

**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

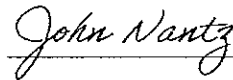
Exhibit A

3. I am single. I have no dependents.
4. I am self-employed, and the founder of a management consulting business. I advise clients on maximizing growth potential, and develop organizational plans and digital strategic plans.
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 an individual health insurance plan that meets minimum standards mandated by the Affordable Care Act.
8. For the 2018 calendar year, I purchased health insurance from Oscar Insurance based on a recommendation from Stride Health (an individual insurance advisory company). I am enrolled in the Oscar Saver Bronze Plan, an ACA-compliant individual health insurance plan.
9. My monthly premium is \$266.56. I must pay a deductible of \$6,500.00 annually before my health insurance company begins to pay for covered health care services. As stated on Oscar Insurance's website, "You pay the full price for covered medical services until you spend \$6,500.00. After that, Oscar pays the full amount of your covered medical care (in-network only)". The plan also includes a select set of complimentary services including an annual routine physical examination and Doctor on Demand access. The full list of complimentary services can be found at <https://www.hioscar.com/benefits/preventive/>.
10. I have been enrolled in an ACA-mandated plan since 2014. Before that, I was enrolled in an employer-sponsored plan offered by McKinsey & Company, which offered access to a much wider network of providers. The cost of my current plan is high given the high deductible, limited network of providers and my age and health status. I enrolled in this plan because I was required by the ACA to do so; I do not believe it provides sufficient value to warrant the cost.
11. My plan is an Exclusive Provider Organization (EPO) Plan. I am limited to using the health care providers within the network. The plan provides no out-of-network benefits.
12. I am young and in good health. I have received minimal professional medical care for years with my use of the healthcare system limited almost exclusively to seeing sports therapists and chiropractors which I have paid out-of-pocket or with my HSA. The money that I have paid for ACA-mandated health insurance premiums would have been much better spent on additional contributions to a Health Savings Account and/or basic catastrophic insurance, which would be my preferred insurance option.

13. The ACA has greatly increased my health insurance costs. My preference would be to purchase reasonably-priced insurance coverage that is consumer-driven in accordance with my actuarial risk. I would maintain health insurance coverage through a plan that offers low premiums and a high deductible priced according to my risks and lifestyle choices. This would be available to me in a consumer-driven, competitive insurance market. In this situation, I would contribute to a Health Savings Account, which I would use to pay for my health expenses.
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 health insurance 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, even though doing so is a burden to me.

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.



JOHN NANTZ