U.S. GOVERNMENT ACCOUNTABILITY OFFICE

441 G St. N.W.
Washington, DC 20548

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Congressional Requesters

Health Insurance Exchanges: Coverage of Non-Excepted Abortion Services by Qualified Health Plans in 2026

About 19 million people were enrolled in health insurance plans in 2026, which were purchased through health insurance exchanges established by the Patient Protection and Affordable Care Act (PPACA).[1] PPACA directed each state to establish an exchange—referred to as a state-based exchange—or elect to use the federally facilitated exchange.[2] Through these exchanges, eligible consumers may compare and select among insurance plans offered by participating issuers of health coverage in the individual market. Federal law requires the insurance plans offered under an exchange, known as qualified health plans (QHP), to provide a package of essential health benefits—including coverage for specific service categories, such as ambulatory care, prescription drugs, and hospitalization.[3] States may require or restrict coverage of other benefits offered by QHPs.[4] If consistent with federal and state laws, QHPs may cover other benefits, such as abortion services.[5]

Federal law also prohibits the use of federal funds made available to offset the cost of QHP coverage—that is, any income-based tax credits and subsidies—to pay for certain abortion services.[6] Based on the law applicable to 2026, these are abortion services performed *except*

[1]Pub. L. No. 111-148, §§ 1311(b), 1321(c), 124 Stat. 119, 173, 186 (2010), as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (codified at 42 U.S.C. §§ 18031(b) and 18041(c)). In this report, references to PPACA include any amendments made by the Health Care and Education Reconciliation Act of 2010. Enrollment data are from the Centers for Medicare & Medicaid Services, within the Department of Health and Human Services, as of February 2026.

[2]42 U.S.C. § 18031(b). In states electing not to establish and operate such an exchange, PPACA required the federal government to establish and operate an exchange in the state. 42 U.S.C. § 18041(c). The Centers for Medicare & Medicaid Services is responsible for maintaining the federally facilitated exchange and overseeing state-based exchanges. PPACA also required the creation of similar exchanges, called Small Business Health Options Program (SHOP) exchanges, where small employers can shop for and purchase health coverage for their employees. 42 U.S.C. § 18031(b)(1)(B). This report does not examine SHOP exchanges.

[3]42 U.S.C. § 18022.

[4]42 U.S.C. § 18031(d)(3)(B).

[5]See 42 U.S.C. § 18023; 45 C.F.R. § 156.280.

[6]42 U.S.C. § 18023(b); 45 C.F.R. § 156.280(d)-(e). The abortion services for which the expenditure of federal funds is prohibited is based on the law in effect 6 months before the beginning of the benefit year involved. The applicable law for 2026 is the Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. L. No. 119-4, div. A, § 1101(a)(8), 139 Stat. 9, 11 (incorporating by reference the Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, div. D, tit. V, §§ 506-07, 138 Stat. 460, 703) (this provision is commonly referred to as the Hyde Amendment). This report focuses on the 2026 benefit year, which is January 1, 2026, through December 31, 2026.

where the pregnancy is the result of an act of rape or incest, or the life of the pregnant woman would be endangered unless an abortion is performed. We refer to these as "non-excepted abortion services." While QHPs may cover non-excepted abortion services, federal law requires them to take certain steps to ensure that federal funds are not used to pay for non-excepted abortion services. These include requiring QHPs to estimate the cost of this coverage at an amount of no less than $1 per enrollee, per month; to collect that amount and segregate it from any other premium amounts collected; and to use only that segregated amount to pay for the costs associated with providing non-excepted abortion services.[7].

You asked us to provide information on issues related to QHPs' coverage of non-excepted abortion services in 2026, including a list of all QHPs that do or do not cover these services.[8] This report describes QHP coverage of non-excepted abortion services in 2026, and the scope of these services when offered by selected issuers. It also describes how selected issuers inform consumers of this coverage, estimate the costs of this coverage, and bill and collect premiums for this coverage, as well as the role of the Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health and Human Services (HHS), in overseeing non-excepted abortion services coverage.

To report on coverage of non-excepted abortion services in 2026, we reviewed relevant laws from every state and the District of Columbia regarding QHP coverage of these services.[9] We also reviewed CMS data on QHPs' coverage of such services to individuals as a covered benefit in 2026 in the individual market. To assess the reliability of these data, we performed consistency checks of the data against state laws, corroborated a portion of these data with information provided by selected state departments of insurance, state exchange organizations, or issuers, and contacted CMS and states about potential anomalies. We also interviewed CMS officials about the agency's procedures to help ensure that the data reported are accurate. We found these data reliable for the purpose of identifying which QHPs do and do not cover non-excepted abortion services in 2026.

To provide information on the scope, communication of coverage, estimated cost, and billing related to non-excepted abortion services covered by selected issuers in 2026, we collected information from representatives of selected health insurance issuers that provide coverage of non-excepted abortion services in the individual market, state officials, or both from a non-generalizable selection of 10 states. We selected the following 10 states: California, Colorado, Delaware, Hawaii, Illinois, Massachusetts, Minnesota, New Jersey, Oregon, and Virginia.[10] Within those 10 states, we selected a non-generalizable sample of 16 issuers that generally

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Individuals and families with incomes generally between 100 percent and 400 percent of the federal poverty level may qualify for a premium tax credit which subsidizes the cost of premiums for QHPs purchased through the exchanges. 26 U.S.C. § 36B. Those with incomes between 100 percent and 250 percent of the federal poverty level also may qualify for cost-sharing reductions to reduce out-of-pocket costs, such as deductibles and copayments, for covered services. 42 U.S.C. § 18071.

