

**APPROVED AND PROPOSED SECTION 1332 WAIVER PROGRAMS  
as of October 18, 2019**

State	Description	Status
Alaska	AK's application sought to waive Affordable Care Act's (ACA) requirement for the single risk pool to implement the Alaska Reinsurance Program (ARP) for 2018 and future years. The reinsurance program covers claims in the individual market for individuals with one or more of 33 identified high cost conditions. The state projected premiums would be 20 percent lower in 2018. The U.S. Department of the Treasury (U.S. Treasury) determined that AK's pass-through funding amount was \$58,484,978 for calendar year 2018 and is \$68,689,234 for calendar year 2019.	Waiver application submitted to HHS on 12/29/2016; approved 07/17/2017
California	CA's application sought to offer new health insurance options, called California Qualified Health Plans, to individuals ineligible to purchase Qualified Health Plans because of their immigration status. Enrollees in the CA plans would not have been eligible to receive advanced premium tax credits (APTC) or Cost Sharing Reductions (CSRs).	Waiver application submitted to HHS on 12/16/2016; withdrawn 01/18/2017
Colorado	CO's application sought to waive ACA's requirement for the single risk pool for two years to implement a reinsurance program for 2020 and 2021. CO Division of Insurance estimated that the program would bring down premiums in the individual market 16 percent on average, across the state, with the expectation of similar savings in year two. Total funding for the reinsurance program for 2020 estimated to be approximately \$250 million. Program will be partially funded through a special assessment fee on hospitals, as well as with money from the state's general fund, including funds from the state's premium tax revenue. Reinsurance program will reimburse qualifying individual health insurers for a percentage of an enrollee's claims between an attachment point and a cap. In 2020, the program will reimburse claims at an average 60 percent coinsurance rate for claims between the attachment point of \$30,000 and an estimated \$400,000 cap. The program will reimburse at different percentages in different parts of the state due to language in CO law that specifies a three-tier structure for reducing the costs of claims. The three-tier structure is designed to encourage carriers into the parts of the state with less carrier participation and to provide greater relief in areas of the state with higher health care costs and health insurance premiums – rural and mountain areas. The reduction in premiums will reduce net federal spending by approximately \$170 million and \$183 million respectively, in each of the two years the waiver is in	Waiver application submitted to HHS on 05/20/2019; approved 07/31/2019

State	Description	Status
Colorado (cont.)	place. The state requested federal pass-through funding equal to the amount of federal savings for each year of the program.	See page 1.
Delaware	DE's application sought to waive ACA's requirement for the single risk pool for a period of up to five years beginning for the 2020 plan year to implement state-operated reinsurance program. Sources of funding for the program to be federal pass-through funding and a premium assessment applied to specified issuers to finance the state's portion of the costs of the reinsurance program. Program will reimburse issuers for a percentage of the annual claims they incur on a per member basis. For 2020, the state is anticipating an attachment point of \$65,000, a coinsurance rate of 75 percent, and a reinsurance cap of \$215,000 Program is expected to lower premiums (relative to no reinsurance program in place) by 13.7 percent and increase enrollment in the individual ACA market by as much as 2.3 percent. Total funding needed for plan year 2020 estimated to be \$26.9 million with pass through funding of \$20 million.	Waiver application submitted to HHS on 07/10/2019; approved 08/20/2019
Hawaii	Waiver frees HI from the requirement to operate a Small Business Health Options Program (SHOP) and allows the small business tax credit amounts that would otherwise be paid to small employers who purchase coverage through the shop to be provided to HI and used to support a state fund that helps small businesses offer health coverage.	Waiver application submitted to HHS on 08/10/2016; approved 12/30/2016
Idaho	ID submitted combined Sections 1332 and 1115 waiver applications seeking federal approvals to allow Idahoans with income between 100 percent and 138 percent of the federal poverty level to choose the healthcare coverage option that is right for them, whether private insurance or Medicaid.	Waiver application submitted 07/15/2019; incomplete
Iowa	IA's proposed 2018 reinsurance program would have used a portion of the federal dollars – estimated to be \$421 million – that would otherwise be used for advance premium tax credits (APTC) and cost-sharing subsidies.	Waiver application submitted to HHS on 08/21/2017; withdrawn on 10/23/2017
Maine	ME sought to reinstate a reinsurance program called the Maine Guaranteed Access Reinsurance Association from 2019 through 2023. ME projected that premiums would be about 9 percent lower in 2019 than without the waiver and predicted that the number of uninsured persons would fall by about 1.7 percent. U.S. Treasury determined that ME's pass-through funding amount was \$62,298,300 for calendar year 2019.	Waiver application submitted to HHS on 05/09/2018; approved 07/30/2018
Maryland	MD's application sought to waive ACA's requirement for the single risk pool for a period of five years beginning for plan year 2019 to implement a state reinsurance program. Total program costs were expected to be approximately \$462 million. MD law established an assessment on certain health	Waiver application submitted to HHS on 05/18/2018; approved 08/22/2018

