

# FLORIDA HOUSE OF REPRESENTATIVES

## BILL ANALYSIS

*This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.*

**BILL #:** [HB 1175](#)

**TITLE:** Safety Design Standards for Office Surgery Suites

**SPONSOR(S):** Redondo

**COMPANION BILL:** [SB 1526](#) (Rodriguez)

**LINKED BILLS:** None

**RELATED BILLS:** None

### Committee References

[Industries & Professional  
Activities](#)  
16 Y, 0 N



[Health Professions & Programs](#)



[Commerce](#)

## SUMMARY

### **Effect of the Bill:**

The bill directs the Florida Building Commission and the State Fire Marshal to create new design standards specific to office surgical suites to allow up to six patients on an outpatient basis, instead of the current limitation of four patients who, due to treatment, anesthesia, or illness or injury, are unable to take action for self-preservation during an emergency.

### **Fiscal or Economic Impact:**

The bill would have an indeterminate financial benefit for physicians who have office surgical suites. It could have an indeterminate negative financial impact on patients and hospitals.

**JUMP TO**

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

## ANALYSIS

### **EFFECT OF THE BILL:**

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 amendments are to be completed by October 1, 2026. (Section [1](#))

The safety design standards are to be in addition to those for [ambulatory health care occupancies](#) that are already found in the codes, which currently limit such office surgical suites to treating no more than four immobile patients. The bill defines "[office surgery suite](#)" as that portion of a physician's office where surgery is performed. (Section [1](#))

The bill sets an effective date of July 1, 2026. (Section [2](#))

### **FISCAL OR ECONOMIC IMPACT:**

#### **PRIVATE SECTOR:**

Indeterminate. The bill expands the number of patients, from four to six, that physicians that operate in an office surgery suite can provide simultaneous services or treatment to on an outpatient basis. This may have a positive fiscal impact on these businesses. However, the increases number of patients allowed in this setting may increase the risk associated with such surgery and, therefore, increase costs to patients, insurance providers, and hospitals.

**STORAGE NAME:** h1175a.IPA

**DATE:** 1/28/2026

## RELEVANT INFORMATION

### SUBJECT OVERVIEW:

#### [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.<sup>1</sup>

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 local codes and make recommendations for modernizing the system. The 1998 Legislature adopted the study's commission 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.<sup>2</sup> The current edition of the Building Code is the eighth edition, which is referred to as the 2023 Florida Building Code.<sup>3</sup>

Chapter 553, part IV, 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, 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.<sup>4</sup>

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. The Commission reviews several International Codes published by the International Code Council,<sup>5</sup> 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 three years.<sup>6</sup>

#### [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 fire safety.<sup>7</sup>

The State Fire Marshal also adopts by rule the Florida Fire Prevention Code (Fire Code), which contains all fire safety laws and rules that pertain to the design, construction, erection, alteration, modification, repair, and demolition of public and private buildings, structures, and facilities.<sup>8</sup>

<sup>1</sup> The Florida Building Commission Report to the 2006 Legislature, *Florida Department of Community Affairs*, p. 4, [http://www.floridabuilding.org/fbc/publications/2006\\_Legislature\\_Rpt\\_rev2.pdf](http://www.floridabuilding.org/fbc/publications/2006_Legislature_Rpt_rev2.pdf) (last visited Jan. 28, 2024).

<sup>2</sup> *Id.*

<sup>3</sup> Florida Building Commission Homepage, <https://floridabuilding.org/c/default.aspx> (last visited Jan. 28, 2024).

<sup>4</sup> See [s. 553.72\(1\), F.S.](#)

<sup>5</sup> 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." International Code Council, *About the ICC*, <https://www.iccsafe.org/about/who-we-are/> (last visited Jan. 28, 2024).

<sup>6</sup> [S. 553.73\(7\)\(a\), F.S.](#)

<sup>7</sup> [S. 633.104, F.S.](#)

<sup>8</sup> [S. 633.202, F.S.](#)

The Fire Code is **an occupancy-based code**. Three occupancy classifications exist in the Fire Code that could apply to medical facilities. They are 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”.<sup>9</sup> 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.”<sup>10</sup>

Health care occupancy is defined as “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.”<sup>11</sup>

### **Ambulatory Surgical Centers (ASC) vs. Office-Based Surgeries (OBS)**

ASCs and Office Surgery Suite are separate sections in the Building Code<sup>12</sup> and health care occupancies, ambulatory care occupancies, and business occupancies are regulated separately in the Fire Code.<sup>13</sup> 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 surgery (OBS) and ambulatory surgical centers (ASCs). OBS utilizes a dedicated suite within a doctor’s office, offering a familiar patient environment. ASCs, on the other hand, are freestanding facilities specifically designed for outpatient procedures. 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.<sup>14</sup> ASCs are licensed and regulated by the Agency for Health Care Administration under the same regulatory framework as hospitals.<sup>15</sup>

