

**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.)

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Prepared By: The Professional Staff of the Committee on Appropriations

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BILL: SB 7028

INTRODUCER: Health Policy Committee

SUBJECT: Cancer

DATE: April 1, 2025

REVISED: \_\_\_\_\_

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
<u>Brown</u>	<u>Brown</u>		<b>HP Submitted as Comm. Bill/Fav</b>
1. <u>Gerbrandt</u>	<u>Sadberry</u>	<u>AP</u>	<b>Pre-meeting</b>

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**I. Summary:**

SB 7028 revises several aspects of the Casey DeSantis Cancer Research Program. The bill adds members to the Cancer Connect Collaborative (Collaborative), creates parameters for the awarding of grants through the Cancer Innovation Fund, and requires an annual report on the results of projects funded through the Cancer Innovation Fund and the performance of parties that receive the grants.

The bill creates the Cancer Connect Collaborative Research Incubator, to be overseen by the Collaborative, to provide funding for a targeted area of cancer research for a five-year period, subject to appropriation. The bill provides parameters for the awarding of funds through the Incubator and requires annual reports.

The bill creates a new cancer research effort by establishing the Bascom Palmer Eye Institute VisionGen Initiative, subject to appropriation, and provides that the purpose of the initiative is to advance genetic and epigenetic research on inherited eye diseases and ocular oncology.

The bill may have a significant negative fiscal impact on the Department of Health. **See Section V. Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

**II. Present Situation:**

**Florida Cancer Research Programs**

The Legislature funds cancer research in Florida through four main programs: William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley program), the Casey DeSantis Cancer Research Program (Casey DeSantis Program), Live Like Bella

Initiative – Pediatric Cancer Research Program, and the Cancer Innovation Fund. Currently, \$200.5 million is appropriated annually for these research programs as follows:<sup>1</sup>

- Bankhead-Coley – \$10 million Biomedical Trust Fund
- Casey DeSantis Cancer Research Program – \$127.5 million (\$111.1 General Revenue; \$16.4 Biomedical Trust Fund)
- Live Like Bella Initiative – \$3 million Biomedical Trust Fund
- Florida Cancer Innovation Fund – \$60 million Biomedical Research Trust Fund

### ***William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program***

In 2006, the Legislature created the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program to advance progress toward cures for cancer through grants awarded through a peer-reviewed, competitive process.<sup>2</sup>

The program provides grants for cancer research to further the search for cures for cancer, by pursuing the following goals:<sup>3</sup>

- Significantly expand cancer research capacity in Florida.
- Improve both research and treatment through greater pediatric and adult participation in clinical trials networks.
- Reduce the impact of cancer on disproportionately impacted individuals.

Currently, the Bankhead-Coley Program is funded at \$10 million annually.<sup>4</sup>

### ***The Casey DeSantis Cancer Research Program***

In 2014, the Legislature created the Florida Consortium of National Cancer Institute Centers Program, which was renamed as the Casey DeSantis Cancer Research Program in 2022. The Casey DeSantis Program was established to:<sup>5</sup>

- Enhance the quality and competitiveness of cancer care in Florida;
- Further a statewide biomedical research strategy directly responsive to the health needs of Florida’s citizens; and
- Capitalize on potential educational opportunities available to students.

The Florida Department of Health (DOH) is required to make payments to cancer centers recognized by the NCI as NCI-designated comprehensive cancer centers, cancer centers, and cancer centers working toward achieving NCI designation.<sup>6</sup>

The NCI designates institutions as:<sup>7</sup>

- Comprehensive Cancer Centers – focused on substantial transdisciplinary research that bridges all cancer-related research areas;

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<sup>1</sup> Chapter 2024-231, Laws of Fla. See specific appropriations 456C, 457A, 457C, and 457B, respectively.

<sup>2</sup> Section 381.922(1), F.S.

<sup>3</sup> Section 381.922(2), F.S.

<sup>4</sup> Chapter 2024-231, Laws of Fla. See specific appropriation 456C.

<sup>5</sup> Section 381.915(2), F.S.

<sup>6</sup> *Id.*

<sup>7</sup> National Cancer Institute, NCI-Designated Cancer Centers, *available at*: <https://www.cancer.gov/research/infrastructure/cancer-centers> (last visited Mar. 21, 2025).

- Cancer Centers – focused on one research area such as clinical, prevention, cancer control or population science research; or
- Basic Laboratory Cancer Centers – focused on laboratory research and work collaboratively with other institutions.

