report, the cancer center ~~is~~  
165 ineligible to receive ~~shall be suspended from the program~~  
166 funding for 1 year. The department must submit this annual  
167 report, and any equivalent independent reports, to the Governor,  
168 the President of the Senate, and the Speaker of the House of  
169 Representatives no later than September 15 of each year the  
170 report or reports are submitted by the department. The report  
171 must include:

172 (a) An analysis of trending age-adjusted cancer mortality  
173 rates in the state, which must include, at a minimum, overall  
174 age-adjusted mortality rates for cancer statewide and age-

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175 adjusted mortality rates by age group, geographic region, and  
176 type of cancer, which must include, at a minimum:

- 177 1. Lung cancer.
- 178 2. Pancreatic cancer.
- 179 3. Sarcoma.
- 180 4. Melanoma.
- 181 5. Leukemia and myelodysplastic syndromes.
- 182 6. Brain cancer.
- 183 7. Breast cancer.

184 (b) Identification of trends in overall federal funding,  
185 broken down by institutional source, for cancer-related research  
186 in the state.

187 (c) A list and narrative description of ~~collaborative~~  
188 ~~grants and~~ interinstitutional collaboration among participating  
189 cancer centers, which may include grants received by  
190 participating cancer centers in collaboration, a comparison of  
191 such collaborative grants in proportion to the grant totals for  
192 each cancer center, a catalog of retreats and progress seed  
193 grants using state funds, and targets for collaboration in the  
194 future and reports on progress regarding such targets where  
195 appropriate.

196 (11) Beginning July 1, 2024, each allocation agreement  
197 issued by the department relating to cancer center payments  
198 under subsection (2) must include all of the following:

199 (a) A line-item budget narrative documenting the annual  
200 allocation of funds to a cancer center.

201 (b) A cap on the annual award of 15 percent for  
202 administrative expenses.

203 (c) A requirement for the cancer center to submit quarterly

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204 reports of all expenditures made by the cancer center with funds  
205 received through the Casey DeSantis Cancer Research Program.

206 (d) A provision to allow the department and other state  
207 auditing bodies to audit all financial records, supporting  
208 documents, statistical records, and any other documents  
209 pertinent to the allocation agreement.

210 (e) A provision requiring the annual reporting of outcome  
211 data and protocols used in achieving those outcomes.

212 (12)~~(9)~~ This section is subject to annual appropriation by  
213 the Legislature.

214 (13)~~(10)~~ The department may adopt rules to administer this  
215 section.

216 Section 2. This act shall take effect July 1, 2024.