

1                                   A bill to be entitled  
 2           An act relating to cancer treatment and research;  
 3           amending s. 381.915, F.S.; authorizing the Department  
 4           of Health to establish the Florida Cancer Research  
 5           Network; revising definitions; making grant funds  
 6           available; providing requirements and criteria for  
 7           grant fund applicants; providing criteria for awarding  
 8           grant funds; providing data reporting requirements for  
 9           health care providers; requiring certain data for  
 10          collection; providing requirements for the collection  
 11          of data; creating an online repository for best  
 12          practices on the Florida Cancer Connect website;  
 13          authorizing the Cancer Connect Collaborative to  
 14          oversee the Florida Cancer Research Network; creating  
 15          subcommittees; requiring the Cancer Connect  
 16          Collaborative to annually submit a specified report to  
 17          the Governor and the Legislature; creating the Cancer  
 18          Connect Collaborative Incubator; providing an  
 19          effective date.

20  
 21   Be It Enacted by the Legislature of the State of Florida:

22  
 23           **Section 1. Section 381.915, Florida Statutes, is amended**  
 24   **to read:**

25           381.915 Casey DeSantis Cancer Research Program.—

26 (1) This section may be cited as the "Casey DeSantis  
27 Cancer Research Act."

28 (2) The Casey DeSantis Cancer Research Program is  
29 established to enhance the quality and competitiveness of cancer  
30 care in this state, further a statewide biomedical research  
31 strategy directly responsive to the health needs of Florida's  
32 citizens, capitalize on the potential educational opportunities  
33 available to its students, and promote the provision of high-  
34 quality, innovative health care for persons undergoing cancer  
35 treatment in this state. The department shall:

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

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

47 (b) Establish the Florida Cancer Research Network within  
48 the department, under the direction of the Cancer Connect  
49 Collaborative, to promote the research and development of  
50 innovative cancer treatments through the expansion of grant

51 opportunities, enhance patient access to emerging cancer  
52 therapies by extending research programs into rural and  
53 underserved areas, track patient data to evaluate outcomes and  
54 develop novel approaches to cancer care by increasing the  
55 metrics collected by the Florida Cancer Data System, and  
56 identify and implement best practices to ensure the delivery of  
57 high-quality, effective cancer treatment.

58 ~~(3) On or before September 15 of each year, the department~~  
59 ~~shall calculate an allocation fraction to be used for~~  
60 ~~distributing funds to participating cancer centers. On or before~~  
61 ~~the final business day of each quarter of the state fiscal year,~~  
62 ~~the department shall distribute to each participating cancer~~  
63 ~~center one-fourth of that cancer center's annual allocation~~  
64 ~~calculated under subsection (6). The allocation fraction for~~  
65 ~~each participating cancer center is based on the cancer center's~~  
66 ~~tier-designated weight under subsection (4) multiplied by each~~  
67 ~~of the following allocation factors based on activities in this~~  
68 ~~state: number of reportable cases, peer-review costs, and~~  
69 ~~biomedical education and training.~~

70 (3) As used in this section, the term:

71 (a) "Biomedical education and training" means instruction  
72 that is offered to a student who is enrolled in a biomedical  
73 research program at an affiliated university as a medical  
74 student or a student in a master's or doctoral degree program,  
75 or who is a resident physician trainee or postdoctoral trainee

76 | in such program. An affiliated university biomedical research  
77 | program must be accredited or approved by a nationally  
78 | recognized agency and offered through an institution accredited  
79 | by an accrediting agency or association recognized by the  
80 | database created and maintained by the United States Department  
81 | of Education. Full-time equivalency for trainees shall be  
82 | prorated for training received in oncologic sciences and  
83 | oncologic medicine.

84 | (b) "Cancer center" means a comprehensive center with at  
85 | least one geographic site in the state, a freestanding center  
86 | located in the state, a center situated within an academic  
87 | institution, or a Florida-based formal research-based consortium  
88 | under centralized leadership that has achieved NCI designation  
89 | or is prepared to achieve NCI designation by June 30, 2025, or  
90 | has received a Cancer Center of Excellence Award 2024.

91 | (c) "Florida-based" means ~~that~~ a health care provider or  
92 | facility that is physically located and provides services in  
93 | this state, and the cancer center's actual or sought designated  
94 | status is or would be recognized by the NCI as primarily located  
95 | in Florida and not in another state.

