

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Higher Education Committee

BILL: CS/SB 720

INTRODUCER: Higher Education Committee and Senator Gaetz

SUBJECT: Cancer Research and Control

DATE: April 4, 2011 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	O'Callaghan	Stovall	HR	Favorable
2.	Harkey	Matthews	HE	Fav/CS
3.	_____	_____	BC	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

This bill extends the time that any balance of any appropriation from the Biomedical Research Trust Fund, which is not disbursed but which is obligated pursuant to a contract or committed to be expended, may be carried forward. This bill also:

- Establishes a 4-year staggered term of membership for the Biomedical Research Advisory Council and adds one member to the council;
- Provides the Biomedical Research Advisory Council may make recommendations to the State Surgeon General for the allocation of funds appropriated to the James and Esther King Biomedical Research Program (King Program) and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program) for training grants, research fellowships, clinical trial project grants, recruitment of certain researchers, start-up grants for certain research teams, and equipment expenditures related to certain research;
- Authorizes the Biomedical Research Advisory Council to develop a grant application and review mechanism which shall ensure fair and rigorous analysis of the merit of any proposals considered for funding under the King Program or Bankhead-Coley Program;
- Authorizes the Department of Health (DOH) to accept gifts, under certain circumstances, and deposit them into the Biomedical Research Trust Fund to be used for grant or fellowship awards in the King Program or Bankhead-Coley Program;

- Specifies that, in part, the purpose of the Bankhead-Coley Program is to expand cancer research and treatment capacity in Florida;
- Expands the list of types of grants for which preference may be given by the Bankhead-Coley Program by including grant proposals for recruiting researchers and research teams to Florida, equipment for cancer research, and fostering the transfer of knowledge gained from research into community practice;
- Requires the Biomedical Research Advisory Council, instead of the DOH, to submit by February 1 of each year a report to the Governor and Legislature indicating the progress towards the Bankhead-Coley Program's mission and to make recommendations;
- Creates the Florida Comprehensive Cancer Control Act;
- Establishes the Florida Cancer Control and Resource Advisory Council to replace the Cancer Control and Research Advisory Council, which is repealed; and
- Establishes the Florida Cancer Control Collaborative Program to support future cancer control initiatives.

This bill amends sections 20.435, 215.5602, 381.922, 458.324, and 459.0125, Florida Statutes.

This bill creates section 381.923, Florida Statutes.

This bill repeals section 1004.435, Florida Statutes.

II. Present Situation:

The James and Esther King Biomedical Research Program

The purpose of the King Program¹ is to provide an annual and perpetual source of funding to support research initiatives that address the health care problems of Floridians in the areas of tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease.² The long-term goals of the program are to:

- Improve the health of Floridians by researching better prevention, diagnoses, treatments, and cures for cancer, cardiovascular disease, stroke, and pulmonary disease;
- Expand the foundation of biomedical knowledge relating to the prevention, diagnosis, treatment, and cure of diseases related to tobacco use;
- Improve the quality of the state's academic health centers by bringing the advances of biomedical research into the training of physicians and other health care providers;
- Increase the state's per capita funding for research by undertaking new initiatives in public health and biomedical research that will attract additional funding from outside of Florida; and
- Stimulate economic activity in the state in areas related to biomedical research, such as the research and production of pharmaceuticals, biotechnology, and medical devices.

¹ The Florida Legislature created the Florida Biomedical Research Program in 1999 within the DOH (ch. 99-167, L.O.F.). The Florida Biomedical Research Program was renamed the James and Esther King Biomedical Research Program during Special Session B of the 2003 Legislature (ch. 2003-414, L.O.F.).

² Section 215.5602, F.S.

