1	A bill to be entitled			
2	An act relating to cancer centers; amending s. 20.435,			
3	F.S.; authorizing funds in the Biomedical Research			
4	Trust Fund to be used for the Florida Consortium of			
5	National Cancer Institute Centers Program; amending			
6	ss. 210.20 and 215.5602, F.S.; revising the			
7	distribution of certain funds deposited into the			
8	Biomedical Research Trust Fund; creating s. 381.915,			
9	F.S.; providing a short title; establishing the			
10	Florida Consortium of National Cancer Institute			
11	Centers Program; providing purpose; requiring the			
12	Department of Health to distribute funding to certain			
13	cancer centers; providing a formula for determination			
14	of allocations; providing definitions; providing			
15	criteria for designation of tiers for cancer centers;			
16	requiring reports; providing that funding is subject			
17	to annual appropriation; providing rulemaking			
18	authority; providing an effective date.			
19				
20	Be It Enacted by the Legislature of the State of Florida:			
21				
22	Section 1. Paragraph (a) of subsection (8) of section			
23	20.435, Florida Statutes, is amended to read:			
24	20.435 Department of Health; trust fundsThe following			
25	trust funds shall be administered by the Department of Health:			
26	(8) Biomedical Research Trust Fund.			
Page 1 of 10 PCB HCAS 14-01				

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27 (a) Funds to be credited to the trust fund shall consist of funds deposited pursuant to s. 215.5601 and any other funds 28 appropriated by the Legislature. Funds shall be used for the 29 purposes of the James and Esther King Biomedical Research 30 31 Program, the Florida Consortium of National Cancer Institute 32 Centers Program, and the William G. "Bill" Bankhead, Jr., and 33 David Coley Cancer Research Program as specified in ss. 34 215.5602, 288.955, 381.915, and 381.922. The trust fund is 35 exempt from the service charges imposed by s. 215.20. Section 2. Paragraph (c) of subsection (2) of section 36 210.20, Florida Statutes, is amended to read: 37 210.20 Employees and assistants; distribution of funds.-38 As collections are received by the division from such 39 (2)40 cigarette taxes, it shall pay the same into a trust fund in the 41 State Treasury designated "Cigarette Tax Collection Trust Fund" 42 which shall be paid and distributed as follows: 43 (C) Beginning July 1, 2013, and continuing through June 30, 2033, the division shall from month to month certify to the 44 45 Chief Financial Officer the amount derived from the cigarette tax imposed by s. 210.02, less the service charges provided for 46 47 in s. 215.20 and less 0.9 percent of the amount derived from the cigarette tax imposed by s. 210.02, which shall be deposited 48 49 into the Alcoholic Beverage and Tobacco Trust Fund, specifying 50 an amount equal to 1 percent of the net collections, and that 51 amount shall be deposited into the Biomedical Research Trust 52 Fund in the Department of Health. These funds are appropriated Page 2 of 10

PCB HCAS 14-01

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53 annually in an amount not to exceed \$3 million from the 54 Biomedical Research Trust Fund for the Department of Health and the Sanford-Burnham Medical Research Institute to work in 55 56 conjunction for the purpose of establishing activities and grant 57 opportunities in relation to biomedical research. 58 Section 3. Paragraph (a) of subsection (12) of section 59 215.5602, Florida Statutes, is amended to read: 60 215.5602 James and Esther King Biomedical Research 61 Program.-Beginning in the 2011-2012 fiscal year and 62 (12) (a) 63 thereafter, \$25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7) 64 shall be reserved for research of tobacco-related or cancer-65 related illnesses. Of the revenue deposited in the Health Care 66 67 Trust Fund pursuant to this section, \$25 million shall be transferred to the Biomedical Research Trust Fund within the 68 69 Department of Health. Subject to annual appropriations in the 70 General Appropriations Act, \$5 million shall be appropriated to 71 the James and Esther King Biomedical Research Program, \$5 72 million shall be appropriated to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program created under s. 73 381.922, \$5 million shall be appropriated to the H. Lee Moffitt 74 75 Cancer Center and Research Institute established under s. 76 1004.43, \$5 million shall be appropriated to the Sylvester 77 Comprehensive Cancer Center of the University of Miami, and \$5 78 million shall be appropriated to the Shands Cancer Hospital. Page 3 of 10 PCB HCAS 14-01

