

# 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: UHMS Accredited Emergency Hyperbaric Center
2. Date of Submission: 01/23/2016
3. House Member Sponsor(s): Mike Miller

## 4. DETAILS OF AMOUNT REQUESTED:

- a. 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*
- 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? 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 )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					0	1,000,000	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: David Christian
- b. Organization: Florida Hospital
- c. Email: David.Christian@flhosp.org
- d. Phone #: (850)294-0704

6. Organization or Name of Entity Receiving Funds:

- a. Name: Nationally Accredited Emergency Hyperbaric Chamber
- b. County (County where funds are to be expended) Orange
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

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.)

Central Florida has a Hyperbaric Medicine and Wound Management Center. This is one of only three emergency hyperbaric chambers in Florida that offer staff that is on call at all times; all other hyperbaric centers only offer non-emergency care on an outpatient basis. There are no emergency hyperbaric centers north of Central Florida. Central Florida's program is the only emergency center in Florida that is accredited by the Undersea and Hyperbaric Medical Society (UHMS).

It is used to treat decompression sickness, carbon monoxide poisoning, tissue injury arising from radiation therapy for cancer, and wounds that are difficult to heal. Scuba divers involved in accidents often need emergency treatment, as well as patients suffering from carbon monoxide poisoning.

The Central Florida facility treated 392 patients in 2015, including 41 emergencies. 32% of the emergent patients traveled over 50 miles for treatment, while 21% of the emergent patients traveled over 100 miles for treatment.

Keeping this facility staffed at all times is costly, but provides an important public service. The funds will be used for physician on call pay, which costs \$125,000 per year for the medical director and call physician; pay supplements for wound care patient supervision; and repairs and refurbishment of equipment.

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

Federal: 0

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?

No