

Fiscal Year 2025-2026 Conforming Bill
Relating to the Florida Cancer Research Network

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1 A bill to be entitled
2 An act relating to cancer treatment and research; amending
3 s. 381.915, Florida Statutes; 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 grant
7 fund applicants; providing criteria for awarding grant
8 funds; providing data reporting requirements for health
9 care providers; identifying data for collection; providing
10 requirements for the collection of best practices;
11 creating an online repository for best practices on the
12 Florida Cancer Connect website; authorizing the Cancer
13 Connect Collaborative to oversee the Florida Cancer
14 Research Network; creating subcommittees; requiring an
15 annual report for cancer research; creating the Cancer
16 Connect Collaborative Incubator; requiring an annual
17 report; providing an effective date.

18
19 Be It Enacted by the Legislature of the State of Florida:

20
21 Section 1. Section 381.915, Florida Statutes, is amended to
22 read:

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

25 (2) The Casey DeSantis Cancer Research Program is
26 established to enhance the quality and competitiveness of cancer
27 care in this state, further a statewide biomedical research

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28 strategy directly responsive to the health needs of Florida's
29 citizens, capitalize on the potential educational opportunities
30 available to its students, and promote the provision of high-
31 quality, innovative health care for persons undergoing cancer
32 treatment in this state. The department shall:

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

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

44 ~~(3) On or before September 15 of each year, the department~~
45 ~~shall calculate an allocation fraction to be used for~~
46 ~~distributing funds to participating cancer centers. On or before~~
47 ~~the final business day of each quarter of the state fiscal year,~~
48 ~~the department shall distribute to each participating cancer~~
49 ~~center one-fourth of that cancer center's annual allocation~~
50 ~~calculated under subsection (6). The allocation fraction for~~
51 ~~each participating cancer center is based on the cancer center's~~
52 ~~tier-designated weight under subsection (4) multiplied by each~~
53 ~~of the following allocation factors based on activities in this~~
54 ~~state: number of reportable cases, peer review costs, and~~

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55 ~~biomedical education and training. As used in this section, the~~
56 ~~term:~~

57 (3) Establish the Florida Cancer Research Network within
58 the department, under the direction of the Cancer Connect
59 Collaborative, to promote the research and development of
60 innovative cancer treatments through the expansion of grant
61 opportunities, enhance patient access to emerging cancer
62 therapies by extending research programs into rural and
63 underserved areas, track patient data to evaluate outcomes and
64 develop novel approaches to cancer care by increasing the
65 metrics collected by the Florida Cancer Data System, and
66 identify and implement best practices to ensure the delivery of
67 high-quality, effective cancer treatment.

68 (4) DEFINITIONS.—As used in this section, the term:

69 (a) "Biomedical education and training" means instruction
70 that is offered to a student who is enrolled in a biomedical
71 research program at an affiliated university as a medical
72 student or a student in a master's or doctoral degree program,
73 or who is a resident physician trainee or postdoctoral trainee
74 in such program. An affiliated university biomedical research
75 program must be accredited or approved by a nationally
76 recognized agency and offered through an institution accredited
77 by an accrediting agency or association recognized by the
78 database created and maintained by the United States Department
79 of Education. Full-time equivalency for trainees shall be
80 prorated for training received in oncologic sciences and
81 oncologic medicine.

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82 (b) "Cancer center" means a comprehensive center with at
83 least one geographic site in the state, a freestanding center
84 located in the state, a center situated within an academic
85 institution, or a Florida-based formal research-based consortium
86 under centralized leadership that has achieved NCI designation,
87 ~~or~~ is prepared to achieve NCI designation by June 30, 2024⁵, or
88 has received a Cancer Center of Excellence Award.

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

94 ~~(d) "Peer review costs" means the total annual direct costs~~
95 ~~for peer-reviewed cancer-related research projects, consistent~~
96 ~~with reporting guidelines provided by the NCI, for the most~~
97 ~~recent annual reporting period available.~~

98 ~~(e) "Reportable cases" means cases of cancer in which a~~
99 ~~cancer center is involved in the diagnosis, evaluation of the~~
100 ~~diagnosis, evaluation of the extent of cancer spread at the time~~
101 ~~of diagnosis, or administration of all or any part of the first~~
102 ~~course of therapy for the most recent annual reporting period~~
103 ~~available. Cases relating to patients enrolled in institutional~~
104 ~~or investigator-initiated interventional clinical trials shall~~
105 ~~be weighted at 1.2 relative to other cases weighted at 1.0.~~
106 ~~Determination of institutional or investigator-initiated~~
107 ~~interventional clinical trials must be consistent with reporting~~
108 ~~guidelines provided by the NCI.~~