A participating cancer center’s annual allocation of funds is determined by a statutory tier-weighted formula that factors in a cancer center’s reportable cancer cases; peer-review costs; and biomedical education and training.<sup>8</sup> The tier designations are weighted based on the participating cancer center’s NCI-designation status. The program’s three-tier designations are:<sup>9</sup>

- Tier 1: NCI-designated comprehensive cancer centers;
- Tier 2: NCI-designated cancer centers; and
- Tier 3: Cancer centers seeking NCI designation and meeting additional criteria related to their research and biomedical education.

Currently, there are two NCI-designed comprehensive cancer centers and two NCI-designated cancer centers in Florida:<sup>10</sup>

- H. Lee Moffitt Cancer Center – Comprehensive Cancer Center
- Mayo Clinic Cancer Center – Comprehensive Cancer Center
- The University of Florida (UF) Health Shands Cancer Hospital – Cancer Center
- University of Miami (UM) Sylvester Cancer Center – Cancer Center

See chart below for the NCI-designed cancer center funding history of the Casey DeSantis Program:

	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
H. Lee Moffitt	\$ 24,911,553	\$ 23,313,325	\$ 39,368,392	\$ 38,060,795	\$ 39,620,622
Mayo Clinic	N/A	N/A	N/A	\$ 23,314,286	\$ 23,314,286
UF Health Shands Cancer Hospital	\$ 20,722,858	\$ 22,321,087	\$ 30,721,560	\$ 37,135,352	\$ 35,219,873
UM Sylvester Cancer Center	\$ 16,594,331	\$ 16,595,331	\$ 29,910,047	\$ 28,989,567	\$ 29,345,219
<b>Total</b>	<b>\$ 62,228,742</b>	<b>\$ 62,229,743</b>	<b>\$ 99,999,999</b>	<b>\$ 127,500,000</b>	<b>\$ 127,500,000</b>

Starting July 1, 2025, the DOH, in conjunction with participating cancer centers, must provide an annual report to the Cancer Control and Research Advisory Council (CCRAB) by July 1. The report must include the following:<sup>11</sup>

- An analysis of trending age-adjusted cancer mortality rates in the state by age group, geographic region, and type of cancer.

<sup>8</sup> Section 381.915(3), F.S.

<sup>9</sup> Section 381.915(4), F.S.

<sup>10</sup> National Cancer Institute, NCI-Designated Cancer Centers, “Find a Cancer Centers” directory, *available at*: <https://www.cancer.gov/research/infrastructure/cancer-centers/find> (last visited Mar. 21, 2025).

<sup>11</sup> Section 381.915(10), F.S. Prior to 2025, the report was required once every three years.

- 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 interinstitutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalog of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

### ***Live Like Bella Initiative – Pediatric Cancer Research***

The Live Like Bella Pediatric Cancer Research Initiative was established to advance progress toward curing pediatric cancer through grants awarded through a peer-reviewed, competitive process.<sup>12</sup> The Initiative will provide grants for research to further the search for cures for pediatric cancer, by pursuing the following goals:<sup>13</sup>

- Significantly expand pediatric cancer research capacity in Florida.
- Improve both research and treatment through greater pediatric enrollment in clinical trial networks.
- Reduce the impact of pediatric cancer on disproportionately impacted individuals.

Currently, the Live Like Bella Initiative is funded with \$3 million annually.<sup>14</sup>

### ***Florida Cancer Innovation Fund***

The Florida Cancer Innovation Fund was established in Fiscal Year 2023-2024 to fund projects focused on innovative research in cancer care and treatment. The funding aims to provide opportunities to break down longstanding silos between researchers, cancer facilities, and medical providers to improve cancer research and treatment through innovative approaches to data infrastructure and best practices.<sup>15</sup> Funding is limited to Florida-based institutions.

The projects funded through Cancer Innovation Fund grant awards are required to focus on at least one of three goal areas below:<sup>16</sup>

- Data – to identify the reasons data is slow to move or hard to access and ways to dismantle those barriers.
- Best Practices – to streamline, encourage, and incentivize the sharing of treatment best practices among public and private entities.
- Innovation – to make advancements in cutting-edge technology and clinical treatments.

Currently, the Cancer Innovation Fund is appropriated \$60 million annually.<sup>17</sup>

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<sup>12</sup> Section 381.922(2), F.S.

