

LFIR # 2664

1. Project Title	Maternal Health	Outcomes - CH	2021-238, Laws of Flor	ida (SB 1540)		
2. Senate Sponsor	Audrey Gibson					
3. Date of Request	01/27/2022					
4. Project/Program D	escription					
the number of those (\$40.73 each), bloof for the pilot program	e pregnancies that n d pressure cuff (\$7 ns in those counties existing resources 381 - Chapter 2021	nay be covered to 19.96 each), and 19.5 That estimate is to fulfill other sta	sed on the number of pre by Medicaid, that it woul glucose monitor (\$206 e s for medical equipment tutory requirements.	d cost \$5,465,197 to each) to each woma	n who may be eligible	
State Agency conta	acted? Yes					
6. Amount of the Non	recurring Request	for Fiscal Year	2022-2023			
Type of Funding			Ame	nunt]	
Operations			Alliv	5,465,197		
Fixed Capital Outlay	V		0			
Total State Funds				5,465,197		
7. Total Project Cost	for Fiscal Year 202	2-2023 (includi	ng matching funds ava	eilable for this proj	ect)	
	Total State Funds Requested (from question #6)			100%	-	
Matching Funds	toquested (Iroin que	ouon noj	5,465,197	10070		
Federal			0	0%	-	
State (excluding the	amount of this requ	uest)	0	0%		
Local	•	,	0	0%		
Other			0	0%		
Total Project Costs	s for Fiscal Year 20	022-2023	5,465,197	100%		
8. Has this project pr	eviously received	state funding?	No			
Fiscal Year	Ame	ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurrin	g Appropriation #			
9. Is future funding li a. If yes, indicate n	nonrecurring amou	nt per year.	No lieu of state funding]	
b. Describe the SO	urve or runding the	at call be used	iii iieu oi state lullullig	•]	

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



LFIR # 2664

No
If yes, indicate the amount of funds received and what the funds were used for.

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	383.2163 Telehealth minority maternity care pilot programs.—By July 1, 2022, the department shall establish a telehealth minority maternity care pilot program in Duval County and Orange County which uses telehealth to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations. The department shall direct and assist the county health departments in Duval County and Orange County to implement the programs	5,465,197		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	5,465,197		

12. Program Performance

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

Expand the use of technology-enabled, collaborative learning and capacity building models to improve maternal health outcomes for the following populations and demographics.

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

N/A

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

The pilot programs shall adopt the use of telehealth or coordinate with prenatal home visiting programs to provide all of the following services and education to eligible pregnant women up to the last day of their postpartum periods, as applicable.

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

Requiring the department to establish telehealth minority maternity care pilot programs in Duval County and Orange County by July 1, 2022.

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

N/A



LFIR # 2664

	for failing to meet deliverables or performance measures provided for the contract?				
	N/A				
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.				

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



LFIR # 2664

14	14. Requestor Contact Information						
	a. First Name	Senator A	۹.	Last Name	Gibson		
	b. Organization	The Florida Legislature					
	c. E-mail Address						
	d. Phone Number	(850)487					
15	15. Recipient Contact Information						
	a. Organization	The Florida Legislature					
	b. Municipality and	d County	Duval, Orange				
	c. Organization Type						
	□For Profit Entity						
	☑Non Profit 501(c	☑Non Profit 501(c)(3)					
	□Non Profit 501(c	Non Profit 501(c)(4)					
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Senator A	٩.	Last Name	Gibson		
	e. E-mail Address						
	f. Phone Number	(850)487-5006					
16	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address	ess					
	d. Phone Number						