The King Program offers competitive grants to researchers throughout Florida. Grant applications from any university or established research institute³ in Florida will be considered for biomedical research funding. All qualified investigators in the state, regardless of institutional affiliation, have equal access and opportunity to compete for the research funding.⁴

The State Surgeon General, after consultation with the Biomedical Research Advisory Council, is authorized to award grants and fellowships on the basis of scientific merit⁵ within the following three categories:

- Investigator-initiated research grants, which are designed to initiate research that can be subsequently funded from a national agency;
- Institutional research grants, which are intended to foster the development of new and promising research investigators to undertake more independent research that would be competitive for national research funding, as well as to attract talented researchers to Florida institutions; and
- Predoctoral and postdoctoral research fellowships.⁶

The King Program was to expire on January 1, 2011, pursuant to s. 215.5602, F.S. However, the Legislature continued the program in 2010 by enacting HB 5311.⁷

The William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program

The 2006 Legislature created the Bankhead-Coley Program within the DOH.⁸ The purpose of the program is to advance progress toward cures for cancer through grants awarded for cancer research.

Applications for funding cancer research from any university or established research institute in the state will be considered under the Bankhead-Coley Program. All qualified investigators in the

³ An “established research institute” is any Florida non-profit or foreign non-profit corporation covered under ch. 617, F.S., with a physical location in Florida, whose stated purpose and power is scientific, biomedical or biotechnological research or development and is legally registered with the Florida Department of State, Division of Corporations. This includes the federal government and non-profit medical and surgical hospitals, including veterans’ administration hospitals. See James & Esther King Biomedical Research Program, *Call for Grant Applications: Biomedical, Biotechnological, and Social Scientific Research and Development, Fiscal Year 2009-2010*, page 7, available at:

http://forms.floridabiomed.com/jek_call/King%20Call%2009-10.pdf (Last visited on April 1, 2011).

⁴ Grant award recipients for FY 2010-11 include the following institutions or investigators associated with these institutions: Bay Pines VA Healthcare System, Florida International University (FIU), Florida State University, M.D. Anderson Cancer Center, Mayo Clinic, Miami VA Healthcare System, H. Lee Moffitt Cancer Center & Research Institute (Moffitt Cancer Center), Sanford-Burnham Institute, Scripps Research Institute, Torrey Pines Institute, University of Central Florida, University of Florida, University of Miami, and University of South Florida. See James & Esther King Biomedical Research Program, *Florida Biomedical Research Programs Grants Awarded by Institution*, readable at:

<http://forms.floridabiomed.com/Forms/GrantsAwardedbyInstitution.pdf> (Last visited on April 1, 2011).

⁵ See the “Grant Application Review and Processing” section of Senate Interim Report 2010-219, page 7, for more information about assessing scientific merit. The report is available at:

http://archive.flsenate.gov/data/Publications/2010/Senate/reports/interim_reports/pdf/2010-219hr.pdfhttp://archive.flsenate.gov/data/Publications/2010/Senate/reports/interim_reports/pdf/2010-219hr.pdf%20(Last visited on April 1, 2011).

⁶ Section 215.5602(5)(b), F.S.

⁷ Chapter 2010-161, L.O.F.

⁸ Section 381.922, F.S., (ch. 2006-182, L.O.F.).

state, regardless of institutional affiliation, have equal access and opportunity to compete for the research funding.⁹ The State Surgeon General, after consultation with the Biomedical Research Advisory Council, is authorized to award grants and fellowships on the basis of scientific merit¹⁰ within the following three categories:

- Investigator-initiated research grants;
- Institutional research grants; and
- Collaborative research grants, including those that advance the finding of cures through basic or applied research.

As with the King Program, the Bankhead-Coley Program was to expire on January 1, 2011, pursuant to s. 215.5602, F.S. However, the Legislature also continued this program in 2010 when it enacted HB 5311.¹¹

Program Funding

Initially, the King Program was funded with income from \$150 million of principal in the Lawton Chiles Endowment Fund.¹² In 2004, the Legislature appropriated additional funding, through a distribution from alcoholic beverage surcharge taxes. In 2006, the Legislature substituted a \$6 million dollar annual appropriation commitment from the General Revenue Fund to fund the Biomedical Research Trust Fund within the DOH for the purposes of the King Program.¹³ However, in the January 2009 Special Session A, for fiscal year 2008-2009 and each fiscal year thereafter, the annual appropriation from the General Revenue Fund to the Biomedical Research Trust Fund for purposes of the King Program was reduced to \$4.5 million.¹⁴ During the regular session in 2009, the Legislature eliminated the general revenue appropriation and provided that 2.5 percent of the revenue generated from the additional cigarette surcharge enacted in 2009, not to exceed \$25 million, was to be transferred into the Biomedical Research Trust Fund for the King Program for the 2009-2010 fiscal year.¹⁵

