

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Rules

BILL: CS/HB 1175

INTRODUCER: Health Professions & Programs Subcommittee and Representative Redondo

SUBJECT: Safety Design Standards for Office Surgery Suites

DATE: March 2, 2026

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Shuler	Kruse	RC	Favorable

I. Summary:

By January 1, 2027, the bill directs the Florida Building Commission to amend the Florida Building Code and the State Fire Marshal to amend the Florida Fire Prevention Code to include safety design standards for office surgical suites so that physicians can provide services or treatment simultaneously for up to six patients who, due to treatment, anesthesia, or illness or injury, are unable to take action for self-preservation during an emergency without the assistance of others.

The safety design standards must be an alternative to the safety design standards for ambulatory health care occupancies that are already found in the codes, which currently apply to office surgical suites that treat four or more immobile patients. The bill defines “office surgery suite” as that portion of a physician’s office where surgery is performed.

The bill takes effect on July 1, 2026.

II. Present Situation:

Florida Building Code

In 1974, Florida adopted legislation requiring all local governments to adopt and enforce a minimum building code that would ensure that Florida’s minimum standards were met. Local governments could choose from four separate model codes. The state’s role was limited to adopting all or relevant parts of new editions of the four model codes. Local governments could amend and enforce their local codes, as they desired.¹

In 1992, Hurricane Andrew demonstrated that Florida’s system of local codes did not work. Hurricane Andrew easily destroyed those structures that were allegedly built according to the strongest code. The Governor eventually appointed a study commission to review the system of

¹ FLA. DEPT. OF CMTY AFFAIRS, THE FLORIDA BUILDING COMMISSION REPORT TO THE 2006 LEGISLATURE 4 (Jan 2006), http://www.floridabuilding.org/fbc/publications/2006_Legislature_Rpt_rev2.pdf (last visited Feb. 27, 2026).

local codes and make recommendations for modernizing the system. The 1998 Legislature adopted the study commission’s recommendations for a single state building code and enhanced the oversight role of the state over local code enforcement. The 2000 Legislature authorized implementation of the Florida Building Code (Building Code), and that first edition replaced all local codes on March 1, 2002.² The current edition of the Building Code is the eighth edition, which is referred to as the 2023 Florida Building Code.³

Part IV of chapter 553, F.S., is known as the “Florida Building Codes Act” (Act). The purpose and intent of the Act is to provide a mechanism for the uniform adoption, updating, amendment, interpretation, and enforcement of a single, unified state building code. The Building Code must be applied, administered, and enforced uniformly and consistently from jurisdiction to jurisdiction.⁴

The Florida Building Commission (Commission) was created to implement the Building Code. The Commission, which is housed within the Department of Business and Professional Regulation (DBPR), is a 19-member technical body made up of design professionals, contractors, and government experts in various disciplines covered by the Building Code.⁵ The Commission reviews several International Codes published by the International Code Council,⁶ the National Electric Code, and other nationally adopted model codes to determine if the Building Code needs to be updated and adopts an updated Building Code every 3 years.⁷

Florida Fire Prevention Code

Chapter 633, F.S., Florida’s fire prevention and control law, designates the state’s Chief Financial Officer as the State Fire Marshal. The State Fire Marshal, through the Division of State Fire Marshal within the Department of Financial Services, is charged with enforcing the provisions of ch. 633, F.S., and all other applicable laws relating to firesafety.⁸ Local fire officials are authorized to enforce ch. 633, F.S. and all rules prescribed by the State Fire Marshal within their respective jurisdictions.⁹

The State Fire Marshal also adopts by rule the Florida Fire Prevention Code (Fire Code), which contains all firesafety laws and rules that pertain to the design, construction, erection, alteration, modification, repair, and demolition of public and private buildings, structures, and facilities.¹⁰

² *Id.*

³ FLA. DEPT. OF BUS. & PRO. REGUL., *Florida Building Codes*, https://floridabuilding.org/bc/bc_default.aspx (last visited Jan. 14, 2026).

⁴ Section 553.72(1), F.S.

⁵ Sections 553.73 and 553.74, F.S.