[7]42 U.S.C. § 18023(b)(2)(B)-(D); 45 C.F.R. § 156.280(e)(2)-(4).

[8]In 2014, we reported on similar information. See GAO, *Health Insurance Exchanges: Coverage of Non-excepted Abortion Services by Qualified Health Plans*, GAO-14-742R (Washington, D.C.: Sept. 15, 2014).

[9]We did not review state laws related to the provision of abortion services, such as abortion bans or restrictions based on gestational duration.

[10]We selected states based on a number of factors including the state had QHPs covering non-excepted abortion services, geographic variation, and exchange type. We obtained responses from six states during the time in which we conducted this review: California, Colorado, Illinois, Massachusetts, New Jersey, and Virginia.

offered the largest number of QHPs covering non-excepted abortion services according to 2025 and 2026 CMS data. We reviewed documents and interviewed or received written responses from representatives of 15 issuers during the time in which we conducted this review. Issuers may offer QHPs in multiple states. Some selected issuers offered the largest number of QHPs covering these services in more than one selected state.

To describe CMS's role in overseeing QHP adherence to federal requirements related to non-excepted abortion services coverage, we reviewed relevant CMS guidance and interviewed agency officials about actions they take to oversee the coverage of such services by QHPs in the individual market. See enclosure I for a detailed description of our scope and methodology.

In the course of our work, we identified instances where issuers' practices may have been inconsistent with federal requirements related to the coverage of non-excepted abortion services. We informed CMS of these instances so that the agency may consider whether additional guidance or outreach is necessary to ensure compliance with requirements.

We conducted this performance audit from February to September 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Results

How many QHPs covered non-excepted abortion services in 2026?

For 2026, our analysis of state laws and CMS data shows that QHPs in 19 states provided non-excepted abortion services as a covered benefit. CMS data indicate that of the 6,655 QHPs in the individual market in the U.S. in 2026, about 26 percent covered non-excepted abortion services and about 74 percent did not.[11] The number and percent of QHPs covering such services varied across states, in part, due to state laws.[12]

Our review found that state laws restricting or requiring QHP coverage of non-excepted abortion services differed. (See fig. 1.) In 2026, we found the following:

- 14 states had laws that prohibit the coverage of non-excepted abortion services;[13]
- 11 states had laws that permit the coverage of non-excepted abortion services in limited circumstances, such as to prevent substantial and irreversible impairment of a pregnant woman's major bodily function;

[11]The dataset can be accessed on our website https://www.gao.gov/products/gao-26-108995. It lists each QHP offered in the individual market in all 50 states and the District of Columbia in 2026 and indicates whether the individual QHPs provide or do not provide coverage of non-excepted abortion services.

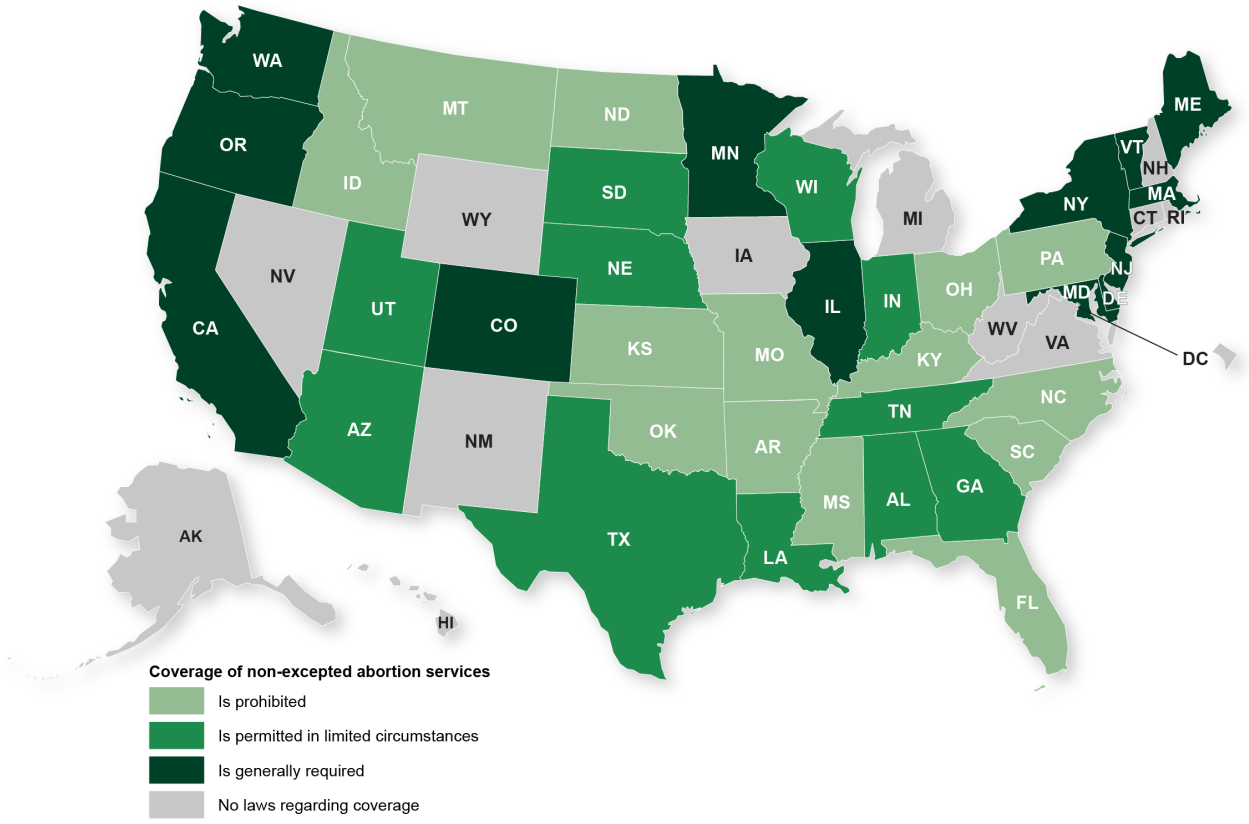
[12]A QHP issuer must comply with a state law that prohibits abortion coverage in QHPs. 45 C.F.R. § 156.280(a).