96 | (4) The Florida Cancer Research Network shall make grant  
97 | funding available to Florida-based health care providers and  
98 | entities that conduct or plan to conduct research and  
99 | development of innovative cancer treatments for adult or  
100 | pediatric patients or provide workforce and post-doctoral

101 fellowship practitioners in the prevention, screening,  
102 diagnosis, or treatment of cancer.

103 (a) Grant funding available through the Florida Cancer  
104 Research Network consists of funds appropriated by the  
105 Legislature through the Casey DeSantis Cancer Research Program.

106 (b) A licensed or certified health care provider,  
107 facility, or entity shall meet the following criteria to be  
108 eligible for grant funding through the Florida Cancer Research  
109 Network:

110 1. Operate as a Florida-based cancer center;

111 2. Operate a licensed hospital that has a minimum of 30  
112 percent of current cancer patients that reside in rural or  
113 underserved areas;

114 3. Operate a licensed health care clinic or facility that  
115 employs or contracts with at least one licensed physician who  
116 specializes in oncology and delivers chemotherapy treatments for  
117 cancer;

118 4. Operate a licensed facility that employs or contracts  
119 with at least one licensed physician who specializes in oncology  
120 and that delivers radiation therapy treatments for cancer;

121 5. Operate as a rural hospital as defined in s.  
122 395.602 (2);

123 6. Operate as a critical access hospital as defined in s.  
124 408.07;

125 7. Operate as a specialty hospital as defined in s.  
126 395.002(28)(a) that serves patients up to 18 years of age;

127 8. Engage in biomedical research intended to develop  
128 therapies, medical pharmaceuticals, treatment protocols, or  
129 medical procedures intended to cure cancer or improve a  
130 patient's quality of life; or

131 9. Educate or train students, post-doctoral fellows, or  
132 licensed or certified health care practitioners in the  
133 screening, diagnosis, or treatment of cancer.

134 (c) The department shall oversee the distribution of grant  
135 funds awarded to health care providers and entities through the  
136 Florida Cancer Research Network. The department shall distribute  
137 grant funds on a quarterly basis during each fiscal year for  
138 which an appropriation is made.

139 (d) Eligible health care providers or entities must submit  
140 applications to the department by July 1 of each year to be  
141 considered for Florida Cancer Research Network grant fund  
142 awards.

143 (e) The department shall evaluate applications submitted  
144 by health care providers and entities. The department shall  
145 consider each applicant's ability to:

146 1. Achieve objectives and outcomes.

147 2. Identify populations, types of cancer, and short and  
148 long-term goals and outcomes.

149 3. Expand access to cancer screenings, diagnostic  
150 services, or treatment to rural or underserved populations.

151 4. Research or implement innovative cancer treatments or  
152 screenings or diagnostic services, and

153 5. Research innovative medical pharmaceutical treatments  
154 to cure cancer or improve the quality of life of cancer  
155 patients.

156 6. Collaborate with other health care providers or  
157 entities to deliver cancer screenings, diagnostic services, or  
158 treatments; participate in phase III clinical trials of  
159 experimental cancer treatments; or conduct biomedical research  
160 intended to cure cancer or improve the quality of life of cancer  
161 patients.

162 7. Educate or train students, post-doctoral fellows, or  
163 licensed or certified health care practitioners in the  
164 screening, diagnosis, or treatment of cancer.

165 (f) The department shall deem an application qualified or  
166 unqualified based on its evaluation.

167 (g)1. On or before October 1 of each year, the department  
168 shall calculate an allocation of grant funds for health care  
169 providers or entities that submit a qualified application.

170 2. The department shall contract with grant awardees to  
171 conduct research to develop innovative cancer treatments,  
172 procedures, therapeutic services, medical pharmaceuticals, or  
173 provide biomedical education and training in the care and

174 treatment of cancer.

175 (5) (a) The department shall expand the Florida Cancer Data  
176 System to include data on patient outcomes and quality of care  
177 submitted by licensed health care providers that diagnose,  
178 treat, and screen for cancer.

179 (b) Licensed health care providers that diagnose, treat,  
180 and screen for cancer must report to the Florida Cancer Data  
181 System data that includes all of the following:

182 1. Patient-reported outcome measures that collect patient  
183 reports on symptoms, quality of life, quality of cancer care,  
184 and cancer treatment outcomes.

185 2. Quality of care measures that identify and report all  
186 of the following:

187 a. Cancer screening rates.

188 b. Timeliness of diagnosis and treatment.

189 c. Clinical guidelines adherence.

190 d. Survival rates.

191 e. Tumor response rates.

