

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 5203 PCB HCAS 14-01 Cancer Centers
SPONSOR(S): Health Care Appropriations Subcommittee, Hudson
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Health Care Appropriations Subcommittee	11 Y, 0 N	Rodriguez	Pridgeon
1) Appropriations Committee	25 Y, 0 N	Rodriguez	Leznoff

SUMMARY ANALYSIS

This bill conforms statutes to the funding decisions included in the House proposed General Appropriations Act (GAA) for Fiscal Year 2014-2015. The bill:

- Creates s. 381.915, F.S., the Florida Consortium of National Cancer Institute Centers Program within the Department of Health (DOH) to enhance the quality and competitiveness of cancer care in the state, further a statewide biomedical research strategy responsive to the health needs of Florida's citizens and capitalize on the potential educational opportunities available to its students.
- Revises the statutory distribution of certain funds deposited into the Biomedical Research Trust Fund.
- Directs DOH to make payments to Florida-based cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health and to calculate an allocation fraction to be used for distributing funds to participating cancer centers.
- Provides that the allocation fraction is based on three factors: number of reportable cases, peer-review costs and biomedical educational and training costs and assigns weights to each of the primary allocation factors.
- Assigns tier-designated weights to each of a participating center's program metric factors based on the NCI status of the center.
- Requires that participating cancer centers meet minimum criteria for funding.
- Requires DOH, in conjunction with participating cancer centers, to submit a report to the Cancer Control Research Advisory Council (CCRAB) on specific metrics relating to cancer mortality and external funding for cancer-related research in the state.
- Authorizes the DOH to adopt rules to administer the Florida Consortium of National Cancer Institute Centers Program.
- Specifies that funding for the program is subject to an appropriation in the GAA.

The bill has an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Cancer is the general name for a group of more than 100 diseases. Although there are many kinds of cancer, all cancers start because abnormal cells grow out of control. Untreated cancers can cause serious illness and death. Half of all men and one-third of all women in the U.S. will develop cancer during their lifetimes.¹

About 1,660,290 new cancer cases were expected to be diagnosed in 2013 in the United States, with approximately 118,290 of those occurring in Florida. In 2013, about 580,350 Americans were expected to die of cancer, almost 1,600 people per day. Cancer is the second most common cause of death in the United States, exceeded only by heart disease, accounting for nearly one of every four deaths. The NCI estimates that approximately 13.7 million Americans with a history of cancer were alive on January 1, 2012. Some of these individuals were cancer free, while others still had evidence of cancer and may have been undergoing treatment.²

Cancer is the leading cause of death in Florida.³ Florida has the second-highest number of new diagnosed cancer cases in the U.S.², even though; it is the fourth-largest state in terms of population.

National Cancer Institute – Designated Cancer Centers

The NCI designation is nationally recognized as a marker of high-quality in cancer care and research and is linked to higher federal funding for cancer treatment. Florida has fewer designated cancer centers than peer states. For example, New York has six centers, Texas has four, and California has ten.⁴ However, H. Lee Moffitt Cancer Center and Research Institute is the only Florida-based National Cancer Institute - Designated Comprehensive Cancer Center.

The NCI-designated cancer centers program recognizes institutions around the country that meet arduous criteria for world-class, state-of-the-art programs in multidisciplinary cancer research.⁵ NCI-designated cancer centers are either affiliated with university medical centers or freestanding center institutions that are dedicated to research in the development of more effective approaches to prevention, diagnosis and treatment of cancer. The application process requires a rigorous review before being selected to be an NCI-designated cancer center.⁶

NCI awards two types of designations: NCI-Designated Cancer Center and NCI-Designated Comprehensive Cancer Center. NCI provides the following explanation of each type of award designation:⁷

- An NCI-designated cancer center must demonstrate scientific leadership, resources, and capabilities in laboratory, clinical, or population science, or some combination of these three

¹ American Cancer Society, *What is Cancer*, available at: <http://www.cancer.org/cancer/cancerbasics/what-is-cancer> (last viewed March 6, 2014).