In 2010, when the Legislature reenacted the King Program, it continued funding for the King Program with an annual appropriation of \$20 million.¹⁶ Of the funds appropriated for the King Program, up to \$250,000 per year is designated to operate the Florida Center for Universal Research to Eradicate Disease.¹⁷

⁹ Grant award recipients for FY 2010-11 include the following institutions or investigators associated with these institutions: Florida A&M University, Florida State University, M.D. Anderson Cancer Center, Mayo Clinic, Moffitt Cancer Center, Sanford-Burnham Institute, Scripps Research Institute, University of Central Florida, University of Florida, University of Miami, and the University of South Florida. *See* James & Esther King Biomedical Research Program, *Florida Biomedical Research Programs Grants Awarded by Institution*, available at: <http://forms.floridabiomed.com/Forms/GrantsAwardedByInstitution.pdf> (Last visited on April 1, 2011).

¹⁰ *Supra* fn. 5.

¹¹ Chapter 2010-161, L.O.F.

¹² Section 215.5601, F.S. The Lawton Chiles Endowment Fund's principal originated from a portion of the state settlement received from its lawsuit with tobacco companies.

¹³ Chapter 2006-182, L.O.F.

¹⁴ Chapter 2009-5, L.O.F.

¹⁵ Chapter 2009-58, L.O.F.

¹⁶ *Supra* fn. 11.

¹⁷ The purpose of the Florida Center for Universal Research to Eradicate Disease is to coordinate, improve, expand, and monitor all biomedical research programs within Florida; facilitate funding opportunities; and foster improved technology transfer or research findings into clinical trials and widespread public use. *See* s. 381.855, F.S.

The Bankhead-Coley Program was established with a commitment for an appropriation of \$9 million per year from the General Revenue Fund.¹⁸ However, in the January 2009 Special Session A, for fiscal year 2008-2009 and each fiscal year thereafter, the annual appropriation from the General Revenue Fund to the Biomedical Research Trust Fund for purposes of the Bankhead-Coley Program was reduced to \$6.75 million.¹⁹ During the regular session in 2009, the Legislature eliminated the general revenue appropriation and provided that 2.5 percent of the revenue generated from the additional cigarette surcharge enacted in 2009, not to exceed \$25 million, was to be transferred into the Biomedical Research Trust Fund for the Bankhead-Coley Program.²⁰

Chapter 2009-58, Laws of Florida, provided that five percent of the revenue deposited into the Health Care Trust Fund pursuant to s. 210.011(9), F.S., related to the cigarette surcharge and s. 210.276(7), F.S., related to the surcharge on tobacco products, are to be reserved for research of tobacco-related or cancer-related illnesses. The sum of the revenue reserved, however, may not exceed \$50 million in any fiscal year. The Legislature did not specify an amount to be appropriated annually, after the 2009-2010 fiscal year, for the King Program or the Bankhead-Coley Program from these reserves. However, in 2010, when the Legislature reenacted the Bankhead-Coley Program along with the King Program, it continued funding for the Bankhead-Coley Program with an annual appropriation of \$20 million.²¹

Any cash balance in the Biomedical Research Trust Fund at the end of a fiscal year remains in the trust fund to be available for carrying out the purposes of the trust fund. In addition, any balance of an appropriation from the Biomedical Research Trust Fund which has not been disbursed, but which is obligated, may be used for up to 3 years from the effective date of the original appropriation.

Biomedical Research Advisory Council²² and Peer Review Panel²³

The purpose of the Biomedical Research Advisory Council is to advise the State Surgeon General as to the direction and scope of the King Program. The Biomedical Research Advisory Council is also required to consult with the State Surgeon General concerning grant awards for cancer research through the Bankhead-Coley Program.²⁴ Currently there are 11 members on the council, authorized to serve two consecutive 3-year terms.