⁶ The International Code Council (ICC) is an association that develops model codes and standards used in the design, building, and compliance process to construct safe, sustainable, affordable and resilient structures. INT’L CODE COUNCIL, *Who We Are*, <https://www.iccsafe.org/about/who-we-are/> (last visited Feb. 27, 2026).

⁷ Section 553.73(7)(a), F.S.

⁸ Section 633.104, F.S.

⁹ Section 633.118, F.S.

¹⁰ Section 633.202, F.S.

The State Fire Marshal must adopt a new edition of the Fire Code every 3 years.¹¹ The current edition of the Fire Code is the eighth edition.¹²

The Fire Code is an occupancy-based code, meaning the classification of occupancy drives the requirements for different fire and life safety features.¹³ The requirements reflect the expected characteristics of the anticipated occupants of each space, including capability of self-preservation, familiarity with the space, age, and alertness.¹⁴ Improperly classifying a building or space risks over- or under-applying necessary code requirements, resulting in buildings lacking fire and life safety features, or containing additional fire and life safety features that are not required by the Fire Code.¹⁵ Three occupancy classifications exist in the Fire Code that could apply to medical facilities: business occupancies, ambulatory health care occupancies, and health care occupancies.

The Fire Code defines a business occupancy as “an occupancy used for the transaction of business other than mercantile”.¹⁶ This occupancy type includes doctor’s offices.

Ambulatory health care occupancy is defined as an occupancy “used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following:

1. Treatment for patients that renders the patient incapable of taking action for self-preservation under emergency conditions without the assistance of others;
2. Anesthesia that renders the patient incapable of taking action for self-preservation under emergency conditions without the assistance of others
3. Treatment for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.”¹⁷

Health care occupancy is defined as an occupancy “used to provide medical or other treatment or care simultaneously to four or more patients on an inpatient basis, where such patients are mostly incapable of self-preservation due to age, physical or mental disability, or because of security measures not under the occupants’ control.”¹⁸

¹¹ Section 633.202(1), F.S.

¹² FLA. DEPT. OF FIN. SERVICES, *Florida Fire Prevention Code (FFPC)*, <https://www.myfloridacfo.com/division/sfm/bfp/florida-fire-prevention-code> (last visited Feb. 27, 2026).

¹³ NAT’L FIRE PROT. ASS’N, *Occupancy Classifications in Codes*, May 7, 2021, <https://www.nfpa.org/news-blogs-and-articles/blogs/2021/05/07/occupancy-classifications-and-model-codes> (last visited Feb. 27, 2026).

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Florida Fire Prevention Code, 8th Edition: Life Safety Code*, s. 3.3.198.3 (2023), available at <https://link.nfpa.org/free-access/publications/1and101/2023Florida> (last visited Feb. 27, 2026).

¹⁷ *Id.* at s. 3.3.198.1.

¹⁸ *Id.* at s. 3.3.198.7.

Ambulatory Surgical Centers vs. Office-Based Surgeries

The Building Code regulates ambulatory surgery centers (ASCs) and office surgery suites separately,¹⁹ and the Fire Code regulates health care occupancies, ambulatory care occupancies, and business occupancies separately.²⁰ Certain office surgery suites are required to meet the standards under the code for ambulatory surgical centers.

Outpatient surgery can occur in two primary settings: office-based surgeries (OBS) and ASCs.²¹ OBS utilizes a dedicated suite within a doctor's office, offering a familiar patient environment.²² ASCs, on the other hand, are freestanding facilities specifically designed for outpatient procedures.²³ An ASC is a facility that is not part of a hospital the primary purpose of which is to provide elective surgical care, in which the patient is admitted and discharged within 24 hours.²⁴ ASCs are licensed and regulated by the Agency for Health Care Administration under the same regulatory framework as hospitals.²⁵

OBS offers procedures not in a hospital environment but within a dedicated suite in a doctor's office that is designed to meet surgical needs, and equipped with essential tools.²⁶ Surgery in an OBS is suitable for a range of less complex procedures, for example, mole removal, skin biopsies and some cosmetic procedures, like liposuction or, in some instances, cataract surgery, can be safely conducted within an OBS suite.²⁷ OBS provides a convenient and efficient option for various surgical needs, that may allow a patient to return home the same day.²⁸

Office Surgeries, the Building Code, and Emergency Rules

The Board of Medicine and the Board of Osteopathic Medicine have authority to adopt rules to regulate the practice of medicine and osteopathic medicine, respectively.²⁹ The boards have authority to establish, by rule, standards of practice and standards of care for particular settings.³⁰ However, requirements related to occupancies and building standards are set in the Building Code and Fire Code.