² American Cancer Society, *Cancer Facts and Figures 2013*, available at: <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf> (last viewed March 9, 2014).

³ Florida Vital Statistics, *Annual Report 2012 – Deaths*, available at: <http://www.flpublichealth.com/VSBOOK/pdf/2012/Deaths.pdf> (last viewed March 9, 2014).

⁴ National Cancer Institute, NCI-Designated Cancer Center, available at: <http://www.cancer.gov/researchandfunding/extramural/cancercenters/find-a-cancer-center> (last viewed March 5, 2014).

⁵ National Cancer Institute, NCI-Designated Cancer Centers – *About the Cancer Centers Program*, available at: <http://www.cancer.gov/researchandfunding/extramural/cancercenters/about> (last viewed March 6, 2014).

⁶ *Id.*

⁷ *Id.*

components. It must also demonstrate reasonable depth and breadth of research in the scientific areas it chooses and transdisciplinary research across these areas.

- An NCI-designated comprehensive cancer center must demonstrate reasonable depth and breadth of research in each of three major areas: laboratory, clinical, and population-based research, as well as substantial transdisciplinary research that bridges these scientific areas. In addition, a comprehensive center must also demonstrate professional and public education and outreach capabilities, including the dissemination of clinical and public health advances in the communities it serves.

Florida Biomedical Research Program

The Florida Biomedical Research Program within the DOH includes two distinct programs: the James and Esther King Biomedical Research Program and the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program.

James and Esther King Biomedical Research Program

In 1999, the Legislature created the Florida Biomedical Research Program in DOH to support research initiatives that address the health care problems of Floridians in the areas of cancer, cardiovascular disease, stroke, and pulmonary disease.⁸ A component of the Biomedical Research Program was the Biomedical Research Advisory Council (BRAC).⁹ BRAC was created to advise the State Surgeon General on the direction and scope of the state’s biomedical research program.

In 2001, the Legislature amended the purpose of the program, stating that the intent for the program was 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.¹⁰ In 2003, the Florida Biomedical Research Program was renamed the “James and Esther King Biomedical Research Program (King Program).”¹¹

The goals of the King 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, including cancer, cardiovascular disease, stroke, and pulmonary disease.
- 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 the state.
- Stimulate economic activity in the state in areas related to biomedical research, such as the research and production of pharmaceuticals, biotechnology, and medical devices.

In 2013, the Legislature created new reporting requirements within the King Program for recipients of appropriations for biomedical and/or cancer research or related activities that do not have existing statutory reporting requirements. Annual fiscal-year progress reports describing the use of the funds are required to be submitted to the President of the Senate and the Speaker of the House of Representatives by December 15 of each year.¹²

⁸Chapter 99-167, L.O.F.

⁹ Section 215.5602(3), F.S.

¹⁰Chapter 2001-73, L.O.F.

¹¹Chapter 2003-414, L.O.F.

¹² Chapter 2013-50, L.O.F.

The Legislature appropriated \$10 million in recurring funds to the King Program for Fiscal Year 2013-14: \$7.15 million from the Biomedical Research Trust Fund and \$2.85 million from General Revenue.¹³

Bankhead-Coley Program

In 2006, the Legislature created the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program) within DOH. The purpose of the program was to advance progress towards cures for cancer through grant awards. The funds are distributed as grants to researchers seeking cures for cancer, with emphasis given to the efforts that significantly expand cancer research capacity in the state.¹⁴

The goals of the Bankhead-Coley Program are to significantly expand cancer research capacity and cancer treatment in the state by:

- Identifying ways to attract new research talent and attendant national grant-producing researchers to cancer research facilities in this state;
- Implementing a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research institutes in this state;
- Funding, through available resources, proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support;
- Encouraging the employment of bioinformatics in order to create a cancer informatics infrastructure that enhances information and resource exchange and integration through researchers working in diverse disciplines to facilitate the full spectrum of cancer investigations;
- Facilitating the technical coordination, business development, and support of intellectual property as it relates to the advancement of cancer research;
- Aiding in other multidisciplinary, research-support activities for the advancement of cancer research;
- Improving both research and treatment through greater participation in clinical trials networks; and
- Reducing the impact of cancer on disparate groups.

