Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Biotica Pharmaceuticals Designing And Testing Non-Addictive Pain Medicine To Combat The Opioid Crisis In Florida
- 2. Date of Submission: <u>11/14/2017</u>
- 3. House Member Sponsor: <u>Chris Latvala</u> Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> *If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E*
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)		Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)			
Column:	А	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					975,000	975,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Withhold funding to the contracted members.

6. Requester:

- a. Name: Paul Richard Carney, MD
- b. Organization: Biotica Pharmceuticals, Inc
- c. Email: <u>Paul.carney1@gmail.com</u>
- d. Phone #: (352)262-6509
- 7. Contact for questions about specific technical or financial details about the project:
 - a. Name: Paul Richard Carney, MD
 - b. Organization: Biotica Pharmceuticals, Inc
 - c. Email: Paul.carney1@gmail.com
 - d. Phone #: <u>(352)262-6509</u>
- 8. Is there a registered lobbyist working to secure funding for this project?
 - a. Name: <u>Paul Wharton</u>
 - b. Firm: Paul Wharton Consulting
 - c. Email: drpaulwharton@gmail.com
 - d. Phone #: (904)563-0627
- 9. Organization or Name of entity receiving funds:
 - a. Name: Biotica Pharmaceuticals, Inc.
 - b. County (County where funds are to be expended): Pinellas
 - c. Service Area (Counties being served by the service(s) provided with funding): Statewide
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government
 - O University or College
 - O Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The focus of these funds will be to research a non-euphoric cannabis compound currently under development by Biotica Pharmaceuticals (Saint Petersburg, Florida - BPRxTM-060312) to be used as an alternative to opioid prescription pain medication for short term and chronic pain management associated with cancer, Crohn's disease, chronic muscle spasms, multiple sclerosis, chronic nonalignment pain, Parkinson's Disease, or any other ailment/condition of the same severity/symptoms. Our main aims wil

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
☑a. Executive Director/Project Head Salary and Benefits	Paul R. Carney, M.D. (Project Head)	150,000
☑b. Other Salary and Benefits	Biotica Administration and Consultation	100,000
☑c. Expense/Equipment/Travel/Supplies/Other	Travel	5,000
☑d. Consultants/Contracted Services/Study	Christopher L. Anderson, Ph.D. ? clinical services consultation	25,000
Operational Costs:		
☑e. Salaries and Benefits	Study Coordinator, Nursing Staff, Lab Technician	225,000
☑f. Expenses/Equipment/Travel/Supplies/Other	Lab/Clinic space, Clinical Assessments, Patient travel reimbursements, medical supplies, drug stocking and storage.	350,000

In Image And Im	Paul R. Carney, M.D. ? medical oversight; Christopher L. Anderson, Ph.D. ? regulatory oversight, study coordination, data analysis, James Geyer, M.D. ? medical consultation	120,000
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		975,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

<u>N/A</u>

- 14. Is the project request an information technology project? <u>No</u>
- 15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>Yes</u>
 - 16a. Please Describe:

Pharmacol Biochem Behav. Author manuscript; available in PMC 2014 March 19. NIH Public Access

- 17. Will the requested funds be used directly for services to citizens? <u>Yes</u>
 - 17a. What are the activities and services that will be provided to meet the purpose of the funds? Known compounds allowed by Florida Law will be biopharmaceutically characterized in a laboratory
 - 17b. Describe the direct services to be provided to the citizens by the funding requested.

Citizens will be provided non-addictive and safe pain management options to alleviate and ideally remove

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). Select all that apply to the target population:

Elderly persons

□Persons with poor mental health

□Persons with poor physical health

□Jobless persons

Economically disadvantaged persons

□At-risk youth

□Homeless

☑ Developmentally disabled

☑ Physically disabled

☑Drug users (in health services)

□Preschool students

- □Grade school students
- □High school students
- ☑University/college students
- Currently or formerly incarcerated persons
- ☑ Drug offenders (in criminal Justice)
- □Victims of crime
- General (The majority of the funds will benefit no specific group)
- □Other (Please describe)
- 17d. How many in the target population are expected to be served?

O< 25 © 25-50 O51-100 O101-200 O201-400 O401-800 O>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit	Describe the method for measuring level	

	or outcome	of benefit
Improve physical health	The project aims to relieve participants of the trials from their acute and chronic pain while reducing their dependency/need for addictive opioids.	Clinical Pain Assessments will be completed on all participants to record pain and manage it over the course of the year long trial.
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
☑Create specific immediate job opportunities	New jobs will be created and needed for running all trials and lab work.	New job opportunities will be created within the project.
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
Divert from Criminal/Juvenile justice system		

□Improve wastewater management	
□Improve stormwater management	
□Improve groundwater quality	
□Improve drinking water quality	
□Improve surface water quality	
□Other (Please describe):	

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	975,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	975,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

<u>No</u>