

# **SB0013\_FAV\_MDCSCO\_Pediatric Cancer Fund - Modifica**

Uploaded by: Danna Kauffman

Position: FAV

# MDCSCO

MARYLAND/DISTRICT OF COLUMBIA  
SOCIETY OF CLINICAL ONCOLOGY

TO: The Honorable Pamela Beidle, Chair  
Members, Senate Finance Committee  
The Honorable Michael A. Jackson

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise

DATE: February 6, 2024

RE: **SUPPORT** – Senate Bill 13 – *Maryland Pediatric Cancer Fund – Modifications*

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On behalf of the Maryland/District of Columbia Society of Clinical Oncology (MDCSCO), we submit this letter of **support** for Senate Bill 13. This bill limits the authorized uses of the Maryland Pediatric Cancer Fund to pediatric cancer research rather than pediatric cancer research, prevention, and treatment. Given the limited funds, it is prudent to limit the use of the Cancer Fund to pediatric cancer research. On that note, MDCSCO questions ***House Bill 352: Budget Reconciliation and Financing Act***, which authorizes the Governor to transfer \$5 million from the Cancer Fund to the General Fund. If the Cancer Fund is not being fully utilized then, given the need and the research hospitals located in Maryland, the State should review the processes implemented to determine if changes should be made to the grant process to ensure full participation.

**For more information call:**

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**ACSCAN\_FAV\_SB13.pdf**

Uploaded by: Lance Kilpatrick

Position: FAV



# [Memorandum In Support of SB 13 – Senator Jackson]

[Senate Finance Committee

February 6, 2024]

American Cancer Society Cancer Action Network is the nonprofit nonpartisan advocacy affiliate of the American Cancer Society. ACS CAN empowers cancer patients, survivors, their families and other experts on the disease, amplifying their voices and public policy matters that are relevant to the cancer community at all levels of government. We mobilize our powerful grassroots network of cancer advocacy volunteers to bring awareness to lawmakers like yourself on cancer issues that matter to your constituents.

ACS CAN supports SB 13.

This year it is estimated that 36,410 Marylanders will hear the chilling phrase “you have cancer.” It’s also estimated that almost 10,310 will die from cancer.

Nationwide in 2024, an estimated 9,620 children (ages 0 to 14 years) and 5,290 adolescents (ages 15-19 years) will be diagnosed with cancer, and 1,040 children and 550 adolescents will die from the disease. Cancer is the leading disease-related cause of death among both children and adolescents. The most commonly diagnosed cancers in children and adolescents are leukemia (28% and 13%, respectively); brain, including benign and borderline malignant tumors (25% and 22%); and lymphoma (12% and 19%).

Incidence in children overall has stabilized since 2015 after increasing since at least 1975. However, rates in adolescents during this time continued to rise by 1% per year, although trends do vary by cancer type.

The cancer death rate has declined by more than half from 1970 to 2021 in both children (from 6.3 per 100,000 to 1.9) and adolescents (from 7.2 per 100,000 to 2.7), largely due to improvements in treatment and high participation in clinical trials for the most common cancers (e.g., leukemia), especially among children. However, progress lags for some cancer types, such as diffuse midline glioma, a type of brain cancer.

SB 13 would alter the use of the Maryland Pediatric Cancer Fund to require that the Fund be used only for pediatric cancer research instead of only for pediatric cancer research, prevention, and treatment.

We applaud the Senator for introducing this legislation and would point out that as defined the legislation does not preclude “research to develop and advance the understanding of pediatric cancer and the techniques and modalities effective in the prevention, cure, screening, and treatment of pediatric cancer.” ACS CAN believes that *more* resources should be brought to bear for outreach, education and treatment so that we can truly say our goal is to end cancer as we know it, for everyone.

ACS CAN thanks the Chair and committee for the opportunity to testify, and urges a favorable report of SB 13.

**MD\_Written\_SenateFinanceTestimony\_Hoffman\_2.5.24.p**

Uploaded by: Ruth Hoffman

Position: FAV

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Good afternoon. Thank you for giving me the opportunity to testify today.