State	Description	Status
Maryland (cont.)	insurance plans and state regulated Medicaid managed care organizations to help fund the reinsurance program; the assessment fee was estimated to collect \$365 million in 2019 and MD sought federal pass-through funding through net APTC savings to fund the remainder of the program costs. Reinsurance program operates as a traditional, claims-based reinsurance program that reimburses qualifying health insurers for a percentage of an enrollee’s claims between an attachment point and cap. For 2019 plan year the proposed cap was \$250,000 and a coinsurance rate of 80 percent. It was estimated that the reinsurance program would reduce average premiums by approximately 30 percent   2019 from what they would be absent the waiver. U.S. Treasury determined that MD’s pass-through funding amount was \$373,395,635 for calendar year 2019.	See page 2.
Massachusetts	MA sought a waiver to establish a premium stabilization fund in lieu of CSR payments for 2018 and potentially beyond. Under the waiver, CSR payments would be waived, and in their place the state would stabilize premiums via direct issuer reimbursement.	Waiver application submitted to HHS on 09/08/2017; incomplete
Minnesota	MN’s application sought to establish a new state-based reinsurance program for plan years 2018 through 2022. The state projected that for 2018 the program would reduce premiums by an average of over 20 percent and would attract at least 20,000 more Minnesotans to purchase individual health insurance. The Minnesota Premium Security plan began operation in 2018 and uses funding from a combination of federal pass-through dollars and state funds. Projected cost of the plan for 2018 was \$271 million. The U.S. Treasury determined that MN’s pass-through funding amount was \$130,719,696 for calendar year 2018 and \$84,757,861 for calendar year 2019.	Waiver application submitted to HHS on 05/05/2017; approved 09/22/2017
Montana	MT’s application sought to implement a reinsurance program for plan years 2020 through 2024. Program will operate like a traditional claims-based attachment point reinsurance program by reimbursing qualified health plan carriers for a percentage of an enrollee’s claims exceeding a specified threshold and up to a specified ceiling. For 2020, the state set a coinsurance rate of 60 percent, with an attachment point of \$40,000 up to a cap of \$101,750. The state projected that under the waiver, premiums will be up to 8 percent lower in plan year 2020 than they would have been without the waiver and projects that the number of insured persons will increase by approximately 1 percent. Total funding for the program for 2020 is estimated to be approximately \$34.5 million and will be funded through an assessment on major medical health	Waiver application submitted to HHS on 06/19/2019; approved 08/16/2019