[13]Of the 14 states that had laws that prohibit the coverage of non-excepted abortion services, five states had laws that were more restrictive than federal law.

- 13 states had laws that generally require QHP coverage of non-excepted abortion services;[14] and
- 13 states did not have laws regarding QHP coverage of non-excepted abortion services.

See enclosure II for more information on state laws related to the coverage of non-excepted abortion services by QHPs.

Figure 1: State Laws Regarding Qualified Health Plan Coverage of Non-Excepted Abortion Services, 2026



Source: GAO analysis of state laws and information obtained from state officials; Map Resources. | GAO-26-108995

Note: For 2026, non-excepted abortion services are those abortion services performed *except* where the pregnancy is the result of an act of rape or incest, or the life of the pregnant woman would be endangered unless an abortion is performed. Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. L. No. 119-4, div. A, § 1101(a)(8), 139 Stat. 9, 11 (incorporating by reference the Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, div. D, tit. V, §§ 506-07, 138 Stat. 460, 703).

None of the QHPs in the 25 states with laws restricting the coverage of non-excepted abortion services provide such coverage, according to our analysis of CMS data and information collected from states. Additionally, almost all QHPs (1,609 of 1,620) in the 13 states with laws that generally require QHP coverage of non-excepted abortion services did so. About 4.4 million individuals enrolled in QHPs, or about 24 percent, were enrolled in a QHP that provided coverage of non-excepted abortion services in June 2026, according to preliminary enrollment

[14]Consistent with federal law, QHPs may opt out of providing coverage for abortion services in certain circumstances. See 42 U.S.C. § 18023(b)(1); 45 C.F.R. § 156.280(c). For example, Oregon granted a religious exemption from providing abortion services coverage to an issuer offering 11 QHPs in 2026, according to CMS officials.

data.[15] Among the 13 states without laws regarding QHP coverage of non-excepted abortion services in 2026, the range of QHPs providing such services in these states varied from no QHPs in Iowa, Michigan, New Hampshire, New Mexico, Nevada, West Virginia, and Wyoming, to all QHPs in the District of Columbia and Hawaii. (See table 1.) See enclosure III for a count of QHPs covering and not covering non-excepted abortion services in each state.

Table 1: Qualified Health Plans (QHP) Covering Non-Excepted Abortion Services Among 13 States with No Laws About Such Coverage, 2026

	AK	CT	DC	HI	IA	MI	NH	NM	NV	RI	VA	WV	WY
QHPs that cover non-excepted abortion services	14	15	27	17	0	0	0	0	0	14	23	0	0
Total QHPs in state	15	22	27	17	121	116	46	25	138	21	83	37	23

Source: GAO analysis of state laws and information from the Centers for Medicare & Medicaid Services, states, and issuers. | GAO-26-108995

What is the scope of non-excepted abortion services coverage by selected issuers?

Information we analyzed from selected issuers indicates that the scope of non-excepted abortion services coverage varies across states. Selected issuers in all 10 states indicated that the benefit was generally not subject to restrictions, limitations, or exclusions, and that prior authorizations were generally not required to access the benefit. Representatives of selected issuers in eight of the 10 states—California, Colorado, Delaware, Illinois, Massachusetts, Minnesota, New Jersey, and Oregon—said that state laws inform the scope of their abortion services coverage. Representatives of issuers in six of these states also reported that there are generally no enrollee out-of-pocket costs or cost sharing—which may include deductibles, copayments, and coinsurance—associated with non-excepted abortion services coverage, as required by state law. Alternatively, representatives of issuers in New Jersey and Minnesota reported that while they cover non-excepted abortion services, cost sharing does apply for those services.

However, representatives of some issuers noted exceptions to cost sharing and prior authorization requirements. For example, in the six selected states with laws generally prohibiting cost sharing for abortion services, representatives of issuers reported that enrollees in their high-deductible QHPs with associated Health Savings Accounts must reach their deductible limit before the issuer covers the service without cost sharing.[16] In addition, representatives of an issuer in California reported that the state prohibits prior authorization for non-emergent outpatient services, but not for inpatient services.

Issuer representatives in the two selected states that do not have state laws related to QHP coverage of abortion services coverage described some differences in coverage and cost sharing across QHPs. For example, representatives reported that the QHPs offered in the first

[15]The preliminary estimate is based on CMS's health insurance exchanges monthly effectuated enrollment data, which captures the number of individuals (women, men, and children) enrolled by QHPs, as of June 2026. See enclosure I for more information on the estimate. Final 2026 enrollment data by QHP will not be available until 2027, according to CMS officials.

[16]High-deductible health plans have relatively high deductibles and often relatively low premiums, especially when compared to health plans with lower deductibles. Issuers can impose cost sharing for some high-deductible plans. Health savings accounts are tax-advantaged accounts available to certain individuals enrolled in eligible high-deductible health plans and can be used to pay for certain medical expenses free of tax.

state generally cover non-excepted abortion services, but the high-deductible QHP does not. Issuer representatives in the second state reported that cost sharing for non-excepted abortion services is similar to that of other benefits (e.g., inpatient or outpatient cost-sharing rates would apply).