192 f. Progression-free survival rates.

193 g. Disease-free survival rates.

194 h. Treatment complication rates.

195 i. Percentage of cancer patients receiving palliative or  
196 hospice care, and coordination of care.

197 j. Provider volume and expertise.

198 k. Adverse event monitoring.



199        l. Treatment compliance and persistence.

200        m. Biomarker response.

201        n. Long-term outcomes and survivorship.

202        (6) The department shall create an online repository on  
203 the Florida Cancer Connect website of best practices for cancer  
204 treatment, screening, diagnosis, prevention, and survivorship.  
205 The repository shall include best practices for all of the  
206 following:

207            (a) Screening and risk reduction of cancer.

208            (b) Clinical management of cancer.

209            (c) Phases I-IV clinical trials for cancer treatments.

210            (d) Care plans for patients receiving post-cancer  
211 treatment.

212            ~~(d) "Peer review costs" means the total annual direct~~  
213 ~~costs for peer reviewed cancer related research projects,~~  
214 ~~consistent with reporting guidelines provided by the NCI, for~~  
215 ~~the most recent annual reporting period available.~~

216            ~~(e) "Reportable cases" means cases of cancer in which a~~  
217 ~~cancer center is involved in the diagnosis, evaluation of the~~  
218 ~~diagnosis, evaluation of the extent of cancer spread at the time~~  
219 ~~of diagnosis, or administration of all or any part of the first~~  
220 ~~course of therapy for the most recent annual reporting period~~  
221 ~~available. Cases relating to patients enrolled in institutional~~  
222 ~~or investigator-initiated interventional clinical trials shall~~  
223 ~~be weighted at 1.2 relative to other cases weighted at 1.0.~~

224 ~~Determination of institutional or investigator-initiated~~  
 225 ~~interventional clinical trials must be consistent with reporting~~  
 226 ~~guidelines provided by the NCI.~~

227 ~~(4) Tier designations and corresponding weights within the~~  
 228 ~~Casey DeSantis Cancer Research Program are as follows:~~

229 ~~(a) Tier 1: NCI-designated comprehensive cancer centers,~~  
 230 ~~which shall be weighted at 1.5.~~

231 ~~(b) Tier 2: NCI-designated cancer centers, which shall be~~  
 232 ~~weighted at 1.25.~~

233 ~~(c) Tier 3: Cancer centers seeking designation as either a~~  
 234 ~~NCI-designated cancer center or NCI-designated comprehensive~~  
 235 ~~cancer center, which shall be weighted at 1.0.~~

236 ~~1. A cancer center shall meet the following minimum~~  
 237 ~~criteria to be considered eligible for Tier 3 designation in any~~  
 238 ~~given fiscal year:~~

239 ~~a. Conducting cancer-related basic scientific research and~~  
 240 ~~cancer-related population scientific research;~~

241 ~~b. Offering and providing the full range of diagnostic and~~  
 242 ~~treatment services on site, as determined by the Commission on~~  
 243 ~~Cancer of the American College of Surgeons;~~

244 ~~c. Hosting or conducting cancer-related interventional~~  
 245 ~~clinical trials that are registered with the NCI's Clinical~~  
 246 ~~Trials Reporting Program;~~

247 ~~d. Offering degree-granting programs or affiliating with~~  
 248 ~~universities through degree-granting programs accredited or~~

249 ~~approved by a nationally recognized agency and offered through~~  
250 ~~the center or through the center in conjunction with another~~  
251 ~~institution accredited by an accrediting agency or association~~  
252 ~~recognized by the database created and maintained by the United~~  
253 ~~States Department of Education;~~

254 ~~e. Providing training to clinical trainees, medical~~  
255 ~~trainees accredited by the Accreditation Council for Graduate~~  
256 ~~Medical Education or the American Osteopathic Association, and~~  
257 ~~postdoctoral fellows recently awarded a doctorate degree; and~~

258 ~~f. Having more than \$5 million in annual direct costs~~  
259 ~~associated with their total NCI peer-reviewed grant funding.~~

260 ~~2. The General Appropriations Act or accompanying~~  
261 ~~legislation may limit the number of cancer centers which shall~~  
262 ~~receive Tier 3 designations or provide additional criteria for~~  
263 ~~such designation.~~

264 ~~3. A cancer center's participation in Tier 3 may not~~  
265 ~~extend beyond June 30, 2024.~~

