

LFIR # 2317

Senate Sponsor	Kelli Stargel		
Date of Request	01/07/2020		
Project/Program	Description		
Appropriations Act, the	edical Center requests an amendment to at would authorize the Florida Departmer itional RPICC in Region 6 if Lakeland Re	nt of Health to enter into a	contract with Lakeland Regional Heal
		artment of Health	
State Agency con	tacted?  ○ Yes	I Voor 2020 2021	
Type of Fundin		Amount	1
Operations	5	000	
Fixed Capital Ou	 utlav	000	
Total State Fun	•	000	
otal Project Cos	et for Fiscal Year 2020-2021 (in	cluding matching fo	unds available for this proje
J 1			
Total State Fund	s Requested (from question #6)	00	100.0 %
Total State Fund	s Requested (from question #6)	00	100.0 %
		00	0 %
Matching Funds Federal			
Matching Funds Federal	5	00	0 % 0 % 0 %
Matching Funds Federal State (excluding	5	00	0 %
Matching Funds Federal State (excluding Local Other	5	00 00 00	0 % 0 % 0 %
Matching Funds Federal State (excluding Local Other Total Project Collas this project	the amount of this request)	00 00 00 00	0 % 0 % 0 % 0 % 100 %
Matching Funds Federal State (excluding Local Other Total Project Collas this project places, provide the	the amount of this request)  osts for Fiscal Year 2020-2021  oreviously received state fund most recent instance:  Amount	00 00 00 00 00 ing? Yes •	0 % 0 % 0 % 0 % 100 %
Matching Funds Federal State (excluding Local Other Total Project Collaboration of the project part of the	the amount of this request)  osts for Fiscal Year 2020-2021  oreviously received state fund most recent instance:  Amount	00 00 00 00 00 ing? Yes	0 % 0 % 0 % 0 % 100 %

If yes, indicate nonrecurring amount per year.



LFIR # 2317

#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/ Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
Operational Costs: Oth	er	
Salary and Benefits	n/a	0
Expense/Equipment/ Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
Fixed Capital Construc		
Construction/Renovation/ Land/Planning Engineering	n/a	0
Total State Funds Re	equested (must equal total from question #6)	00



LFIR # 2317

<ol> <li>Program Performane</li> </ol>	се
--	----

1.	Program Performance		
a.	What specific purpose or goal will be achieved by the funds requested?		
	Amendment of the current statue will permit Lakeland to become licensed as a Regional Perinatal Intensive Care Center. Today, the closest Florida Regional Perinatal Intensive Care Centers are located in Tampa and Orlando. Depending on a person's Polk County address, the driving time today to Tampa or Orlando is at least one hour on average.		
b.	What activities and services will be provided to meet the intended purpose of these funds?		
	Lakeland Regional Medical Center has performed a due diligence comparison of its OB/Gyn and Pediatric Programs to Florida Administrative Code Chapter 64C-6 and believes that today it meets all Florida Administrative Code standards related to Florida Regional Perinatal Intensive Care Center ("RPICC") licensure under the Florida Department of Health.		
C.	What direct services will be provided to citizens by the appropriation project?		
	Hospital and physician services to high acuity pregnant women and neonatal newborns. Today no hospital in Polk County is licensed as a RPICC.		
d.	Who is the target population served by this project? How many individuals are expected to be served?		
	Polk County. Today, Medicaid District 6 has over 29,000 live births.		
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?		
	A higher level of hospital and physician services to high acuity pregnant women and neonatal newborns, without having work and family life disrupted by having to travel to Tampa or Orlando. Today no hospital in Polk County is licensed as a RPICC.		
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?		
	n/a		



LFIR # 2317

Lr	RIMC operated the r	nospital, which is an asset of the City o	i Lakeland.	
	questor Contact			
a.	First Name	Michael	Last Name Spake	
b.	Organization	Lakeland Regional Health		
C.	E-mail Address	Michael.Spake@mylrg.org		
d.	Phone Number	(863)944-4996	Ext.	
Re	cipient Contact	Information		
a.	Organization	Lakeland Regional Health		
b.	Municipality and	County Polk		
C.	Organization Typ	pe		
	For-profit E	ntity		
	Non-Profit 8	501(c) (3)		
	O Non-Profit	501(c) (4)		
	Local Entity	,		
	O University of	or College		
	Other (plea	se specify)		
d.	First Name	Michael	Last Name Spake	
e.	E-mail Address	Michael.Spake@mylrh.org		
	Phone Number			
Lo	bbyist Contact I	nformation		
a.	Name	Brian Jogerst		
b.	Firm Name	BH and Associates		
		Brian@bhandassociates.com		