

**In the United States District Court
FOR THE NORTHERN DISTRICT OF TEXAS**

TEXAS, WISCONSIN, ALABAMA, ARKANSAS, ARIZONA, FLORIDA, GEORGIA, INDIANA,
KANSAS, LOUISIANA, PAUL LEPAGE, *Governor of Maine*, GOVERNOR PHIL BRYANT OF
THE STATE OF MISSISSIPPI, MISSOURI, NEBRASKA, NORTH DAKOTA, SOUTH CAROLINA,
TENNESSEE, UTAH, WEST VIRGINIA, NEILL HURLEY, *and* JOHN NANTZ,

PLAINTIFFS,

v.

UNITED STATES OF AMERICA, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ALEX AZAR, *in his Official Capacity as* SECRETARY OF HEALTH AND HUMAN
SERVICES, UNITED STATES DEPARTMENT OF REVENUE, *and* DAVID J. KAUTTER, *in his
Official Capacity as Acting* COMMISSIONER OF INTERNAL REVENUE,

DEFENDANTS.

APPENDIX IN SUPPORT OF PLAINTIFF-STATES' AND INDIVIDUAL-
PLAINTIFFS' APPLICATION FOR PRELIMINARY INJUNCTION

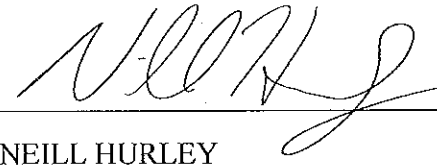
Exhibit B

3. I am married. I have two dependent children.
4. I am self-employed, and own a consulting business. I am a technology consultant in the parking industry.
5. I am ineligible for health insurance coverage through an employer, Medicare, Medicaid, or the Children's Health Insurance Program.
6. I am ineligible to receive a subsidy from the federal government to purchase health insurance coverage.
7. I am currently covered under a family health insurance plan that meets minimum standards under the Affordable Care Act. This plan also covers my wife and our two children. My health insurance company is Community Health Choice, and we are enrolled in the HMO Bronze Plan.
8. I selected and enrolled in my health insurance plan online through www.healthcare.gov - the health insurance marketplace established by the federal government and managed by the U.S. Centers for Medicare and Medicaid Services.
9. My monthly premium is \$1,081.70. I must pay a deductible of \$6,000.00 annually for myself and for each covered family member or until our combined family deductible expenses meet the overall family deductible of \$12,000.00 annually.
10. I first enrolled in an ACA Gold plan in 2016. I paid a monthly premium of \$912.60. I renewed that plan in 2017, even though the monthly premium had increased by 17 percent to \$1,071.50. In October of 2017, I received a notice from my health insurance company that my monthly premium for the same plan would increase by 49 percent to \$1,594.84 if I elected to renew coverage for 2018. I had to enroll in the Bronze plan, which provides an inferior level of coverage, because I could no longer afford to pay for the Gold plan.
11. I was enrolled in a health insurance plan through my previous employer before the ACA mandated that I obtain coverage. My previous plan was widely accepted by the health care providers in our local area. I only had to pay a low co-pay for physician visits instead of meeting a high deductible before any benefits are provided. My monthly premiums under my previous plan were only \$425.00.
12. I was unable to obtain a plan through the federal marketplace that was accepted by all of my and my family's health care providers. I opted to enroll in a plan that was accepted by my children's pediatrician. Our family practice physician, ENT specialist, dermatologist, urgent care facility and urologist do not accept our ACA plan, so we had to find new health care providers that we would not otherwise choose. Our new health care providers are not of the same quality as I and my family had before. Some of our new health care providers have limited the number of appointments available to patients with ACA plans, which delays my ability to timely access health care for me and my family.

13. The ACA prevents me from obtaining care from my preferred health care providers and has greatly increased my health insurance costs. I would purchase reasonably-priced insurance coverage that allowed me to access care locally from my preferred service providers, were I not limited to the plans provided through the federal health insurance marketplace.
14. The ACA's individual mandate requires me to divert resources from my business endeavors in order to obtain qualifying health insurance coverage, regardless of my own judgment as to whether maintaining such coverage is a worthwhile cost of doing business. The additional costs imposed upon me by the individual mandate place a burden on my business.
15. I value compliance with my legal obligations, and believe that following the law is the right thing to do. The repeal of the associated tax penalty did not relieve me of the requirement to purchase health insurance. I continue to maintain minimum essential health insurance coverage because I am obligated to comply with the Affordable Care Act's individual mandate.

I declare under penalty of perjury under the laws of the State of Texas and the United States that the foregoing is true and correct.

Executed on this 23 day of April, 2018.



NEILL HURLEY