In order to ensure that proposals for research funding within the King Program and the Bankhead-Coley Program are appropriate and evaluated fairly on the basis of scientific merit, a peer review panel of independent, scientifically qualified individuals is appointed to review the

¹⁸ Section 381.922(5), F.S.

¹⁹ Chapter 2009-5, L.O.F.

²⁰ Chapter 2009-58, L.O.F.

²¹ *Supra* fn. 11.

²² Section 215.5602(3), F.S.

²³ Section 215.5602(6) and (7), and s. 381.922(3)(b), F.S.

²⁴ Section 381.922(3)(a), F.S. However, s. 215.5602(11), F.S., contains an inconsistency with respect to the responsibility of the Advisory Council concerning awarding grants for cancer research.

scientific content of each proposal to establish a “scientific”²⁵ priority score.²⁶ To eliminate conflicts of interest, peer reviewers come from outside the state of Florida. Reviewers are experts in their fields from universities, government agencies, and private industry who are matched according to application topic and area of expertise. The priority scores must be considered by the Biomedical Research Advisory Council in determining which proposals will be recommended for funding to the State Surgeon General.

Meetings of the Biomedical Research Advisory Council and the peer review panel are subject to ch. 119, F.S., relating to public records; s. 286.011, F.S., relating to public meetings; and s. 24, Article I of the State Constitution relating to access to public meetings and records.

Program Administration and Grant Management

The Office of Public Health Research within the DOH manages both the King Program and the Bankhead-Coley Program with support from the Biomedical Research Advisory Council and Lytmos Group, LLC (Lytmos), pursuant to contract.²⁷

The law authorizes, but does not require, the DOH, after consultation with the Biomedical Research Advisory Council, to adopt rules as necessary to implement these programs.²⁸ The DOH has not adopted rules to implement these programs. Instead, the DOH publishes, on its website, the procedures for implementing these two programs.²⁹

The *GrantEase*TM online system is used by grantees to access grant information and submit progress reports, invoices, financial reports, and change requests during the life of the grant. At least once during the grant period, the grantee is subjected to on-site monitoring for both scientific and administrative purposes.

Cancer Control and Research Act

The Cancer Control and Research Act (the Act) is created in s. 1004.435, F.S. The Florida Cancer Control and Research Advisory Council (C-CRAB) is established within the Act to advise the Board of Governors, the State Surgeon General, and the Legislature with respect to cancer control and research in Florida. The C-CRAB consists of 34 members. Annually the C-CRAB approves the Florida Cancer Plan, which is a program for cancer control and research that must be consistent with the State Health Plan and integrated and coordinated with existing programs in this state. Additional responsibilities of the C-CRAB include:

- Recommending to the State Surgeon General a plan for the care and treatment of persons suffering from cancer and standard requirements for cancer units in hospitals and clinics in Florida;

²⁵ The King Program requires a *scientific* priority score in s. 215.5602(6), F.S. The Bankhead-Coley Program requires a priority score in s. 381.922(3)(b), F.S.

²⁶ A Bridge Grant application is ranked solely by the priority score or percentile assigned to its qualifying federal proposal in an eligible federal review process.

²⁷ James & Esther King Biomedical Research Program, *Annual Report 2010*, available at: <http://forms.floridabiomed.com/AnnualReports/Annual10.pdf> (Last visited on April 1, 2011).

²⁸ Section 215.5602(9), F.S.

²⁹ See <http://www.doh.state.fl.us/ExecStaff/biomed/ophrsitemap.html>, (Last visited on April 1, 2011).

- Recommending grant and contract awards for the planning, establishment, or implementation of programs in cancer control or prevention, cancer education and training, and cancer research;
- Pursuant to Legislative appropriations, providing written summaries that are easily understood by the average adult patient, informing 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 and explaining the relative advantages, disadvantages, and risks associated therewith;
- Implementing an educational program for the prevention of cancer and its early detection and treatment;
- Advising the Board of Governors and the State Surgeon General on methods of enforcing and implementing laws concerning cancer control, research, and education; and
- Recommending to the Board of Governors or the State Surgeon General rulemaking needed to enable the C-CRAB to perform its duties.