<sup>13</sup> Department of Health, Biomedical Research Program Funding Announcement, Fiscal Year 2023-2024, *available at*: <https://www.floridahealth.gov/provider-and-partner-resources/research/funding-opportunity-announcements/BRACFOAApprovedFINAL.pdf> (last visited Mar. 21, 2025).

<sup>14</sup> Chapter 2024-231, Laws of Fla. See specific appropriations 457C.

<sup>15</sup> Department of Health, Funding Opportunity Announcement, The Florida Cancer Innovation Fund, *available at* <https://www.floridahealth.gov/provider-and-partner-resources/research/florida-cancer-innovation-fund/index.html> (last visited Mar. 21, 2025).

<sup>16</sup> *Id.*

<sup>17</sup> Chapter 2024-231, Laws of Fla. See specific appropriation 457B.

### **Florida Cancer Control and Research Advisory Council (CCRAB)**

The Florida Cancer Control Research Advisory Council was established by the Legislature as an advisory body appointed to function on a continuing basis for the study of cancer and to make recommendations on solutions and policy alternatives to the Board of Governors and the State Surgeon General.<sup>18</sup> The CCRAB closely monitors Florida's cancer burden and recommends changes in policies, systems, and environments that lead to improved prevention, early detection, high-quality treatment, and increased cancer survival rates.<sup>19</sup>

The Council consists of 16 members:<sup>20</sup>

- The State Surgeon General or his or her designee within the DOH;
- A representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.;
- A representative of the Sylvester Comprehensive Cancer Center of the University of Miami;
- A representative of the University of Florida Shands Cancer Center;
- A representative of the Mayo Clinic in Jacksonville;
- A representative of the American Cancer Society;
- A representative of the Association of Community Cancer Centers;
- A member of the Florida Hospital Association who specializes in the field of oncology;
- A member of the Florida Medical Association who specializes in the field of oncology;
- A representative of the Florida Nurses Association who specializes in the field of oncology;
- A representative of the Florida Osteopathic Medical Association who specializes in the field of oncology;
- A specialist in pediatric oncology research or clinical care appointed by the Governor;
- A specialist in oncology clinical care or research appointed by the President of the Senate;
- A current or former cancer patient or a current or former caregiver to a cancer patient appointed by the Speaker of the House of Representatives;
- A member of the House of Representatives appointed by the Speaker of the House of Representatives; and
- A member of the Senate appointed by the President of the Senate.

CCRAB members serve four-year terms.<sup>21</sup>

### **Florida Cancer Connect Collaborative**

Established in 2023, the Florida Cancer Connect Collaborative<sup>22</sup> (Collaborative) is an initiative begun by First Lady Casey DeSantis in partnership with the DOH and the Agency for Health Care Administration. It was created by executive action of the Governor. The Collaborative

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<sup>18</sup> Section 1004.435, F.S.

<sup>19</sup> Florida Cancer Control and Research Advisory Council, CCRAB Annual Report 2024, The State of Cancer in Florida, available at: [https://www.ccrab.org/\\_cache/files/c/3/c388cd5a-94e1-4342-b946-d21f872724cc/72B5F6981BBF2571E5C3B73AF0DC1169.2024ccrab-annualreport-final.pdf](https://www.ccrab.org/_cache/files/c/3/c388cd5a-94e1-4342-b946-d21f872724cc/72B5F6981BBF2571E5C3B73AF0DC1169.2024ccrab-annualreport-final.pdf) (last visited Mar. 21, 2025).

<sup>20</sup> Section 1004.435(4), F.S.

<sup>21</sup> Section 1004.435(4), F.S.

<sup>22</sup> The Cancer Connect Collaborative is an expansion of Cancer Connect, an initiative launched by First Lady Casey DeSantis in August 2022 to provide cancer information and survivor stories.

originated as a team composed of medical professionals and government officials to analyze Florida’s approach to combatting cancer. The original goal of the Collaborative was to break down long-standing silos between researchers, cancer facilities, and medical providers to improve cancer research and treatment. When first created, according to the Governor and First Lady, the Collaborative had five main objectives:<sup>23</sup>

- Data – The Collaborative will seek to identify the reasons data is slow to move or hard to access and dismantle those barriers.
- Best practices – The Collaborative will seek to streamline, encourage and incentivize the sharing of treatment best practices among public and private entities so that everyone is treated with the most effective treatment possible.
- Innovation – The Collaborative will identify the reasons that technology gets held up — whether it be special interests, over-litigiousness or bureaucratic red tape — and recommend ways to eliminate these barriers.
- Funding – The Collaborative will provide recommendations for the implementation of the Governor’s proposed \$170 million in funding to improve the pace of cancer research and novel technologies.
- Honesty – The Collaborative will be tasked with identifying the ways to ensure cancer causes, treatment, prevention, and diagnosis information is available and easy to access.