In 2013, the Legislature appropriated \$10 million in recurring funds to the Bankhead-Coley Program for Fiscal Year 2013-14: \$5 million from the Biomedical Research Trust Fund and \$5 million from General Revenue.¹³

Under the Bankhead-Coley Program¹⁵, endowments to cancer research institutions are provided in the state to establish a funded research chair that will attract and retain a promising researcher in order to serve as a catalyst to attract other national grant-producing researchers to the state. The endowments are contingent upon funding in the GAA. The purpose of the endowment is to provide secure funding for at least seven years to attract an experienced and promising researcher whose continued employment for this period is not contingent upon grant awards associated with time-limited research projects to authorize the establishment of endowments for cancer research institutions within the state to fund an endowed research chair.

The research institution that receives an endowed chair must submit a report to the Governor, the President of the Senate and Speaker of the House of Representatives describing the research program and the responsibilities of the endowed chair. Upon final selection of the researcher, or if a replacement is needed for the original endowed chair, the research institution must notify the Chairs of the Appropriations committees of the Senate and House of Representatives of the name of the researcher and specific information about the endowment budget and research responsibilities. The research institution is required to report annually to the President of the Senate and the Speaker of the House of Representatives information pertaining to the endowment.

¹³ Chapter 2013-40, L.O.F.

¹⁴The efforts to improve cancer research are outlined in s. 381.921, F.S.

¹⁵ Section 381.922, F.S.

In Fiscal Year 2013-14, the Legislature appropriated \$10 million in nonrecurring funding to integrated cancer research and care institutions for establishing a funded research chair.¹³

Other Cancer Related Bodies in Florida

Cancer Control and Research Advisory Council (CCRAB)

In 1979, the Florida Cancer Control and Research Act was created pursuant to, s. 1004.435, F.S., along with the Cancer Control Research Advisory Council (CCRAB). CCRAB is housed within the H. Lee Moffitt Cancer Center and Research Institute, Inc. CCRAB consists of 35 members.¹⁶

CCRAB formulates and makes recommendations to the State Surgeon General, the Board of Governors, and the Florida Legislature. These recommendations include, but are not limited to, approval of the state cancer plan, cancer control initiatives, and the awarding of grants and contracts, as funds are available, to establish, or conduct programs in cancer control or prevention, cancer education and training, and cancer research. Technical Advisory Groups are formed by the Council to review such areas as the state cancer plan evaluation, tobacco use prevention, cancer disparities, cancer-related data, and legislative initiatives.

Statewide Cancer Registry

Section 385.202, F.S., requires each hospital or other licensed facility to report to DOH, information that indicates diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by that facility to include Prostate Cancer. DOH, or a medical organization pursuant to a contract with DOH, is required to maintain and make available for research such information in a statewide cancer registry.

Cancer Center of Excellence Award Program

In 2013, the Legislature created the Cancer Center of Excellence Award Program to recognize hospitals, treatment centers, and other providers in Florida that demonstrate excellence in patient-centered, coordinated care for persons undergoing cancer treatment and therapy.¹²

The CCRAB and BRAC are directed to form a joint committee for the development of performance measures, a rating system, and a rating standard that must be achieved to be eligible for the three-year recognition.

The State Surgeon General is required to appoint a team of independent evaluators to assess and conduct onsite evaluations of applicants for the Award, and to notify the Governor of the applicants eligible to receive the Award.

