

	LEGISLATIVE	ACTION	
Senate			House

Floor: C Floor: 1/AD/2R

05/03/2023 10:23 AM 05/04/2023 03:41 PM

Senator Garcia moved the following:

Senate Amendment (with title amendment)

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Delete lines 116 - 295

and insert:

Section 3. Present subsection (2) of section 458.328, Florida Statutes, is redesignated as subsection (3), a new subsection (2) is added to that section, and paragraphs (a) and (e) of subsection (1) of that section are amended, to read:

458.328 Office surgeries.—

- (1) REGISTRATION. -
- (a) 1. An office in which a physician performs a liposuction

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procedure in which more than 1,000 cubic centimeters of supernatant fat is removed, a Level II office surgery, or a Level III office surgery must register with the department unless the office is licensed as a facility under chapter 390 or chapter 395.

- 2. The department must complete an inspection of any office seeking registration under this section before the office may be registered.
- (e) 1. The department shall inspect a registered office at least annually, including a review of patient records, to ensure that the office is in compliance with this section and rules adopted hereunder unless the office is accredited by a nationally recognized accrediting agency approved by the board. The inspection may be unannounced, except for the inspection of an office that meets the description of a clinic specified in s. 458.3265(1)(a)3.h., and those wholly owned and operated physician offices described in s. 458.3265(1)(a)3.q. which perform procedures referenced in s. 458.3265(1)(a)3.h., which must be announced.
- 2. The department must immediately suspend the registration of a registered office that refuses an inspection under subparagraph 1. The office must close during such suspension. The suspension must remain in effect for at least 14 consecutive days and may not terminate until the department issues a written declaration that the office may reopen following the department's completion of an inspection of the office.
 - (2) STANDARDS OF PRACTICE.-
- (a) A physician performing a gluteal fat grafting procedure in an office surgery setting shall adhere to standards of

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practice pursuant to this subsection and rules adopted by the board.

- (b) Office surgeries may not:
- 1. Be a type of surgery that generally results in blood loss of more than 10 percent of estimated blood volume in a patient with a normal hemoglobin level;
- 2. Require major or prolonged intracranial, intrathoracic, abdominal, or joint replacement procedures, except for laparoscopic procedures;
- 3. Involve major blood vessels and be performed with direct visualization by open exposure of the major blood vessel, except for percutaneous endovascular intervention; or
 - 4. Be emergent or life threatening.
- (c) 1. A physician performing a gluteal fat grafting procedure must conduct an in-person examination of the patient while physically present in the same room as the patient no later than the day before the procedure.
- 2. Before a physician may delegate any duties during a gluteal fat grafting procedure, the patient must provide written, informed consent for such delegation. Any duty delegated by a physician during a gluteal fat grafting procedure must be performed under the direct supervision of the physician performing such procedure. Fat extraction and gluteal fat injections must be performed by the physician and may not be delegated.
- 3. Fat may only be injected into the subcutaneous space of the patient and may not cross the fascia overlying the gluteal muscle. Intramuscular or submuscular fat injections are prohibited.

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- 4. When the physician performing a gluteal fat grafting procedure injects fat into the subcutaneous space of the patient, the physician must use ultrasound guidance, or guidance with other technology authorized under board rule which equals or exceeds the quality of ultrasound, during the placement and navigation of the cannula to ensure that the fat is injected into the subcutaneous space of the patient above the fascia overlying the gluteal muscle. Such guidance with the use of ultrasound or other technology is not required for other portions of such procedure.
- (d) If a procedure in an office surgery setting results in hospitalization, the incident must be reported as an adverse incident pursuant to s. 458.351.
- (e) 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. 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 procedure or any other procedure with another patient at the same time.

