



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1855

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Beginning July 1, 2022, Lakeland Regional Health will begin Graduate Medical Education programs by hosting its first cohort of residents. Lakeland Regional has planned for a compliment of 190 total residents in 5 years across seven specialties that address the severe physician shortages in Polk County. The Federal Health Resources & Services Administration has defined Polk County as a Medically Underserved Area and a Health Professional Shortage Area. As such, it is difficult to access physician care in Polk County causing LRHMC to be the busiest single site Emergency Department in America with over 200,000 visits last year. Also, with barriers to physician care, Polk County health outcomes fall below national and state measures in diabetes, cancer, heart disease, and stroke. By creating these residency programs LRHMC will directly address Polk County's physician shortage. Up to 60% of all physician residents remain in the same location once they complete their residency.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	450,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>450,000</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	450,000	2%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	20,550,000	98%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>21,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**



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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 \$21 million of unfunded start-up costs.

**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

\$20 million in CARES Act funding or our COVID-19 response, i.e. PPE, capital costs, equipment, payroll, testing supplies, and purchased services. In addition, \$6 million in CARES Act funding through the Polk County Board of County Commissioners to offset the cost of operating community COVID-19 testing sites.

**11. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	\$450,000 for salaries related to Program Directors and Assistant Program Directors for each of the seven programs and a Designated Institutional Officer, and Assistant Program Directors. All of these positions require a physician and are necessary for GME accreditation. Importantly, they must all be hired and in place prior to accreditation, which is mandatory before funding is available.	450,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>450,000</b>

**12. Program Performance**

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

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?**

This appropriation will provide start-up funding for GME programs at LRH. GME residents in underserved communities save the community approximately \$3.6 million in unnecessary hospitalizations due to better care coordination.

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



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GME programs will lower the cost of care for all community members will also significant adding revenue and jobs to the hosting community.

**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. 700,000

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

Approximately 39 of LRH GME residents should remain in the community each year.

**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 federal CMS.

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

LRHMC is an asset owned by the City of Lakeland and operated by Lakeland Regional Health



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization   
b. Municipality and County

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number