OBS offers procedures not in hospital environment but within a dedicated suite in your doctor’s office that is designed to meet surgical needs, and equipped with essential tools. 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. OBS provides a convenient and efficient option for various surgical needs, that may allow you to return home the same day.<sup>16</sup>

### **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 practice of medicine and osteopathic medicine, respectively.<sup>17</sup> The boards have authority to establish, by rule, standards of practice and standards of care for particular settings.<sup>18</sup> However, occupancies and building requirements are set in the Building Code and Fire Code.

<sup>9</sup> S. 3.3.198.3 of the Eighth Edition of the Florida Fire Prevention Code, Life Safety Code.

<sup>10</sup> S. 3.3.198.1 of the Eighth Edition of the Florida Fire Prevention Code, Life Safety Code.

<sup>11</sup> S. 3.3.198.7 of the Eighth Edition of the Florida Fire Prevention Code, Life Safety Code.

<sup>12</sup> Ss. 451 and 469 of the Eighth Edition of the Florida Building Code, Building.

<sup>13</sup> Chs. 18, 19, 20, 21, 37 and 38 of the Eighth Edition of the Florida Fire Prevention Code, Life Safety Code.

<sup>14</sup> [S. 395.002\(3\), F.S.](#)

<sup>15</sup> Part I, ch. 395, F.S., and part II, ch. 408, F.S.

<sup>16</sup> Id.

<sup>17</sup> Ch. 458, F.S., regulates the practice of allopathic medicine, and ch. 459, F.S., regulates the practice of osteopathic medicine.

<sup>18</sup> Ss. 458.331(v) and [459.015\(z\), F.S.](#)

[Office surgery suites](#) that provide 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 conditions without the assistance from others or that are under general anesthesia must meet the requirements of **ambulatory health care occupancies** under the **Building Code and Fire Code**.<sup>19</sup>

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.<sup>20</sup>

**Building code standards** are determined based on the use of the space and whether anesthesia is used. ASCs must meet strict requirements, including special design details from "The Guidelines for Design and Construction of Outpatient Facilities". For example, the Building Code has requirements for operating rooms:

- **Operating Room Size:**
  - ASC: Requires at least one operating room with a minimum clear floor area of 270 square feet (25.08 m<sup>2</sup>).
  - Office Surgery Suite: Minimum clear floor area depends on the level of care: 255 sq ft (Level II), 270 sq ft (Level III with anesthesia machine), or 400 sq ft (complex).
- Related to **electrical systems** an ASC requires a Type I emergency electrical system (similar to hospitals), while an Office Surgery Suite requires a Minimum Type III nonportable, permanently installed emergency electrical system, but new Level III suites should provide a Type I system;
- Operating rooms are also required to have a **recovery station** that must be a part of the restricted area of the office surgery suite with 3 feet of clear floor area around three sides of each recovery station for work and circulation.

Examples of differences between ASC’s requirements from **the Fire Code** compared to Office Surgeries:

- **Occupancy Classifications:**
  - ASC’s: Require 1-hour smoke barriers and, in many cases, smoke compartments.
  - Office Surgery Suite: "Business" occupancy (lower risk), unless it hits the 4-patient threshold, which upgrades it to "Ambulatory Health Care".
- **Smoke Compartments:**
  - ASC: 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.
  - Office Surgery Suite: Generally, not required for standard business occupancies.
- **Sprinklers & Separation:**
  - ASC: Requires strict 1-hour fire resistance ratings, and if in an un-sprinklered building, they must be separated by specific fire barriers.
  - Office Surgery Suite: 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.

### **Other Considerations 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.<sup>21</sup> A physician must maintain a complete record of each surgical procedure, including the anesthesia record, if applicable, and written informed consent.<sup>22</sup> The written consent must reflect the patient’s

<sup>19</sup> S.469.3.1 of the Eighth Edition of the Florida Building Code, Building,

<sup>20</sup> S. 202 of the Eighth Edition of the Florida Building Code, Building

<sup>21</sup> Rs. 64B8-9.0091(2), and 64B15-14.0076(2), F.A.C.