Section 4. Present subsection (2) of section 459.0138, Florida Statutes, is redesignated as subsection (3), a new subsection (2) is added to that section, and paragraphs (a) and (e) of subsection (1) of that section are amended, to read:

459.0138 Office surgeries.-

- (1) REGISTRATION. -
- (a) 1. An office in which a physician performs a liposuction

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procedure in which more than 1,000 cubic centimeters of supernatant fat is removed, a Level II office surgery, or a Level III office surgery must register with the department unless the office is licensed as a facility under chapter 390 or chapter 395.

- 2. The department must complete an inspection of any office seeking registration under this section before the office may be registered.
- (e) 1. The department shall inspect a registered office at least annually, including a review of patient records, to ensure that the office is in compliance with this section and rules adopted hereunder unless the office is accredited by a nationally recognized accrediting agency approved by the board. The inspection may be unannounced, except for the inspection of an office that meets the description of clinic specified in s. 459.0137(1)(a)3.h., and those wholly owned and operated physician offices described in s. 459.0137(1)(a)3.q. which perform procedures referenced in s. 459.0137(1)(a)3.h., which must be announced.
- 2. The department must immediately suspend the registration of a registered office that refuses an inspection under subparagraph 1. The office must close during such suspension. The suspension must remain in effect for at least 14 consecutive days and may not terminate until the department issues a written declaration that the office may reopen following the department's completion of an inspection of the office.
 - (2) STANDARDS OF PRACTICE.
- (a) A physician performing a gluteal fat grafting procedure in an office surgery setting shall adhere to standards of

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practice pursuant to this subsection and rules adopted by the 129 board.

- (b) Office surgeries may not:
- 1. Be a type of surgery that generally results in blood loss of more than 10 percent of estimated blood volume in a patient with a normal hemoglobin level;
- 2. Require major or prolonged intracranial, intrathoracic, abdominal, or joint replacement procedures, except for laparoscopic procedures;
- 3. Involve major blood vessels and be performed with direct visualization by open exposure of the major blood vessel, except for percutaneous endovascular intervention; or
 - 4. Be emergent or life threatening.
- (c) 1. A physician performing a gluteal fat grafting procedure must conduct an in-person examination of the patient while physically present in the same room as the patient no later than the day before the procedure.
- 2. Before a physician may delegate any duties during a gluteal fat grafting procedure, the patient must provide written, informed consent for such delegation. Any duty delegated by a physician during a gluteal fat grafting procedure must be performed under the direct supervision of the physician performing such procedure. Fat extraction and gluteal fat injections must be performed by the physician and may not be delegated.
- 3. Fat may only be injected into the subcutaneous space of the patient and may not cross the fascia overlying the gluteal muscle. Intramuscular or submuscular fat injections are prohibited.



- 4. When the physician performing a gluteal fat grafting procedure injects fat into the subcutaneous space of the patient, the physician must use ultrasound guidance, or guidance with other technology authorized under board rule which equals or exceeds the quality of ultrasound, during the placement and navigation of the cannula to ensure that the fat is injected into the subcutaneous space of the patient above the fascia overlying the gluteal muscle. Such guidance with the use of ultrasound or other technology is not required for other portions of such procedure.
- (d) If a procedure in an office surgery setting results in hospitalization, the incident must be reported as an adverse incident pursuant to s. 458.351.
- (e) 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. 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 procedure or any other procedure with another patient at the same time.

180 ======= T I T L E A M E N D M E N T =========

And the title is amended as follows:

Delete lines 14 - 23

183 and insert:

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complete an inspection of any physician's office seeking registration to perform office surgeries

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before the office may be registered; requiring immediate suspension of a registration under specified circumstances; requiring such offices to remain closed for the duration of any suspensions; requiring a suspension to remain in effect for a specified timeframe; requiring physicians performing gluteal fat grafting procedures in an office surgery setting to adhere to specified standards of practice; specifying surgeries that may not be performed in an office surgery setting; requiring physicians performing gluteal fat grafting procedures to conduct in-person examinations of the patients; requiring the reporting of specified adverse incidents; providing requirements for the performance of gluteal fat grafting procedures; providing an effective date.