III. Effect of Proposed Changes:

Section 1 amends s. 20.435, F.S., to extend the time, from 3 years to 5 years, that any balance of any appropriation from the Biomedical Research Trust Fund, which is not disbursed but which is obligated pursuant to a contract or committed to be expended, may be carried forward.

Section 2 amends s. 215.5602, F.S., to provide for the funding of biomedical research under the King Program, including grants and fellowships awarded by the State Surgeon General for institutional training. The Biomedical Research Advisory Council may recommend an allocation of up to one-third of the program funds for the recruitment of cancer, heart, or lung disease researchers and research teams to institutions in Florida; for operational start-up grants for newly recruited cancer, heart, or lung disease research teams; and for equipment expenditures related to the expansion of cancer, heart or lung disease research and treatment capacity in Florida. The council may develop a grant application and review mechanism for the allocation of such funds, but such mechanism must ensure a fair and rigorous analysis of the merit of any proposals. A member of the Biomedical Research Advisory Council or a peer review panel is prohibited from discussing or making a decision on a research proposal if the member is a part of the governing body of, an employee of, or is contracted with the firm, entity, or agency under review.

This section also expands the Biomedical Research Advisory Council from 11 to 12 members, and requires one member to be the chief executive officer of BioFlorida, or a designee. A member of the council, who is currently required be the chief executive officer of the Florida/Puerto Rico Affiliate of the American Heart Association, is replaced by the chief executive officer of the Greater Southeast Affiliate of the American Heart Association.³⁰ The appointment of such members is extended from 3-year terms to 4-year staggered terms. However, the first two appointments by the Governor and the first appointment by the President

³⁰ The following states and territories are part of the Greater Southeast Affiliate: Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, Tennessee, and U.S. Virgin Islands. American Heart Association, *Greater Southeast Affiliate Funding Opportunities*, available at: <http://www.americanheart.org/presenter.jhtml?identifier=2471> (Last visited on April 1, 2011).

of the Senate and the Speaker of the House of Representatives on or after July 1, 2011, must be for a term of 2 years each.

This section provides that the DOH may accept gifts made willfully and without conditions and may deposit the gifts into the Biomedical Research Trust Fund to be used for grant or fellowship awards under the King Program. The DOH may also accept gifts to which conditions are attached, if it is lawful for the DOH to accept the gift with conditions and the gift is consistent with the provisions of the King Program.

Section 3 amends s. 381.922, F.S., to specify that the purpose of the Bankhead-Coley Program, in part, is to expand cancer research and treatment capacity in Florida. The program is required to provide grants for cancer clinical trials projects, for recruiting cancer researchers and research teams; for operational start-up grants for newly recruited cancer researchers and research teams; or for equipment expenditures related to the expansion of cancer research and treatment capacity in Florida. An applicant for such grants is given preference if the grant proposal would support the transfer of knowledge gained from research into the practice of community practitioners.

Grants or fellowships may be given for institutional training, predoctoral and postdoctoral research, and clinical trial projects, especially if those clinical trial projects identify prospective clinical trials treatment options for cancer patients in Florida or foster greater rates of participation in clinical trials. At least one clinical trial project per year that has been proposed and that merits an award must be awarded a grant.

The Biomedical Research Advisory Council may recommend an allocation of up to one-third of the program funds for the recruitment of cancer, heart, or lung disease researchers and research teams to institutions in Florida; for operational start-up grants for newly recruited cancer, heart, or lung disease research teams; and for equipment expenditures related to the expansion of cancer, heart or lung disease research and treatment capacity in Florida. The council may develop a grant application and review mechanism for the allocation of such funds, but such mechanism must ensure a fair and rigorous analysis of the merit of any proposals. A member of the Biomedical Research Advisory Council or a peer review panel is prohibited from discussing or making a decision on a research proposal if the member is a part of the governing body of, an employee of, or is contracted with the firm, entity, or agency under review.