My name is Ruth Hoffman. I am a proud Marylander, and the CEO of the American Childhood Cancer Organization—otherwise known as ACCO. ACCO, which is based in Maryland, is the oldest and largest childhood cancer non-profit in the nation. Founded by parents of children with cancer, ACCO has been the leader in establishing federal funding for childhood cancer research since 1970 – funding which sadly has increasingly failed to meet the research needs of this vulnerable patient population. We are also the sponsor of the current law – Maryland’s Pediatric Cancer Fund Act. I am here to ask for your support for the amendments to Maryland’s Pediatric Cancer Fund Act which will bring clarity to its original intent and operationalize the existing law.

In 2018—to address the unmet childhood cancer research needs at the federal level—ACCO performed a state landscape analysis and recognized that only two states were providing funding for childhood cancer research, yet almost all states were appropriating funds for adult cancer research. Shockingly, only eleven states included childhood cancer language in their state cancer plans. This was largely based upon a strategy of decreasing adult cancer deaths through the practice of establishing cancer screening and prevention in all 50 states. I cannot emphasize enough—this screening and prevention strategy does not apply to children diagnosed with cancer. Infants and children did not smoke to cause their cancer! No amount of screening and lifestyle prevention strategies would change their cancer diagnosis. To address the disparity between adult and childhood cancer research funding at the state level, ACCO established a program called, What About Kids? In the past 4 years, we’ve secured commitments from 44 states to add *childhood-cancer-based-strategies*—which are not focused on prevention—to their cancer plans.

Additionally, the intent of Maryland’s Pediatric Cancer Fund Act was to *support research to enhance* the treatment of childhood cancer, not to fund individual cancer treatments. There are existing mechanisms in place including private medical health insurance and Medicaid that pay for individual cancer treatment.

As such, to bring clarity to the original intent of the law, I am asking for your support of the amendment to delete “prevention and treatment” from the bill language to ensure that funds from the appropriation are allocated to much-needed and pediatric-appropriate cancer research.

In addition to our work to ensure all 50 states adopted pediatric-appropriate strategies and objectives in their state cancer plans, ACCO has also been successful in securing \$98.8 million in state-based childhood cancer research funding in 7 states, with legislation currently at various stages of being passed in an additional 5 states. Childhood cancer IS a Maryland problem! Maryland has the 13<sup>th</sup> highest incidence rate of childhood lymphoma and a childhood cancer death rate that is above the national average. So, I’m proud that Maryland was ACCO’s 4<sup>th</sup> state to pass the Maryland Childhood Cancer Fund into law in order to address this unmet research need. It’s also important to note that ACCO is the ONLY

national non-profit organization that is sponsoring state-based legislation and securing appropriations for childhood cancer research across the US.

The focus of the appropriations—as ACCO continues to roll them out across the country—has consistently been to increase much-needed childhood cancer research, and to ensure that an expert group of experts review grant applications that will make the greatest impact in developing new therapies to treat children with cancer. It must be recognized that most children diagnosed with cancer today continue to receive the same cancer treatment as children who were diagnosed more than 30 years ago. Just 6 new drugs have been approved by the FDA to treat childhood cancer in the last 30 years. This compares to more than 220 new drugs approved to treat adult cancer over the same time period. Cancer continues to be the leading disease cause of death of children in Maryland, and across the US. There is a desperate need for research to develop new treatments for children with cancer, and states play a huge role in making this possible.

To demonstrate the disparity in progress between adult and childhood cancer treatments, I am also here today as the mother of a daughter who, in 1987, at the age of 7, was diagnosed with acute myelogenous leukemia (AML)—the type of cancer that Dr. Civin referenced. My daughter was given a 5% probability of reaching her 8<sup>th</sup> birthday. Fortunately, she became one of the first children to survive a bone marrow transplant. She was treated with toxic chemotherapy and total body radiation. She voiced on national television at the time, that her hope was that other children would not have to go through such horrible treatments in the future. It's been 37 years since her transplant, and sadly, treatment for childhood AML today has changed little from what it was for her, and the prognosis for survival continues to be poor.

Treatment for childhood cancer remains toxic. Most of our children are “burned” through radiation, “poisoned” through chemotherapy, and “cut” with surgery in the hope of finding a cure. My daughter's oncologist described her total body radiation as, “deliberately performing a nuclear bomb in a kid.” Children are receiving these toxic therapies at a time in their lives when they have growing bodies and developing brains. The impact is forever. In addition to immediate side effects of treatment, 96% of survivors of childhood cancer experience a severe or life-threatening condition directly caused by the toxicity of the cancer treatment that initially saved their lives.

