The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1255

1. Project Title Maternal Fetal Medicine

2. Senate Sponsor Joe Gruters

3. Date of Request 11/21/2025

4. Project/Program Description

Program will focus on addressing the persistent disparities in maternal health outcomes, particularly among uninsured women with chronic conditions such as diabetes, hypertension, and obesity. In Manatee County, where 18% of adults are uninsured, pregnant individuals with high-risk medical profiles often lack access to the specialized care required to manage their pregnancies safely. These gaps contribute to elevated rates of preterm birth, low birth weight, and maternal morbidity, disproportionately affecting communities of color and those living in poverty.

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	300,000
Fixed Capital Outlay	0
Total State Funds Requested	**300,000**

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	456,422	60%
Total Project Costs for Fiscal Year 2026-2027	**756,422**	**100%**

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
>5 years	0	700,000		No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 300,000

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

Insurance and Medicaid funding is currently being used however, the revenue is not sufficient to support the services.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

○ Planning ○ Design ○ Construction ◉ N/A

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Support the services of the perinatologist and ultrasound technician	300,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**300,000**

13. Program Performance

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

This project will support perinatology services in Manatee County, designed to provide care for uninsured pregnant individuals experiencing high-risk pregnancies. The initiative will address critical gaps in access to specialized care is accessible and integrated with existing OB services provided at MCR Health. Services will focus on on high-risk pregnancies due to chronic conditions such as diabetes, hypertension and racial and ethnic minorities disproportionately at risk.

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

Improved delivery outcomes will result from the expansion of services and availability. The obstetrician will refer woman who present as high risk to the perinatologist. The perinatologist will identify and treat conditions which result in fetal infant deaths, negative birth outcomes such as low birth weight, the incident of neonatal abstinence syndrome and chronic diseases.

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

Direct services will include comprehensive Maternal Fetal Medicine exam and treatment by a perinatologist for patients referred by MCR Health obstetrical providers. Other services will include ultrasound technician who will perform the ultrasound that is provided to the perinatologist to identify any issues that present which place the child at risk.

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

Services will focus on on high-risk pregnancies due to chronic conditions such as diabetes, hypertension and racial and ethnic minorities disproportionately at risk.

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

The cost effectiveness and overall goals of the project will be measured by the outcomes data within the target population. Through analysis of the outcomes data, an improved health status will be realized with the perinatologist involvement in the care of the woman and fetus through better-management of the pregnancy. The data collected will be entered into the computer system. Reports are generated monthly to address the progress made on the outcome measures.

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 in the contract?

MCR will provide patient satisfaction results quarterly. Failure will result in a 1% reduction in payment for the quarter where the results were not submitted.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name	Melvin	**Last Name**	Price
b. Organization	MCR Health, Inc.		
c. E-mail Address	mprice@mcr.health		
d. Phone Number	(941)776-4000	**Ext.**	

18. Recipient Contact Information

a. Organization	MCR Health, Inc.		
b. Municipality and County	Manatee		

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	Linda	**Last Name**	Snyder
e. E-mail Address	lsnyder@mcr.health		
f. Phone Number	(941)794-7975	**Ext.**	

19. Lobbyist Contact Information

a. Name	Amy C. Bisceglia
b. Firm Name	Shumaker Advisors Florida, LLC

c. E-mail Address amybisceglia@icloud.com

d. Phone Number (813)361-4805

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.