

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Mass Casualty Incidents and Disease Outbreak Emergencies Hospital and Trauma Center Relief Fund

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Rene Plasencia

Members Copied: Joseph Abruzzo

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					7,676,000	7,676,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Agency for Health Care Administration

6. Requester:

- a. Name: Linda Kennedy
- b. Organization: Safety Net Hospital Alliance Of Florida
- c. Email: lindy@snhaf.net
- d. Phone #: (850)201-2096

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Linda Kennedy
- b. Organization: Safety Net Hospital Alliance Of Florida
- c. Email: Lindy@snhaf.net
- d. Phone #: (850)201-2096

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Linda Kennedy
- b. Firm: Safety Net Hospital Alliance Of Florida
- c. Email: lindy@snhaf.net
- d. Phone #: (850)201-2096

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Verified TC or ED w/GME & Provided MCI Victims Care
- b. County (County where funds are to be expended): Statewide
- 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
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

University or College

Other (Please describe) Verified TC or ED w/Accredited GME Prog & Provided MCI/DO victims care.

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

Trauma centers have an integral role in MCIs and disease outbreaks(DO) with their 24/7 readiness to treat severely injured patients as witnessed during the nation's worst mass shooting at the Pulse nightclub in Orlando, at the Ft Lauderdale Airport, and In FT Myers. This funding request is to provide funding for verified TC & ED's w/ GME prog accredit by ACGME or OPTI who provided MCI & DO victims care through a grant program with criteria defined in proviso.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Yes	1,919,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Yes (No Travel expenses to be included)	3,838,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Yes (Contracted services limited to the contracted services of physicians required by FL trauma standards as defined in DOH pamphlet 150-9)	959,500
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Yes (excluding land)	959,500
TOTAL		7,676,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe): AC Hospital w/TC or ED w/GME prog & provided care to MCI/DO victims.

14. Is the project request an information technology project?

No

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?

Yes

15a. Please Describe:

Overwhelming support in communities where trauma centers responded to mass casualty incidents - in particular in Orlando when Orlando Health's Level I trauma center so effectively managed the Pulse mass casualty incident. The Orlando Sentinel names the ORMC trauma team at its 2016 Central Floridian of the Year, and there are numerous newspaper articles, letters and community demonstrations of support.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): MCI or DO victims treated at verified TC or ED w/accredited GME program.

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Study of the physical outcomes of the victims, based upon the type of injuries sustained, of a mass casualty incident over a ten-year period.	Funding for such a study has not been requested therefore, subject matter experts have not been engaged to develop a methodology to measure improvements in physical

		health.
<input checked="" type="checkbox"/> Improve mental health	Study of mental health status of victims of mass casualty event over a seven to ten-year period (listed below are examples of elements, however, the list would not be limited to these examples - study of mass casualty incident victim depression, suicide rates, and social re-integration compared to similar population not involved in MCI event with mitigating factors to include previous mental health status)	Funding for such a study has not been requested therefore, subject matter experts have not been engaged to develop a methodology to measure improvements in mental health.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Medical education peer-reviewed research demonstrates that increased case load volume improves graduate medical education studies proficiency therefore, resulting in improved quality of education and patient outcome.	Funding for such a study has not been requested therefore, subject matter experts have not been engaged to develop a methodology however, the improvement is supported by national standards and numerous peer-reviewed research articles.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Overall health system responsiveness to event.	methodology would be measure of response time by pre-hospital response team from time incident identified to scene; triage and transport by EMS from scene to closest appropriate facility; and post

		event evaluation report identifying opportunities for improvement inclusive of communication and coordination between all participants.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	However, the outstanding performance in responding to mass casualty shooting events of Orlando Health Level I trauma center, Lee Memorial Level II, and Broward Health Level I trauma centers communicated to the world FL is prepared and effective at managing mass casualty events ensuring tourist and businesses looking to relocate to Florida view the state as prepared and safe.	Funding for such a study has not been requested therefore, subject matter experts have not been engaged to develop a methodology however, when mass casualty incidents or diseases outbreak treatments in other countries or states have not been managed as effectively a the most recent events in Florida tourism and business relocation has declined.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Numerous studies have concluded severely injured patients treated at a high-volume trauma center have a higher survival rate, lower long-term disability rate and improved quality of life than those treated at acute care hospitals therefore, the individual's economic self-sufficiency would be enhanced.	Funding for such a study has not been requested therefore, subject matter experts have not been engaged to develop a methodology however peer-reviewed research (not Florida specific) has repetitively concluded survival rates and quality of life is enhanced when severely injured patients receive care at a high-volume trauma center.
<input type="checkbox"/> Reduce recidivism		

<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	7,676,000	38.4%	N/A
2. Federal:	12,324,000	61.6%	Yes
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	20,000,000	100%	

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

No