How do selected issuers inform consumers of QHP coverage of non-excepted abortion services?

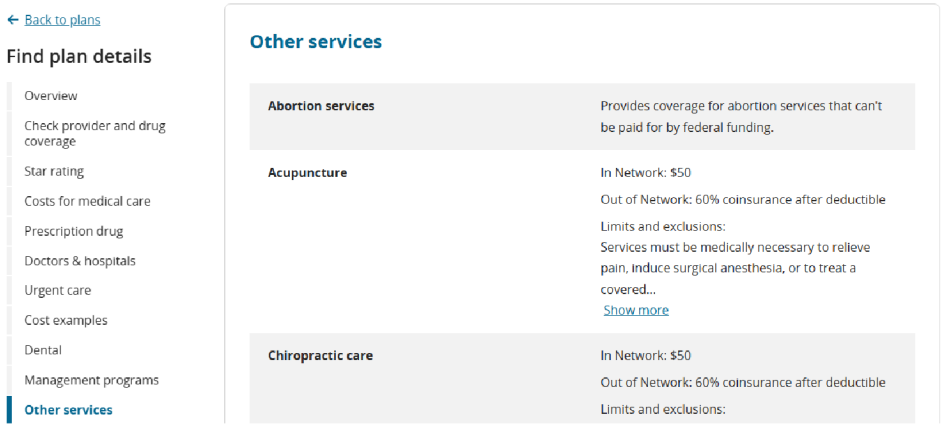
According to our review of a selection of plan documents and discussions with representatives from our 15 selected issuers, consumers may be able to access information about QHP coverage of non-excepted abortion services prior to and following enrollment through exchange websites or by calling QHP issuers' consumer support operators. While federal statute and CMS regulations do not establish any requirements on whether or how information about non-excepted abortion services should be made available to consumers before they enroll in QHPs, there are requirements to notify enrollees about coverage of non-excepted abortion services at the time of enrollment.

CMS guidance directs issuers to indicate coverage of non-excepted abortion services on Summary of Benefits and Coverage documents for all QHPs offered through an exchange, as well as if those services are excluded.[17] These documents are generally available to consumers shopping for QHPs through the issuer's website or the exchange's website, according to CMS officials and issuer representatives we interviewed. According to CMS guidance, these documents are to include information on whether non-excepted abortion services are covered or excluded, or excluded except in cases of rape, incest, or when the life of the mother is endangered (i.e., if only excepted abortion services are covered). (See enc. IV for more information about CMS's guidance to QHPs regarding inclusion of abortion services information in Summary of Benefits and Coverage documents.) We reviewed examples of Summary of Benefits and Coverage documents from the 15 selected issuers and found that information on the coverage of non-excepted abortion services was present.

Apart from the Summary of Benefits and Coverage documents, consumers shopping for QHPs on the federally facilitated exchange may be able to view information on non-excepted abortion services coverage by viewing the "other services" section of plan details on https://www.healthcare.gov. (See fig. 2.) For example, the screenshot below shows that this QHP covers non-excepted abortion services. In contrast, when a QHP does not cover non-excepted abortion services, consumers do not see an "abortion services" row, according to CMS officials.

[17]The Summary of Benefits and Coverage documents summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. See 42 U.S.C. § 300gg-15.

Figure 2: Example of Non-Excepted Abortion Services Coverage Information That May Be Available for Qualified Health Plans on the Federally Facilitated Exchange, 2026



Source: Centers for Medicare & Medicaid Services (screenshot). | GAO-26-108995

Note: The screenshot is from healthcare.gov, a federal website overseen by the Centers for Medicare & Medicaid Services.

In addition, representatives of all 15 selected issuers indicated that consumers have access to plan materials other than the Summary of Benefits and Coverage documents on exchange or issuer websites that describe the benefit either prior to or after enrollment. Our review of examples of publicly available plan materials, such as explanations of coverage or benefit booklets, from 13 issuers found that some information on the benefit was present. However, representatives from two issuers informed us that consumers shopping for QHPs do not have access to information about the full scope of the non-excepted abortion services coverage benefit until after they enroll.

According to our review of plan documents and discussions with representatives from our selected issuers, all 15 selected issuers also provide enrollees with information on the coverage of non-excepted abortion services at the time of their enrollment in a QHP. Federal statute and CMS regulations require QHP issuers providing non-excepted abortion services coverage to notify enrollees that those services are covered as part of the Summary of Benefits and Coverage documents at the time of enrollment.[18] Representatives of 14 issuers reported that this information is provided to enrollees through the Summary of Benefits and Coverage documents often in a packet of materials, and one issuer noted that a link to the issuer's website is provided whereby enrollees can obtain the Summary of Benefits and Coverage document.[19] Issuer representatives said additional information is provided upon enrollee request, by visiting the issuer's website, or by calling the issuer.

[18]42 U.S.C. § 18023(b)(3)(A); 45 C.F.R. § 156.280(f)(1). "At the time of enrollment" generally refers to when individuals submit their first premium payment. CMS officials told us they consider QHP issuers to be in compliance with the notice requirement if issuers provide such information through other QHP documentation distributed along with the Summary of Benefits and Coverage document prior to or at the time of enrollment.

[19]Issuers are required to provide a Summary of Benefits and Coverage document for each benefit package to applicants as soon as practicable following receipt of an application for coverage, but in no event later than seven business days following receipt of the application. 45 C.F.R. § 147.200(1)(iv).

How do selected issuers estimate the cost of covering non-excepted abortion services?