In 2024, the Legislature codified the Collaborative in Florida law through an amendment to s. 381.915, F.S.,<sup>24</sup> which houses statutes relating to the Casey DeSantis Program. The 2024 law revised the mission of the Casey DeSantis Program to include a goal of promoting “the provision of high-quality, innovative health care for persons undergoing cancer treatment in this state” and to “make cancer innovation grant funding available through the Cancer Innovation Fund to health care providers and facilities that demonstrate excellence in patient-centered cancer treatment or research.”

The Collaborative is now a council<sup>25</sup> as defined in s. 20.03, F.S., created within the DOH to advise the department and the Legislature on developing a holistic approach to the state’s efforts to fund cancer research, cancer facilities, and treatments for cancer patients. The Collaborative is authorized to make recommendations on proposed legislation, proposed rules, best practices, data collection and reporting, issuance of grant funds, and other proposals for state policy relating to cancer research or treatment.

The Collaborative is chaired by the State Surgeon General who serves as an ex officio, non-voting member. The remaining membership of the Collaborative is composed as follows, all of whom are voting members:

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<sup>23</sup> Florida Governor Ron DeSantis, First Lady Casey DeSantis Announces the Cancer Connect Collaborative to Explore Innovative Strategies for Cancer Treatment and Care, *available at*: <https://www.flgov.com/2023/02/23/first-lady-casey-DeSantis-announces-the-cancer-connect-collaborative-to-explore-innovative-strategies-for-cancer-treatment-and-care/> (last visited Mar. 21, 2025).

<sup>24</sup> See ch. 2024-247, Laws of Florida.

<sup>25</sup> Section 20.03, F.S., defines a “council” or an “advisory council” as an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives.

- Two members appointed by the Governor, one member appointed by the President of the Senate, and one member appointed by the Speaker of the House of Representatives, prioritizing their appointments on members who have the following experience or expertise:
  - The practice of a health care profession specializing in oncology clinical care or research;
  - The development of preventive and therapeutic treatments to control cancer;
  - The development of innovative research into the causes of cancer, the development of effective treatments for persons with cancer, or cures for cancer; or
  - Management-level experience with a cancer center licensed under ch. 395, F.S.
- A Florida resident who can represent the interests of cancer patients in this state, appointed by the Governor.

Members of the Collaborative have staggered terms, and vacancies are to be filled in the same manner as first appointed. Members serve without compensation but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061, F.S.

The Collaborative meets as necessary, but at least quarterly, at the call of the chair. A majority of the members of the Collaborative constitute a quorum, and a meeting may not be held with less than a quorum present. To establish a quorum, the Collaborative may conduct its meetings through teleconference or other electronic means. The DOH is required to provide reasonable and necessary support staff and materials to assist the Collaborative in the performance of its duties.

The Collaborative was required in 2024 to develop a long-range comprehensive plan for the Casey DeSantis Program and solicit input from cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers. The long-range plan was required to be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Executive Office of the Governor no later than December 1, 2024,<sup>26</sup> to include, but not be limited to, the following components:

- Expansion of grant funding opportunities to include a broader pool of Florida-based cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers to receive funding through the Cancer Innovation Fund.
- An evaluation to determine metrics that focus on patient outcomes, quality of care, and efficacy of treatment.
- A compilation of best practices relating to cancer research or treatment.

The Collaborative must advise the DOH on the awarding of grants issued through the Cancer Innovation Fund. During any fiscal year for which funds are appropriated, the Collaborative must recommend to the DOH the awarding of grants to support innovative cancer research and treatment models, including emerging research and treatment trends and promising treatments that may serve as catalysts for further research and treatments. The Collaborative is directed to give priority to applications seeking to expand the reach of innovative cancer treatment models into underserved areas of the state. The Collaborative must review all grant applications and make grant funding recommendations to the DOH, and the DOH is directed under the bill to make final grant allocation awards.

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<sup>26</sup> The long-range plan was completed and submitted as required by statute. It is *available at*: <https://www.floridahealth.gov/provider-and-partner-resources/research/index1.html> (last visited Mar. 21, 2025).

