

# 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 #:** [CS/HB 1207](#)

**TITLE:** Ambulatory Surgical Centers

**SPONSOR(S):** Health Care Facilities & Systems  
Subcommittee and Oliver

**COMPANION BILL:** None

**LINKED BILLS:** None

**RELATED BILLS:** [SB 1156](#) (Trumbull)

### Committee References

[Health Care Facilities & Systems](#)

16 Y, 0 N, As CS



[Health Care Budget](#)

13 Y, 0 N



[Health & Human Services](#)

## SUMMARY

### Effect of the Bill:

Ambulatory surgical centers (ASCs) are required to provide patients and their health insurers, a good faith estimate of anticipated treatment charges prior to receiving scheduled, nonemergency treatment.

The bill reduces the fine assessed against an ambulatory surgical center found to be in violation of the good faith estimate requirement, from \$1,000 to \$250 per day, with a maximum total fine of \$2,500 instead of \$10,000. The bill delays enforcement and the levying of such fines until the Federal Government promulgates certain rules.

### Fiscal or Economic Impact:

The bill would have an indeterminate, likely insignificant, negative fiscal impact to the Health Care Trust Fund. See Fiscal Impact.

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

## ANALYSIS

### EFFECT OF THE BILL:

Hospitals and [ambulatory surgical centers \(ASCs\)](#) are required to provide patients, upon request, and their health insurers, a customized good faith estimate of reasonably anticipated charges for treatment of the patient's specific condition, prior to receiving scheduled, nonemergency treatment.

Under current law, the fine amounts for noncompliance with the good faith estimate requirement are the same for hospitals and ASCs. AHCA may fine a hospital or ASC \$1,000 per day for failure to timely provide the estimate, not to exceed \$10,000 total per patient estimate.

The bill makes the current fine structure applicable only to hospitals, and provides a separate, reduced fine structure for ASCs of \$250 per day, with a maximum total fine \$2,500 per patient estimate. (Section [1](#))

Under the bill, changes made to the fee structure and amounts are not effective until the United States Department of Health and Human Services, the United States Department of Labor, and the United States Department of the Treasury issue a final rule pertaining to good faith estimates required by the Public Health Services Act. Further, the bill requires the Agency for Health Care Administration to notify the Division of Law Revision when the final rule is promulgated. (Section [2](#))

The bill is effective upon becoming law. (Section [3](#))

**STORAGE NAME:** h1207b.HCB

**DATE:** 2/5/2026

**FISCAL OR ECONOMIC IMPACT:****STATE GOVERNMENT:**

The bill would have an indeterminate, likely insignificant, negative fiscal impact to the Health Care Trust Fund within AHCA, to the extent that the minimum fine reduction to ASCs results in reduced revenues to the trust fund.

**RELEVANT INFORMATION****SUBJECT OVERVIEW:**[Ambulatory Surgical Centers \(ASCs\)](#)

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>1</sup>

ASCs are licensed and regulated by the Agency for Health Care Administration (AHCA) under the same regulatory framework as hospitals.<sup>2</sup> Currently, there are 542 licensed ASCs in Florida.<sup>3</sup> There were 3,414,113 visits to Florida ASCs between September of 2024 and September of 2025, which resulted in \$22,825,416,687 in total charges. The average charge per visit was \$6,686.<sup>4</sup>

[Florida Price Transparency Requirements](#)

Hospitals and ASCs are required to provide patients a customized good faith estimate of reasonably anticipated charges for treatment of the patient's specific condition, prior to receiving scheduled, nonemergency treatment.<sup>5</sup> A facility must provide the estimate of charges to the patient within three business days of receiving the request from the patient.<sup>6</sup>

Facilities are also required to submit the estimate of charges to a patient's health insurer or plan at least three business days before a service is to be furnished, according to the following schedule:

- In the case of a service scheduled less than 10 business days in advance, no later than one business day after the service is scheduled.
- In the case of a service scheduled 10 or more business days in advance, no later than three business days after a service is scheduled.

AHCA is authorized to fine a hospital or ASC \$1,000 per day for failure to timely provide the estimate. The facility will continue to accrue \$1,000 fines each day until the hospital or ASC provides the estimate to the patient and the health insurer, but the total fine per patient estimate may not exceed \$10,000.<sup>7</sup>

<sup>1</sup> [S. 395.002\(3\), F.S.](#)

<sup>2</sup> Part I, ch. 395, F.S., and part II, ch. 408, F.S.

<sup>3</sup> Florida Health Finder, *Facility/Provider Locations Search*, available at <https://quality.healthfinder.fl.gov/Facility-Search/FacilityLocateSearch> (last visited Feb. 2, 2026).

<sup>4</sup> Florida Health Finder, *Ambulatory Outpatient Surgery Query Results*, available at <https://quality.healthfinder.fl.gov/QueryTool/QTResults#> (last visited Feb 2, 2026).

<sup>5</sup> [S. 395.301\(1\), F.S.](#)

<sup>6</sup> Ch. 2024-183, Laws of Fla., establishes new price transparency standards for hospitals and ASCs, which align Florida law with the Federal No Surprises Act, enacted in 2020 (P.L. 116-260). However, those changes will not go into effect until the United States Department of Health and Human Services, the United States Department of Labor, and the United States Department of the Treasury issue a final rule pertaining to good faith estimates required by section 2799B-6 of the Public Health Services Act (See [s. 395.301, F.S.](#) footnotes A. and B.).

<sup>7</sup> S. 395.301(1)(c)6., F.S.

**BILL HISTORY**

<b>COMMITTEE REFERENCE</b>	<b>ACTION</b>	<b>DATE</b>	<b>STAFF DIRECTOR/ POLICY CHIEF</b>	<b>ANALYSIS PREPARED BY</b>
<a href="#">Health Care Facilities &amp; Systems Subcommittee</a>	16 Y, 0 N, As CS	1/29/2026	Lloyd	Guzzo
THE CHANGES ADOPTED BY THE COMMITTEE:	The committee substitute reduces the fine applicable to ASCs for a failure to provide timely good faith estimates. It also deletes the proposed removal of ASC regulation from ch. 395, F.S., and the proposed creation of ch. 396, F.S., as a regulatory chapter for them.			
<a href="#">Health Care Budget Subcommittee</a>	13 Y, 0 N	2/5/2026	Clark	Smith
<a href="#">Health &amp; Human Services Committee</a>				

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**THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.**  
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