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

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

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

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

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

121 ~~a. Conducting cancer-related basic scientific research and~~
122 ~~cancer-related population scientific research;~~

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

126 ~~e. Hosting or conducting cancer-related interventional~~
127 ~~clinical trials that are registered with the NCI's Clinical~~
128 ~~Trials Reporting Program;~~

129 ~~d. Offering degree-granting programs or affiliating with~~
130 ~~universities through degree-granting programs accredited or~~
131 ~~approved by a nationally recognized agency and offered through~~
132 ~~the center or through the center in conjunction with another~~
133 ~~institution accredited by an accrediting agency or association~~
134 ~~recognized by the database created and maintained by the United~~
135 ~~States Department of Education;~~

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

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

142 ~~2. The General Appropriations Act or accompanying~~
143 ~~legislation may limit the number of cancer centers which shall~~
144 ~~receive Tier 3 designations or provide additional criteria for~~
145 ~~such designation.~~

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

148 ~~4. A cancer center that qualifies as a designated Tier 3~~
149 ~~center under the criteria provided in subparagraph 1. by July 1,~~
150 ~~2014, is authorized to pursue NCI designation as a cancer center~~
151 ~~or a comprehensive cancer center until June 30, 2024.~~

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

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

156
157 ~~Where:~~

158 ~~CAF = A cancer center's allocation fraction.~~

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

160 ~~TCRC = The total tier-weighted reportable cases for all~~
161 ~~cancer centers.~~

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

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163 ~~TCPC = The total tier-weighted peer review costs for all~~
164 ~~cancer centers.~~

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

167 ~~TCBE = The total tier-weighted biomedical education and~~
168 ~~training for all cancer centers.~~

169 (5) The Florida Cancer Research Network shall make grant
170 funding available to Florida-based health care providers and
171 entities that conduct or plan to conduct research and
172 development of innovative cancer treatments for adult or
173 pediatric patients or provide workforce and post-doctoral
174 fellowships practitioners in the prevention, screening,
175 diagnosis, or treatment of cancer.

176 (a) Grant funding available through the Florida Cancer
177 Research Network consists of funds appropriated by the
178 legislature through the Casey DeSantis Cancer Research Program.

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

182 1. Operate as a Florida-based cancer center, or

183 2. Operate a licensed hospital that has a minimum of 30% of
184 current cancer patients that reside in rural or underserved
185 areas, or

186 3. Operate a licensed health care clinic or facility that
187 employs or contracts with at least one licensed physician who
188 specializes in oncology and that delivers chemotherapy
189 treatments for cancer, or

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190 4. Operate a licensed facility that employs or contracts
191 with at least one licensed physician who specializes in oncology
192 and that delivers radiation therapy treatments for cancer, or

193 5. Operate as a rural hospital as defined in s.
194 395.602(2)(b), or

195 6. Operate as a critical access hospital as defined in s.
196 408.07(14), or

197 7. Operate as a specialty hospital as defined in s.
198 395.002(28)(a) that serves patients ages 0 to 18 years old.

199 8. Engage in biomedical research intended to develop
200 therapies, medical pharmaceuticals, treatment protocols, or
201 medical procedures intended to cure cancer or improve the
202 quality of life of cancer patients, or

203 9. Educate or train students, post-doctoral fellows, or
204 licensed or certified health care practitioners in the
205 screening, diagnosis, or treatment of cancer.

206 (c) Oversee the distribution of grant funds awarded to
207 health care providers and entities through the Florida Cancer
208 Research Network. The department shall distribute grant funds on
209 a quarterly basis during each fiscal year for which an
210 appropriation is made.

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

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215 (e) The department shall evaluate applications submitted by
216 health care providers and entities. The department shall score
217 each application's proposals in the following categories:

218 1. Ability to achieve objectives and outcomes,

219 2. Ability to identify populations, types of cancer, and
220 short and long-term goals and outcomes.

221 3. Ability to expand access to cancer screenings,
222 diagnostic services, or treatment to rural or underserved
223 populations.

