

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 3568** 

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1. Project Title	Graduate Medical	Education- Veno	Venous & Lymphatic Medicine			
2. Senate Sponsor	Jay Collins					
3. Date of Request	01/08/2024					
4. Project/Program Des	cription					
The appropriation will provide funding to cover the costs of salaries and benefits to train residents and fellows in Venous & Lymphatic Medicine under the auspices of the University of South Florida Morsani College of Medicine. There are no Venous & Lymphatic Medicine graduate medical education programs in Florida. This initiative furthers the intent of 408.0621, F.S., establishing the Blood Clot and Pulmonary Embolism Policy Workgroup.						
5. State Agency to rece	ive requested fun	<b>ds</b> Departm	ent of Health			
State Agency contact  5. Amount of the Nonrec		or Fiscal Year 20	024-2025			
	<b>3</b> • <b>4</b>		1			
Type of Funding			Amo			
Operations				1,350,000		
Fixed Capital Outlay  Total State Funds Re	anneste d			1,350,000		
7. Total Project Cost for	Fiscal Year 2024	-2025 (including	-		ect)	
Type of Funding	una ata di /fua ma anna a	tion #C)	Amount	Percentage		
Total State Funds Req Matching Funds	juestea (Irom ques	uon #6)	1,350,000	100%		
Federal			0	0%		
State (excluding the ar	mount of this reque	act)	0	0%		
Local	mount of this reque	331)	0	0%		
Other			0	0%		
Total Project Costs for	or Fiscal Year 202	24-2025	1,350,000	100%		
8. Has this project previ	iously received st	ate funding?	No			
Fiscal Year (yyyy-yy)	Amou Recurring	ınt Nonrecurring	Specific Appropriation #	Vetoed		
	Recuiring	Nomecuring				
9. Is future funding likel	ly to be requested	l?	Yes			
a. If yes, indicate nonrecurring amount per year. 1,350,000						
b. Describe the source	ce of funding that	can be used in	lieu of state funding.			
Possible funding throproject.	ugh donations, how	vever, donations	do not currently meet t	the needs of this		



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

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omplete que	estions 11 a	nd 12 for Fixed	l Capital Outlay Projects	<b>;</b>
I. Status of Const a. What is the cu		the project?		
O Planning	O Design	Construction	O N/A	

(	c. What is the estimated start date of construction?			
(	d. What is the estimated completion date of construction?			
12. List 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.				

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

b. Is the project "shovel ready" (i.e permitted)?

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	State funds will be utilized to cover the costs of salaries and fringe benefits for residents and fellows in Venous & Lymphatic Medicine. Because TSI is not a hospital, TSI is not eligible for General Appropriations Act DRG funding. TSI is dedicated to sclerotherapy and the education of sclerotherapists promoting the patient benefits of	1,350,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	1,350,000

### 14. Program Performance

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



15.

16.

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

Venous & Lymphatic Medicine trained physicians will provide much needed care services to all populations. Residents and fellows will provide services in outpatient and inpatient settings, and conduct laboratory and clinical research.

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

Venous & Lymphatic Medicine trainees provide medical evaluations as well as venous & lymphatic treatment and management. Residents and fellows provide services in-person and via telehealth. They also conduct rotations in outpatient care settings, hospital settings, and conduct laboratory and clinical research. Bay Pines VA Hospital.

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

Elderly Persons, General Public (75% of Floridians will suffer venous disease in their lifetimes including all target populations.)

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

Improve physical health - Number of patients served by Venous & Lymphatic Medicine residents and fellows. Improve quality of education Currently, no Venous & Lymphatic Medicine GME training programs exist in Florida. This initiative will remedy the current lack of direct medical education and training in Venous & Lymphatic Medicine.

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?

TransAmerican Sclerotherapy Institute, Inc. will be collaborating with the University of South Florida Morsani College of Medicine to ensure funds are used exclusively to train Venous & Lymphatic Medicine residents and fellows. Standard Contract Penalties apply.

Requester Contact Information					
a. First Name	Vineet	Last Name	Mishra		
b. Organization	TransAmerican Sclerothe	rapy Institute	, Inc. (TSI)		
c. E-mail Address	vineet.mishra1@gmail.co	m			
d. Phone Number	(615)305-0658	Ext.			
Recipient Contact Information					
a. Organization	TransAmerican Sclerotherapy Institute, Inc.				
b. Municipality and County Hillsborough					
c. Organization Type					
□For Profit Entity					
☑Non Profit 501(c)(3)					
□Non Profit 501(c)(4)					
□Local Entity					



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□University or College					
□Other (please specify)					
d. First Name	Vineet	Last Name	Mishra		
e. E-mail Address	vineet.mishra1@gmail.co	m			
f. Phone Number	(615)305-0658				
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d. Phone Number					