

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1137

2.	Senate Sponsor	Colleen Burton	
3.	Date of Request	01/25/2023	
4.	Project/Program De	scription	
	residents. Lakeland F address the severe p defined Polk County access physician car	Regional has planned for a hysician shortages in Polk as a Medically Underserve e in Polk County causing L	in Graduate Medical Education programs by hosting its first cohort of compliment of 190 total residents in five years across seven specialties that County. The Federal Health Resources & Services Administration has I Area and a Health Professional Shortage Area. As such, it is difficult to RHMC to be the busiest single site Emergency Department in America with o physician care, Polk County health outcomes fall below national and

By creating these residency programs, LRHMC will directly address Polk County's physician shortage. Up to 60% of all

5. State Agency to receive re	quested funds	Department of Health
State Agency contacted?	No	

physician residents remain in the same location once they complete their residency.

Lakeland Regional Health Graduate Medical Education

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

state measures in diabetes, cancer, heart disease, and stroke.

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	2,000,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2022-23	0	1 500 000	466A	No	

9. Is future funding likely to be requested?

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

1,000,000

b. Describe the source of funding that can be used in lieu of state funding.

There is no available funding. LRH will not receive any federal funding until it hosts its first resident. In order to be accredited and receive federal funding, LRH will have up to \$13 million of unfunded start-up costs.



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Yes	oroject received any rederal	assistance related to the COVID-19 par	idennic:
If yes, indicate the amount of fu	nds received and what the f	unds ware used for	
Approximately \$20 million in CAR costs, equipment, payroll, testing s	ES Act funding or our COVID supplies, and purchased serviolk County Board of County C	-19 response, i.e. PPE, capital	
Complete questions 11 a	nd 12 for Fixed Cap	ital Outlay Projects	
11. Status of Construction			
a. What is the current phase of the	he project?		
OPlanning ODesign (◆ Construction		
b. Is the project "shovel ready" ((i.e permitted)?	Yes	
c. What is the estimated start da	te of construction?	Started	
d. What is the estimated comple	tion date of construction?	10/2/2023	
12. List the owners of the facility to relationship between the owner	o receive, directly or indirec rs of the facility and the ent	tly, any fixed capital outlay funding. Indity.	clude the
Lakeland Regional Health Medic	cal Center owns the property in	n fee simple.	
13. Details on how the requested st	ate funds will be expended		
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			(
Other Salary and Benefits			(
Expense/Equipment/Travel/Supplies/ Other			(
Consultants/Contracted Services/Study			(
Operational Costs: Other			•
Salary and Benefits	1		
Expense/Equipment/Travel/Supplies/ Other			(
Consultants/Contracted Services/Study			(
Fixed Capital Construction/Majo	r Renovation:		•
Construction/Renovation/Land/ Planning Engineering	Construction of a multi-millio	n Family Medicine Clinic required for roto host Family Medicine residents.	2,000,000
Total State Funds Requested (m			2,000,000

a. What specific purpose or goal will be achieved by the funds requested?

14. Program Performance



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By hosting GME programs, LRH will directly address the physician shortages in Polk County. In addition, hosting GME programs has significant positive economic impact to the hosting community. Each resident (i.e., physician in training) in a community-based residency program generates \$200,000 in annual economic benefits to their community while in their program. 190 residents at LRMC would contribute \$38 Million each year.

b. What activities and services will be provided to meet the intended purpose of these funds?

These funds will provide financial support to the construction of a multi-million Family Medicine Clinic located in Lakeland.

c. What direct services will be provided to citizens by the appropriation project?

GME programs will lower the cost of care for all community members while also significantly adding revenue and jobs to the hosting community. GME residents in underserved communities save the community approximately \$3.6 million in unnecessary hospitalizations due to better care coordination. The LRH GME Family Medicine Program will be a center of primary care open to all citizens regardless of ability to pay.

d. Who is the target population served by this project? How many individuals are expected to be served?

Polk County and the outlying counties, approx. 1 million people.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

LRH GME programs will bring a total economic impact of \$48 million annually.

LRH GME programs is expected to generate 350 new jobs.

LRH GME prorgams is expected to generate annually an addition of more than \$29 million to Polk Countys GDP.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

There are no penalties, however, without accreditation, LRH will not receive federal GME funding from CMS.

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15. Requester Contact Information					
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16. Recipient Co	ontact Informati	on			
a. Organizat	Lakeland Inc.	l Regional Health	nter,		
b. Municipal	b. Municipality and County Polk				
c. Organizati	c. Organization Type				
□For Profit	□For Profit Entity				
☑Non Profi	☑Non Profit 501(c)(3)				
□Non Profi	t 501(c)(4)				
□Local Ent	ity				



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	Jn	iversity	or	Col	lege
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□Other (please specify)

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17. Lobbyist Contact Information

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