State	Description	Status
Montana (cont.)	insurance premiums by the state and federal pass-through funds of \$22 million.	See page 3.
New Jersey	NJ's application sought to implement a state reinsurance program for a period of five years beginning with the 2019 calendar year. State projects the program will achieve a 15 percent reduction in premium rates for 2019 compared to rates absent the reinsurance program and increase enrollment in the individual market by approximately 27 percent. Total funding for the program for 2019 estimated to be approximately \$323.7 million, to be funded from funded collected by the state through the establishment of a shared responsibility tax equal to a taxpayer's federal penalty that would apply for the taxable year under the ACA, federal pass-through funds, and an annual appropriation out of the general fund of the state. It was projected that pass-through funds for 2019 would be \$218 million. The program will reimburse qualifying carriers for 60 percent of an enrollee's claims between the \$40,000 attachment point and the \$215,000 reinsurance cap. The U.S. Treasury determined that NJ's pass-through funding amount was \$180,201,687 for calendar year 2019.	Waiver application submitted to HHS on 07/02/2018; approved 8/16/2018
North Dakota	ND's application sought to implement the Reinsurance Association of North Dakota (RAND), a state-based reinsurance program for a period of five years beginning with the 2020 plan year. The RAND will be funded with a combination of assessments on the full insured small and large group health insurance market and by federal pass-through dollars estimated to be approximately \$21,225,000 and \$26,116,306 respectively for the 2020 plan year. The RAND will be an "invisible" reinsurance pool, meaning enrollees will not know they are part of the reinsurance pool. The attachment point for reinsurance will be \$100,000 and once the attachment point is met, the program will pay 75 percent of the claim amounts up to \$1 million. The state estimates that the RAND will reduce premiums on the individual market for 2020 by approximately 20 percent from the projected baseline if the RAND was not in place.	Waiver application submitted to HHS on 05/10/2019; approved 07/31/2019
Ohio	OH's application sought to waive the ACA's individual mandate. The state acknowledged that legislation passed by Congress and signed by the President "zeroed out" the penalty associated with the mandate but did not eliminate the mandate itself.	Waiver application submitted to HHS on 03/30/2018; incomplete

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Oklahoma	OK proposed creation of a market stabilization program for 2018 to be funded with federal pass-through funding of \$309 million and a state-based assessment of \$16 million.	Waiver application submitted to HHS on 08/16/2017; withdrawn 09/29/2017
Oregon	OR proposed a five-year reinsurance program beginning in 2018 to be partially funded with federal pass-through dollars estimated to be more than \$30 million per year through 2027. The U.S. Treasury determined that OR's pass-through funding amount was \$54,482,113 for calendar year 2018 and \$41,845,226 for calendar year 2019.	Waiver application submitted to HHS on 08/31/2017; approved 10/19/2017
Rhode Island	RI's application sought to establish a reinsurance program for a period of five years beginning in the 2020 plan year. Program will reimburse claims at a targeted 50 percent coinsurance rate for claims between the attachment point of \$40,000 and a \$97,000 cap. State law authorizes annual adjustment of these reinsurance payment parameters. State projects statewide premiums will be about 5.9 percent lower in 2020 than they would be without the waiver and predicts that individual market enrollment will increase by about 0.9 percent. Total funding for the program for 2020 has been estimated to be approximately \$14.7 million. Provision was included in the state budget that allows the state to establish a health insurance mandate by 1/1/20 and to impose financial penalties on citizens not meeting the requirement. Penalties collected under the statute may be used as a state funding source for the reinsurance program. RI requested pass-through funding of \$6.4 million for 2020.	Waiver application submitted to HHS on 07/08/2018; approved 08/26/2019
Vermont	VT's application sought to waive the ACA requirement to establish an internet portal for the SHOP.	Waiver application submitted to HHS on 03/15/2016; incomplete
Wisconsin	WI's application sought to establish a state-based reinsurance program for a period of five years beginning in the 2019 plan year. Total funding for the program could not exceed \$200 million and will be funded by a combination of state general purpose revenue of \$34 million and federal pass-through dollars of \$166 million. The program allows for a coinsurance rate of 50 percent for 2019 and estimates the program will reduce premiums by 10.6 percent from the projected baseline level if the program were not in place. The U.S. Treasury determined that WI's pass-through funding amount is \$127,726,259 for calendar year 2019.	Waiver application submitted to HHS on 04/18/2018; approved 07/29/2018

Source: [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_State\\_Innovation\\_Waivers-.html](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-.html) accessed 10/18/2019