The legislation also required the State Surgeon General to report to the President of the Senate and the Speaker of the House of Representatives, the status of implementing the Award program by January 31, 2014 and by December 15 annually thereafter. The State Surgeon General submitted the Implementation Report on January 22, 2014 to the Legislature.

Awards are recognized for three years and provide that awardees will be given preference in certain competitive solicitations. Authorized awardees may use the Award designation in advertising and marketing.

Biomedical and Cancer Research Funding

The Florida Biomedical Research Program distributes grant awards for one-, two-, or three-year increments. Unspent awards revert to the Biomedical Research Trust Fund after five years. Any university or research institute in Florida may apply for grant funding to support the goals of either the

¹⁶ Section 1004.435(4)(a), F.S.
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King Program or Bankhead-Coley Program. All qualified investigators in the state, regardless of the institution, have an equal opportunity to compete for funding. Applications are accepted annually and awards are announced every June/July. After the awards are announced, the program obtains a signed contract, final budget, and the required study approvals from the grant recipient.

Biomedical Research Trust Fund

Currently, \$25 million from the Biomedical Research Trust Fund is annually allocated to programs and institutions for research of tobacco-related or cancer-related illnesses:¹⁷

- \$5 million – James and Esther King Biomedical Research Program
- \$5 million – David Coley Cancer Research Program
- \$5 million – H. Lee Moffitt Cancer Center and Research Institute
- \$5 million – Sylvester Comprehensive Cancer Center at the University of Miami
- \$5 million – University of Florida Health Shands Cancer Hospital

Additionally, the King Program is appropriated \$2.15 million from Lawton Chiles Endowment Fund earnings on principle set aside for biomedical research.¹⁸ These earnings are deposited into the Biomedical Research Trust Fund for the King Program.

A portion of the cigarette tax¹⁹, approximately 1.00 percent, is deposited into the Biomedical Research Trust Fund. These funds are appropriated annually in an amount not to exceed \$3 million to the Sanford-Burnham Medical Research Institute for biomedical research.²⁰ Based on cigarette tax distributions as of July 1, 2013, Sanford-Burnham would receive approximately \$2.6 million for Fiscal Year 2013-14.

Torrey Pines Institute for Molecular Studies received \$3 million in nonrecurring funds from the Biomedical Research Trust Fund for Fiscal Year 2013-14.¹³

Direct General Revenue Appropriations

The extent of GR funding for biomedical and cancer research has varied significantly from year-to-year. The GAA for Fiscal Year 2013-14 provided \$17.05 million in recurring GR funding to support biomedical and cancer research.¹³ The James and Esther King and Bankhead/Coley programs received \$2.85 million and \$5 million respectively. A total of \$9.2 million in General Revenue funding was provided directly to four research institutions:¹³

- \$2.05 million – H. Lee Moffitt Cancer Center and Research Institute
- \$2.05 million – University of Florida Health Shands Cancer Hospital
- \$2.05 million – Sylvester Comprehensive Cancer Center at the University of Miami
- \$3 million – Sanford-Burnham Medical Research Institute

H. Lee Moffitt Cancer Center and Research Institute receives \$10.6 million in recurring General Revenue funds within the Department of Education's budget of which a portion is directed to provide research and education related to cancer.¹³

Endowments for Research Chairs

In Fiscal Year 2013-14, the Legislature appropriated \$10 million in nonrecurring funding to integrated cancer research and care institutions for establishing a funded research chair. Proviso language in the Fiscal Year 2013-14 GAA directed funding to three specific integrated cancer research and care institutions for the establishment of endowed research chairs:¹³

- \$3,333,333 – H. Lee Moffitt Cancer Center and Research Institute
- \$3,333,333 – University of Florida Health Shands Cancer Hospital

¹⁷ Section 215.5602(12)(a), F.S.

¹⁸ Section 215.5601(5)(a)(1), F.S.

¹⁹ Section 210.02, F.S.

²⁰ Section 210.20(1)(c), F.S.

