## CHAMBER ACTION

Senate House

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Representative Busatta Cabrera offered the following:

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## Amendment to Amendment (910361)

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Remove lines 130-226 of the amendment and insert:

procedure must have sufficient training, as determined by the board, to perform gluteal fat grafting procedures safely and effectively.

8 9 2. A physician performing a gluteal fat grafting procedure must conduct an in-person examination of the patient no later than the day before the procedure.

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3. Any duty delegated by a physician, with a patient's informed consent, to be performed during a gluteal fat grafting procedure must be performed under the direct supervision of the

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physician performing such procedure. Fat extraction and gluteal fat injections must be performed by the physician and may not be delegated.

- 4. Gluteal 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.
- 5. When the physician performing a gluteal fat grafting procedure injects fat into the subcutaneous space of the patient, the physician must use ultrasound guidance during the placement and navigation of the canula to ensure that the fat is injected into the subcutaneous space of the patient above the fascia overlying the gluteal muscle. The board may establish minimum technical standards for such ultrasound guidance.

  Ultrasound guidance is not required for other portions of such procedure.
- (e) If a procedure in an office surgery setting results in hospitalization, the type of procedure performed and the location at which the procedure was performed, if known, must be included in the hospital intake information for the purpose of adverse incident reporting.
- (f) 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. However, 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. Subsection (2) of section 459.0138, Florida Statutes, is renumbered as subsection (3), paragraphs (a) and (e) of subsection (1) are amended, and a new subsection (2) is added to that section, to read:

459.0138 Office surgeries.-

- (1) REGISTRATION. -
- (a) An office in which a physician performs a liposuction 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. The department must inspect any such office before registration. The department may not register a facility that must be licensed under chapter 390 or chapter 395.
- (e) 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.g. which perform procedures referenced in s. 459.0137(1)(a)3.h., which must be announced. The department must refuse to register a new office or immediately suspend the registration of a registered office that refuses an inspection for 14 days. Such office must be closed during the period of suspension. The suspension must remain in effect until the department has completed its inspection.

- (2) STANDARD OF PRACTICE.
- (a) For purposes of this section, the term:
- 1. "Office surgery" means a surgery performed at an office that primarily serves as a physician's office at which a physician performs surgeries as permitted under this section.

  The physician's office must be an office at which such physician regularly performs consultations with surgical patients, presurgical examinations, and postoperative monitoring and care related to office surgeries and at which patient records are readily maintained and available.
- 2. "Physician" means a physician or surgeon licensed to practice under this chapter.
- (b) A physician performing a gluteal fat grafting procedure in an office surgery setting shall adhere to standards

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89	board.
90	(c) Office surgeries may not:
91	1. Result in blood loss of more than 10 percent of
92	estimated blood volume in a patient with a normal hemoglobin
93	<pre>level;</pre>
94	2. Require major or prolonged intracranial, intrathoracic,
95	abdominal, or joint replacement procedures, except for
96	laparoscopic procedures;
97	3. Involve major blood vessels performed with direct
98	visualization by open exposure of the major blood vessel, except

of practice pursuant to this subsection and rules adopted by the

4. Be emergent or life threatening.

for percutaneous endovascular intervention; or

(d)1. A physician performing a gluteal fat grafting procedure must have sufficient training, as determined by the board, to perform gluteal fat grafting procedures safely and effectively.

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