266 ~~4. A cancer center that qualifies as a designated Tier 3~~  
267 ~~center under the criteria provided in subparagraph 1. by July 1,~~  
268 ~~2014, is authorized to pursue NCI designation as a cancer center~~  
269 ~~or a comprehensive cancer center until June 30, 2024.~~

270 ~~(5) The department shall use the following formula to~~  
271 ~~calculate a participating cancer center's allocation fraction:~~

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

273 ~~Where:~~

274 ~~CAF = A cancer center's allocation fraction.~~  
275 ~~CRC = A cancer center's tier-weighted reportable cases.~~  
276 ~~TCRC = The total tier-weighted reportable cases for all~~  
277 ~~cancer centers.~~  
278 ~~CPC = A cancer center's tier-weighted peer-review costs.~~  
279 ~~TCPC = The total tier-weighted peer-review costs for all~~  
280 ~~cancer centers.~~  
281 ~~CBE = A cancer center's tier-weighted biomedical education~~  
282 ~~and training.~~  
283 ~~TCBE = The total tier-weighted biomedical education and~~  
284 ~~training for all cancer centers.~~  
285 ~~(6) A cancer center's annual allocation shall be~~  
286 ~~calculated by multiplying the funds appropriated for the Casey~~  
287 ~~DeSantis Cancer Research Program in the General Appropriations~~  
288 ~~Act by that cancer center's allocation fraction. If the~~  
289 ~~calculation results in an annual allocation that is less than~~  
290 ~~\$16 million, that cancer center's annual allocation shall be~~  
291 ~~increased to a sum equaling \$16 million, with the additional~~  
292 ~~funds being provided proportionally from the annual allocations~~  
293 ~~calculated for the other participating cancer centers.~~  
294 ~~(7) The amount of \$37,771,257 from the total funds~~  
295 ~~appropriated in the General Appropriations Act for the Casey~~  
296 ~~DeSantis Cancer Research Program shall be excluded from the~~  
297 ~~annual allocation fraction calculation under subsection (5). The~~  
298 ~~excluded amount shall be distributed to participating cancer~~

299 ~~centers in the same proportion as determined by the allocation~~  
300 ~~fraction calculation.~~

301 (7)~~(8)~~ The Cancer Connect Collaborative, a council as  
302 defined in s. 20.03, is created within the department to advise  
303 the department and the Legislature on developing a holistic  
304 approach to the state's efforts to fund cancer research, cancer  
305 facilities, and treatments for cancer patients. The  
306 collaborative may make recommendations on proposed legislation,  
307 proposed rules, best practices, data collection and reporting,  
308 issuance of grant funds, and other proposals for state policy  
309 relating to cancer research or treatment.

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

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

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

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

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

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

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

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

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

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

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

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

348 (g) The collaborative shall meet as necessary, but at

349 least quarterly, at the call of the chair. A majority of the  
350 members of the collaborative constitutes a quorum, and a meeting  
351 may not be held with less than a quorum present. In order to  
352 establish a quorum, the collaborative may conduct its meetings  
353 through teleconference or other electronic means. The  
354 affirmative vote of a majority of the members of the  
355 collaborative present is necessary for any official action by  
356 the collaborative.

357 (h) The collaborative shall oversee the administration and  
358 functions of the Florida Cancer Research Network.

359 (i)1. The following subcommittees are created to review  
360 and evaluate performance of and to advise and support the  
361 collaborative on the oversight of the Florida Cancer Research  
362 Network. Each subcommittee shall have eight members appointed by  
363 the State Surgeon General and be chaired by a current member of  
364 the collaborative:

365 a. Research Funding Subcommittee.

366 b. Recruitment Funding Subcommittee.

367 c. Infrastructure and Technology Funding Subcommittee.

368 d. Program Development Funding Subcommittee.

369 2. Appointees shall serve for a 2-year term. However, to  
370 achieve staggered terms, the initial appointees shall serve for  
371 3 years for their first term. Such appointees may be reappointed  
372 for no more than 4 consecutive terms.

373 3. Members shall serve without compensation but are  
374 entitled to reimbursement for per diem and travel expenses  
375 pursuant to s. 112.061.

376 (j) The collaborative shall prepare an annual report due  
377 to the Governor, President of the Senate, and Speaker of the  
378 House of Representatives by December 1, 2025, and each  
379 succeeding year that identifies and evaluates performance and  
380 effect of the Florida Cancer Research Network on cancer  
381 treatment, screening, diagnosis, prevention, practitioner and  
382 workforce education, and survivorship. The report shall include  
383 the following:

384 1. A needs assessment that analyzes current practices,  
385 patient outcomes, and gaps in care throughout the state.

