



STATE-BY-STATE ANALYSIS OF LAWS/REGULATIONS AFFECTING ACA PREMIUM RATES

The following analysis provides an overview of federal regulations and legislative actions taken in 2017-2018 that have affected the ACA marketplace. The first page includes a summary of the regulations/Congressional actions that are expected to increase premiums in the ACA marketplace. The second page and subsequent pages provide an analysis of state laws, legislation, and/or regulatory actions taken to restrict the federal laws and regulations related to the ACA including:

- Short-Term, Limited Duration Insurance
- Individual Mandate
- Association Health Plans
- Other State Actions Including Mental Health Parity & Medicaid
- State-wide Average 2019 Insurance Premium Rates (*as of September 21, 2018*)

Summary of New Federal Rules & Laws- ACA Related

FEDERAL SHORT-TERM, LIMITED DURATION INSURANCE (STLDD) FINAL RULE

The final rule adopts amendments to the definition of “short-term, limited-duration insurance” in 26 CFR part 54 of the Internal Revenue Code, 29 CFR part 2590 of ERISA, and 45 CFR part 144 of the Public Health Service Act. The final rule is **effective October 5, 2018**, and makes the following changes:

- **Expands STLDD Contract Term:** Each policy must have an expiration date that is less than 12 months (from 3 months), a maximum of 364 days, after the original date of the contract, which can be renewed/extended up to 3 years.¹
- **Revises Required Notice:** All short-term policies are required to include a prominent notice in their contract and application materials regarding the limitations of short-term coverage in at least 14-point type. This requires a **new** list of health benefits that might not be covered and changed the typeface to sentence case from all capital letters.²
- **Addition of a Severability Clause:** In anticipation of a court challenge to the 36-month provision, the Departments have added a severability clause, which would allow the rest of the rule operative even if the 36-month maximum duration standard is invalid or unenforceable.³
- **1332 Waiver Flexibility:** The final rule will allow states to provide subsidies to purchasers of STLDD plans with funds provided under ACA section 1332 state waivers.^{4,5} Currently, Americans are prohibited from using their premium tax credits to purchase short-term plans because they are not considered ACA-compliant plans.

FEDERAL ASSOCIATION HEALTH PLANS (AHPs) FINAL RULE

The final rule adopts new regulation at 29 CFR 2510.3-5 under Title I of ERISA for determining when employers may join in an association that is treated as the “employer” sponsor or a single multiple-employer sponsor, changing the following:

- 1) **Flexible Definition of Employer as Follows:** (1) employers are in the same trade, industry, line of business, or profession regardless of geographic distribution; and (2) have a principal place of business within a region that does not exceed the boundaries of the same State or the same metropolitan area (can cross state lines)⁶.
- 2) **AHPs Must Have 1 Substantial Business Interest Unrelated to Providing Insurance.**
- 3) **Self-Employed Owners Can Join/Enroll in AHP Even Without Employees.**
- 4) **AHPs are now “Single Group Plans”, Moving Many AHP Plans from the ACA to Employer-Sponsored Plans:** Previously AHP categorization (small or large group plan) was based on each individual group joining the AHP, and not the total number of employees within the AHP. Today, an AHP will constitute a single group plan (vs. a multi-employer plan), whether the plan would be buying insurance as a large (employer-based) or small group (ACA) plan.
 - a. **No Essential Health Benefits (i.e. mental health) Required if 50+ Employees:** However, if an AHP covers an EHB, the AHP must count an individual’s out-of-pocket spending for in-network provision of that benefit towards the plans out-of-pocket maximum; and cover that benefit without any lifetime or annual dollar limit. Any EHB more than the out-of-pocket maximum must be covered without cost-sharing⁷.
- 5) **Prohibits Discrimination Based on Health;** still allows rate differences based on age, gender, geography, occupation, and industry.
- 6) **Must Cover Mental Health Parity, No Annual & Lifetime Limits and Certain Preventative Services.**
- 7) **Other:** Existing AHPs are given flexibility to choose how they’d like to operate; states remain in control of AHPs.

