



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1383

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Doubling the beds for laboring moms in phase two: 12 new labor and delivery rooms (16 total through phase three). Creating an 8 bed triage/OB emergency room and a dedicated antepartum unit for our highest risk mothers, while providing state of the art operating suites for deliveries and complex cases. Building out capacity for a 14.5% increase in high-risk pregnancy volume over the next 10 years [projected: 28.5% in St. John's County, 18.7% in Middleburg, 35% in Fleming Island, and 40% in Mayport]. Demand for Obstetrical (OB) Services in Jacksonville has increased as other local hospitals have cut these programs [2023].

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	4,535,475
Total State Funds Requested	4,535,475

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,535,475	18%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	21,341,035	82%
Total Project Costs for Fiscal Year 2025-2026	25,876,510	100%

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year 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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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)?

Yes

c. What is the estimated start date of construction?

11/11/2024

d. What is the estimated completion date of construction?

08/01/2026

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

Baptist Medical Center Jacksonville operations and Baptist Health Foundation philanthropy. [Over 1.25M raised during the last 12-months for the expansion itself.] Phase two completion projected for September 2025; phase three completion projected for August 2026.

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.

Baptist Medical Center Jacksonville [Southern Baptist Hospital of Florida]. Jacksonville headquartered, locally governed, faith-based, mission driven, 501c3 not for profit health system.

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		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Direct costs of work: Existing conditions, concrete, metals, thermal and moisture protection, openings, equipment, fire suppression, plumbing, heating, ventilating, air conditioning, electrical, communications, contracting requirements, etc. E.g., Structural steel reinforcement, mechanical steel frames on roof, exterior and interior expansion joint repair, etc.	4,535,475
Total State Funds Requested (must equal total from question #6)		4,535,475

13. Program Performance

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



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Rising Demand: High-risk pregnancies in NEFL are projected to increase by 14.5% over the next decade, due to rapid population growth and advanced maternal age. Recent closures in Jax have compounded the issue. The requested funds will support the expansion of high-risk obstetric (OB) services at Baptist Medical Center Jacksonville. The primary goal is to increase access to specialized care for high-risk pregnancies by expanding labor and delivery capacity, establishing a dedicated antepartum unit, and enhancing OB emergency and triage services.

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

Expanded Labor and Delivery services for high-risk perinatal care, a dedicated antepartum unit, 8-bed triage/emergency room, offering 24/7 emergency care for pregnant women with urgent complications. Critical NICU Link: By connecting to Wolfson Children's Hospital's 87-bed neonatal intensive care unit [regions only Level IV NICU], we can better address prematurity. 34% of infant deaths are attributed to prematurity [delivery before 37 weeks].

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

High risk maternal care and the most acute neonatal care with the region's only Level IV neonatal intensive care unit [NICU] at Wolfson Children's Hospital. Twelve additional labor and delivery rooms designed to accommodate mothers with high-risk pregnancies. This unit is in close proximity to the operating room, if needed, and has a dedicated OB/GYN available 24/7.

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

High-risk pregnant women in Northeast Florida, particularly those with medical complications, advanced maternal age, poor physical health, or multiple gestations. Newborns requiring specialized neonatal care, particularly preterm infants or those with congenital anomalies. Underserved and at-risk populations in Duval County, where infant and maternal mortality rates exceed state averages. Women affected by recent hospital closures, which have reduced access to OB care in the region. | Greater than 800.

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

Quantitative increase in high-risk OB L&D access in northeast Florida next to region's only Level IV NICU. Fetal anomalies occur in 4.5 percent of all pregnancies. (Increased risk with advanced maternal age and fertility treatment.) Preterm birth rate is now 10.2% of all pregnancies. Note: 34% of infant deaths were attributed to prematurity (delivery before 37 weeks). Fetal growth restriction occurs in 10% of pregnancies (3% severe). Multiple gestation is now 4.3% climbing. Infant mortality in NEFL is 6.3 per 1,000 births (7.9 in Duval). Neonatal mortality, infant mortality, post neonatal mortality, and maternal mortality rates in Duval County are all higher than the rate of the State of Florida.

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?

Refund of state allocation.

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 infrastructure)

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



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- 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 **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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