- \$3,333,333 – Sylvester Comprehensive Cancer Center at the University of Miami

Additional Funding for the H. Lee Moffitt Cancer Center and Research Institute

A portion of the proceeds from cigarette taxes (an amount equal to 2.75 percent of the net collections) is provided to the Board of Directors of the H. Lee Moffitt Cancer Center and Research Institute. These funds are appropriated monthly out of the Cigarette Tax Collection Trust Fund. These funds are to be used for lawful purposes, including constructing, furnishing, equipping, financing, operating, and maintaining cancer research and clinical and related facilities; furnishing, equipping, operating, and maintaining other properties owned or leased by the H. Lee Moffitt Cancer Center and Research Institute; and paying costs incurred in connection with purchasing, financing, operating, and maintaining such equipment, facilities, and properties. In Fiscal Year 2013-14, the amount of this direct cigarette tax distribution was approximately \$10.6 million.²¹

The following chart summarizes State Biomedical and/or Cancer Research Funding for Fiscal Year 2013-14:

²¹ Section 210.20(2)(b)

**State Biomedical and/or Cancer Funding
(Millions of \$)**

Recipient	FY 2013-14 Funding			
	General Revenue	Biomedical Research Trust Fund	Direct Distribution	Total
<u>H. Lee Moffitt Cancer Center and Research Institute</u>				
Cancer Research and Education	10.6			10.6
Biomedical Research	2.1	5.0		7.1
Endowed Cancer Research Chair*	3.3			3.3
Direct Cigarette Tax Distribution - Section. 210.20(2)(b), F.S.			10.6	10.6
Subtotal	16.0	5.0	10.6	31.6
<u>Sanford Burnham Medical Research Institute</u>				
Biomedical Research	3.0	2.6		5.6
Subtotal	3.0	2.6	-	5.6
<u>University of Florida Health Shands Cancer Hospital</u>				
Biomedical Research	2.1	5.0		7.1
Endowed Cancer Research Chair*	3.3			3.3
Subtotal	5.4	5.0	-	10.4
<u>Sylvester Comprehensive Cancer Center at the University of Miami</u>				
Biomedical Research	2.1	5.0		7.1
Endowed Cancer Research Chair*	3.3			3.3
Subtotal	5.4	5.0	-	10.4
<u>Torrey Pines Institute of Molecular Research</u>				
Biomedical Research*		3.0		3.0
Subtotal	-	3.0	-	3.0
Subtotal Research Institutions	29.7	20.6	10.6	60.9
<u>James and Esther King Biomedical Research Program</u>				
Biomedical Research	2.9	7.2		10.0
Subtotal	2.9	7.2	-	10.0
<u>William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program</u>				
Biomedical Research	5.0	5.0		10.0
Subtotal	5.0	5.0	-	10.0
GRAND TOTAL	37.5	32.8	10.6	80.9

*Nonrecurring Funding

Effects of Proposed Changes

Florida Consortium of National Cancer Institute Centers Program

This bill creates s. 381.915, F.S., the Florida Consortium of National Cancer Institute Centers Program within DOH. The purpose of the program is to enhance the quality and competitiveness of cancer care in the state, further a statewide biomedical research strategy responsive to the health needs of Florida's citizens and capitalize on the potential educational opportunities available to its students. The bill directs DOH to make payments to Florida-based cancer centers recognized by the 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 bill directs DOH to calculate an allocation fraction to be used for distributing funds to participating cancer centers on or before September 15 of each year. The bill requires DOH to distribute funds to

participating cancer centers on a quarterly basis on or before the final business day of each quarter of the state fiscal year. Annual funding for the program is subject to an appropriation in the GAA.