My daughter is now a young woman, but her survival came with a cost. She has endured a secondary cancer, has endocrine dysfunction, lymphedema, and she learned two months ago that she is officially in heart failure. My daughter's cancer also impacted the next generation. When she miraculously learned as a young adult that she was pregnant, she also learned that the total body radiation she received as a 7-year-old resulted in vascular uterine insufficiency (lack of blood supply to the uterus) and cervical incompetency. That meant that my granddaughter had to be induced at 24 weeks gestation. She weighed 1 pound 6 ounces and has grand mal epilepsy because of being born as a micro-preemie. My daughter's toxic cancer treatments—which remain the only method of treatment for the majority of kids with cancer today—was the direct cause of my granddaughter's epilepsy. We MUST do better!

To ensure expert, timely, and pediatric cancer-specific distribution of the appropriations of the Maryland Pediatric Cancer Fund, and in keeping with other states that are funding childhood cancer research, I am asking that you support the amendments that would operationalize the grant review process including the creating of the Fund Commission. Doing so will ensure that appropriations to Maryland's Pediatric Cancer Fund will be used in the most impactful way to advance much-needed

childhood cancer research and will establish Maryland as a leader in state-funded childhood cancer research to other states across the country.

Ruth Hoffman



# **TestimonyInSenateForSB13PedOncAmendment-FinanceCom**

Uploaded by: Curt Civin

Position: FWA

**Curt I. Civin, MD, ScD (hon)**  
***Philip A. Zaffere Distinguished Professor in Regenerative Medicine***

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<https://www.medschool.umaryland.edu/civininvestiture/>

Good afternoon, and thank you for the honor of testifying today.

My name is Curt Civin. I am a Professor at the University of Maryland. Nowadays, I am focused on leading University of Maryland School of Medicine's Stem Cell Center, which includes my own lab's leukemia research discovery quests. Earlier, I spent decades taking care of young cancer patients, teaching young doctors and scientists, developing novel technologies and treatments in my lab, testing these lab research discoveries in clinical trials, and guiding research first at Johns Hopkins and then at the University of Maryland School of Medicine. I always view science and policy through the lens of a pediatric oncologist who has been privileged to participate in breakthrough research discoveries that translated to cures, as proved in my own patients.

I am here today to ask for your support for the proposed amendment to ***Maryland's Pediatric Cancer Fund Act***. **First, this amendment clarifies wording to restore the original intent to provide new support for pediatric cancer *research*, exclusively.** Despite its impact on our national wellspring of innocent children, pediatric cancer research is greatly underfunded nationally, due to its infrequency relative to the more common adult cancers. We often intend that children should be first into the lifeboats, but ironically, research on childhood cancers is woefully underfunded nationally. In fact, in the last 30 years, the FDA has approved over 200 new cancer drugs to treat adult cancers, but only 6 new drugs have been approved to treat pediatric cancers, one of which has been discontinued. It is important to note that use of the monies from this Pediatric Cancer Fund Act to support current treatment of children with cancer and efforts to prevent pediatric cancers would quickly exhaust the requested monies, leaving nothing to address the gap this Act was originally created for – to support pediatric cancer *research*. Further, while pediatric cancer *research* is currently greatly underfunded, there are other active mechanisms that continue to pay for pediatric cancer treatment and prevention.

**Second, this amendment to the Maryland's Pediatric Cancer Fund Act proposes to establish a Commission comprised of experts in pediatric cancer who would work with the Department of Health to review research grant applications and distribute the funds appropriated via this Act to conduct highly impactful pediatric cancer research in the State of Maryland.** Although I'm proud to have contributed to the discoveries that now bring cures to 80% of US children with cancer, multiple childhood cancers, such as acute myeloid leukemias and brain tumors, are still rapidly fatal for children and devastating for their families.

Again, Maryland's support for childhood cancer research is critical, because national support for childhood cancer research is so small.