The rule is implemented **September 1, 2018** for existing fully-insured AHPs, **January 1, 2019** for self-insured AHPs, and **April 1, 2019** for new, self-insured AHPs.

INDIVIDUAL MANDATE

Congress passed the Tax Cuts and Jobs Act (P.L. 115-97) on December 22, 2017, which rescinded the individual mandate provision of the ACA. This rescission removes the tax penalty Americans would be required to pay if they remain uninsured beginning in 2019. The Congressional Budget Office (CBO)⁸ projects that the repeal will result in 4 million more uninsured by 2019 and 13 million more by 2027. Additionally, the CBO projects premiums in the individual market to increase by 10% or more in subsequent years.

¹ Keith, Katie. (August 1, 2018). The Short-Term, Limited Duration Coverage Final Rule: The Background, The Content, And What Could Come Next. *Health Affairs Blog*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hblog20180801.169759/full/>

² Centers for Medicare and Medicaid Services. (August 2, 2018). Short-Term, Limited-Duration Insurance, p. 13. Retrieved from: <https://www.federalregister.gov/documents/2018/08/03/2018-16568/short-term-limited-duration-insurance>

³ Keith, Katie. (August 1, 2018). The Short-Term, Limited Duration Coverage Final Rule: The Background, The Content, And What Could Come Next. *Health Affairs Blog*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hblog20180801.169759/full/>

⁴ 42 USC 18052

⁵ Centers for Medicare and Medicaid Services. (August 2, 2018). Short-Term, Limited-Duration Insurance, p. 26. Retrieved from: <https://www.federalregister.gov/documents/2018/08/03/2018-16568/short-term-limited-duration-insurance>

⁶ Department of Labor. (June 20, 2018). Definition of “Employer” under Section 3(5) of ERISA—Association Health Plans. p. 41. Retrieved from <https://www.federalregister.gov/documents/2018/06/21/2018-12992/definition-of-employer-under-section-35-of-erisa---association-health-plans>

⁷ Keith, Katie. (June 21, 2018). Final Rule Rapidly Eases Restrictions on Non-ACA-Compliant Association Health Plans. *Health Affairs Blog*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20180621.671483/full/>

⁸ Jost, Timothy. (December 20, 2017). “The Tax Bill and The Individual Mandate: What Happened, And What Does It Mean?”. *Health Affairs Blog*. DOI: 10.1377/hblog20171220.323429

State Actions and Premiums Taken Between 2017-2018 to Stabilize the ACA Marketplace

(X - Indicates that federal law applies in the state and/or 2019 statewide average data unavailable)

State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
AL	x	x	x	x	x
AK	x	x	x	x	x
AZ	Contract duration limited to 185 days and cannot be renewed or continued for more than 185 days. A. R. S. § 20-1379, AZ ST § 20-1379	x	x	2018: ARIZ. REV. STAT. ANN. §20-1376.05, Requires disability insurance policies to cover health care services that are provided through telemedicine if those services would be covered had they been provided through in-person consultation; includes mental health services.	x
AR	x	x	x	2017: ACA. § 23-86-113, Requires all group accident and health insurance policy or group contract of hospital and medial services corporations providing hospitalization or medical benefits to AR residents for conditions arising from mental illness shall provide a variety of minimum benefits, including services furnished by a psychiatric hospital or an outpatient psychiatric center, a psychologist or a community mental health center. Copayment requirements for mental illness shall not exceed a 20% copayment requirement.	x
CA	SB 910: Passed , which bans STLDI plans from being sold in CA starting in 2019.	x	SB 1375 - Pending . Would require AHPs to comply with ACA consumer protections. Prohibits sole proprietors, partners of a partnership, and the spouses of sole proprietors and partners from being eligible to form or join an AHP.	2018: CA Mental Health Parity Act; AB 2861, signed by Gov. Requires (upon federal approval) licensed health practitioners and certified substance use disorder counselors to be eligible for MediCal reimbursement for covered outpatient counseling services provided through telehealth for substance use disorder patients. SB 1125 - Pending . Authorizes reimbursement through MediCal for a max of 2 visits to health care providers taking place on the same day at one location if, after the first visit, the patient needs additional care or has a mental health or dental care visit.	Statewide average increase by 8.7%