If an office surgery suite provides services or treatment to four or more patients at the same time that either renders the patients incapable of taking action for self-preservation under emergency

¹⁹ 2023 Florida Building Code: Building, 8th Edition, ss. 451 and 469 (2023), available at https://codes.iccsafe.org/content/FLBC2023P2/chapter-4-special-detailed-requirements-based-on-occupancy-and-use#FLBC2023P2_Ch04 (last visited Feb. 27 2026).

²⁰ Florida Fire Prevention Code, 8th Edition: Life Safety Code, chs. 18, 19, 20, 21, 37 and 38 (2023), <https://link.nfpa.org/free-access/publications/1and101/2023Florida> (last visited Feb. 27, 2026).

²¹ Ambula Health, *Office based surgery vs Ambulatory surgical center*, <https://www.ambula.io/office-based-surgery-vs-ambulatory-surgical-center/> (last visited Feb. 27, 2026).

²² *Id.*

²³ *Id.*

²⁴ Section 395.002(3), F.S.

²⁵ See part I, ch. 395, F.S., and part II, ch. 408, F.S.

²⁶ Ambula Health, *supra* note 21.

²⁷ *Id.*

²⁸ *Id.*

²⁹ Chapter 458, F.S., regulates the practice of allopathic medicine and ch. 459, F.S., regulates the practice of osteopathic medicine.

³⁰ Sections 458.331(v), and 459.015(z), F.S.

conditions without the assistance from others or that requires general anesthesia must meet the requirements of ambulatory health care occupancies under the Building Code and Fire Code.³¹ The Building Code defines “incapable of self-preservation” as persons who, because of age, physical limitations, mental limitations, chemical dependency or medical treatment, cannot respond as an individual to an emergency situation.³²

Under the Building Code, ASCs must meet strict requirements, including special design details from “The Guidelines for Design and Construction of Outpatient Facilities (The Guidelines).”³³ For example, the Building Code has the following requirements for operating rooms:

	Ambulatory Surgical Center	Office Surgery Suite
Operating Room Size	At least one operating room with a minimum clear floor area of 270 square feet (25.08 m ²) ³⁴	Minimum clear floor area depends on the level of care: 255 sq ft (Level II) 270 sq ft (Level III with anesthesia machine) 400 sq ft (complex) ³⁵
Emergency Electrical Systems	Type I emergency electrical system (similar to hospitals) ³⁶	Minimum Type III nonportable, permanently installed emergency electrical system, but new Level III suites should provide a Type I system. ³⁷
Medical Gas	Category 1 piped oxygen and vacuum systems are required in each operating room, if required by The Guidelines ³⁸	Level III system or a double yoke system, unless an anesthesia ventilator is used for the procedure. ³⁹

³¹ 2023 Florida Building Code: Building, 8th Edition, s. 469.3.1 (2023), available at https://codes.iccsafe.org/content/FLBC2023P2/chapter-4-special-detailed-requirements-based-on-occupancy-and-use#FLBC2023P2_Ch04_Sec469.3.1 (last visited Feb. 28, 2026).

³² *Id.* at s. 202.

³³ *See id.* at s. 451.2.2.

³⁴ *Id.* at s. 451.3.2.

³⁵ *Id.* at s. 469.4.3.2.

³⁶ *Id.* at s. 451.3.13.1 .

³⁷ *Id.* at s. 469.4.14.9.3.

³⁸ *Id.* at s. 451.3.15.

³⁹ *Id.* at s. 469.4.11.1.1.

