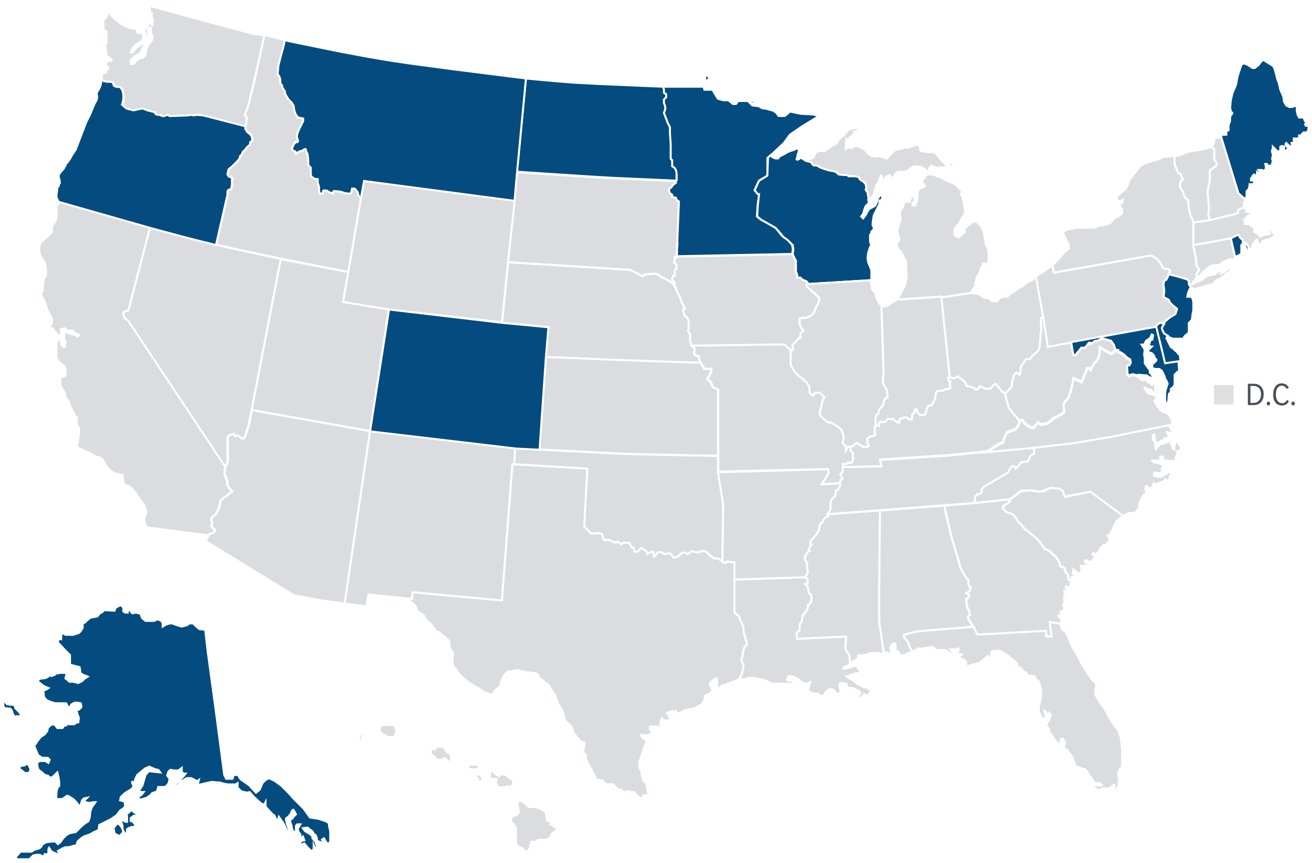
Exhibit 2

States That Operate Individual Market Reinsurance Programs Supported by Section 1332 Waiver Funding



Notes: Section 1332 of the ACA authorizes states to apply to waive specified provisions of the health law to facilitate state-specific programs for improving coverage. If a state's "innovation waiver" program is forecast to reduce federal spending, the state is entitled to have these savings passed through to it for purposes of implementing the program. The states identified in this map have secured, or are seeking, approval for innovation waivers that use these federal "pass-through" funds to partially finance the state's reinsurance program.

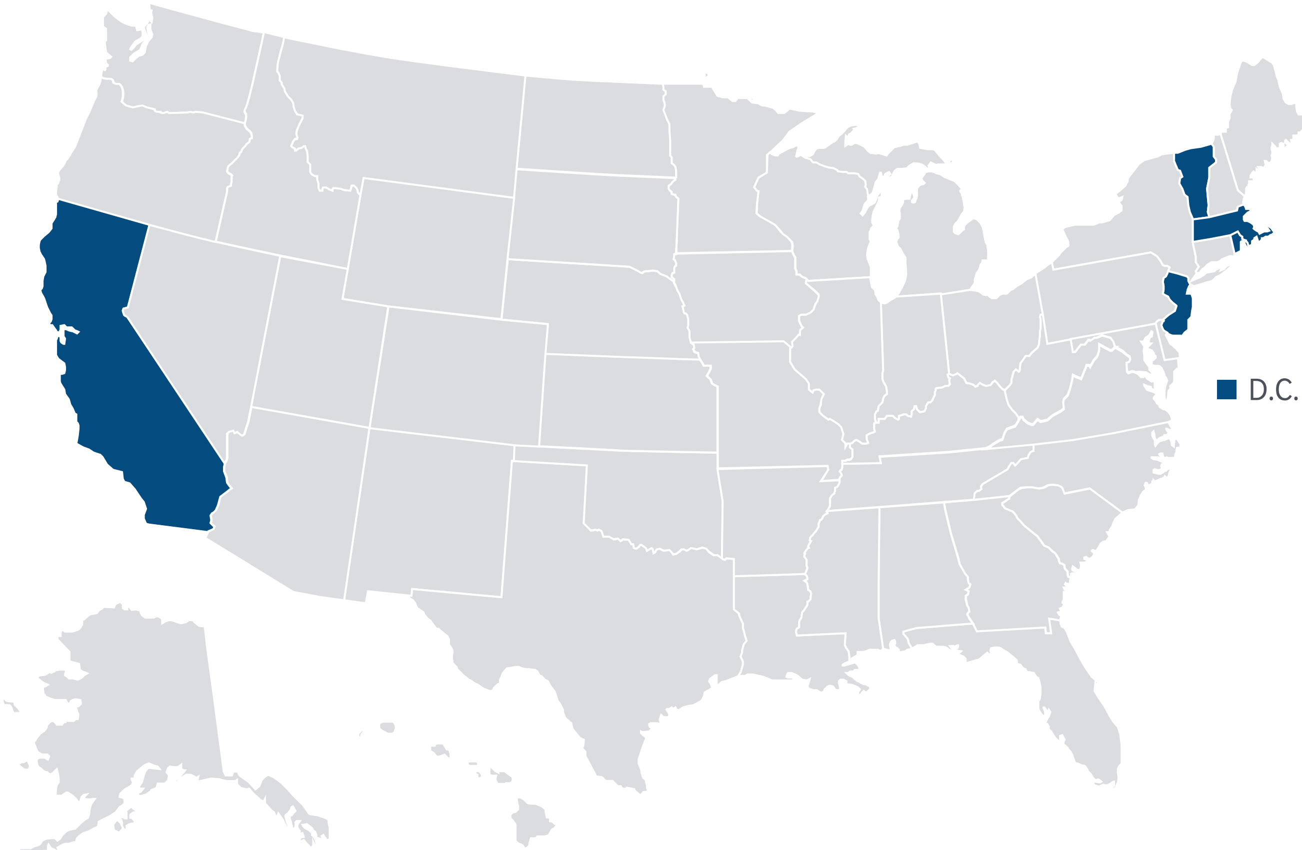
Data: Authors' analysis of applicable federal and state statutes, regulations, and guidance.

The Commonwealth Fund

Source: Justin Giovannelli, JoAnnVolk, and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership* (Commonwealth Fund, Jan. 2020).

Exhibit 3

States That Require Individuals to Maintain Adequate Health Coverage



Notes: The ACA requires most individuals to maintain "minimum essential" health coverage or pay a tax penalty (the individual mandate). Changes in federal law, effective in 2019, reduced this tax penalty to $0, but did not repeal the underlying requirement to maintain coverage. This map identifies states that require residents to maintain adequate health coverage whether or not the state imposes a penalty on individuals who fail to do so — notwithstanding the elimination of the federal tax penalty. Vermont has not established a financial penalty or other enforcement mechanism to promote compliance with its coverage mandate.

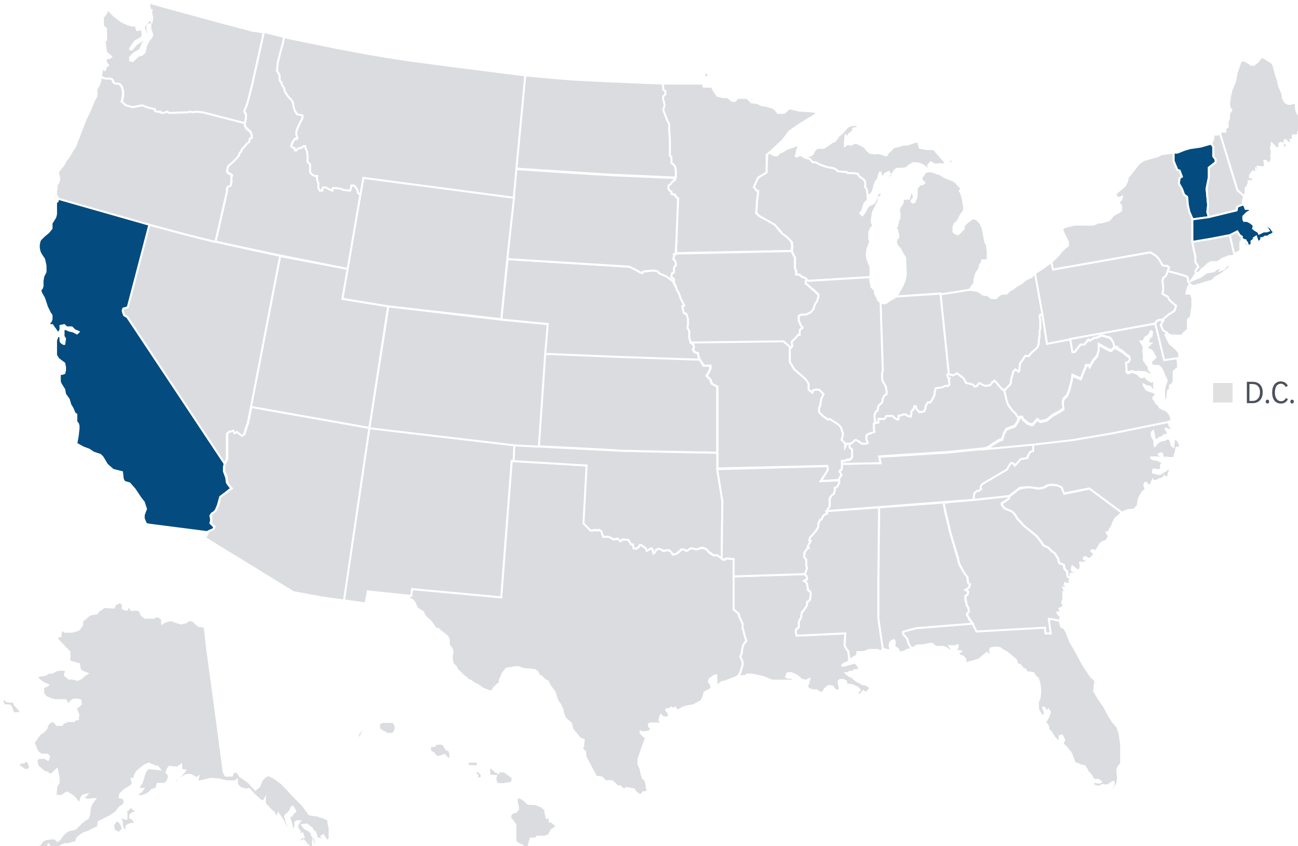
Data: Authors' analysis of applicable federal and state statutes, regulations, and guidance.

The Commonwealth Fund

Source: Justin Giovannelli, JoAnnVolk, and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership* (Commonwealth Fund, Jan. 2020).

Exhibit 4

States That Provide Subsidies for Individual Market Coverage



Notes: The ACA provides federal subsidies to reduce the cost of individual market health insurance for eligible individuals. Premium tax credits are available to otherwise eligible individuals with household income between 100% and 400% of the federal poverty level (FPL) who enroll in coverage through an ACA marketplace, and cost-sharing subsidies are available to such individuals with incomes between 100% and 250% FPL who enroll in a silver tier plan. This map identifies states that make available separate, state-funded subsidies to defray the cost of ACA-compliant individual market health coverage: for example, by providing an additional premium subsidy for individuals receiving federal premium tax credits, or a subsidy for individual market consumers whose incomes render them ineligible for federal coverage assistance. In 2017, Minnesota provided premium subsidies for enrollees not eligible for federal premium tax credits, Medicaid, or the State's Basic Health Program (MinnesotaCare).

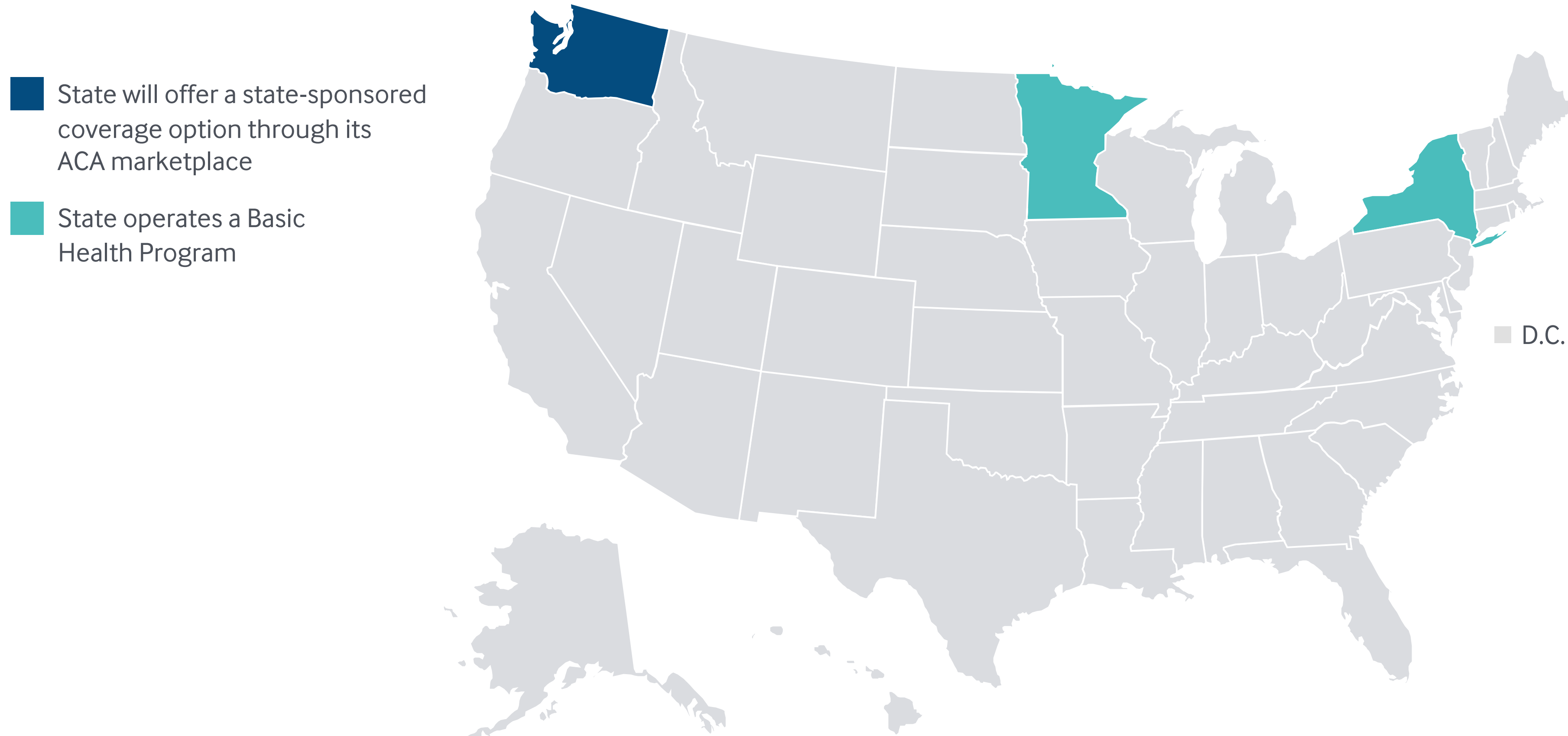
Data: Authors' analysis of applicable federal and state statutes, regulations, and guidance.

The Commonwealth Fund

Source: Justin Giovannelli, JoAnnVolk, and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership* (Commonwealth Fund, Jan. 2020).

Exhibit 5

States with Public Coverage Options for Individual Market Consumers



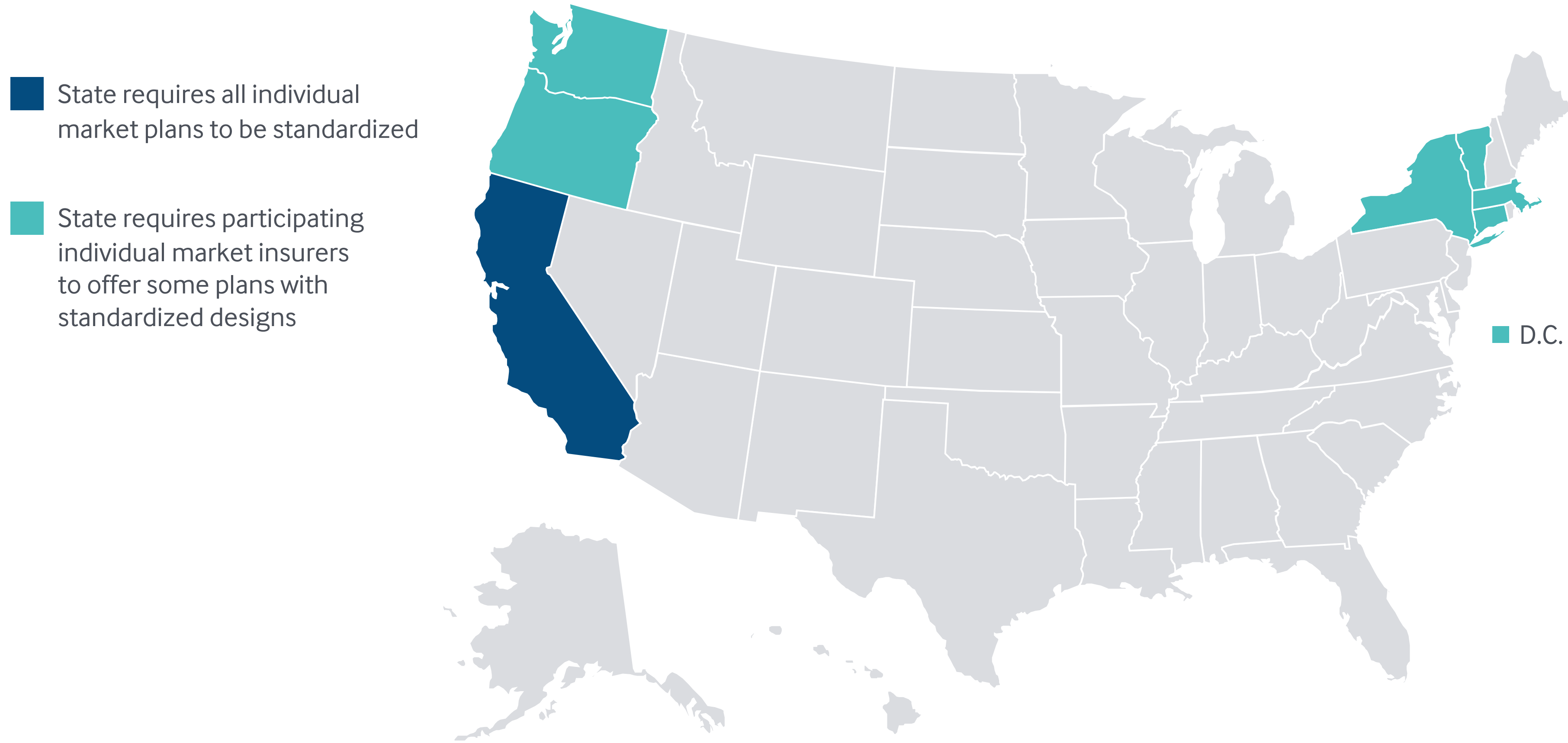
Notes: States may adopt a program, such as a "public option" or "Medicaid buy-in," which offers individual market consumers the option of enrolling in coverage that is sponsored and/or administered by the state. Under Section 1331 of the ACA, states may also establish a Basic Health Program (BHP) for individuals with incomes up to 200% of the federal poverty level who would otherwise be eligible for individual market coverage. The BHP, which is funded by a combination of state and federal dollars, must provide coverage that is at least as comprehensive and affordable as subsidized ACA marketplace coverage. This map identifies states that have established a public option, Medicaid buy-in, or other similar program, or that operate a BHP. The map does not include state actions related to the ACA's Medicaid expansion. Washington's public option program will begin operation in 2021.

Data: Authors' analysis of applicable federal and state statutes, regulations, and guidance.

Source: Justin Giovannelli, JoAnnVolk, and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership* (Commonwealth Fund, Jan. 2020).

Exhibit 6

States That Require Standardized Individual Market Health Plans



Notes: The ACA requires all individual market health plans to cover broadly similar benefits, adhere to overall limits on cost-sharing, and fall within standard actuarial value tiers. This map identifies states that also require participating individual market insurers to offer plans that incorporate standardized cost-sharing parameters, such as uniform deductibles and copayments for certain services. Washington's standardized plan requirement will take effect in 2021.

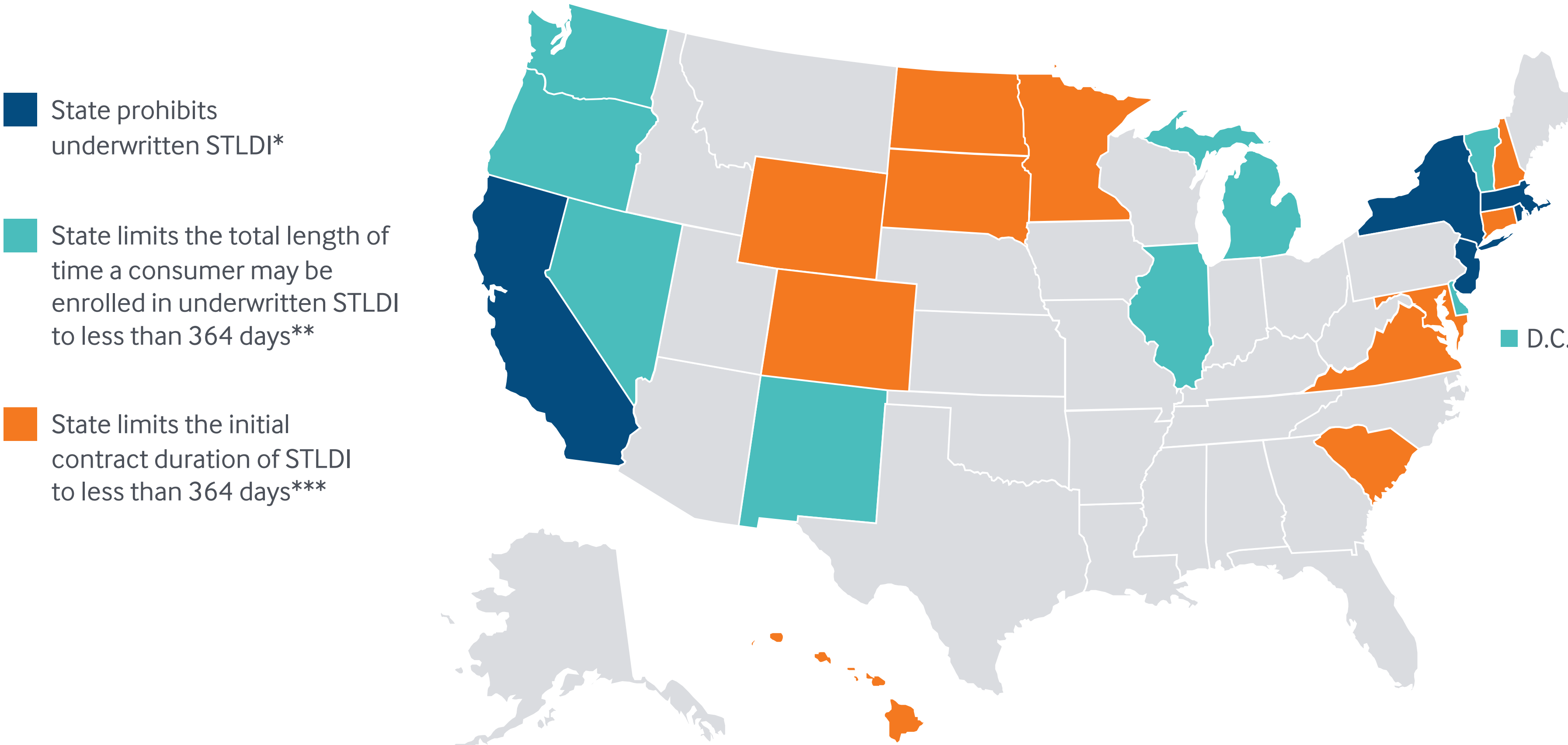
Data: Authors' analysis of applicable federal and state statutes, regulations, and guidance.

The Commonwealth Fund

Source: Justin Giovannelli, JoAnnVolk, and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership* (Commonwealth Fund, Jan. 2020).

Exhibit 7

State Regulation of Short-Term, Limited-Duration Insurance



Notes: STLDI = short-term, limited-duration insurance. Short-term policies are not subject to the federal consumer protections of the ACA. Under federal regulations finalized in August 2018, short-term policies may provide coverage for a period of 364 days and may be renewed, at the discretion of the insurance company, for up to 36 months. This map identifies states that, by limiting the maximum duration of short-term coverage to less than 364 days, or by applying state law consumer protections to such coverage, impose limitations on the sale of short-term plans than are more strict than those mandated under the default federal approach.

* The states identified in blue entirely prohibit short-term coverage or bar short-term insurers from discriminating on the basis of an applicant's health status. California prohibits the issuance of of any health insurance policy with a duration of less than 12 months.

** A state is identified as having limited the total length of time a consumer may be enrolled in underwritten short-term coverage to less than 364 days if it prohibits the issuance of multiple short-term policies consecutively, closing a loophole that otherwise may permit continuous enrollment in such plans. Delaware prohibits insurers from: 1) issuing the same short-term policy to an enrollee for back-to-back terms; and 2) from issuing a different short-term policy to the same individual more than once in any given year. Washington prohibits the issuance of a short-term policy during the annual open enrollment period, for coverage beginning in the upcoming year.

*** A state is identified as having limited the initial contract duration of underwritten short-term coverage to less than 364 days if a short-term plan lasting longer than a specified duration would become subject to one or more of the following state consumer protections: guaranteed issue, guaranteed renewability, or required coverage of essential health benefits. Such states typically impose limitations on the renewal of short-term policies, but, in most cases, do not prohibit insurers from issuing multiple new short-term policies consecutively. Connecticut makes consecutive short-term policies subject to certain preexisting condition coverage requirements. Hawaii prohibits the issuance of a short-term policy to an individual who was eligible to purchase coverage through the ACA marketplace during an open or special enrollment period in the previous calendar year.

Data: Authors' analysis of applicable federal and state statutes, regulations, and guidance.

The Commonwealth Fund

Source: Justin Giovannelli, JoAnnVolk, and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership* (Commonwealth Fund, Jan. 2020).