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
CO	Contract duration limited to 6 months or less. Allows residents to purchase another 6-month plan when the first one ends (if total coverage time doesn't exceed 12 months), but it will be a new plan, not a renewal. C.R.S.A. § 10-16-102 § 10-16-102.	x	Interim Insurance Commissioner submitted comment letter to DOL expressing concerns the new rules would provide exemptions from state insurance regulations; and allow AHPs to avoid anti-discrimination requirements in state law, such as in C.R.S § 10-16-104 .	2018: HB 18-1007: Passed , Requires insurers to provide coverage for a 5-day supply of first requests for Buprenorphine without prior authorization, prohibits insurers from imposing step therapy for drugs that include an opioid before covering non-opioids, and prohibits use of financial incentives to providers based solely on patient satisfaction surveys related to pain treatment. HB 18-1357: Passed , Establishes the office of the ombudsman for behavioral health access to care as independent office within the office of the executive director of the Dept of Human Services to assist Coloradans in accessing behavioral health care, and requires commissioner of insurance to report on issues related to mental health parity requirements.	Statewide average increase by 5.6%
CT	Contract duration limitation is 6 months, but does not limit total length of time a consumer may be covered by these plans. Law requires policies 6 months or longer to include preexisting condition protections and requires all plans to cover the ACA's essential health benefits. C.G.S. § 38a-469 and C.G.S. § 38a-476	x	Self-insured association health plans must be licensed as insurers in the state. C.G.S. § 38a-564 through C.G.S. § 38a567. Existing rules effectively block all self-insured association health plans.	2019: Public Act No. 18-10, Passed . Requires individual and group health insurance policies to cover essential health benefits, including mental health disorders and behavioral health treatment.	Statewide average increase by 2.72%
DC	x	Individual mandate to go into effect in January 2019.	AHPs created under new federal guidelines would not qualify as minimum essential coverage, but AHPs that already met federal rules as of 2017 (and are considered minimum essential coverage) would be considered minimum essential coverage under D.C. law. D,C. ACT 22-442 http://lims.dccouncil.us/Download/39944/B22-0753-SignedAct.pdf	2018: B 597, Pending - Would require all health benefit plans offered by an insurance carrier meet requirements of the Federal Parity Act and to submit annual report to Dept of Health Care Finance.	Statewide average increase by 13%
DE	x	x	x	2018: SB 230, Passed . Requires insurers to submit annual reports to demonstrate compliance with the federal parity law, sets reporting requirements for private insurers, and sets the same requirements for public insurers.	Statewide average increase by 3%

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
FL	x	x	x	2018: FLA. STAT. § 1012.584, Established the Department of Education evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of different mental health issues.	Statewide average increase by 5.2%
GA	SB 474: Pending , and would define short-term policies as less than one year.	x	x	x	x
HI	HB 1520: Passed , prohibiting the sale of STLDI plans to anyone who was eligible to purchase a plan on the exchange during the previous calendar year, either during open enrollment or during a special enrollment period. Limits short-term contracts to 90 days.	x	x	x	x
ID	Contract duration limitation is 12 months, non-renewable. I.C. § 41-5203 § 41-5203. Definitions	x	x	x	Statewide average increase by 8%.
IL	HB 2624: Vetoed , would have limited STLDI plans to 181 days.	x	x	2017: Insurance Mandate, Public Act 100-0305: Passed , Requires insurers that provide coverage for hospital and medical expenses for individual and group policies, to provide coverage under the policy for treatment of serious mental illness, and expands this definition to include eating disorders, such as anorexia, bulimia, pica, rumination, avoidant/restrictive food intake disorder, and other specified feeding or eating disorder.	x
IN	Contract duration limited to 6 months and may not be renewed. IC 27-8-14.5-1 27-8-14.5-1 "Health insurance plan" defined	x	x	x	Statewide average increase by 5.1%
IA	x	x	SB 2340: Passed . Allows insurers to partner with Iowa Farm Bureau to sell health benefit plans that technically are not considered health insurance and won't need to comply with the ACA or be regulated by the Iowa Insurance Division.	x	Statewide average decrease by 7.9%

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
KS	Contract duration between 6-12 months, and no more than one renewal period. K.S.A. 40-2,193 40-2,193. Specially designed policies; short-term policies	x	x	x	x
KY	x	x	x	x	x
LA	x	x	x	2017: HB 341, Passed . Dept of Health authorized to accept indigent patients suffering from co-occurring substance-related or addictive disorders and to give them the care and treatment required.	x
MA	State has guaranteed-issue and rating requirements for all plans, making it almost impossible to operate. *CANNOT FIND REG IN WESTLAW*	Individual Mandate established. MGL. c.111M	x	x	x
MD	Limits coverage for up to 3 months, and they cannot be extended or renewed. (Same as ACA regulations prior to Trump Administration's final rule) MD Code, Insurance, § 15-1301	x	x	2017: HB 1212, included in HB 1329/SB 967, Passed. Requires individual and group health plans to cover at least one opioid overdose reversal medication that does not require prior authorization.	Statewide average decrease by 13%.
ME	These plans are permitted for up to 12 months, may not get a policy if combination of all previous policies exceeds 24 months. 24-A M.R.S.A. § 2849-B § 2849-B.	x	x	x	x

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
MI	May only cover you for 185 days out of any 365-day period and has a limited extension of benefits solely for expenses attributable to condition they incurred expenses for during the term of the policy. Nonrenewable for the most part - may be renewed if the total coverage doesn't exceed 185 days out of any 365 day period. M.C.L.A. 500.2213b	x	x	2018: HB 6190: Pending , Prohibits insurers from placing cost sharing requirements and benefit or service limitations on outpatient and inpatient mental health services that place a greater financial burden on a beneficiary or are more restrictive than those for medical services; HB 6191: Pending , Prohibits health care corporations that issue or renew group or nongroup certificates from placing cost sharing requirements and benefit or service limitations on outpatient and inpatient mental health services that place a greater financial burden on a beneficiary or are more restrictive than those for medical services.	x
MN	May only cover for up to 185 days and is not renewable, except if the total coverage doesn't exceed 365 days out of any 555 day period. M.S.A. § 62A.65	x	x	x	x
MS	x	x	x	x	x
MO	Limits plans to 6 months, but does not limit total length of time a consumer may be covered by these plans. Different statutes reference "short-term major medical policies of six months or less duration, or any other supplemental insurance policy."	x	x	2018: § 376.1550 R.S.Mo, Requires health carriers that offer or issue health benefit plans in the state to provide coverage for mental health conditions as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.	x
MT	No limit on duration, but renewals or extensions of these plans must last no longer than 36 months in total.	x	x	x	x
NE	x	x	x	x	Statewide average increase by 2.2%
NV	Initial contract duration limitation of 185 days and can only be renewed if the total coverage period is no more than 185 consecutive days within 365 day period. NAC 689A.434	x	x	x	x

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NH	Contract duration limitation of 6 months. Does not allow individuals to use another STLDI policy if they previously had one, in total more than 540 days of coverage, within the preceding 24-month period. N.H. Rev. Stat. § 415:5	x	x	2017/2018: HB 517: Passed , Requires the development of an online prior authorization form for drugs used to treat mental illness. Community mental health centers and managed care organizations are required to use this form.	x
NJ	Underwritten short-term plans are not permitted.	As of January 1, 2019, individual mandate will go into effect.	A3380: Passed , AHPs will not satisfy individual mandate, because they do not meet state requirements for minimum essential coverage.	2018: A 3056: Pending , Would require insurers to provide mental health benefits for eating disorders under the same terms and conditions provided for any other disorder - includes all eating disorders, including but not limited to anorexia, bulimia, and binge eating disorder.	Statewide average decrease by 9.3%.
NM	x	x	x	x	x
NY	Short-term limited duration plans are prohibited because they don't comply with guaranteed renewability requirements. Insurance Law §§ 3216(g)(1), 3221(p)(1) and (2), 4304(b)(2), 4304(c)(2), and 4305(j)(1) and (2)	x	Does not allow the creation of an association if formed only for the purpose of obtaining insurance; otherwise, federal law applies. N.Y. Ins. Law § 4235(c)(1)	2017/2018: S 6045/A 6396 Passed Assembly, not Senate, Pending , Would require equitable coverage for the treatment of eating disorders and defines eating disorders to include those in the most recent version of the DSM.	Statewide average increase by 8.6%
NC	x	x	x	2017: S 383/H 477, passed Senate, Pending , Would require the Dept of Health and Human Services to design a plan to expand Medicaid coverage to include ambulance transport of Medicaid recipients in behavioral health crisis to behavioral health clinics; H 631, passed House, Pending , Would require Dept of Health and Human Services to establish a workgroup to consider current administrative requirements imposed upon mental health, intellectual/developmental disability, and substance use disorder providers and how best to integrate these requirements with similar administrative requirements for physical health providers to avoid duplication and enhance efficiency.	x

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ND	Contract duration limited to 185 days, but ND does not limit the total length of time a consumer may be covered by these plans. NDCC, 26.1-36.4-02	x	x	x	x
OH	x	x	x	2017-2018: SB 243: Pending , Prohibits copays for any Medicaid service for patients who have a developmental disability or serious mental illness and their sole source of income is either social security disability insurance or supplemental security income; SB 154: Pending , Requires Medicaid, individual and group health insurers, and public employee health plans that cover prescription drugs to cover abuse-deterrent opioid analgesics; would also require these groups to cover without prior authorization and for as long as necessary, medication-assisted treatment, including medical, psychological treatment, prescribed drugs, and referral services for alcohol and drug abuse or addiction.	Statewide average increase by 6.3%
OK	x	x	x	x	Statewide average decrease by 2%. In 2018, OK only had one insurer on the exchange, but addition of new insurer in 2019 is increasing competition, resulting in lower rates.

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
OR	Contract limitation is 90 days. A new policy cannot be issued to a customer within 60 days of expiration. ORS 743B.005(16)	x	x	2018: ORS §743A.168 - Requires a group health insurance policy providing coverage for hospital or medical expenses, other than limited benefit coverage, shall provide coverage for expenses arising from the diagnosis of and treatment for chemical dependency, including alcoholism, and for mental or nervous conditions at the same level as, and subject to limitations no more restrictive than, those imposed on coverage or reimbursement of expenses arising from treatment for other medical conditions.	x
PA	x	x	Federal law applies, but Insurance Commissioner issued a letter outlining the department's standards for AHPs. Standards include: an association must have been active for at least two years to offer a plan; businesses with just one employee won't be eligible for a AHP and must buy from the individual market; and AHPs organized in other jurisdictions must adhere to PA regulations. https://www.insurance.pa.gov/Documents/Press%20and%20Communications/Testimonies%2C%20Remarks%2C%20Speeches/2018/DOL%20HS%20Letter%208.2.18.pdf	2017-2018: SB 244, Pending , Mandates insurers, including any group health, sickness, or accident policies, subscriber contracts, or certificates offered to groups or fifty-one or more employees, to provide equitable, nondiscriminatory coverage for treatment of eating disorders, including residential treatment if the treatment is deemed medically necessary in accordance with relating American Psychiatric Association guidelines.	Statewide average increase by .7%
RI	STLDI plans are required to follow the same Medical Loss Ratio requirements as individual market coverage plans and prohibited from excluding preexisting conditions. Gen.Laws 1956, § 27-18-75 and Gen.Laws 1956, § 27-18.5-10	x	x	2019: R.I. General Laws § 42-14.5-3, effective June 1, 2019. Requires the Office of the Health Insurance Commissioner to: Conduct analysis of provisions of their impact on health insurance premiums and access to care and report findings to general assembly; ensure parity and integrate requirements into OHIC insurance oversight and health care transformation efforts; direct insurers toward policies and practices that address the behavioral health needs of the public and greater integration of physical and behavioral health care delivery; and work with other agencies to make delivery system improvements that enhance access to a continuum of MH/SUD treatment.	x

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
SC	Must be 11 months or less and renewals are limited to a total duration of 33 months or less. South Carolina Dept of Insurance requirement - http://doi.sc.gov/DocumentCenter/View/11057/Bulletin-2018-08-Requirements-Applicable-to-Short-Term-Limited-Duration-Insurance-STLDI-Policies-Sold-in-South-Carolina	x	x	x	x
SD	Contract limited to 6 months, those over 6 months are required to a renewal guarantee. ARSD 20:06:40:02 and ARSD 20:06:39:32	x	x	x	x
TN	x	x	x	x	x
TX	x	x	x	2017/2018: HB 10: Passed , Established an ombudsman and parity work group to help consumers and providers resolve behavioral health care access issues and increase compliance with parity laws. Tex. Ins. Code § 1355.254: A health benefit plan must provide benefits and coverage for mental health conditions and substance use disorders under the same terms and conditions applicable to the plan's medical and surgical benefits coverage.	x
UT	x	x	HB 39: Passed , Requires an association be authorized by the insurance commissioner before purchasing a group health insurance policy, sets requirements for an association (actively in existence for at least five years, has a constitution and bylaws, has a shared or common purpose that is not primarily a business or customer relationship).	x	x

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
VT	H. 892: Passed , Limits these plans to 3 months with no renewal, but currently no plans are for sale in VT.	HB 696: Passed , Beginning in 2020, residents will be required to have health insurance or pay a state tax penalty. Details to be determined during 2019 legislative session.	The Department of Financial Regulation is implementing Emergency Rules that will: Prohibits AHP rating based on demographic or health status; requires AHPs offer coverage to all people and dependents within an association; AHPs meet Medical Loss Ratio rebate requirements; and minimum benefit offerings. Extends authority of insurance commissioner to conduct oversight of AHPs. http://www.dfr.vermont.gov/proposed-rules-and-regulations#i-2018-01	x	x
VA	Limits these plans to 6 months with minimal to no medical underwriting. VA Code Ann. § 38.2-3514.2	x	x	Va. Code. Ann. § 22.1-207 - requires mental health education in public schools.	x
WA	Insurance Commissioner drafted regulations that would limit short-term plans to 3 months, prevent renewal and prohibit insurers from selling them to anyone who already had 3 months of coverage in the prior 12 months. Would prohibit selling short-term plans during open enrollment. Public comment period closed September 24, 2018.	x	Washington State is the state with the most AHPs and prohibits the creation of new self-funded AHPs. Already existing, fully-funded AHPs were required to be bona fide under federal law, but the new rule allows AHPs that meet a "rare" federal exception to legally discriminate in their rates (called Pathway 1 AHP). Pathway 2 AHP is for the eligibility under the federal rule. Permits enrolling "working owners," and are not able to discriminate based on health factors. The new rule allows employers to obtain large employer health insurance, which is not required to provide the full range of required benefits under the ACA. New AHP plans cannot charge different employers different premiums, but provides some exceptions. AHPs formed under previous DOL guidelines and are fully insured will operate as usual. To be determined how Insurance Commissioner will regulate under the new rule.	x	Statewide average increase by 13.8%
WV	x	x	x	x	x

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State	Short-Term, Limited Duration Insurance	Individual Mandate	Association Health Plans	Other State Actions Including Mental Health Parity & Medicaid 2017-2018	2019 Avg. Insurance Premium +/-
WI	Limits duration to no more than 2 months. May be renewed if insurer offers this option, but total duration limited to 18 consecutive months, after which must have 63-day break before signing up for plan from same insurer. W.S.A. 632.7495	x	x	2017/2018: Wis. Stat. Ann. § 632.87: Requires that no policy, plan, or contract may exclude coverage for mental health or behavioral treatment or services provided by the charter school established under a contract if the contract covers the mental health or behavioral health treatment or services when provided by another health care provider.	x
WY	x	x	x	x	Statewide average decrease by .26%. WY has just one insurer on the exchange, who increased their premiums by 48% in 2018 out of concerns of instability in the market. They over-corrected in 2018, and are reevaluating their 2019 rates, lowering them to better represent costs.