This bill revises the statutory distribution of certain funds deposited into the Biomedical Research Trust Fund. The bill eliminates the annual statutory distribution of cigarette tax revenues (approximately \$2.6 million) deposited into the Biomedical Research Trust Fund for the Sanford-Burnham Medical Research Institute. The bill eliminates the annual statutory distribution of Biomedical Research Trust Fund allocations to the following institutions:

- \$5 million – H. Lee Moffit Cancer Center and Research Institution
- \$5 million – Sylvester Comprehensive Cancer Center of the University of Miami
- \$5 million – University of Florida Health Shands Cancer Hospital

Proposed Funding Allocation Methodology

Program Metrics and Funding Allocation

The allocation fraction for each participating cancer center is based on specific cancer center factors including:

- Number of reportable cases,
- Peer-review costs and
- Biomedical educational and training costs.

The bill assigns weights to each of the primary allocation factors. *Number of Reportable Cases* are weighted at 40 percent. Both *Peer-review Costs* and *Biomedical Educational and Training Costs* are weighted at 30 percent.

Weighted Tier Designations for NCI Status

Additionally, the bill assigns tier-designated weights to each of a participating center's program metric factors based on the NCI status of the center. The tier-designated weights are as follows:

- Tier 1: Florida-based NCI-designated Comprehensive Cancer Centers, weighted at 1.5
- Tier 2: Florida-based NCI-designated Cancer Centers, weighted at 1.25
- Tier 3: Florida-based cancer centers in pursuit of designation as either a NCI-designated Cancer Center or NCI-designated Comprehensive Cancer Center, weighted at 1.0

Criteria for Tier 3 Eligibility

The bill requires that cancer centers seeking Tier 3 eligibility under the program meet minimum criteria. Tier 3 eligibility criteria are as follows:

- Conducting cancer-related basic scientific research and cancer-related population scientific research;
- Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;
- Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program;
- Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools;
- Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and
- Having more than \$5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.

The bill provides that the GAA or accompanying legislation may limit the number of facilities eligible for Tier 3 designations or provide additional criteria for such designations. The bill limits the number of years that a cancer center is eligible for Tier 3 to five years.

Allocation Formula and Calculation of Allocation Fraction

The bill directs DOH to calculate a participating cancer center's allocation fraction on or before September 15 of each year based on the following formula:

$$\text{CAF} = [0.4 \times (\text{CRC} \div \text{TCRC})] + [0.3 \times (\text{CPC} \div \text{TCPC})] + [0.3 \times (\text{CBE} \div \text{TCBE})]$$

Where:

CAF = A cancer center's allocation fraction.

CRC = A cancer center's tier-weighted reportable cases.

TCRC = The total of all cancer centers' tier-weighted reportable cases.

CPC = A cancer center's tier-weighted peer-review costs.

TCPC = The total of all cancer centers' tier-weighted peer-review costs.

CBE = A cancer center's tier-weighted biomedical education and training.

TCBE = The total of all cancer centers' tier-weighted biomedical education and training.

The bill provides that a cancer center's annual allocation be calculated by multiplying the funds appropriated for the Florida Consortium of NCI Centers program in the GAA by that cancer center's allocation fraction. If the calculation results in an annual allocation that is less than \$16 million, that cancer center's annual allocation shall be increased to a sum equaling \$16 million, with the additional funds being provided proportionally from the annual allocations calculated for the other participating cancer centers.

Reporting Requirements

The bill requires DOH, in conjunction with participating cancer centers, to submit a report to CCRAB on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. If a participating cancer center does not endorse this report or produce an equivalent independent report, the cancer center shall be suspended from the program for one year. The bill states that the report must include the following:

- 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:
 - Lung cancer
 - Pancreatic cancer
 - Sarcoma
 - Melanoma
 - Leukemia and Myelodysplastic Syndromes
 - Brain cancer
- Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state
- A list and narrative description of collaborative grants and inter-institutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalogue 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.

B. SECTION DIRECTORY:

Section 1: Amends s. 20.435, F.S., authorizing funds in the Biomedical Research Trust Fund to be used for the Florida Consortium of National Cancer Institute Centers Program.

Section 2: Amends s. 210.20, F.S., revising the distribution of certain funds deposited into the Biomedical Research Trust Fund.