My lab researches acute myeloid leukemias – or AML. Children with AML have not had substantial change in their treatment protocols over my 45 years as a pediatric oncologist, and sadly this AML continues to have a dismal survival rate. Those who do survive pediatric AML face a lifetime of chronic health conditions due to toxic cancer treatments that were developed more than 4 decades ago. Only now are we beginning to use in children the first new targeted agents, that kill cancer cells selectively, without the devastating toxicity to normal tissues that makes standard chemotherapy so miserable. For example, my own lab is working to repurpose artemisinins for treatment of childhood AML. Artemisinins are highly effective against malaria worldwide and have essentially no side effects. We have found chemical derivatives of the antimalarial artemisinins which are almost 100-fold more active against AMLs in the lab. As we work to bring these new low-toxicity artemisinin derivatives to clinical trials, we are also working to discover new molecules that drive AMLs. We will attack these new AML target molecules with novel compounds that will become new and better leukemia drugs.

It is imperative that the funds appropriated through Maryland's Pediatric Cancer Fund Act be allocated to impactful pediatric cancer research, including development of new targeted drugs for children with AML and other devastating cancers that kill our children. The amendments proposed will guide the optimal direction of State of Maryland support to address the funding gap for research on pediatric cancer. *This research is critical to saving our children's lives.*

**To close, I want to thank this Committee and the State of Maryland for their support of pediatric cancer research, which has never been adequately funded nationally. I also ask that as members, you reach out to the Governor's office in support of reinstatement of the funding in line item: M00F03.04 - the 2025 budget's \$5 million appropriation to supplement fiscal 2024 year's fiscal budget for childhood cancer research. This critical funding has been eliminated from the upcoming budget. Retaining this Act's annual State funding for childhood cancer research will transform Maryland into a leader in childhood cancer research while providing *life-saving* new treatments for children battling cancer.**

# **Senate Bill 13-Maryland Pediatric Cancer Fund-Modi**

Uploaded by: Jennifer Witten

Position: FWA



Date: Feb. 6<sup>th</sup>, 2024

To: Chair Beidle and Members of Senate Finance

Reference: Senate Bill 13-Maryland Pediatric Cancer Fund-Modifications

Position: Favorable with Amendments to include representation for LifeBridge Health-Clinical Expert from Sinai Hospital and focus the fund on pediatric oncology research.

Dear Chair, Beidle and Senate Finance Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to comment and offer our support for the sponsor offered amendments for SB13. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center. Accredited by the Commission on Cancer as an Integrated Network Cancer Program, the LifeBridge Oncology service line model offers advanced diagnostic and treatment services for many types of cancer, including addressing survivorship. Our oncology's team-based care approach means that each patient is cared for by an assigned Physician Oncologist, Nurse Practitioner, and a Nurse Navigator. Advanced treatment technologies include Brachytherapy, IMRT, Radioablative Therapy, Radioembolization Therapy, Stereotactic Radiation and TrueBeam™. Services at Sinai Hospital include Medical Oncology, Orthopedic Oncology, **Pediatric Oncology**, Radiation Oncology, Outpatient Infusion Services, and Breast Care Services. Sinai's programs bring experts with multiple disciplines including pediatric oncology clinical experience.

In 2022, the General Assembly lead by this Committee's leadership passed legislation to establish the Maryland Pediatric Cancer Fund within MDH. The fund is authorized only to provide grants for eligible physicians, hospitals, laboratories, educational institutions, and other organizations and persons to conduct pediatric cancer research, prevention, and treatment. Expenditures from the fund must be made in accordance with the State budget, and money expended from the fund is supplemental to and not intended to take the place of funding otherwise appropriated to pediatric cancer research, prevention, and treatment.

The intended purpose of the fund was to fund pediatric cancer research, but not prevention and treatment for specific purposes. Although prevention and treatment are critical aspects of the continuum of care, pediatric research has traditionally been significantly underfunded. Given the limited funding for this program, it would be very challenging to include prevention and treatment as well. There are other sources of reimbursement/funding for those activities. Cancer continues to be the leading disease cause of death of children in Maryland, and across the US. There is a desperate need for research to develop new treatments for children with cancer, and states play a huge role in making this possible.

**CARE BRAVELY**

LifeBridge Health supports the amendments to Maryland's Pediatric Cancer Fund Act specifically, in support of updating the program funding to focus solely on research and having at least three diverse number of pediatric oncology clinicians to be represented on the Commission to assist in review and distribution of worthy future research proposals.

For all the above stated reasons, we request a Favorable report with sponsor amendments for SB13.

