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# The Florida Senate Local Funding Initiative Request **Fiscal Year 2023-2024**

LFIR # 3157

roject Title	USF College of Nursing Integrative Pain Management Continuing Education Program
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2. Senate Sponsor Darryl Rouson

3. Date of Request 03/13/2023

#### 4. Project/Program Description

USF College of Nursing Integrative Pain Management CE Online Program provides health care professionals with an opportunity to expand their knowledge regarding pain management through non-opioid integrative approaches. The program has been designed to improve access to care while addressing and reducing negative health outcomes for vulnerable populations in the United States. The Integrative Pain Management Continuing Education Online Program will be available to ER providers and primary care providers with the intent to increase their confidence and knowledge in preventing opiod use through alternative pain management strategies.

5. State Agency to receive requested funds

Department of Health

State Agency contacted? No

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	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	1,000,000	100%

#### 8. Has this project previously received state funding?

Ν	0	

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
s future funding likely to be requested?			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.

N/A

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



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Yes

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

USF has received institutional COVID-19 assistance funding from the federal government but the funds we received did not allow for the payment of the operational expenses of administering this program.

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

#### **11. Status of Construction**

a. What is the current phase of the project?

OPlanning ODesign OConstruction

- 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	Salary for nursing faculty and academic support	250,000	
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	Software and participant services	750,000	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 1,000,00		

#### 14. Program Performance

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



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The Integrative Pain Management Online Program (IPMP) is an online program for licensed healthcare providers that effectively utilizes evidence-based guidelines in understanding and treating acute and chronic pain. This course addresses concepts of pain beyond traditional views and modulation of nociceptive impulses. The program will assist providers and patients to access the full spectrum of pain treatment and avoid opioids when appropriate, increase public awareness of pain and patient knowledge of treatment options and risks. It will also assist with the development of a better-informed health care workforce with regard to pain.

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

The funds will expand this highly innovative program which consists of four courses for licensed health care providers. The curriculum in each course will address the pathophysiology of pain, strategies to handle the physiological and emotional aspects of pain without opioids, and prescriptive non-opioid approaches for chronic and acute pain management.

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

USF will deliver the IPMP program to enrolled licensed health care providers.

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

Licensed health care providers. Approximately 200 individuals will be able to enroll in the program.

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

To train approximately 200 licensed health care providers with the skills needed to address the pathophysiology of pain, strategies to handle the physiological and emotional aspects of pain without opioids, and prescriptive non-opioid approaches for chronic and acute pain management.

# 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?

Reductions in funding for unmet deliverables.

#### 15. Requester Contact Information

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a. First Name	Usha		Last Name	Menon	
b. Organization	University	of South Florida	a		
c. E-mail Address	umenon@	usf.edu			
d. Phone Number	(813)974-	7210	Ext.		
16. Recipient Contact	Informatio	n			
a. Organization	University	of South Florida	a		
b. Municipality and	b. Municipality and County Hillsborough				
c. Organization Type					
Ger Profit Entity					
□Non Profit 501(c	c)(3)				
□Non Profit 501(c	□Non Profit 501(c)(4)				
□Local Entity					



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Other (please specify)

d. First Name	Lauren	Last Name	Hartmann
e. E-mail Address	lhartmann@usf.edu		
f. Phone Number	(727)743-6228		

#### 17. Lobbyist Contact Information

a. Name	Lauren Thae Hartmann
b. Firm Name	
c. E-mail Address	Ihartmann@usf.edu
d. Phone Number	(727)743-6228