

## CHAPTER 2024-247

### Committee Substitute for Senate Bill No. 7072

An act relating to cancer funding; amending s. 381.915, F.S.; revising the purpose of the Casey DeSantis Cancer Research Program; revising duties of the Department of Health under the program; creating the Cancer Connect Collaborative, a council, within the department for a specified purpose; authorizing the collaborative to make certain recommendations on state policy relating to cancer research or treatment; providing for membership and meetings of the collaborative; requiring the collaborative to develop a long-range comprehensive plan for the program; requiring the collaborative to solicit input from certain stakeholders in the development of the plan; requiring the collaborative to submit the plan to the Governor and the Legislature by a specified date; specifying required components of the plan; requiring the department to provide administrative support and staff to the collaborative; requiring the collaborative to advise the department on the awarding of grants issued through the Cancer Innovation Fund; requiring the collaborative to review grant applications and make recommendations to the department for awarding grants upon the appropriation of funds to the fund; requiring the department to make the final grant allocation award; requiring the collaborative to prioritize certain applications for grant funding; revising the frequency with which the department, in conjunction with participating cancer centers, must submit a specified report to the Cancer Control and Research Advisory Council and the collaborative; requiring the department to submit the report, and any equivalent independent reports, to the Governor and the Legislature by a specified date each year; revising requirements of such reports; beginning on a specified date, requiring that each allocation agreement issued by the department relating to certain cancer center payments include specified elements; amending s. 1004.435, F.S.; revising the membership of the Florida Cancer Control and Research Advisory Council; revising quorum requirements for council actions; providing an effective date.

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

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

381.915 Casey DeSantis Cancer Research Program.—

(2) The Casey DeSantis Cancer Research Program is established to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida's citizens, ~~and~~ capitalize on the potential educational opportunities available to its students, and promote the provision of high-

quality, innovative health care for persons undergoing cancer treatment in this state. The department shall:

(a) Make payments to cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation. The department shall distribute funds to participating cancer centers on a quarterly basis during each fiscal year for which an appropriation is made.

(b) Make cancer innovation grant funding available through the Cancer Innovation Fund under subsection (9) to health care providers and facilities that demonstrate excellence in patient-centered cancer treatment or research.

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

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

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

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

a. The practice of a health care profession specializing in oncology clinical care or research;

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

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

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

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

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

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

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

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

(g) The collaborative shall meet as necessary, but at least quarterly, at the call of the chair. A majority of the members of the collaborative constitutes a quorum, and a meeting may not be held with less than a quorum present. In order to establish a quorum, the collaborative may conduct its meetings through teleconference or other electronic means. The affirmative vote of a majority of the members of the collaborative present is necessary for any official action by the collaborative.

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

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

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

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

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

(9) The collaborative shall advise the department on the awarding of grants issued through the Cancer Innovation Fund. During any fiscal year

for which funds are appropriated to the fund, the collaborative shall review all submitted grant applications and make recommendations to the department for awarding grants to support innovative cancer research and treatment models, including emerging research and treatment trends and promising treatments that may serve as catalysts for further research and treatments. The department shall make the final grant allocation awards. The collaborative shall give priority to applications seeking to expand the reach of innovative cancer treatment models into underserved areas of this state.

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

(a) An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum:

1. Lung cancer.
2. Pancreatic cancer.
3. Sarcoma.
4. Melanoma.
5. Leukemia and myelodysplastic syndromes.
6. Brain cancer.
7. Breast cancer.

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

(c) A list and narrative description of ~~collaborative grants and inter-institutional collaboration among participating cancer centers, which may include grants received by participating cancer centers in collaboration,~~ a comparison of such collaborative grants in proportion to the grant totals for each cancer center, a catalog of retreats and progress seed grants using state

funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

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

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

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

(c) A requirement for the cancer center to submit quarterly reports of all expenditures made by the cancer center with funds received through the Casey DeSantis Cancer Research Program.

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

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

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

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

Section 2. Paragraphs (a) and (d) of subsection (4) of section 1004.435, Florida Statutes, are amended to read:

1004.435 Cancer control and research.—

(4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL; CREATION; COMPOSITION.—

(a) There is created within the H. Lee Moffitt Cancer Center and Research Institute, Inc., the Florida Cancer Control and Research Advisory Council. The council shall consist of 16 ~~15~~ members, which includes the chairperson, all of whom must be residents of this state. The State Surgeon General or his or her designee within the Department of Health shall be one of the 16 ~~15~~ members. Members, except those appointed by the Governor, the Speaker of the House of Representatives, or the President of the Senate, must be appointed by the chief executive officer of the institution or organization represented, or his or her designee. One member must be a representative of the American Cancer Society; one member must be a representative of the Sylvester Comprehensive Cancer Center of the University of Miami; one member must be a representative of the University of Florida Shands Cancer Center; one member must be a representative of the Florida Nurses Association who specializes in the field of oncology and is not from an institution or organization already represented on the council; one member must be a representative of the Florida Osteopathic Medical

Association who specializes in the field of oncology; one member must be a member of the Florida Medical Association who specializes in the field of oncology and who represents a cancer center not already represented on the council; one member must be a representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.; one member must be a representative of the Mayo Clinic in Jacksonville; one member must be a member of the Florida Hospital Association who specializes in the field of oncology and who represents a comprehensive cancer center not already represented on the council; one member must be a representative of the Association of Community Cancer Centers; one member must specialize in pediatric oncology research or clinical care appointed by the Governor; one member must specialize in oncology clinical care or research appointed by the President of the Senate; one member must be a current or former cancer patient or a current or former caregiver to a cancer patient appointed by the Speaker of the House of Representatives; one member must be a member of the House of Representatives appointed by the Speaker of the House of Representatives; and one member must be a member of the Senate appointed by the President of the Senate. At least four of the members must be individuals who are minority persons as defined by s. 288.703.

(d) The council shall meet no less than semiannually at the call of the chairperson or, in his or her absence or incapacity, at the call of the State Surgeon General. ~~Nine~~ Eight 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.

Section 3. This act shall take effect July 1, 2024.

Approved by the Governor June 18, 2024.

Filed in Office Secretary of State June 18, 2024.