386 2. A review of current evidence-based clinical guidelines  
387 released by reputable clinical associations.

388 3. A literature review of cancer treatment studies  
389 published during the previous calendar years.

390 4. An assessment of current and innovative cancer  
391 screening and diagnostic services.

392 5. Amount of grant funds awarded to each awardee.

393 6. Descriptions of each awardee's research or project that  
394 includes the following:

395 a. Goals or projected outcomes

396 b. Population to be served

397 c. Research methods or project implementation plan



398        7. An assessment of awardees of grant funds that evaluates  
399 performance toward achieving objectives specified in their grant  
400 funds applications.

401        8. Case studies of Florida patients who have received  
402 cancer treatment and patients who are receiving post-cancer  
403 treatment.

404        9. Recommendations for best practices to be implemented by  
405 health care providers in Florida that diagnose, treat, and  
406 screen for cancer.

407        (k) The committee shall meet quarterly or at the call of  
408 the chair. A majority of the members of the committee  
409 constitutes a quorum, and a meeting may not be held with less  
410 than a quorum present. In order to establish a quorum, the  
411 committee may conduct its meetings through teleconference or  
412 other electronic means. The affirmative vote of a majority of  
413 the members of the committee present is necessary for any  
414 official action by the committee.

415        ~~(h) The collaborative shall develop a long-range~~  
416 ~~comprehensive plan for the Casey DeSantis Cancer Research~~  
417 ~~Program. In the development of the plan, the collaborative must~~  
418 ~~solicit input from cancer centers, research institutions,~~  
419 ~~biomedical education institutions, hospitals, and medical~~  
420 ~~providers. The collaborative shall submit the plan to the~~  
421 ~~Governor, the President of the Senate, and the Speaker of the~~  
422 ~~House of Representatives no later than December 1, 2024. The~~

423 ~~plan must include, but need not be limited to, all of the~~  
424 ~~following components:~~

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

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

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

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

437 (m)1.(j)1. As used in this paragraph, the term  
438 "proprietary business information" means information that:

439 a. Is owned or controlled by the applicant;

440 b. Is intended to be private and is treated by the  
441 applicant as private;

442 c. Has not been disclosed except as required by law or a  
443 private agreement that provides that the information will not be  
444 released to the public;

445 d. Is not readily available or ascertainable through  
446 proper means from another source in the same configuration as  
447 received by the collaborative;

448 e. Affects competitive interests, and the disclosure of  
449 such information would impair the competitive advantage of the  
450 applicant; and

451 f. Is explicitly identified or clearly marked as  
452 proprietary business information.

453 2. Proprietary business information held by the department  
454 or the collaborative is confidential and exempt from s.  
455 119.07(1) and s. 24(a), Art. I of the State Constitution. This  
456 exemption does not apply to information contained in final  
457 recommendations of the collaborative.

458 3. Portions of a meeting of the collaborative during which  
459 confidential and exempt proprietary business information is  
460 discussed are exempt from s. 286.011 and s. 24(b), Art. I of the  
461 State Constitution. The closed portion of a meeting must be  
462 recorded, and the recording must be maintained by the  
463 collaborative. The recording is confidential and exempt from s.  
464 119.07(1) and s. 24(a), Art. I of the State Constitution.

465 4.a. Proprietary business information made confidential  
466 and exempt under subparagraph 2. may be disclosed with the  
467 express written consent of the applicant to whom the information  
468 pertains, or the applicant's legally authorized representative,  
469 or pursuant to a court order upon a showing of good cause.

470 b. Recordings of those portions of exempt meetings which  
471 are made confidential and exempt under subparagraph 3. may be  
472 disclosed to the department or pursuant to a court order upon a

473 showing of good cause.

474         5. This paragraph is subject to the Open Government Sunset  
475 Review Act in accordance with s. 119.15 and shall stand repealed  
476 on October 2, 2029, unless reviewed and saved from repeal  
477 through reenactment by the Legislature.

478         (8)~~(9)~~ The collaborative shall advise the department on  
479 the awarding of grants issued through the Cancer Innovation  
480 Fund. During any fiscal year for which funds are appropriated to  
481 the fund, the collaborative shall review all submitted grant  
482 applications and make recommendations to the department for  
483 awarding grants to support innovative cancer research and  
484 treatment models, including emerging research and treatment  
485 trends and promising treatments that may serve as catalysts for  
486 further research and treatments. The department shall make the  
487 final grant allocation awards. The collaborative shall give  
488 priority to applications seeking to expand the reach of  
489 innovative cancer treatment models into underserved areas of  
490 this state.