Representatives of all 15 selected issuers reported that they set the premium for coverage of non-excepted abortion services to be $1 per enrollee, per month for 2026, based on estimated costs and per federal requirements.[20] Federal statute and CMS regulations set requirements regarding the actuarial value, such as requiring QHPs determine the cost of coverage of such services as if such coverage were included for the entire population, and that the estimate be no less than $1 per enrollee, per month. Issuer representatives also indicated that they used federal statutes and regulations to guide their premium estimates for coverage of the benefit.

To estimate cost, representatives of the selected issuers reported they analyze historical costs or utilization for these procedures or conduct an actuarial assessment of the expected costs. While four issuers' representatives noted the approach they use was similar to the approach used to estimate the costs of other covered benefits, another issuer reported the process differed substantially in that the federal statutory minimum amount of $1 per enrollee, per month does not reflect estimated claims cost. Representatives of all 15 selected issuers reported they initially estimated cost of that coverage across their QHPs to be less than the required $1 per enrollee, per month minimum. They reported that the premium was set at $1 per enrollee, per month to comply with federal requirements. Estimated costs for such services by issuer was less than $0.50 per month, according to eight issuers that shared that information, with five of those issuers indicating the estimate was less than or equal to $0.15 per month.

Representatives of three selected issuers noted that because the actual cost of the benefit is less than the required $1 per enrollee, per month, they collect more in premiums than they spend on benefit coverage. In 2025, CMS published guidance on issuers' permissible use of excess funds collected for this benefit, acknowledging that issuers may accumulate funds in their segregated accounts because the actuarial value of coverage of non-excepted abortion services is generally less than $1 per enrollee, per month.[21] According to that guidance, once the coverage period ends at the conclusion of the year and all abortion services claims have been paid or accounted for, issuers may treat the premium funds in the same manner as other premium payments collected for other covered services.

How do selected issuers bill and collect premiums for non-excepted abortion services?

Representatives from our 15 selected issuers described a range of methods they used to bill QHP enrollees for non-excepted abortion services, and their approaches for separating associated premium amounts collected. Federal law requires issuers to collect from each enrollee in a QHP covering non-excepted abortion services a separate payment for coverage of these services, to segregate premium amounts collected by the QHP to cover non-excepted

[20]See 42 U.S.C. § 18023(b)(2)(D); 45 C.F.R. § 156.280(e)(4).

[21]CMS guidance states that for issuers to utilize these funds for purposes other than non-excepted abortion services, QHP issuers must move the unspent premium funds in their non-excepted abortion services segregated accounts to general issuer-managed accounts. Excess funds then become earned premium revenue at the conclusion of the year and become available for use for any lawful purpose, just as with other premium payments collected over and above the cost of services. See Centers for Medicare & Medicaid Services, *Frequently Asked Questions (FAQs) on Usage of Funds in Section 1303 Segregated Accounts by Qualified Health Plan (QHP) Issuers in the Individual Market* (Washington, D.C.: Dec. 9, 2025).

abortion services from other premium amounts collected, and to use the segregated amount to exclusively pay for the costs associated with providing such services.[22]

Regarding billing, CMS regulations provide the option for issuers to itemize the premium amount for coverage of non-excepted abortion services, send a separate monthly bill for these services, or send notice to the policy holder at or after the time of enrollment that the monthly invoice will include a separate charge for such services and specify the charge.[23] Among the 13 issuers in nine states where issuers bill enrollees directly, representatives of 11 of these issuers reported that they use one of the approaches outlined in regulation.[24] Specifically, two issuers included information about the coverage of non-excepted abortion services in their plan materials or separate notice, and nine issuers provided the information through a note on or with enrollees' bills.[25] Among these 11 issuers, five issuers' materials state that a portion of the premium is for "elective abortion services" or for "abortion services not covered by federal funding," five issuers' bills note that a portion of the premium is to cover "services required to be segregated under Section 1303 of PPACA," and one issuer's bill notes that the plan covers "non-Hyde services" (which we refer to as non-excepted abortion services).

Further, not all 11 issuers specify the amount of the charge associated with non-excepted abortion services. Four of these issuers did not specify the amount; six issuers did; and one issuer did in some, but not all states in which they operate. While CMS does not prescribe specific language that issuers must include for the bill or notice to enrollees when complying with federal regulations, agency officials said that each method requires specifying the charge and what service it is for.

Representatives of another two issuers indicated they did not follow one of the three methods identified in CMS regulation. One issuer included the premium amount in the total monthly bill and did not itemize the amount for coverage of non-excepted abortion services or identify that coverage in a note on the bill.[26] However, in June 2026, issuer representatives told us they intend to begin including a notice in enrollee materials explaining that a separate $1 premium will be charged for services that must be segregated under federal law. Representatives of the other issuer told us they do not include this information, noting their state reimburses them for the premium associated with abortion services.

[22]42 U.S.C. § 18023(b)(2)(B)-(D); 45 C.F.R. § 156.280(e)(2)-(4).

[23]Under 45 C.F.R. § 156.280(e)(2)(ii), an issuer will be considered to have satisfied the requirement to collect a separate payment for coverage of non-excepted abortion services if it follows one of these three billing approaches.

[24]Two selected issuers, both in Massachusetts, do not bill enrollees. Instead, the Massachusetts health insurance exchange is responsible for premium billing and processing payments for its enrollees. Enrollee bills include a statement noting that a portion of the premium payment equal to $1 is used to finance the cost of abortion services not covered by federal funding, according to state officials and our review of a sample invoice.

[25]One issuer's member handbook provided upon enrollment includes a note that the first full dollar of the monthly premium is set aside for non-excepted abortion services. Representatives from another told us they send out a notice to enrollees on an annual basis, at or around the time of enrollment. Representatives of eight issuers that explained coverage through a note on or with the bill told us that a notice pertaining to the premium for abortion services coverage is included on or with every bill. Representatives of one issuer told us that the notification is only included in an enrollee's January bill.

[26]Representatives of this issuer noted that the Summary of Benefits and Coverage document includes a statement about the segregation of premium payments associated with this benefit.

We informed CMS of these and other potential inconsistencies identified during our work so that the agency may consider whether additional guidance or outreach is necessary to ensure compliance with requirements. In August 2026, CMS officials stated that they would determine whether to investigate, provide technical assistance, or pursue an enforcement action, depending upon the particular facts of the situation.

To collect premiums, representatives of all 15 selected issuers described how they separate premiums associated with non-excepted abortion services. Representatives from eight selected issuers told us that they segregate premium payments for non-excepted abortion services using general ledger accounts, a system used to track funding for accounting purposes.

Representatives of issuers in six selected states generally reported they collected premiums for non-excepted abortion services from enrollees. In Massachusetts, the state health insurance exchange is responsible for premium billing and processing payments for its enrollees. Representatives of issuers in three selected states—California, Colorado, and Minnesota—told us they receive premiums associated with non-excepted abortion services for some or all enrollees directly from the state. For example, California law requires the California Health Benefit Exchange to make payments to QHP issuers equal to the cost of providing non-excepted abortion services.[27] According to California officials, these payments are made from the California general fund and do not include any federal funds. In addition, according to a bulletin from the Colorado Department of Regulatory Affairs and state officials, the state's Health Insurance Affordability Enterprise makes payments to QHP issuers for non-excepted abortion services premiums for enrollees receiving advance premium tax credits in 2026. According to CMS officials, CMS regulations do not prohibit states from subsidizing non-excepted abortion services coverage.

What role does CMS play in overseeing QHP coverage of non-excepted abortion services?

According to our review of CMS documentation and interviews with agency officials, CMS provides general guidance to states and issuers on how to comply with federal requirements regarding coverage of non-excepted abortion services. The agency also conducts some checks for consistency regarding the coverage status of non-excepted abortion services, such as reviewing the premium amount for non-excepted abortion services in electronic QHP applications for issuers on the federally facilitated exchange. Additionally, CMS has developed guidance for issuers applying to offer coverage through state and federal exchanges. This guidance provides context on how non-excepted abortion services are treated for rate review purposes to ensure that federal premium subsidies do not fund these abortion services.

CMS also provides issuers templates for submitting information on plan benefits that include guidance on how to describe benefit limits or exclusions and cost sharing. For example, as previously mentioned, CMS guidance directs issuers to indicate coverage of abortion services in Summary of Benefits and Coverage documents for all QHPs.[28] CMS has also issued guidance on the use of funds from segregated accounts required to separate payments for non-excepted

[27]Cal. Gov't Code § 100503.5.

[28]CMS's Qualified Health Plan Issuer Application Instructions for Plan Year 2026 includes directions for issuers on the type of information to be included in their application.

abortion services from other payments and related to other aspects of abortion services coverage, such as whether cost sharing must be imposed.[29]

CMS officials said that the agency uses a risk-based approach in its oversight of QHPs broadly and relies on ongoing engagement with states or issuers to gather information as issues arise. Further, CMS officials told us their oversight of abortion services coverage differs based on whether states operate on the federally facilitated exchange or a state-based exchange. For example, to confirm the information for QHPs on the federally facilitated exchange, CMS officials described checking QHP applications for data on coverage of non-excepted abortion services to help ensure that if an issuer is providing non-excepted abortion services, it intends to charge a premium of no less than $1 per enrollee, per month. In contrast, CMS officials told us that the agency does not directly oversee QHPs offered on state-based exchanges. Officials said that states retain the role of regulating insurance, and, as a result, states maintain a prominent role in QHP certification, largely through their departments of insurance.[30]

CMS officials told us they do not collect or review information issuers are required to submit to state departments of insurance, including segregation plans and assurance statements, because PPACA does not require it. As previously noted, federal law requires issuers to segregate premium amounts collected by QHPs to cover non-excepted abortion services from other premium amounts collected. CMS regulations require issuers to submit a plan to the state that includes the process and methodology for ensuring the segregation of funds, known as a segregation plan.[31] CMS officials told us that issuers only need to re-submit the segregation plan if changes are made to it. Further, CMS regulations require QHP issuers to submit an annual assurance statement to the state department of insurance attesting they have complied with PPACA requirements and CMS regulations related to abortion services coverage.[32]

Representatives of the 15 selected issuers in our review described the varying approaches they used in developing and submitting required segregation plans and assurance statements. Issuers reported that some of these approaches are directed by the states where they offer QHPs. For example, Virginia officials said they require QHP issuers to file a form on March 1 of each year that satisfies the segregation plan and assurance statement requirements. The form requires issuers to provide information on the segregated account (e.g., balance, receipts, and disbursements) and requires an issuer representative to attest that the financial accounting systems and controls meet the requirements of PPACA. Massachusetts officials said that while some issuers submitted segregation plans and assurance statements in the past, they issued guidance in May 2026 stating that issuers seeking to offer QHPs must submit both documents. Going forward, Massachusetts officials said they would only approve QHPs that submit both documents annually.

Issuers, which can offer QHPs in multiple states, varied in the extent to which their handling of segregation plans and assurance statements were consistent with requirements, according to our review of information collected from them. Segregation plans that are not submitted to the state or that do not include details on the process and methodology for meeting federal

[29]See Centers for Medicare & Medicaid Services, *Frequently Asked Questions (FAQ) on Usage of Funds*.

[30]CMS officials told us that section 1303 of PPACA (codified at 42 U.S.C. § 18023) assigns oversight authority to the states and that is consistent with states having primary oversight over these matters.

[31]45 C.F.R. § 156.280(e)(5)(ii).

[32]45 C.F.R. § 156.280(e)(5)(iii).

requirements are inconsistent with federal regulations, according to CMS officials. Of the 15 selected issuers, representatives from one reported they did not develop a segregation plan for one state in which they offered QHPs, and three reported they developed the plan, but did not submit it to the state because their states do not require them to submit the plans. Representatives of one of these issuers said their state told them to produce the plan to state officials if asked. Another issuer did not submit a segregation plan for 2026, but had submitted one for 2027 based on updated guidance received from the state in May 2026, according to issuer representatives. Further, of the 23 segregation plans we reviewed, 22 described the process and methodology for meeting PPACA requirements and CMS regulations, and one did not. Fifteen plans described how the premium would be calculated based on the number of enrollees, as well as the frequency of the funds transferred to the segregated account.[33]

Regarding assurance statements, which should attest to compliance with federal requirements related to abortion services coverage, CMS officials stated that issuers are required to submit these to the state insurance commissioner annually. Selected issuers provided us with examples of 25 assurance statements for QHPs they offered in 10 selected states. Issuers' representatives reported that 23 of these statements had been submitted to states. Thirteen statements referred to some requirements related to coverage of abortion services, specifically. In contrast, six assurance statements were more general, noting compliance with federal statutes or regulations more broadly. Additionally, six assurance statements fit neither of the above scenarios. For example, most did not include the signature of an issuer representative providing attestation.

CMS officials told us that states may determine whether an issuer is to submit an assurance statement attesting to compliance with abortion services coverage requirements, specifically, or a general assurance statement attesting to compliance with federal statutes and regulations more broadly. Of the 15 selected issuers, two noted that either the state had not provided guidance on how to submit statements attesting to abortion services coverage requirements specifically or that the state did not require them to be submitted. For example, representatives of one issuer told us two of the states where they offer QHPs do not require them to submit the assurance statements, but to produce them to state officials if asked.

As previously noted, we informed CMS of potential inconsistencies, including those regarding segregation plans and assurance statements, so that the agency may consider whether any action is needed.

Agency Comments

We provided a draft of this report to HHS for review and comment. HHS provided comments (reproduced in enc. V). In its comments, the department noted its commitment to ensuring the integrity of exchanges implemented under PPACA and to following applicable laws and guidance to protect federal taxpayer dollars from funding abortions for which federal funding is prohibited. HHS also stated that CMS will use the information in this report to address any issues of concern in the appropriate manner, noting that CMS will review this report's findings to determine whether to investigate, provide technical assistance, or pursue an enforcement action, depending upon the particular facts of the situation.

[33]This analysis does not reflect a review of one segregation plans, as that issuer had not developed a plan at the time of our review.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at DickenJ@gao.gov. Contact points for our Offices of Congressional Relations and Media Relations may be found on the last page of this report.

GAO staff who made key contributions to this report are Shannon Legeer (Assistant Director), Kelly Turner (Analyst-in-Charge), Giao N. Nguyen, and Kaitlin Farquharson. Also contributing were David Jones, Cynthia Khan, Daniel Lee, Sang Lee, Drew Long, and Emily Wilson Schwark.

//SIGNED//

John E. Dicken
Director, Health Care

List of Requesters

The Honorable John Thune
Majority Leader
United States Senate

The Honorable John Barrasso, M.D.
Majority Whip
United States Senate

The Honorable Mike Johnson
Speaker of the House
House of Representatives

The Honorable Steve Scalise
Majority Leader
House of Representatives

The Honorable Mike Crapo
Chairman
Committee on Finance
United States Senate

The Honorable Bill Cassidy, M.D.
Chair
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
House of Representatives

The Honorable Jason Smith
Chairman
Committee on Ways and Means
House of Representatives

The Honorable Cindy Hyde-Smith
United States Senate

The Honorable James Lankford
United States Senate

The Honorable Robert B. Aderholt
House of Representatives

The Honorable Kat Cammack
House of Representatives

The Honorable Tom Emmer
House of Representatives

The Honorable Michelle Fischbach
House of Representatives

The Honorable Andy Harris, M.D.
House of Representatives

The Honorable Lisa McClain
House of Representatives

The Honorable Bob Onder
House of Representatives

The Honorable Christopher H. Smith
House of Representatives

Enclosure I

Objectives, Scope, and Methodology

This enclosure provides additional details regarding our approach for obtaining the information presented on qualified health plan (QHP) coverage of non-excepted abortion services for 2026, and the scope of these services when offered by selected health insurance issuers.[34] It also describes how selected issuers inform consumers of this coverage, estimate the costs of this coverage, and bill and collect premiums for this coverage, as well as the role of the Centers for Medicare & Medicaid Services (CMS) in overseeing non-excepted abortion services coverage.

To provide information on coverage of non-excepted abortion services in 2026, we reviewed CMS's data on QHPs' coverage of such services to individuals as a covered benefit for all 50 states and the District of Columbia in the individual market. To provide additional context on QHP coverage of abortion services, we reviewed relevant state laws. For states on the federally facilitated exchange, CMS collected these data from issuers or states as part of the agency's certification of QHPs offered in 2026. These data also include states that operated state-based exchanges, but relied on the federal information technology platform for QHP eligibility and enrollment. CMS received data for QHPs on state-based exchanges from the National Association of Insurance Commissioners, which extracted the data from their System for Electronic Rate and Form Filing. CMS gave states operating state-based exchanges an opportunity to review and verify the data prior to making it available on the agency's website.

