

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Restore Shands \$1 million recurring
2. Date of Submission: 01/05/2016
3. House Member Sponsor(s): W. Perry

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. 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 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
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)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	8,673,569	1,000,000	9,673,569	8,673,569	1,000,000	0	1,000,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Monica Rodriguez
- b. Organization: Shands
- c. Email: Monica@ballardfl.com
- d. Phone #: (850)766-6287

6. Organization or Name of Entity Receiving Funds:

- a. Name: Shands
- b. County (County where funds are to be expended) Alachua
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide, Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Saint Johns, Saint Lucie, Santa Rosa, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Shands appropriation was \$9,673,569 for decades. In 2014, separate proviso that directed Shands to send \$1 million to Winter Haven Hospital was passed by the legislature. Governor Scott vetoed this proviso, which reduced the appropriation to Shands by \$1 million. Last year, the legislature reinstated the \$1 million but as non-recurring money. Shands is the second largest provider of Medicaid and charity care in Florida. These state funds are spent providing high level tertiary patient care to over 17,800 Medicaid and uninsured inpatients plus 102,600 Medicaid and uninsured outpatients who reside in all 67 counties. In 2011, Shands provided over \$53 Million in charity care to patients from all 67 counties. Shands is frequently the only provider of complex multi-specialty care for Florida's uninsured and Medicaid patients outside of Dade County; the only Level One Trauma Center north of I-4, except for Jacksonville; and the only Level III Neonatal Intensive Care Unit and Intensive Care Burn Unit north of I-4. Shands has many of the world's best specialists and maintains cutting edge technology to continue to attract the best. Unlike other large Medicaid and charity providers, Shands has no local tax support to help with the high cost of providing tertiary medical services to the uninsured and Medicaid patients. Over 75% of physicians working in Florida have done their residency training at either Shands or Jackson Memorial. The \$1 Million reduction is tied to a federal match amount of \$1.47 million and puts a total of approximately \$2.47 million at risk. These funds are essential for Shands to continue its mission of treating the sickest patients in Florida who have nowhere else to go for specialized care.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 1,470,000

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes