



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1873

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Florida and the U.S. continue to have higher maternal mortality rates than other developed countries and the mortality rates are increasing. Moreover, Florida's severe maternal morbidity or "near miss" rate is also high. Mortality reviews and research studies continue to identify Florida's quality of health care as one of the major contributors to these high rates. Providing the best health care quality at the hospital level begins with assuring that the health care services provided meet nationally recommended guidelines. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal and Fetal Medicine have published and successfully piloted such national guidelines: Level 1 (Low Risk) to Level 4 (High Risk Perinatal Center). ACOG has partnered with The Joint Commission to implement with onsite verification. Such guidelines assure that hospitals meet national standards in providing care tailored to a mother's medical risk and needs.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

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

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	300,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	800,000	451	No

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

No

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

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?

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	FPQC Executive Director--As the director, provides direction for project implementation, oversight of state contract, subcontract development and monitoring, program promotion, state partner coordination. (5% of time).	8,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	University Administrative or Indirect Costs (10%)	30,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	FPQC Assoc. Director for Program & Operation--Day-to-day responsibility for supervising project and staff, administrative responsibility, coordination FPQC activities and opportunities. (5% time) FPQC Senior Nurse Consultant--Coordinates hospital recruitment, application, process facilitation and consultation, process completion, coordination with subcontractor, and reporting. (30% time)	40,000
Expense/Equipment/Travel/Supplies/Other	Travel to state meetings, promotion opportunities and hospitals--\$4,000 Printing of hospital promotion materials--\$1,000	5,000
Consultants/Contracted Services/Study	Subcontract with The Joint Commission to pay first year fee and site visit costs for hospitals in the Level of Maternal Care hospital verification program.	217,000
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

14. Program Performance

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

To improve the quality of hospital care for pregnant women and delivery tailored to the medical risk of the mother and infant by assuring that Florida maternity hospitals can meet nationally recognized hospital quality standards in order to reduce maternal mortality and morbidity.

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

To incentivize Florida maternity hospitals to participate in The Joint Commission's Levels of Maternal Care Verification program by covering nearly half the hospital costs to participate. The program will promote the program to Florida maternity hospitals, state maternal and infant health organizations, provide a simple facilitated registration process, consult with and support participating hospitals, and cover program hospital costs.

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

Maternity care for Florida mothers by maternity hospitals meeting nationally recognized hospital standards.

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

All mothers' pregnancies and giving birth in Florida maternity hospitals. Funding is estimated to cover the costs of a third of Florida's 108 maternity hospitals.

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

Reduced maternal mortality (deaths) and morbidity (complications). The impact can be measured by the Florida Department of Health and their Maternal Mortality Review Committee and available state severe maternal morbidity rates.

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?

N/A

15. Requester Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

16. Recipient Contact Information

a. Organization
b. Municipality and County
c. Organization Type

☐ For Profit Entity

☐ Non Profit 501(c)(3)



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☐ 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number