Section 3: Amends s. 215.5602, F.S., revising the distribution of certain funds deposited into the Biomedical Research Trust Fund.

Section 4: Creates s. 381.915, F.S., establishing the Florida Consortium of National Cancer Institute Centers Program, providing a purpose, requiring DOH to distribute funding to certain centers based on an allocation fraction, providing definitions, providing criteria for designation of tiers for cancer centers, providing a formula for determination of allocation fractions, requiring reports, provides that funding is subject to an appropriation in the GAA and providing rulemaking authority for the DOH.

Section 5: Provides an effective date of July 1, 2014.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill eliminates the annual statutory distribution of cigarette tax revenues (approximately \$2.6 million) deposited into the Biomedical Research Trust Fund for the Sanford-Burnham Medical Research Institute.

The bill eliminates the annual statutory distribution of Biomedical Research Trust Fund allocations to the following institutions:

- \$5 million – H. Lee Moffit Cancer Center and Research Institution
- \$5 million – Sylvester Comprehensive Cancer Center of the University of Miami
- \$5 million – University of Florida Health Shands Cancer Hospital

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The possible addition of NCI-designated cancer centers to the state may generate positive fiscal outcomes for the private sector including, but not limited to, an increase of high paying jobs and other economic benefits. However, the specific economic impact is unknown.

D. FISCAL COMMENTS:

Subject to the passage of this bill, the House proposed GAA for Fiscal Year 2014-15 provides for the realignment of \$26.75 million in annual funding from both the Biomedical Research Trust Fund and the General Revenue Fund to support the Florida Consortium of National Cancer Institute Centers Program:

- Realigns \$17.6 million recurring - Biomedical Research Trust Fund:
 - \$5 million H. Lee Moffit Cancer Center and Research Institution
 - \$5 million – Sylvester Comprehensive Cancer Center of the University of Miami
 - \$5 million – University of Florida Health Shands Cancer Hospital
 - \$2.6 million – Sanford-Burnham Medical Research Institute

- Realigns \$9.2 million recurring - General Revenue:
 - \$2.05 million – H. Lee Moffitt Cancer Center and Research Institution
 - \$2.05 million – Sylvester Comprehensive Cancer Center of the University of Miami
 - \$2.05 million – University of Florida Health Shands Cancer Hospital
 - \$3 million – Sanford-Burnham Medical Research Institute

Additionally, the House proposed GAA for Fiscal Year 2014-15 provides an additional \$33.25 million from the General Revenue Fund to support the program. In total, the House proposes \$60 million for the Florida Consortium of National Cancer Institute Centers Program in Fiscal Year 2014-15. Funding for the program would be distributed to eligible cancer centers pursuant to the calculation of the allocation formula and contingent on the passage of this bill or similar legislation. The charts below summarize current direct appropriations for FY 2013-14 and the House proposed appropriation to the program for FY 2014-15:

Summary of Current Direct Appropriations - FY 2013-14			
Institutions	General Revenue	Biomedical Research Trust Fund	Total
H. Lee Moffitt Cancer Center & Research Institute	2,050,000	5,000,000	7,050,000
University of Florida Health Shands Cancer Hospital	2,050,000	5,000,000	7,050,000
University of Miami Sylvester Comprehensive Cancer Center	2,050,000	5,000,000	7,050,000
Sanford-Burnham Medical Research Institute	3,000,000	2,600,000	5,600,000
Total	9,150,000	17,600,000	26,750,000

House Proposed - FL Consortium of NCI Centers Program Funding - FY 2014-15			
	General Revenue	Biomedical Research Trust Fund	Total
Proposed Realignment of Direct Appropriations FY 2013/14	9,150,000	17,600,000	26,750,000
Proposed New Funding	33,250,000	-	33,250,000
Total FL Consortium of NCI Centers Program - FY 2014/15	42,400,000	17,600,000	60,000,000

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

N/A

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES