

**List of Sections: House Article 6 – Health Insurance
Senate Article 5 – Health Coverage and Transparency**

House section	Senate section	Cost?	Description	Comparison
1			Deletes references to qualified health plans and to the ACA	House only
2			Prohibits a health carrier offering a group health plan from requiring an individual who is eligible to enroll to wait for a period longer than 90 days	House only
3, 4			Requires a group policy that covers mental health services provided by a mental health professional to also cover services provided by a clinical trainee	House only
5			Requires health carriers to offer individual health plans on a guaranteed issue basis with premiums that do not vary based on health status	House only
6			Permits a health carrier to cancel an individual health plan for nonpayment of premiums if a 3-month grace period is provided	House only
7 - 10			Removes reference to the ACA in the HMO statutes	House only
11			Removes reference to the ACA in the section of 62Q in the definition of “dependent child to the limiting age”	House only
	1 - 2		Modify the period of time in which a health care provider and a health plan company must provide a consumer with a good faith estimate of the allowable payment that the provider has agreed to accept as payment	Senate only
12	3		Establishes requirements for timely provider credentialing determination by a health plan company	Identical except for one technical difference

House section	Senate section	Cost?	Description	Comparison
13, 18			Removes references to the ACA and requires the commissioner of commerce to determine the items and services that are preventive and provide HPCs with the list of which items and services must be categorized as preventive	House only
14			Prohibits an HPC from placing a lifetime or annual limit on screenings and urinalysis testing for opioids for enrollees in SUD treatment programs	House only
	4		Requires an HPC to include in the summary of benefits a statement indicating whether funds from a patient assistance program will be applied to an enrollee's deductible requirements	Senate only
15			Requires the commissioner of commerce to determine the maximum annual out of pocket limits that apply to individual and small group health plans	House only
16			Removes references to the ACA; specifies what is and is not included in cost sharing; requires the different levels of health plans to be actuarially equivalent to a certain percentage of the actuarial value of the benefits provided; and defines essential benefits for individual and small group health plans	House only
17			Specifies that MA covers screening and urinalysis tests for opioids without lifetime or annual benefits	House only