

LFIR # 2080

1. Project Title Lee Health Data Center and Cybersecurity Enhancement Project

2. Senate Sponsor Jonathan Martin

3. Date of Request 2/24/2025

4. Project/Program Description

The project establishes a secure, state-of-the-art healthcare data center to strengthen Lee Health's cybersecurity and data resilience. It enhances threat detection, encryption, and access controls to safeguard patient information against cyber threats. By integrating advanced analytics, AI-driven monitoring, and compliance frameworks, the center ensures data integrity, supports telemedicine, and fortifies healthcare infrastructure against evolving cyber risks.

5. State Agency to receiv	e requested funds
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Department of Health

State Agency contacted? No

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

Type of Funding	Amount
Operating	5,500,000
Fixed Capital Outlay	0
Total State Funds Requested	5,500,000

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)	5,500,000	44%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	7,128,395	56%
Total Project Costs for Fiscal Year 2025-2026	12,628,395	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

No

No

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10. Status of Constr a. What is the cu		ne project?				
O Planning	🔵 Design	Construction	O N/A			
d. What is the es	imated start dat	i.e permitted)? e of construction? ion date of construc sed for ongoing ope		nd 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	Funds will be used to cover expenses and equipment for the data center and enhanced cybersecurity capabilities.	5,500,000		
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) 5,500,0			

13. Program Performance

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

The requested funds will enhance Lee Health's cybersecurity infrastructure by supporting the development of a secure data center. This will improve threat detection, data encryption, and access controls to protect patient information from cyber threats. Additionally, the funds will enable advanced AI-driven monitoring, compliance enhancements, and system redundancies, ensuring the resilience of critical healthcare operations and safeguarding sensitive health data.

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



The funds will support advanced cybersecurity measures, including AI-driven threat detection, real-time monitoring, and enhanced encryption protocols. Activities include implementing multi-factor authentication, network segmentation, and regular security audits. The project will also ensure regulatory compliance and enhance data recovery systems to protect patient information and maintain uninterrupted healthcare operations.

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

The project will enhance cybersecurity and data protection for Lee Health, ensuring the security of patient records and healthcare services. Citizens will benefit from improved protection against data breaches, secure access to telemedicine and digital health services, and uninterrupted healthcare operations. The project strengthens system reliability, safeguarding patient information while supporting innovative, technology-driven care delivery for the community.

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

The target population includes all patients, healthcare providers, and staff within Lee Health's network. This project will serve over 2.5 million patient contacts annually by ensuring secure, reliable, and efficient digital healthcare services. It will protect sensitive health data, enhance cybersecurity, and support uninterrupted care delivery for residents across Southwest Florida, including vulnerable populations relying on digital health and telemedicine services.

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

be measured?

The project will enhance cybersecurity, protect patient data, and ensure uninterrupted healthcare services. Expected outcomes include reduced cyber threats, improved data integrity, and increased system reliability. Success will be measured through cybersecurity incident reports, compliance audits, system uptime metrics, and response time to threats. Improved patient trust and secure access to digital health services will also indicate the project's effectiveness.

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?

Lee Health will work with FDOH to provide contractual safeguards for performance of the work outlined in this request.

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, 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	
103,	Applica	

□ 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	Nicholas	Last Name	Grant
b. Organization	Lee Health		
c. E-mail Address	nicholas.grant@leehealth	.org	
d. Phone Number	(239)343-6072	Ext.	

18. Recipient Contact Information

a. Organization	Lee Health System, Inc.		
b. Municipality and	d County	Lee	

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	Ben	Last Name	Spence
e. E-mail Address	ben.spence@leehealth.or	g	
f. Phone Number	(239)343-6014	Ext.	

19. Lobbyist Contact Information

Nicholas Grant

a. Name

b. Firm Name



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c. E-mail Address	Nicholas.Grant@LeeHealth.org	
d. Phone Number	(941)661-7945	

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