The requirements under the Fire Code for ASCs are similarly more stringent than those for office surgery suites. Examples of differences between ASC requirements from the Fire Code compared to Office Surgery Suites:

	Ambulatory Surgical Center	Office Surgery Suite
Occupancy Classifications	“Ambulatory health care occupancy” since it is used to treat 4 or more patients on an outpatient basis ⁴⁰	“Business” occupancy (lower risk), unless it hits the 4-patient threshold, which upgrades it to “Ambulatory health care”. ⁴¹
Smoke Compartments	Required if the facility is large (usually over 10,000 sq ft, or 5,000 sq ft without sprinklers) to allow for safe patient movement. ⁴²	Generally, not required for standard business occupancies. ⁴³
Sprinklers & Separation	Strict 1-hour fire resistance ratings, and if in an un-sprinklered building, they must be separated by specific fire barriers. ⁴⁴	Requires 1-hour fire separation, similar to business occupancies, but stricter if it is classified as ambulatory care due to the level of sedation/anesthesia used. ⁴⁵

Standard of Care Requirements and Recent Events Related to Office Surgeries

Prior to performing any office surgery, a physician must evaluate the risk of anesthesia and of the surgical procedure to be performed.⁴⁶ A physician must maintain a complete record of each surgical procedure, including the anesthesia record, if applicable, and written informed consent.⁴⁷ The written consent must reflect the patient’s knowledge of identified risks, consent to the procedure, type of anesthesia and anesthesia provider, and that a choice of anesthesia provider exists.⁴⁸ There are additional specific requirements for liposuction procedures.⁴⁹

Certain outpatient surgeries carry a higher risk of complications to patients. The rate of fatal complications from gluteal fat grafting is higher than any other cosmetic procedure.⁵⁰ South

⁴⁰ *Florida Fire Prevention Code, 8th Edition: Life Safety Code*, s. 3.3.198.1 (2023), available at <https://link.nfpa.org/free-access/publications/land101/2023Florida> (last visited Feb. 27, 2026).

⁴¹ *See id.*

⁴² *Id.* at 20.3.7.2.

⁴³ *Id.* at 38.3.7.

⁴⁴ *Id.* at 20.3.7

⁴⁵ *Id.*

⁴⁶ Fla. Admin. Code Rs. 64B8-9.009(2), and 64B15-14.007(2).

⁴⁷ Fla. Admin. Code Rs. 64B8-9.009(2), and 64B15-14.007(2).

⁴⁸ Fla. Admin. Code Rs. 64B8-9.009(2), and 64B15-14.007(2).

⁴⁹ Fla. Admin. Code Rs. 64B8-9.009(2), and 64B15-14.007(2).

⁵⁰ Pat Pazmiño & Onelio Garcia, *Brazilian Butt Lift—Associated Mortality: The South Florida Experience*, 43 AESTHETIC SURGERY JOURNAL 2, 162, (2023) available at <https://doi.org/10.1093/asj/sjac224> (last visited Feb. 28, 2026). Gluteal fat grafting, commonly known as a “Brazilian butt lift” or BBL, is the fastest-growing plastic surgery procedure in the U.S. *Id.* The procedure involves liposuction in areas where fat removal will improve the contour of the body. Stanford Medicine, *Buttock Augmentation*, <https://med.stanford.edu/cosmeticsurgery/aestheticservices/body/buttock-augmentation.html> (last visited Feb. 28, 2026). Typically, fat is harvested from two or more regions which may include the flanks (love handles), abdomen, or back. *Id.* The harvested fat is purified to optimize the viability of fat cells and stem cells before it is injected into the subcutaneous layer (below the skin, but above the muscle) of the buttocks. *Id.*

Florida carries the highest mortality rate by far in the nation with 25 deaths occurring between 2010 and 2022 related to gluteal fat grafting procedures.⁵¹ According to a study on the deaths that occurred in South Florida, the surgical setting and the short surgical times for these cases were the most significant contributing factors to the deaths.⁵² Of the 25 deaths, 23 of the surgeries were performed at high-volume, low budget clinics.⁵³ These clinics employ a practice model based on high-volume and minimal-patient-interaction.⁵⁴ All of the deaths resulted from pulmonary fat embolism, which occurs when a vein wall is injured during the injection process allowing fat to enter the pulmonary vessels.⁵⁵