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79 Section 4. Section 381.915, Florida Statutes, is created 80 to read: 381.915 Florida Consortium of National Cancer Institute 81 82 Centers Program.-83 (1) This section may be cited as the "Florida NCI Cancer 84 Centers Act." 85 The Florida Consortium of National Cancer Institute (2) 86 Centers Program is established to enhance the quality and 87 competitiveness of cancer care in this state, further a 88 statewide biomedical research strategy directly responsive to the health needs of Florida's citizens, and capitalize on the 89 90 potential educational opportunities available to its students. 91 The department shall make payments to Florida-based cancer 92 centers recognized by the National Cancer Institute (NCI) at the 93 National Institutes of Health as NCI-designated cancer centers 94 or NCI-designated comprehensive cancer centers, and cancer 95 centers working toward achieving NCI designation. The department 96 shall distribute funds to participating cancer centers on a 97 quarterly basis during each fiscal year for which an 98 appropriation is made. 99 On or before September 15 of each year, the department (3) shall calculate an allocation fraction to be used for 100 101 distributing funds to participating cancer centers. On or before 102 the final business day of each quarter of the state fiscal year, 103 the department shall distribute to each participating cancer 104 center one-fourth of that cancer center's annual allocation Page 4 of 10

PCB HCAS 14-01

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105	calculated under subsection (6). The allocation fraction for
106	each participating cancer center is based on the cancer center's
107	tier-designated weight under subsection (4) multiplied by each
108	of the following allocation factors: number of reportable cases,
109	peer-review costs, and biomedical education and training costs.
110	As used in this section, the term:
111	(a) "Biomedical education and training" means instruction
112	that is offered to a student who is enrolled in a biomedical
113	research program at an affiliated university as a medical
114	student or a student in a master's or doctoral degree program,
115	or who is a resident physician trainee or postdoctoral trainee
116	in such program. An affiliated university biomedical research
117	program must be accredited or approved by a nationally
118	recognized agency and offered through an institution accredited
119	by the Commission on Colleges of the Southern Association of
120	Colleges and Schools. Full-time equivalency for trainees shall
121	be prorated for training received in oncologic sciences and
122	oncologic medicine.
123	(b) "Cancer center" means a freestanding center, a center
124	situated within an academic institution, or a formal research-
125	based consortium under centralized leadership that has achieved
126	NCI designation or is prepared to achieve NCI designation by
127	July 1, 2019.
128	(c) "Florida-based" means that a cancer center's actual or
129	sought designated status is or would be recognized by the NCI as
130	primarily located in Florida and not in another state.
-	Page 5 of 10

PCB HCAS 14-01

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131	(d) "Peer-review costs" means the total annual direct		
132	costs for peer-reviewed cancer-related research projects,		
133	consistent with reporting guidelines provided by the NCI, for		
134	the most recent annual reporting period available.		
135	(e) "Reportable cases" means cases of cancer in which a		
136	cancer center is involved in the diagnosis, evaluation of the		
137	diagnosis, evaluation of the extent of cancer spread at the time		
138	of diagnosis, or administration of all or any part of the first		
139	course of therapy for the most recent annual reporting period		
140	available. Cases relating to patients enrolled in institutional		
141	or investigator-initiated interventional clinical trials shall		
142	be weighted at 1.2 relative to other cases weighted at 1.0.		
143	Determination of institutional or investigator-initiated		
144	interventional clinical trials must be consistent with reporting		
145	guidelines provided by the NCI.		
146	(4) Tier designations and corresponding weights within the		
147	Florida Consortium of National Cancer Institute Centers Program		
148	are as follows:		
149	(a) Tier 1: Florida-based NCI-designated comprehensive		
150	cancer centers, which shall be weighted at 1.5.		
151	(b) Tier 2: Florida-based NCI-designated cancer centers,		
152	which shall be weighted at 1.25.		
153	(c) Tier 3: Florida-based cancer centers seeking		
154	designation as either a NCI-designated cancer center or NCI-		
155	designated comprehensive cancer center, which shall be weighted		
156	<u>at 1.0.</u>		
I	Page 6 of 10		