### III. Effect of Proposed Changes:

**Section 1** amends s. 381.915, F.S., to make several revisions to the Casey DeSantis Program.

#### Definitions

The bill revises the definition of “Florida-based” to specify that in order for health care providers and facilities to meet the definition, such an entity must be physically located in Florida and provide services in Florida.

#### The Collaborative

The bill provides that the President of the Senate and the Speaker of the House of Representatives each have three appointments to the membership of the Collaborative, instead of one apiece as under current law. This results in the Governor and the Legislature’s presiding officers each having three appointments.

The bill deletes the obsolete requirement for the Collaborative to develop and submit a long-range comprehensive plan for the Casey DeSantis Program by December 1, 2024.

#### Cancer Innovation Fund

The bill creates parameters for the awarding of grants through the Cancer Innovation Fund, including:

- A new criterion for applications that will get priority during the Collaborative’s review of proposals for grant funding. The new priority criterion will be applications having the goal to expand the reach of cancer screening efforts into underserved areas.
- A list of criteria that grant applicants must meet in order to be eligible. Under the bill, an eligible applicant must:
  - Operate as a licensed hospital that has a minimum of 30 percent of current cancer patients that reside in rural or underserved areas;
  - Operate as a licensed health care clinic or facility that employs or contracts with at least one Florida-licensed allopathic or osteopathic physician who is board-certified in oncology and that delivers chemotherapy treatments for cancer;
  - Operate as a licensed facility that employs or contracts with at least one Florida-licensed allopathic or osteopathic physician who is board-certified in oncology and that delivers radiation therapy treatments for cancer;
  - Operate as a licensed health care clinic or facility that provides cancer screening services at no cost or a minimal cost to patients;
  - Operate as a rural hospital as defined in s. 395.602(2)(b), F.S.;
  - Operate as a critical access hospital as defined in s. 408.07(14), F.S.;
  - Operate as a specialty hospital as defined in s. 395.002(28)(a), F.S., that provides cancer treatment for patients from birth to 18 years old;
  - Engage in biomedical research intended to develop therapies, medical pharmaceuticals, treatment protocols, or medical procedures intended to cure cancer or improve the quality of life of cancer patients; or



- Educate or train students, post-doctoral fellows, or licensed or certified health care practitioners in the screening, diagnosis, or treatment of cancer.
- A requirement that, for ensuring all proposals are appropriate and are evaluated fairly on the basis of scientific merit, the DOH must appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish a priority score. The priority scores must be forwarded to the Collaborative and must be considered in determining which proposals the Collaborative recommends for grant funding. The bill requires members of the Collaborative and the panels to establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy regarding conflicts of interest.
- A requirement for the Collaborative to prepare a report for the Governor, President of the Senate, and Speaker of the House of Representatives by December 1 each year, starting in 2025, that identifies and evaluates performance and the effects of grants issued through the Cancer Innovation Fund on cancer treatment, research, screening, diagnosis, prevention, practitioner and workforce education, and survivorship. The report must include the following:
  - Amounts of grant funds awarded to each awardee.
  - Descriptions of each awardee's research or project that includes, but need not be limited to: goals or projected outcomes, population to be served, and research methods or project implementation plan.
  - An assessment of awardees of grant funds that evaluates performance toward achieving objectives specified in their grant funds applications.
  - Recommendations for best practices that may be implemented by health care providers in this state that diagnose, treat, and screen for cancer, based on the outcomes of projects funded through the Cancer Innovation Fund.

### **Annual Report to the CCRAAB**

The bill requires that the annual report, which the Department of Health (DOH), in collaboration with participating NCI-designated cancer centers, must submit to the Cancer Control and Research Advisory Board (CCRAAB) by July 1, include a description of the number and types of cancer cases seen each year at each participating center.

### **The Cancer Connect Collaborative Research Incubator**

The bill provides Legislative findings and creates the Cancer Connect Collaborative Research Incubator (Incubator) within the DOH, to be overseen by the Collaborative, to provide funding for a targeted area of cancer research for a five-year period. For the five-year period beginning July 1, 2025, the bill provides that the Incubator's targeted area of cancer research will be pediatric cancer.

Contingent on the appropriation of funds, grants issued through the Incubator will be awarded through a peer-reviewed, competitive process. Emphasis will be given to applicants that focus on improving both research and treatment through greater participation in clinical trials that pertain to the targeted area of cancer research, including:

- Identifying ways to increase enrollment in cancer clinical trials;

- Supporting public and private professional education programs designed to increase the awareness and knowledge about cancer clinical trials;
- Providing tools to cancer patients and community-based oncologists to aid in the identification of cancer clinical trials available in the state; and
- Creating opportunities for the state's academic cancer centers to collaborate with community-based oncologists in cancer clinical trials networks.