This section requires the Biomedical Research Advisory Council to submit, by February 1 of each year, a report to the Governor and the Legislature which indicates progress towards the Bankhead-Coley Program's mission and makes recommendations that furthers the program's purpose.

This section provides that the DOH may accept gifts made willfully and without conditions and may deposit the gifts into the Biomedical Research Trust Fund to be used for grant or fellowship awards under the Bankhead-Coley Program. The DOH may also accept gifts to which conditions are attached, if it is lawful for the DOH to accept the gift with conditions and the gift is consistent with the provisions of the King Program.

Section 4 creates s. 381.923, F.S., to create the "Florida Comprehensive Cancer Control Act" (Cancer Control Act). This section provides legislative intent for the Cancer Control Act,

including the importance of research related to cancer and the importance of community outreach to educate Floridians about, and prevent, cancer. The terms “cancer,” “council,” “department,” “plan,” “program,” and “qualified nonprofit association” are defined for purposes of the Cancer Control Act.

This section creates the Florida Cancer Control and Resource Advisory Council (council) within the H. Lee Moffitt Cancer Center and Research Institute, Inc. Each member of the council must be a resident of Florida. The composition of the 42-member council includes:

- Three members representing the general public, appointed by the Governor;
- A member of the Senate, appointed by the President of the Senate;
- A member of the House of Representatives, appointed by the Speaker of the House of Representatives;
- A representative appointed by:
 - H. Lee Moffitt Cancer Center and Research Institute, Inc.;
 - University of Florida Shands Cancer Center;
 - University of Miami Sylvester Comprehensive Cancer Center;
 - Mayo Clinic, Florida;
 - M.D. Anderson Cancer Center, Florida;
 - American Cancer Society, Florida Division;
 - American Lung Association of the Southeast;
 - American Association for Retired Persons;
 - Department of Health;
 - Department of Education;
 - Florida Tumor Registrars Association;
 - Florida Cancer Data System;
 - Florida Society of Oncology Social Workers;
 - Florida Oncology Nurses Society;
 - Florida Society of Clinical Oncology;
 - Florida Association of Pediatric Tumor Programs, Inc.;
 - Florida Medical Association;
 - Florida Hospital Association;
 - Florida Nursing Association;
 - Florida Dental Association;
 - Florida Osteopathic Association;
 - University of Florida College of Medicine;
 - Florida Academy of Family Physicians;
 - University of Miami College of Medicine;
 - University of South Florida College of Medicine;
 - Florida State University College of Medicine;
 - University of Central Florida College of Medicine;
 - Nova Southeastern College of Osteopathic Medicine;
 - Florida International University College of Medicine;
 - Lake Erie School of Osteopathic Medicine;
 - Biomedical Research Advisory Council;
 - Center for Universal Research to Eradicate Disease; and
 - Each of the regional Cancer Control Collaboratives. (Currently there are five regional Cancer Control Collaboratives.)

This section designates membership of an executive committee to coordinate the activities and plan the direction of the full council.

The council must meet at least semiannually and may prescribe, amend, and repeal bylaws governing the council. Members of the council are prohibited from participating in any discussion or decision to recommend an award or contract to any qualified nonprofit association or to any agency of this state or its political subdivision with which the member is also a member of the governing body, an employee, or has entered into a contractual arrangement.

The council is required to:

- Advise the Governor, Legislature, State Surgeon General, or other policymakers with respect to cancer control and resources in Florida;
- Approve a plan for cancer control to be known as the “Florida Cancer Plan” and review it at least every 2 years;
- Recommend to the Governor, Legislature, State Surgeon General, or other policymakers an evidence-based plan for the prevention and early detection of cancer. The State Surgeon General and other state policymakers are required to consider this plan in developing department priorities and funding priorities and standards under ch. 385, F.S., relating to chronic disease;
- Provide expertise and input in the content and development of the Florida Cancer Plan. Recommendations must include coordination and integration of other state plans concerned with cancer control;
- Advise the State Surgeon General on methods of enforcing and implementing laws that are concerned with cancer control; and
- Report any findings and recommendations to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the State Surgeon General by December 1 of each year.