491         (9)~~(10)~~ Beginning July 1, 2025, and each year thereafter,  
492 the department, in conjunction with participating cancer  
493 centers, shall submit a report to the Cancer Control and  
494 Research Advisory Council and the collaborative on specific  
495 metrics relating to cancer mortality and external funding for  
496 cancer-related research in this state. If a cancer center does  
497 not endorse this report or produce an equivalent independent

498 | report, the cancer center is ineligible to receive program  
499 | funding for 1 year. The department must submit this annual  
500 | report, and any equivalent independent reports, to the Governor,  
501 | the President of the Senate, and the Speaker of the House of  
502 | Representatives no later than September 15 of each year the  
503 | report or reports are submitted by the department. The report  
504 | must include:

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

- 510 |       1. Lung cancer.
- 511 |       2. Pancreatic cancer.
- 512 |       3. Sarcoma.
- 513 |       4. Melanoma.
- 514 |       5. Leukemia and myelodysplastic syndromes.
- 515 |       6. Brain cancer.
- 516 |       7. Breast cancer.

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

520 |       (c) A list and narrative description of interinstitutional  
521 | collaboration among participating cancer centers, which may  
522 | include grants received by participating cancer centers in

523 collaboration, a comparison of such grants in proportion to the  
524 grant totals for each cancer center, a catalog of retreats and  
525 progress seed grants using state funds, and targets for  
526 collaboration in the future and reports on progress regarding  
527 such targets where appropriate.

528 (10)~~(11)~~ Beginning July 1, 2024, each allocation agreement  
529 issued by the department relating to cancer center payments  
530 under subsection (2) must include all of the following:

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

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

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

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

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

545 (11) The Legislature recognizes that nationally, targeted  
546 areas of cancer research require increased resources and that  
547 Florida should become a leader in promoting research

548 opportunities for these targeted areas. Floridians should not  
549 have to leave the state to receive the most advanced cancer care  
550 and treatment. To meet this need, the Legislature is authorizing  
551 the creation of the Cancer Connect Collaborative Research  
552 Incubator to identify and provide funding for a targeted area of  
553 cancer research for a 5-year period.

554 (12) The collaborative shall evaluate the present state of  
555 cancer research in Florida and the United States and submit a  
556 report to the Governor, President of the Senate, and Speaker of  
557 the House of Representatives by October 1, 2025, that recommends  
558 a targeted area of research for 5 years, beginning January 1,  
559 2026, and ending December 31, 2030, for the awarding of funds.

560 (13) The department shall establish criteria and allocate  
561 funds beginning January 1, 2026, and each year thereafter until  
562 2030, for conducting research on the targeted area of cancer  
563 recommended by the report as described in (12).

564 (14) The collaborative must only allocate funds for  
565 research in the targeted area of cancer recommended by the  
566 report as described in (12).

567 (15) Beginning July 1, 2026, each allocation agreement  
568 issued by the department relating to the Cancer Connect  
569 Collaborative Research Incubator payments under subsection (11)  
570 must include all of the following:

571 (a) A line-item budget narrative documenting the annual  
572 allocation of funds to a recipient.

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

575 (c) A requirement for the recipient to submit quarterly  
576 reports of all expenditures made by the recipient with funds  
577 received through the Cancer Connect Collaborative Research  
578 Incubator.

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

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

585 (16)(a) Beginning July 1, 2027, and each year thereafter  
586 until 2031, the collaborative shall submit a report to the  
587 Governor, President of the Senate, and Speaker of the House of  
588 Representatives that evaluates research conducted through the  
589 Cancer Connect Collaborative Research Incubator and presents  
590 statuses and findings.

591 (b) The final report submitted on July 1, 2031, must  
592 include all of the following:

593 1. A summary of all results from the research completed or  
594 the status of research in progress.

595 2. An evaluation of all research conducted under the  
596 Cancer Connect Collaborative Research Incubator, beginning  
597 January 1, 2026.



598 |       3. Recommendations for future areas of cancer research.

599 |       ~~(17)-(12)~~ This section is subject to annual appropriation  
600 | by the Legislature.

601 |       ~~(18)-(13)~~ The department may adopt rules to administer this  
602 | section.

603 |       **Section 2.** This act shall take effect July 1, 2025.