Preference for Incubator funding may be given to grant proposals that foster collaborations among institutions, researchers, and community practitioners, to support the advancement of cures through basic or applied research, including clinical trials involving cancer patients and related networks.

The bill provides that applications for Incubator funding may be submitted by any Florida-based specialty hospital as defined in s. 395.002(28)(a), F.S., that provides cancer treatment for patients from birth to 18 years old. All qualified applicants are to have equal access and opportunity to compete for the research funding. Incubator grants will be recommended by the Collaborative and awarded by the DOH on the basis of scientific merit, as determined by a competitively open and peer-reviewed process to ensure objectivity, consistency, and high quality.

To ensure that all proposals for research funding through the Incubator are appropriate and are evaluated fairly on the basis of scientific merit, the DOH is directed by the bill to appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores will be forwarded to the Collaborative and must be considered in determining which proposals the Collaborative recommends for funding.

The Collaborative and the panels are directed by the bill to establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest regarding the assessment of Incubator grant applications. A member of the Collaborative or a panel may not participate in any discussion or decision of the Collaborative or a panel with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

Each recipient of Incubator grant funds must enter into an allocation agreement with the DOH, and each allocation agreement must include all of the following:

- A line-item budget narrative documenting the annual allocation of funds to a recipient.
- A cap on the annual award of 15 percent for administrative expenses.
- A requirement for the recipient to submit quarterly reports of all expenditures made by the recipient with funds received through the Incubator.
- A provision to allow the department and other state auditing bodies to audit all financial records, supporting documents, statistical records, and any other documents pertinent to the allocation agreement.
- A provision requiring the annual reporting of outcome data and protocols used in achieving those outcomes.

The bill requires that, beginning December 1, 2026, and annually through December 1, 2030, the Collaborative must submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives that evaluates research conducted through the Incubator and provides details on outcomes and findings available through the end of the fiscal year immediately preceding each report.

The bill provides that if the Collaborative decides to recommend that the Incubator be extended beyond its five-year lifespan, the Collaborative is directed to make such recommendation in the report due December 1, 2029, and to include a recommendation for the next targeted area of cancer research. The report due on December 1, 2030, must include:

- Details of all results of the research conducted with Incubator funding that has been completed or the status of research in progress; and
- An evaluation of all research conducted with Incubator funding during the five fiscal years preceding the report.

**Section 2** amends s. 381.922, F.S., to create a new cancer research initiative within the Bankhead-Coley program. The bill establishes the Bascom Palmer Eye Institute VisionGen Initiative and provides that the purpose of the initiative is to advance genetic and epigenetic research on inherited eye diseases and ocular oncology by awarding grants through the peer-reviewed, competitive process statutorily-required under the Bankhead-Coley program. The initiative is subject to the annual appropriation of funds by the Legislature.

The bill takes effect July 1, 2025.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

The bill may have a significant negative fiscal impact on the Department of Health (DOH) due to the creation of a new biomedical research grant program, the Cancer Connect Collaborative Research Incubator (Incubator). The Incubator does not authorize an administrative allowance.

Two similar biomedical research grant programs were recently established that also do not include administrative allowances: the Cancer Innovation Fund (2023) and the Andrew John Anderson Pediatric Rare Disease Research Grant Program (2024). In Fiscal Year 2023-2024 the DOH received 147 Cancer Innovation Fund applications and granted 30 awards. For Fiscal Year 2024-2025, the DOH projects up to 90 awards. According to the DOH's Fiscal Year 2025-2026 Legislative Budget Request, current staff cannot absorb the workload associated with these grant programs.<sup>27</sup>

The Fiscal Year 2025-2026 Senate Proposed General Appropriations Bill (SPB 2500) appropriates \$30,000,000 in recurring general revenue funds for the Incubator and six positions to support biomedical research grant workload.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 381.915 and 381.922.

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<sup>27</sup> Florida Department of Health, *Agency Legislative Budget Request FY 2025-26*, available at: <http://floridafiscalportal.state.fl.us/Document.aspx?ID=29150&DocType=PDF> (last visited March 27, 2025).

**IX. Additional Information:**

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

None.

- B. **Amendments:**

None.

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

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