

FLORIDA HOUSE OF REPRESENTATIVES

FINAL BILL ANALYSIS

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BILL #: [CS/HB 1513](#)

TITLE: Refund of Overpayments Made by Patients

SPONSOR(S): Greco

COMPANION BILL: [CS/CS/SB 1808](#) (Burton)

LINKED BILLS: None

RELATED BILLS: None

FINAL HOUSE FLOOR ACTION: 112 Y's 0 N's

GOVERNOR'S ACTION: Approved

SUMMARY

Effect of the Bill:

CS/HB 1513 requires health care practitioners, Agency for Health Care Administration-licensed facilities, and health care practitioner ancillary entities 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

CS/HB 1513 passed as [CS/CS/SB 1808](#).

Current law does not regulate health care providers related to patient overpayments.

The bill requires health care [practitioners](#) licensed under the Practitioner Core Licensure Act (chapter 456, F. S.)¹ and [providers](#)² licensed by the Agency for Health Care Administration (AHCA), to refund a patient for any [overpayment](#) made by the patient within 30 days of determining that an overpayment was made. ([Sections 1, 3](#)) The bill authorizes AHCA to impose a fine up to \$500 for violations by AHCA licensees. ([Section 2](#)) The bill also provides express authority to the Department of Health or applicable board to discipline a practitioner who violates the repayment requirement.³ ([Sections 3, 4](#))

¹ Under s. [456.001\(4\), F.S.](#), the bill would apply to acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists & audiologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, pedorthists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, genetic counselor, dispensers of optical devices or hearing aids, physical therapists, psychologists, social worker, clinical social workers, mental health counselors, and psychotherapists, among others.

² Under s. [408.802, F.S.](#), the bill would apply to laboratories, birth centers, abortion clinics, crisis stabilization units, short-term residential treatment facilities, residential treatment centers, residential treatment centers, hospitals, ambulatory surgical centers, nursing homes, assisted living facilities, home health agencies, nurse registries, companion service or homemaker service providers, adult day care centers, hospices, adult family-care homes, homes for special services, transitional living facilities, prescribed pediatric extended care centers, home medical equipment providers, intermediate care facilities, health care services pools, health care clinics, organ, tissue, and eye procurement organizations.

³ Because the bill's provisions are placed within chapter 456, F. S., its requirements are enforceable by the applicable board, or by the Department of Health, if there is no board.

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The repayment requirement in the bill also applies to health care practitioner ancillary entities, which, under the bill, includes billing departments, management companies and group practices. ([Section 3](#))

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. ([Sections 1, 3](#))

The bill was approved by the Governor on May 20, 2025, ch. 2025-48, L.O.F., and will become effective on January 1, 2026. ([Section 5](#)).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Patient Overpayment

A patient [overpayment](#) occurs when an individual patient pays more for a healthcare service than they are obligated to pay, or when they pay for a service for which the provider later receives full or partial reimbursement from a third-party payer, such as an insurer.

Self-pay Patients

Self-pay refers to a payment method where patients cover the costs of medical services out of pocket, without relying on insurance or third-party payers.⁴

The No Surprises Act was enacted to ensure healthcare providers adopt policies that provide the uninsured or self-pay patients with good faith estimates of healthcare charges, either when care is scheduled or upon the patient's request. Additionally, the Act mandates that providers implement a patient-provider dispute resolution process, enabling uninsured and self-pay individuals to challenge charges that significantly exceed the provided estimates.⁵

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.⁶ Physician, surgeons, and dentists are required to notify a patient of a duplicate payment within 90 days, and the duplicate payment must be refunded within 30 days, unless the patient requests a credit balance.⁷

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.⁸

Health Care Provider Regulation

⁴ Mayo Clinic, *Billing and Insurance*, available at <https://www.mayoclinic.org/billing-insurance/glossary> (last visited, April 11, 2025).

⁵ CMS, *The No Surprises Act's Good Faith Estimates and Patient-Provider Dispute Resolution Requirements*, available at <https://www.cms.gov/files/document/gfe-and-ppdr-requirements-slides.pdf> (last visited, April 11, 2025).

⁶ California Public Law, *CA Business and Professions Code Section 732*, available at https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=732 (last viewed March 21, 2025).

⁷ *Id.*

⁸ Texas Public Law, *Refund of Overpayment*, available at <https://texas.public.law/statutes/tex.ins.code.section.1661.005> (last viewed March 21, 2025).

The Agency for Health Care Administration (AHCA), is the chief health policy and planning entity for the state and is responsible for health facility licensure, inspection, and regulatory enforcement. It licenses or certifies and regulates over 30 different types of health care [providers](#), including hospitals, nursing homes, assisted living facilities, and home health agencies. In total, the AHCA licenses, certifies, regulates, or provides exemptions for more than 50,000 providers.⁹

Violations

Section [408.813, F.S.](#) establishes different classes of violations related to the operation and maintenance off health care providers and the care of clients. These classifications, including Class I, Class II, Class III, and Class IV violations, are used to determine the severity of a violation and the corresponding administrative fines. Class I violations are the most serious, presenting an imminent danger to clients, while Class IV violations are the least severe.

- **Class I Violations:** These present an imminent danger to clients or a substantial probability of death or serious harm;
- **Class II Violations:** Are related to the operation and maintenance of a provider or to the care of clients which the agency determines directly threaten the physical or emotional health, safety, or security of the clients, other than class I violations;
- **Class III Violations:** Are related to the operation and maintenance of a provider or to the care of clients which the agency determines indirectly or potentially threaten the physical or emotional health, safety, or security of clients, other than class I or class II violations;
- **Class IV Violations:** Are related to the operation and maintenance of a provider or to required reports, forms, or documents that do not have the potential of negatively affecting clients. These violations are of a type that the agency determines do not threaten the health, safety, or security of clients.

Health Care Practitioner Regulation

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.¹⁰

Section [456.072, F.S.](#), outlines 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.

⁹ AHCA, Health Quality Assurance, available at <https://ahca.myflorida.com/health-quality-assurance> (last visited May 8, 2025).

¹⁰ S. [456.072\(1\)\(dd\), F.S.](#)