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 1513	**COMPANION BILL:** None
TITLE: Refund of Overpayments Made by Patients	**LINKED BILLS:** None
SPONSOR(S): Greco	**RELATED BILLS:** None

Committee References

Health Professions & Programs
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Health & Human Services

SUMMARY

Effect of the Bill:

HB 1513 requires certain health care practitioners to refund a patient for any overpayment made by the patient within 30 days of the practitioner determining that an overpayment was made. The bill expressly states that its provisions do not apply to overpayments made to health care practitioners by commercial health insurers and health maintenance organizations.

Fiscal or Economic Impact:

None

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ANALYSIS

EFFECT OF THE BILL:

Patient Refund of Overpayment

Under current law, healthcare practitioners are not required to notify or return overpayments made by a patient. As a result, patients may be unaware of these overpayments or of their right to a refund or credit.

The bill requires certain health care practitioners to refund a patient for any overpayment made by the patient within 30 days of the practitioner determining that an overpayment was made. Specifically, the bill requires the following practitioners to refund the overpayment within 30 days: (Section 1)

- Allopathic physicians, physician assistants, anesthesiologist assistants, and medical assistants;[1]
- Osteopathic physicians, physician assistants, and anesthesiologist assistants;[2]
- Chiropractic physicians and physician assistants;[3]
- Podiatric physicians;[4]
- Optometrists[5]
- Autonomous advanced practice registered nurses, advanced practice registered nurses, registered nurses, licensed practical nurses, and certified nursing assistants;[6]
- Pharmacists, pharmacy interns, and pharmacy technicians;[7]

[1] Chapter 458, F.S.
[2] Chapter 459, F.S.
[3] Chapter 460, F.S.
[4] Chapter 461, F.S.
[5] Chapter 463, F.S.
[6] Chapter 464, F.S.
[7] Chapter 465, F.S.

- Dentists, dental hygienists, and dental laboratories;[8]
- Midwives;[9]
- Electrologists;[10]
- Clinical laboratory personnel;[11]
- Medical physicists;[12]
- Genetic counselors;[13]
- Opticians;[14]

The bill expressly states that its provisions do not apply to overpayments made to health care practitioners by commercial health insurers and health maintenance organizations. (Section 1)

The bill does not contain an express disciplinary provision however, a practitioner who fails to comply with the requires of the bill may be subject to discipline pursuant to s. 456.072(1)(dd), F.S. or the applicable practice act.

The bill becomes effective upon becoming law. (Section 2).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Overpayments by Patients

An overpayment by a patient may occur in multiple ways, including, but not limited to:

- **Excess Patient Responsibility Collected** – A patient's insurance benefits or deductibles may be miscalculated by either the patient or the health care practitioner.
- **Duplicate Payments** – Patients or their family members may inadvertently make multiple payments for the same service.
- **Insurance Reconciliation Adjustments** – After claims are submitted to an insurance company, subsequent policy adjustments or retroactive changes to coverage may alter the final bill.
- **Billing or Coding Errors** – Mistakes in billing codes or modifiers can occur and lead to inaccurate charges on a patient's account.
- **Coordination of Benefits Between Multiple Insurers** – Patients sometimes have two or more sources of insurance coverage (primary and secondary insurance plans). If both insurers remit payment and inadvertently exceed the cost of the service, the health care practitioner may receive funds from a patient beyond what is contractually required.

Patient Refund Laws – Other States

Two states, California and Texas, currently require practitioners to refund patients for overpayments.

California requires physicians, surgeons and dentists to refund patients for duplicate payments made by the patient for services if such payments are also reimbursed by a third-party company. The refund must be issued within 30 days of a patient's request if the duplicate payment has been received, or within 30 days of receiving the duplicate payment if it has not been received.[15] Physician, surgeons, and dentists are required to notify a patient of

[8] Chapter 466, F.S.
[9] Chapter 467, F.S.
[10] Chapter 478, F.S.
[11] Part I, ch. 483, F.S.
[12] Part II, ch. 483, F.S.
[13] Part III, ch. 483, F.S.
[14] Part I, ch. 484, F.S.
[15] California Public Law. *CA Business and Professions Code Section 732*., at California Code, BPC 732. (Last viewed March 21, 2025).

a duplicate payment within 90 days, and the duplicate payment must be refunded within 30 days, unless the patient requests a credit balance.[16]

Texas requires physicians, hospitals and health care practitioners to issue refunds for any overpayments received from patients. The practitioner or hospital must process the refund within 30 days of becoming aware that an overpayment has occurred.[17]

Health Insurer and HMO Claims

The Florida Insurance Code[18] prescribes the rights and responsibilities of health care providers, health insurers, and Health Maintenance Organizations (HMOs) for the payment of claims. Florida's prompt payment law govern payment of provider claims submitted to insurers and HMOs, including Medicaid managed care plans, in accordance with s. 627.6131, F.S., 627.662, F.S., and 641.3155, F.S., respectively.[19] The law prescribes a protocol for specified providers to use for the submission of their claims to an insurer or HMO, as well as a statutory process for insurers or HMOs to use for the payment or denial of the claims.

Generally, if a health insurer or HMO determines it has made an overpayment to a provider, the insurer's or HMO's claim for the overpayment must be submitted to the provider within 30 months after the applicable payment by the insurer or HMO.[20] A provider must pay, deny, or contest the claim for overpayment of a health insurer or HMO within 40 days after receiving the claim.

Disciplinary Actions Health Care Practitioners

Health care practitioners are regulated by the Department of Health (DOH) under ch. 456, F.S., and individual practice acts for each profession. The boards act as the governing body of a specified profession; they establish practice standards by rule, pursuant to statutory authority and directives, and determine disciplinary action against practitioners who have violated the practice standards.[21]

Section 456.072, F.S., enumerates acts which constitute grounds for disciplinary action against a Florida licensed health care practitioner. While these predominately relate to specific acts the statute does provide that a practitioner who violates any provision of chapter 456, the applicable practice act, or any rules adopted pursuant thereto is subject to a disciplinary action.

Additionally, each health care practitioner's respective practice act contains specific statutory provisions on prohibited acts, disciplinary actions, grounds for discipline, and actions by the applicable board.

[16] *Id.*
[17] Texas Public Law. *Refund of Overpayment.*, at Texas Insurance Code Section 1661.005 – Refund of Overpayment. (Last viewed March 21, 2025).
[18] S. 624.01, F.S., chs. 624-632, 634, 635, 636, 641, 642, 648, and 651.
[19] The prompt pay provision applies to HMO contracts and major medical policies offered by individual and group insurers licensed under chp. 624, F.S.
[20] Ss. 627.6131(6), F.S., and 641.3155(5), F.S, for HMO provision.
[21] S. 456.072(1)(dd), F.S.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	15 Y, 0 N	4/3/2025	McElroy	Aderibigbe
Health & Human Services Committee				