

# 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 475](#)

**TITLE:** Ambulatory Surgical Centers

**SPONSOR(S):** Esposito

**COMPANION BILL:** [SB 1370](#) (Trumbull)

**LINKED BILLS:** None

**RELATED BILLS:** None

### Committee References

[Health Care Facilities & Systems](#)

17 Y, 0 N, As CS



[Government Operations](#)



[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 \$2,250 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:

None

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## 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:** h0475.HFS

**DATE:** 3/20/2025

## 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 532 licensed ASCs in Florida.<sup>3</sup> There were 3,205,371 visits to Florida ASCs between March of 2024 and March of 2025, which resulted in \$23,084,028,069 in total charges. The average charge per visit was \$7,702.<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>

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<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 Agency for Health Care Administration, Agency Analysis of HB 475, p.2 (February 14, 2025).

<sup>4</sup> Florida Health Finder, *Ambulatory Outpatient Surgery Query Results*, available at <https://quality.healthfinder.fl.gov/QueryTool/QTResults#> (last visited March 17, 2025).

<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**

| COMMITTEE REFERENCE  | ACTION           | DATE      | STAFF<br>DIRECTOR/<br>POLICY CHIEF | ANALYSIS<br>PREPARED BY |
|--|------------------|-----------|------------------------------------|-------------------------|
| <a href="#">Health Care Facilities &amp; Systems<br/>Subcommittee</a>  | 17 Y, 0 N, As CS | 3/19/2025 | Calamas                            | Guzzo                   |
| THE CHANGES ADOPTED BY THE COMMITTEE: Click or tap here to enter text. |                  |           |                                    |                         |
| <a href="#">Government Operations<br/>Subcommittee</a>                 |                  |           |                                    |                         |
| <a href="#">Health &amp; Human Services<br/>Committee</a>              |                  |           |                                    |                         |

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