224 4. Ability to research or implement innovative cancer
225 treatments or screenings or diagnostic services, and

226 5. Ability to research innovative medical pharmaceutical
227 treatments to cure cancer or improve the quality of life of
228 cancer patients.

229 6. Ability to collaborate with other health care providers
230 or entities to deliver cancer screenings, diagnostic services,
231 or treatments; participate in phase III clinical trials of
232 experimental cancer treatments; or conduct biomedical research
233 intended to cure cancer or improve the quality of life of cancer
234 patients.

235 7. Ability to educate or train students, post-doctoral
236 fellows, or licensed or certified health care practitioners in
237 the screening, diagnosis, or treatment of cancer.

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

240 (g) On or before October 1 of each year, the department
241 shall calculate an allocation of grant funds for Florida-based

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242 health care providers or entities that submit a qualified
243 application.

244 1. The department shall contract with grant awardees to
245 conduct research to develop innovative cancer treatments,
246 procedures, therapeutic services, medical pharmaceuticals, or
247 provide biomedical education and training in the care and
248 treatment of cancer.

249 ~~(6) A cancer center's annual allocation shall be calculated~~
250 ~~by multiplying the funds appropriated for the Casey DeSantis~~
251 ~~Cancer Research Program in the General Appropriations Act by~~
252 ~~that cancer center's allocation fraction. If the calculation~~
253 ~~results in an annual allocation that is less than \$16 million,~~
254 ~~that cancer center's annual allocation shall be increased to a~~
255 ~~sum equaling \$16 million, with the additional funds being~~
256 ~~provided proportionally from the annual allocations calculated~~
257 ~~for the other participating cancer centers.~~

258 (6) The department shall expand the Florida Cancer Data
259 System to include data on patient outcomes and quality of care
260 submitted by licensed health care providers that diagnose,
261 treat, and screen for cancer.

262 (a) Licensed health care providers in the state that
263 diagnose, treat, and screen for cancer must report to the
264 Florida Cancer Data System data that includes the following
265 components:

266 1. Patient-reported outcome measures that collect patient
267 reports on symptoms, quality of life, quality of cancer care,
268 and cancer treatment outcomes.

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269 2. Quality of care measures that identify and report the
270 following:
271 a. Cancer screening rates.
272 b. Timeliness of diagnosis and treatment.
273 c. Clinical guidelines adherence.
274 d. Survival rates.
275 e. Tumor response rates.
276 f. Progression-free survival rates.
277 g. Disease-free survival rates.
278 h. Treatment complication rates.
279 i. Percentage of cancer patients receiving palliative or
280 hospice care, and coordination of care.
281 j. Provider volume and expertise.
282 k. Adverse event monitoring.
283 l. Treatment compliance and persistence.
284 m. Biomarker response.
285 n. Long-term outcomes and survivorship.
286 ~~(7) The amount of \$37,771,257 from the total funds~~
287 ~~appropriated in the General Appropriations Act for the Casey~~
288 ~~DeSantis Cancer Research Program shall be excluded from the~~
289 ~~annual allocation fraction calculation under subsection (5). The~~
290 ~~excluded amount shall be distributed to participating cancer~~
291 ~~centers in the same proportion as determined by the allocation~~
292 ~~fraction calculation.~~
293 (7) The department shall create an online repository on the
294 Florida Cancer Connect website of best practices for cancer
295 treatment, screening, diagnosis, prevention, and survivorship.

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296 The repository shall include best practices for the following
297 categories:

298 (a) Screening and risk reduction of cancer.

299 (b) Clinical management of cancer.

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

301 (d) Care plans for patients receiving post-cancer treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

359 (h) The following subcommittees are created to review and
360 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 Surgeon General and be chaired by a current member of the
364 collaborative.

365 1. Research Funding Subcommittee.

366 2. Recruitment Funding Subcommittee.

367 3. Infrastructure and Technology Funding Subcommittee.

368 4. Program Development Funding Subcommittee.

369 (c) The terms of appointees under paragraphs (a) and (b)
370 shall be for 2 years unless otherwise specified. However, to
371 achieve staggered terms, the initial appointees under those
372 paragraphs shall serve 3 years for their first term. These
373 appointees may be reappointed for no more than four consecutive
374 terms.

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375 (d) Members shall serve without compensation but are
376 entitled to reimbursement for per diem and travel expenses
377 pursuant to s. 112.061.

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

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

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

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

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

393 5. Amounts of grant funds awarded to each awardee.