Because of these risks, Florida law has established specific standards and best practices for such office surgeries. For example, in 2022, the Florida Board of Medicine Board adopted an emergency rule based on statistics that indicated gluteal fat grafting patients were experiencing abnormally high levels of complications and that fatalities from fat embolisms were occurring with disturbing frequency.⁵⁶ Among the requirements that were passed was the limitation on gluteal fat grafting procedures to three per day.⁵⁷ A number of medical societies and associations supported these rules, including the American Society of Plastic Surgeons who called such measures “patient safety measures” they believed were likely to “save lives and reduce morbidity.”⁵⁸

Based on these same concerns, Florida passed a bill in 2024 that increased regulation and fines on physicians who perform office surgeries that do not follow proper procedures related to liposuction and gluteal fat grafting.⁵⁹ The law now requires physicians to register with the Department of Health (DOH) any offices that perform liposuction procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, temporarily or permanently.⁶⁰ Each office registered must designate a physician who is responsible for the office’s compliance with the office health and safety requirements.⁶¹ The offices are inspected by the DOH at least annually, including a review of patient records, to ensure that the office is in compliance.⁶²

An office in which a physician performs gluteal fat grafting procedures must at all times maintain a ratio of one physician to one patient during all phases of the procedure, beginning with the administration of anesthesia to the patient and concluding with the extubation of the patient.⁶³ After a physician has commenced, and while he or she is engaged in, a gluteal fat

⁵¹ *Id.* at 169.

⁵² *Id.* at 171.

⁵³ *Id.*

⁵⁴ *Id.* at 174.

⁵⁵ *Id.* at 171.

⁵⁶ See FLA. DEPT. OF HEALTH, Notice of Emergency Rule 64B8ER22-3, Jun. 15, 2022, available at <https://flboardofmedicine.gov/pdfs/64B8ER22-3-emergency-rule.pdf> (last visited Feb. 28, 2026).

⁵⁷ *Id.*

⁵⁸ AMERICAN SOCIETY OF PLASTIC SURGEONS, *Gluteal Fat Grafting: A joint safety statement*, Aug. 18, 2022, <https://www.plasticsurgery.org/for-medical-professionals/publications/psn-extra/news/gluteal-fat-grafting-a-joint-safety-statement> (last visited Feb. 28, 2026).

⁵⁹ CS/HB 1561 (2024).

⁶⁰ Sections 458.328(1) and 459.0138(1), F.S.

⁶¹ Sections 458.328(1)(b) and 459.0138(1)(b), F.S.

⁶² Sections 458.328(1)(e) and 459.0138(1)(e), F.S.

⁶³ Sections 458.328(2)(c)5. and 459.0138(2)(c)5., F.S.

grafting procedure, the physician may not commence or engage in another gluteal fat grafting procedure or any other procedure with another patient at the same time.⁶⁴

III. Effect of Proposed Changes:

By January 1, 2027, the bill directs the Florida Building Commission to amend the Florida Building Code and the State Fire Marshal to amend the Florida Fire Prevention Code to include safety design standards for office surgical suites so that physicians can treat or provide certain services for up to six patients on an outpatient basis.

Specifically, the services allowed under the bill for up to six patients in office surgery suites are treatment or anesthesia that renders a patient incapable of taking action for self-preservation under emergency conditions without the assistance of others and treatment for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.

Currently, an office surgery suite will fall under the definition of a “business” occupancy under the Fire Code and its accompanying less stringent structural and design requirements, unless the office surgery suite is used to treat four or more patients. Once the office surgery suite meets the four-patient threshold, it meets the definition for “ambulatory health care” under the Fire Code and must meet the strict design requirements for that facility type. The bill will revise this threshold and allow treatment for up to six patients before an office surgery suite will have to meet the strict ambulatory health care requirements.

Under the bill, the safety design standards must be an alternative to the safety design standards for ambulatory health care occupancies that are already found in the codes. The bill defines “office surgery suite” as that portion of a physician’s office where surgery is performed.

The bill takes effect on July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Not applicable. The bill does not require counties or municipalities to take action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

⁶⁴ Sections 458.328(2)(c)5. and 459.0138(2)(c)5., F.S.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 553.884 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.