For more information, please contact:

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

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# 2024JacksonTestimonySB13.pdf

Uploaded by: Michael Jackson

Position: FWA

**MICHAEL A. JACKSON**  
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Prince George's Counties

Budget and Taxation Committee

*Subcommittees*

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***TESTIMONY – SENATE BILL 13***

***MARYLAND PEDIATRIC CANCER FUND MODIFICATIONS***

***FINANCE COMMITTEE***

***FEBRUARY 6, 2024***

Chair Beidle, Vice Chair Klausmeier, and Finance Committee Members:

Senate Bill 13 is a piece of legislation designed to make some clarifying changes to a piece of legislation that I sponsored a couple of years back to establish the Maryland Pediatric Cancer Fund.

This bill would clarify the original intent of the establishing legislation and help to cement the fund as primarily a research entity aimed at researching innovative treatment methods for pediatric cancer. Included amendments to this legislation would create a commission to coordinate distribute monies allocated in the fund and to bring some additional stakeholders to the table that can ensure the aims of pediatric cancer research are established.

Again, the aim of this legislation is to simply cement the intent of the establishment of the Maryland Pediatric Cancer Fund as a mechanism for funding pediatric cancer research in our State.

**For the reasons listed above, I ask for a favorable report of Senate Bill 13.**



# **SB13\_SponsorAmendment**

Uploaded by: Michael Jackson

Position: FWA



SB0013/273321/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

05 FEB 24  
17:23:50

BY: Senator Jackson  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 13  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “**Maryland Pediatric Cancer Fund - Modifications**” and substitute “**Public Health – Maryland Pediatric Cancer Fund and Commission**”; in line 5, after “treatment,” insert “establishing the Pediatric Cancer Research Commission to oversee the award of competitive grants from the Fund;”; in line 6, after “Fund” insert “and the Pediatric Cancer Research Commission”; and after line 11, insert:

“BY adding to  
Article - Health - General  
Section 20–121  
Annotated Code of Maryland  
(2023 Replacement Volume)”.

AMENDMENT NO. 2

On page 2, in line 25, after “account” insert “**TO BE ALLOCATED TO A STATE–BASED CHILDHOOD CANCER ORGANIZATION**”; and in the same line, after “Fund” insert “**AND TO EDUCATE THE STATE SCIENTIFIC COMMUNITY ABOUT THE OPPORTUNITIES FOR CHILDHOOD CANCER RESEARCH THROUGH THE FUND**”.

On page 3, after line 9, insert:

“**20-121.**

**(A) IN THIS SECTION, “COMMISSION” MEANS THE PEDIATRIC CANCER RESEARCH COMMISSION.**

**(B) THERE IS A PEDIATRIC CANCER RESEARCH COMMISSION.**

**(C) THE PURPOSE OF THE COMMISSION IS TO OVERSEE THE AWARD OF COMPETITIVE GRANTS FROM THE PEDIATRIC CANCER FUND, ESTABLISHED UNDER § 20–120 OF THIS SUBTITLE, TO PUBLIC AND PRIVATE ENTITIES IN THE STATE.**

**(D) THE COMMISSION CONSISTS OF:**

**(1) THE SECRETARY OF HEALTH, OR THE SECRETARY'S DESIGNEE; AND**

**(2) THE FOLLOWING MEMBERS APPOINTED BY THE GOVERNOR:**

**(i) TWO INDIVIDUALS WHO ARE ADULT SURVIVORS OF PEDIATRIC CANCER OR CAREGIVERS OF PEDIATRIC CANCER PATIENTS, FROM A LIST SUBMITTED BY THE AMERICAN CHILDHOOD CANCER ORGANIZATION;**

**(ii) ONE REPRESENTATIVE OF THE AMERICAN CHILDHOOD CANCER ORGANIZATION;**

**(iii) TWO SCIENTISTS WITH EXPERTISE IN PEDIATRIC CANCER RESEARCH FROM THE UNIVERSITY OF MARYLAND;**

**(iv) TWO SCIENTISTS WITH EXPERTISE IN PEDIATRIC CANCER RESEARCH FROM JOHNS HOPKINS UNIVERSITY;**

(V) TWO ADVANCED PRACTICE REGISTERED NURSES WHO HAVE EXPERIENCE IN PEDIATRIC CANCER CARE;