The council is authorized to form committees to address the following areas for action:

- Cancer plan evaluation, including tumor registry, data retrieval systems, and epidemiology of cancer in Florida;
- Cancer prevention;
- Cancer detection;
- Cancer treatments;
- Support services for cancer patients and caregivers;
- Cancer education for laypersons and professionals; and
- Other cancer-control-related topics.

The council must develop or purchase written summaries of the medical treatment alternatives for breast cancer and prostate cancer patients and for men who are considering prostate cancer screening, if the Legislature specifically appropriates funds for this purpose. Such summaries would have to be printed and provided to allopathic and osteopathic physicians and surgeons in Florida. Also, if such funds are appropriated for this purpose, the council must develop and implement educational programs to inform citizen groups, associations, and voluntary organizations about early detection and treatment of breast cancer and prostate cancer.

The council may recommend to the State Surgeon General rulemaking enabling it to perform its duties and properly administer the Cancer Control Act.

The H. Lee Moffitt Cancer Center and Research Institute must house the council and provide a full-time executive director and additional administrative support for the council.

The DOH is authorized to adopt rules necessary to administer the Cancer Control Act.

The Florida Cancer Plan is established within the DOH. The DOH is required to consult with the council in developing the plan, prioritizing goals, and allocating resources.

The bill establishes the Cancer Control Collaborative Program (collaborative program) within the Comprehensive Cancer Control Program of the DOH. The collaborative program is responsible for overseeing and providing infrastructure for the state cancer collaborative network by implementing the Florida Cancer Plan's initiatives and facilitating the local development of solutions to cancer control needs. The DOH must appoint a collaborative program director to be responsible for supervising the collaborative program and providing support to the regional cancer control collaboratives. This support must include, at a minimum, centralized organization, communications, information technology, shared resources, and cancer control expertise. The collaborative program must submit a report to the council by October 15 of each year. The collaborative program is also required to serve as the infrastructure for expansion or adaption as federal programs or other opportunities arise for future cancer control initiatives. The infrastructure for the local cancer control collaboratives is required, to the extent possible, to be designed to leverage federal funding opportunities.

Each regional cancer control collaborative must bring together local stakeholders, develop bylaws, identify priority cancer control needs of its region, and develop solutions to solve problems. The solutions must be consistent with the Florida Cancer Plan. Each regional cancer control collaborative must meet at least semiannually and send representation to council meetings.

Section 5 amends s. 458.324, F.S., to correct cross-references to conform to changes made by the bill.

Section 6 amends s. 459.0125, F.S., to correct cross-references to conform to changes made by the bill.

Section 7 repeals s. 1004.435, F.S., the Cancer Control and Research Act.

Section 8 provides an effective date of July 1, 2011.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Private institutions would be able to apply for funding for the new research purposes authorized in the bill.

C. Government Sector Impact:

According to s. 381.922(5), F.S., the Bankhead-Coley Program may only use up to 10 percent of its appropriated funds for administrative purposes. Because this bill establishes the Cancer Control Collaborative Program within the DOH and the program resides within the Bankhead-Coley Program, and no additional appropriation was made for this new program, it is indeterminate whether there will be administrative money available to administer the new program.

The Moffitt Cancer Center may incur costs because it is required to provide a full-time director and additional administrative support as reasonably necessary to the Florida Cancer Control and Resource Advisory Council.

State universities would be able to apply for funding for the new research purposes authorized in the bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The DOH reports that in order to obligate and disburse funds in accordance with the conditions of a gift, the DOH will have to seek specific spending authority from the Legislative Budget Commission.³¹

³¹ Department of Health, *Bill Analysis, Economic Statement, and Fiscal Note for SB 720*, dated February 17, 2011. A copy of this analysis is on file with the Senate Health Regulation Committee.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Higher Education on April 4, 2011:

The committee substitute makes a technical correction to locate the Cancer Control Collaborative Program within the Comprehensive Cancer Control Program in the Department of Health and not in the Bankhead-Coley Program.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