PCB HCAS 14-01

Page 6 of 10

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157 1. A cancer center shall meet the following minimum 158 criteria to be considered eligible for Tier 3 designation in any 159 given fiscal year: 160 a. Conducting cancer-related basic scientific research and 161 cancer-related population scientific research; 162 b. Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on 163 164 Cancer of the American College of Surgeons; 165 c. Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical 166 167 Trials Reporting Program; d. Offering degree-granting programs or affiliating with 168 169 universities through degree-granting programs accredited or 170 approved by a nationally recognized agency and offered through 171 the center or through the center in conjunction with another 172 institution accredited by the Commission on Colleges of the 173 Southern Association of Colleges and Schools; 174 e. Providing training to clinical trainees, medical 175 trainees accredited by the Accreditation Council for Graduate 176 Medical Education or the American Osteopathic Association, and 177 postdoctoral fellows recently awarded a doctorate degree; and 178 f. Having more than \$5 million in annual direct costs 179 associated with their total NCI peer-reviewed grant funding. 180 2. The General Appropriations Act or accompanying 181 legislation may limit the number of cancer centers which shall

PCB HCAS 14-01

Page 7 of 10

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182	receive Tier 3 designations or provide additional criteria for
183	such designation.
184	3. A cancer center's participation in Tier 3 shall be
185	limited to 5 years.
186	4. A cancer center that qualifies as a designated Tier 3
187	center under the criteria provided in subparagraph 1. by July,
188	1, 2014, is authorized to pursue NCI designation as a cancer
189	center or a comprehensive cancer center for 5 years after
190	qualification.
191	(5) The department shall use the following formula to
192	calculate a participating cancer center's allocation fraction:
193	
194	$CAF = [0.4 \times (CRC \div TCRC)] + [0.3 \times (CPC \div TCPC)] + [0.3 \times (CBE \div TCBE)]$
195	
196	Where:
197	CAF=A cancer center's allocation fraction.
198	CRC=A cancer center's tier-weighted reportable cases.
199	TCRC=The total tier-weighted reportable cases for all
200	cancer centers.
201	CPC=A cancer center's tier-weighted peer-review costs.
202	TCPC=The total tier-weighted peer-review costs for all cancer
203	centers.
204	CBE=A cancer center's tier-weighted biomedical education
205	and training.
206	TCBE=The total tier-weighted biomedical education and
207	training for all cancer centers.

PCB HCAS 14-01

Page 8 of 10

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208 (6) A cancer center's annual allocation shall be 209 210 calculated by multiplying the funds appropriated for the Florida 211 Consortium of National Cancer Institute Centers Program in the 212 General Appropriations Act by that cancer center's allocation 213 fraction. If the calculation results in an annual allocation that is less than \$16 million, that cancer center's annual 214 215 allocation shall be increased to a sum equaling \$16 million, with the additional funds being provided proportionally from the 216 annual allocations calculated for the other participating cancer 217 218 centers. Beginning July 1, 2017, and every 3 years thereafter, 219 (7) 220 the department, in conjunction with participating cancer 221 centers, shall submit a report to the Cancer Control and 222 Research Advisory Council on specific metrics relating to cancer 223 mortality and external funding for cancer-related research in 224 the state. If a cancer center does not endorse this report or 225 produce an equivalent independent report, the cancer center 226 shall be suspended from the program for 1 year. The report must 227 include: 228 An analysis of trending age-adjusted cancer mortality (a) 229 rates in the state, which must include, at a minimum, overall 230 age-adjusted mortality rates for cancer statewide and age-231 adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum: 232 233 1. Lung cancer.

PCB HCAS 14-01

Page 9 of 10

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234 2. Pancreatic cancer. 235 3. Sarcoma. 236 4. Melanoma. 237 5. Leukemia and myelodysplastic syndromes. 238 6. Brain cancer. 239 (b) Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research 240 241 in the state. 242 (c) A list and narrative description of collaborative 243 grants and interinstitutional collaboration among participating 244 cancer centers, a comparison of collaborative grants in 245 proportion to the grant totals for each cancer center, a 246 catalogue of retreats and progress seed grants using state 247 funds, and targets for collaboration in the future and reports 248 on progress regarding such targets where appropriate. 249 This section is subject to annual appropriation by the (8) 250 Legislature. 251 The department may adopt rules to administer this (9) 252 section. 253 Section 5. This act shall take effect July 1, 2014.

PCB HCAS 14-01

Page 10 of 10

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