

**Hall of the House of Representatives**  
95th General Assembly - Regular Session, 2025  
**Amendment Form**

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**Subtitle of House Bill 1299**

TO PROHIBIT HEALTHCARE INSURERS FROM EXERCISING RECOUPMENT FOR  
PAYMENT OF HEALTHCARE SERVICES MORE THAN ONE YEAR AFTER THE  
PAYMENT FOR HEALTHCARE SERVICES WAS MADE.

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**Amendment No. 1 to House Bill 1299**

Amend House Bill 1299 as originally introduced:

Page 1, delete line 31, and substitute the following:

"(1) "Abuse" means provider practices that:

(A) Are inconsistent with sound fiscal, business, or  
medical practices; and

(B) Result in unnecessary cost or reimbursement for  
services that are not medically necessary or that fail to meet professionally  
recognized standards for health care;

(2) "Covered person" means an individual who is entitled to"

AND

Page 1, delete line 33, and substitute the following:

"(3)(A) "Fraud" means a purposeful deception or  
misrepresentation made by a person with the knowledge that the deception  
could result in some unauthorized benefit to the person or another person.

(B) "Fraud" includes an act that constitutes fraud under  
applicable federal or state law;

(4)(A) "Health benefit plan" means an individual, blanket, or"

AND



Page 2, line 24, delete "(3)(A)" and substitute "(5)(A)"

AND

Page 2, line 34, delete "(4)" and substitute "(6)"

AND

Page 2, line 36, delete "and"

AND

Page 3, line 1, delete "(5)" and substitute "(7)"

AND

Page 3, delete line 11, and substitute the following:

"payments to the healthcare provider; and

(8) "Waste" means the overuse of services or practices that directly or indirectly result in unnecessary cost to a health benefit plan."

AND

Page 3, Line 14, delete "fraud committed" and substitute "fraud, waste, or abuse committed"

AND

Page 3, Line 34, delete "fraud committed" and substitute "fraud, waste, or abuse committed"

AND

Page 4, delete lines 2 through 4, and substitute the following:

"verified the patient eligibility for a covered service from the healthcare insurer or its agent; and"

AND

Page 4, line 8, delete "payment to" and substitute "services to"

AND

Page 5, Line 23, delete "fraud by" and substitute "fraud, waste, or abuse by"

AND

Page 6, delete line 3, and substitute the following:

"this section.

(3) Upon notice being served under subdivision (e)(1) or subdivision (e)(2) of this section, a healthcare provider shall have ninety (90) days to correct the claim and resubmit the claim regardless of a timely filing provision under a contract or policy or procedure restrictions."

The Amendment was read \_\_\_\_\_

By: Representative L. Johnson  
ANS/ANS - 02-18-2025 11:10:11  
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Chief Clerk