<sup>22</sup> Id.

knowledge of identified risks, consent to the procedure, type of anesthesia and anesthesia provider, and that a choice of anesthesia provider exists.<sup>23</sup> There are additional specific requirements for liposuction procedures.<sup>24</sup>

Certain outpatient surgeries carry a higher risk of complications to patients<sup>25</sup>. Thus, the 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.<sup>26</sup> Florida instituted additional emergency rules **limiting gluteal fat grafting procedures to three per day**. A number of medical societies and associations supported these rules, including the American Society of Plastic Surgeons who called such measures “patient safety measures” ... believed likely to “save lives and reduce morbidity.”

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.<sup>27</sup> Florida passed laws that require physicians to register with the Department of Health (DOH) offices that perform liposuction procedures in which more than 1,000 cubic centimeters of supernatant fat is removed.<sup>28</sup> Each office registered must designate a physician who is responsible for the office’s compliance with the office health and safety requirements.<sup>29</sup> The offices are inspected by the DOH at least annually, including a review of patient records, to ensure that the office is in compliance.<sup>30</sup>

An office in which a physician performs gluteal fat grafting<sup>31</sup> 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. After a physician has commenced, and while he or she is engaged in, a gluteal fat grafting procedure, the physician may not commence or engage in another gluteal fat grafting<sup>32</sup> procedure or any other procedure with another patient at the same time.<sup>33</sup> The rate of fatal complications from gluteal fat grafting is higher than any other cosmetic procedure.<sup>34</sup> South Florida carries the highest BBL mortality rate by far in the nation with 25 deaths occurring between 2010 and 2022.<sup>35</sup> According to a study on the deaths that occurred in South Florida, **the surgical setting** and the short surgical times for these

<sup>23</sup> Id.

<sup>24</sup> Rs. 64B8-9.009(2)(a) and 64B15-14.007(2)(a), F.A.C.

<sup>25</sup> The rate of fatal complications from gluteal fat grafting is higher than any other cosmetic procedure. Pat Pazmiño, Onelio Garcia, *Brazilian Butt Lift–Associated Mortality: The South Florida Experience*, Aesthetic Surgery Journal, Volume 43, Issue 2, February 2023, Pages 162–178, <https://doi.org/10.1093/asj/sjac224> (last visited January 25, 2026).

<sup>26</sup> Id. South Florida carries the highest BBL mortality rate by far in the nation with 25 deaths occurring between 2010 and 2022.

<sup>27</sup> CS/HB 1561 (2024).

<sup>28</sup> Ss. 458.328 and [459.0138, F.S.](#)

<sup>29</sup> Id.

<sup>30</sup> Id.

<sup>31</sup> O'Neill RC, Abu-Ghname A, Davis MJ, Chamata E, Rammos CK, Winocour SJ. *The Role of Fat Grafting in Buttock Augmentation*, Seminars in Plastic Surgery (February 15, 2020) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7023974/#:~:text=First%2C%20fat%20is%20harvested%20from,figure%20with%20an%20augmented%20buttock> (last visited January 25, 2025).

<sup>32</sup> Gluteal fat grafting, commonly known as a “Brazilian butt lift” or BBL, is the fastest-growing plastic surgery procedure in the U.S. The procedure involves liposuction in areas where fat removal will improve the contour of the body. Typically, fat is harvested from two or more regions which may include the flanks (love handles), abdomen, or back. 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.

<sup>33</sup> Id.

<sup>34</sup> Pat Pazmiño, Onelio Garcia, *Brazilian Butt Lift–Associated Mortality: The South Florida Experience*, Aesthetic Surgery Journal, Volume 43, Issue 2, February 2023, Pages 162–178, <https://doi.org/10.1093/asj/sjac224> (last visited January 25, 2026).

<sup>35</sup> Id.

cases were the most significant contributing factors to the deaths.<sup>36</sup> Of the 25 deaths, 23 of the surgeries were performed at **high-volume, low budget clinics**. These clinics employ a practice model based on high-volume and minimal-patient-interaction. 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.<sup>37</sup>

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2024	<a href="#">CS/HB 1561</a> - Office Surgeries	Busatta/ Garcia	Click or tap here to enter text.

OTHER RESOURCES:

- [Florida Building Commission](#)
- [DBPR: Building Codes and Standards](#)
- [Florida Building Code Eighth Edition](#)
- [Florida Fire Prevention Code](#)
- [Florida Board of Osteopathic Medicine: Office Surgery Centers](#)

BILL HISTORY				
COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Industries &amp; Professional Activities Subcommittee</a>	16 Y, 0 N	1/28/2026	Anstead	Miralia
<a href="#">Health Professions &amp; Programs Subcommittee</a>				
<a href="#">Commerce Committee</a>				