(VI) ONE PHYSICIAN WITH EXPERTISE IN TREATING PEDIATRIC CANCER PATIENTS FROM THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM;

(VII) ONE PHYSICIAN WITH EXPERTISE IN TREATING PEDIATRIC CANCER PATIENTS FROM JOHNS HOPKINS MEDICINE;

(VIII) ONE PHYSICIAN WITH EXPERTISE IN PEDIATRIC ONCOLOGY FROM LIFE BRIDGE HEALTH; AND

(IX) ONE INDIVIDUAL WITH EXPERTISE IN PEDIATRIC ONCOLOGY FROM THE NATIONAL CANCER INSTITUTE.

(E) (1) THE TERM OF AN APPOINTED MEMBER IS 3 YEARS.

(2) THE TERMS OF THE APPOINTED MEMBERS OF THE COMMISSION ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE COMMISSION ON OCTOBER 1, 2024.

(3) IF A VACANCY OCCURS DURING THE TERM OF AN APPOINTED MEMBER, THE GOVERNOR SHALL APPOINT A SUCCESSOR WHO SHALL SERVE UNTIL THE TERM EXPIRES.

(4) AT THE END OF A TERM, A MEMBER MAY CONTINUE TO SERVE ONLY UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

**(5) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.**

**(6) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS.**

**(F) EACH MEMBER OF THE COMMISSION SHALL DISCLOSE TO THE STATE ETHICS COMMISSION WHETHER THE MEMBER IS EMPLOYED BY OR HAS A FINANCIAL INTEREST IN AN ENTITY THAT MAY APPLY TO CONDUCT STATE-FUNDED PEDIATRIC CANCER RESEARCH.**

**(G) (1) THE GOVERNOR MAY REMOVE A MEMBER FOR NEGLIGENCE OF DUTY, INCOMPETENCE, MISCONDUCT, MALFEASANCE, MISFEASANCE, NONFEASANCE, OR ANY OTHER SUFFICIENT CAUSE.**

**(2) THE GOVERNOR MAY NOT REMOVE A MEMBER FOR POLITICAL PARTY PREFERENCE.**

**(H) (1) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE COMMISSION IS A QUORUM.**

**(2) THE DECISION OF THE COMMISSION SHALL BE BY A MAJORITY OF THE QUORUM PRESENT AND VOTING.**

**(I) THE COMMISSION SHALL MEET AT LEAST TWICE A YEAR, AT THE TIMES AND PLACES THAT IT DETERMINES.**

**(J) A MEMBER OF THE COMMISSION:**

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COMMISSION; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(K) THE COMMISSION ANNUALLY SHALL ELECT A CHAIR AND VICE CHAIR FROM AMONG ITS MEMBERS.

(L) THE COMMISSION SHALL:

(1) DEVELOP CRITERIA, STANDARDS, AND REQUIREMENTS FOR THE REVIEW OF APPLICATIONS FOR PEDIATRIC CANCER RESEARCH GRANTS FROM THE PEDIATRIC CANCER FUND;

(2) ESTABLISH PROCEDURES AND GUIDELINES TO BE USED IN THE REVIEW, EVALUATION, RANKING, AND RATING OF THE RESEARCH GRANT PROPOSALS;

(3) REVIEW GRANT APPLICATIONS TO ENSURE THAT EACH APPLICATION IS COMPLETE AND SATISFIES THE CRITERIA, STANDARDS, AND REQUIREMENTS DEVELOPED BY THE COMMISSION UNDER ITEM (1) OF THIS SUBSECTION;

(4) DEVELOP DISCLOSURE AND RECUSAL GUIDELINES TO BE FOLLOWED BY MEMBERS OF THE COMMISSION WHEN CONSIDERING GRANT APPLICATIONS;

(Over)

(5) ESTABLISH STANDARDS FOR THE OVERSIGHT OF AWARDS; AND

(6) CONDUCT PROGRESS REVIEWS OF GRANT RECIPIENTS.

(M) THE COMMISSION MAY CONSULT WITH EXPERTS IN PERFORMING ITS DUTIES.

SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial members of the Pediatric Cancer Research Commission shall expire as follows:

(1) four members in 2025;

(2) four members in 2026; and

(3) five members in 2027.”;

and in line 10, strike “2.” and substitute “3.”.