



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1284

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

July 1, 2023, 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 under-served 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 be directly addressing 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 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,500,000
<b>Total State Funds Requested</b>	<b>1,500,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,500,000</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 \$13 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.

Approximately \$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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of a multi-million dollar Family Medicine Clinic required for ACGME accreditation in order to host Family Medicine residents.	1,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</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?

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 and will also add significant revenue and jobs to the hosting community. GME residents in under-served 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?



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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 programs is expected to generate annually an addition of more than \$29 million to Polk County's 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.

**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 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