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

396 a. Goals or projected outcomes

397 b. Population to be served

398 c. Research methods or project implementation plan

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

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

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

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

416 ~~(h) The collaborative shall develop a long-range~~
417 ~~comprehensive plan for the Casey DeSantis Cancer Research~~
418 ~~Program. In the development of the plan, the collaborative must~~
419 ~~solicit input from cancer centers, research institutions,~~
420 ~~biomedical education institutions, hospitals, and medical~~
421 ~~providers. The collaborative shall submit the plan to the~~
422 ~~Governor, the President of the Senate, and the Speaker of the~~
423 ~~House of Representatives no later than December 1, 2024. The~~
424 ~~plan must include, but need not be limited to, all of the~~
425 ~~following components:~~

426 ~~1. Expansion of grant fund opportunities to include a~~
427 ~~broader pool of Florida-based cancer centers, research~~
428 ~~institutions, biomedical education institutions, hospitals, and~~

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429 ~~medical providers to receive funding through the Cancer~~
430 ~~Innovation Fund.~~

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

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

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

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

440 a. Is owned or controlled by the applicant;

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

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

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

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

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

454 2. Proprietary business information held by the department
455 or the collaborative is confidential and exempt from s.

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456 119.07(1) and s. 24(a), Art. I of the State Constitution. This
457 exemption does not apply to information contained in final
458 recommendations of the collaborative.

459 3. Portions of a meeting of the collaborative during which
460 confidential and exempt proprietary business information is
461 discussed are exempt from s. 286.011 and s. 24(b), Art. I of the
462 State Constitution. The closed portion of a meeting must be
463 recorded, and the recording must be maintained by the
464 collaborative. The recording is confidential and exempt from s.
465 119.07(1) and s. 24(a), Art. I of the State Constitution.

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

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

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

479 (9) The collaborative shall advise the department on the
480 awarding of grants issued through the Cancer Innovation Fund.
481 During any fiscal year for which funds are appropriated to the
482 fund, the collaborative shall review all submitted grant

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483 applications and make recommendations to the department for
484 awarding grants to support innovative cancer research and
485 treatment models, including emerging research and treatment
486 trends and promising treatments that may serve as catalysts for
487 further research and treatments. The department shall make the
488 final grant allocation awards. The collaborative shall give
489 priority to applications seeking to expand the reach of
490 innovative cancer treatment models into underserved areas of
491 this state.

492 (10) Beginning July 1, 2025, and each year thereafter, the
493 department, in conjunction with participating cancer centers,
494 shall submit a report to the Cancer Control and Research
495 Advisory Council and the collaborative on specific metrics
496 relating to cancer mortality and external funding for cancer-
497 related research in this state. If a cancer center does not
498 endorse this report or produce an equivalent independent report,
499 the cancer center is ineligible to receive program funding for 1
500 year. The department must submit this annual report, and any
501 equivalent independent reports, to the Governor, the President
502 of the Senate, and the Speaker of the House of Representatives
503 no later than September 15 of each year the report or reports
504 are submitted by the department. The report 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:

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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 (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.

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

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

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

544 (12) The Legislature recognizes that nationally, targeted
545 areas of cancer research require increased resources and that
546 Florida should become a leader in promoting research
547 opportunities for these targeted areas. Floridians should not
548 have to leave the state to receive the most advanced cancer care
549 and treatment. To meet this need, the Legislature is authorizing
550 the creation of the Cancer Connect Collaborative Research
551 Incubator to identify and provide funding for a targeted area of
552 cancer research for a five-year period.

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

560 (14) The department shall establish criteria and allocate
561 funds beginning January 1, 2026, each year thereafter until

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562 2030, for conducting research on the targeted area of cancer
563 recommended by the report as described in ss. (1).

564 (a) The collaborative must only allocate funds for research
565 in the targeted area of cancer recommended by the report as
566 described in ss. (1).

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 (2)
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) Beginning July 1, 2027, and each year thereafter until
586 2031, the collaborative shall submit a report to the Governor,
587 President of the Senate, and Speaker of the House of
588 Representatives that evaluates research conducted through the

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589 Cancer Connect Collaborative Research Incubator and presents
590 statuses and findings.

591 (a) The final report submitted on July 1, 2031, must
592 include:

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 Cancer
596 Connect Collaborative Research Incubator, beginning January 1,
597 2026, to the present.

598 3. Recommendations for future areas of cancer research.

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