For the 30 states that offered individual market QHPs in the federally facilitated exchange in 2026, we obtained data dated February 6, 2026. In the 20 states and the District of Columbia that offered individual market QHPs through a state-based exchange, we obtained data dated May 5, 2026, and June 25, 2026. To assess the reliability of these data, we performed electronic testing and consistency checks of the data against state laws. We also interviewed and received written responses from CMS officials about the agency's procedures to help ensure that the data captured all relevant issuers and QHPs, and that data submitted by issuers and states were accurate. We also corroborated a portion of these data with information provided by selected state departments of insurance, state exchange organizations, or issuers. For example, selected issuers provided data that enabled us to corroborate the accuracy of information for about 45 percent of all QHPs covering non-excepted abortion services nationwide. We identified potential errors in the number of QHPs covering non-excepted abortion services in two states. We contacted CMS and states and reviewed plan documents for additional information and updated our analysis to correct the erroneous data. Based on these steps, we determined these data were sufficiently reliable for the purpose of identifying which QHPs do and do not cover non-excepted abortion services in 2026.

The estimated number and percentage of individuals enrolled in QHPs in 2026 that provided coverage of non-excepted abortion services is based on the most recent monthly effectuated enrollment data by QHP collected by CMS and available at the time of our analysis (June 2026). This estimate does not account for about 2 percent of QHPs with missing enrollment data and is

[34]For 2026, non-excepted abortion services are those abortion services performed *except* where the pregnancy is the result of an act of rape or incest, or the life of the pregnant woman would be endangered unless an abortion is performed. Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. L. No. 119-4, div. A, § 1101(a)(8), 139 Stat. 9, 11 (incorporating by reference the Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, div. D, tit. V, §§ 506-07, 138 Stat. 460, 703).

subject to change based on subsequent enrollment data collected by CMS. Annual effectuated enrollment data by QHP for 2026 will not be available until 2027, according to CMS officials.

To provide information on the scope of non-excepted abortion services covered by selected issuers in 2026, how those issuers inform consumers of the coverage, estimate the cost of coverage, and bill and collect premiums for this coverage, we reviewed documents and interviewed or received written responses from representatives of selected health insurance issuers that provide coverage of non-excepted abortion services in the individual market, state officials, or both from a non-generalizable selection of 10 states. To select these states, we first considered the 26 states that either require QHP coverage of non-excepted abortion services (13 states) or do not have laws regarding QHP coverage of non-excepted abortion services (13 states). Among those states, our selection considerations included variation in census division, which excluded two geographic regions where all states had laws that prohibited coverage of non-excepted abortion services, and the highest QHP enrollment among states within each remaining census division, based on 2025 exchange enrollment data available from CMS. Finally, we selected states that had at least one QHP that covered non-excepted abortion services in the individual market. In the 13 states without laws regarding QHP coverage of non-excepted abortion services in the individual market, seven did not have any QHPs that cover abortion services and were excluded from our selection. For variation, we selected states operating state-based exchanges (seven states) and states operating on the federally facilitated exchange (three states). We selected the following 10 states: California, Colorado, Delaware, Hawaii, Illinois, Massachusetts, Minnesota, New Jersey, Oregon, and Virginia. These 10 states accounted for approximately 18 percent of total QHP enrollment and 67 percent of enrollment in states where QHPs covered abortion services in 2025. We interviewed or received written responses from six states during the time we conducted this review: California, Colorado, Illinois, Massachusetts, New Jersey, and Virginia.

Within the 10 states, we selected a non-generalizable sample of 16 issuers: two per state that generally offered the largest number of QHPs covering non-excepted abortion services in the individual market according to 2025 and 2026 CMS data. In some instances, the same issuer offered the largest number of QHPs covering these services in multiple selected states.[35] During the time we conducted this review, we collected documents from and interviewed or collected written responses from representatives of 15 issuers that offered QHPs in the 10 selected states.

To describe CMS's role in overseeing QHP adherence to federal requirements related to non-excepted abortion services coverage, we reviewed relevant statutes, regulations, and CMS guidance, and interviewed agency officials about actions they take to oversee the coverage of such services by QHPs in the individual market. We also interviewed or received written responses from representatives of selected issuers and officials from selected states about their experience submitting, collecting, or reviewing related documents, including those specified in law, such as segregation plans and annual assurance statements.

We conducted this performance audit from February to September 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our

[35]As a result, we collected information from one issuer in one state, two issuers in six states, three issuers in two states, and four issuers in one state.

findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Enclosure II

State Laws Regarding Qualified Health Plan Coverage of Non-Excepted Abortion Services

Our review found that state laws restricting or requiring qualified health plan (QHP) coverage of non-excepted abortion services varied. For example, in 2026

- 14 states had laws that prohibit the coverage of non-excepted abortion services;[36]
- 11 states had laws that permit the coverage of non-excepted abortion services in limited circumstances, such as to prevent substantial and irreversible impairment of a pregnant woman's major bodily function;
- 13 states had laws that generally require QHP coverage of non-excepted abortion services;[37] and
- 13 states did not have laws regarding QHP coverage of non-excepted abortion services.

Table 2 identifies state laws regarding QHP coverage of non-excepted abortion services applicable to the 2026 benefit year.

Table 2: State Laws Regarding Qualified Health Plan (QHP) Coverage of Non-Excepted Abortion Services for 2026

State	Prohibited	Permitted in limited circumstances[a]	Generally required[b]	No state laws	Relevant state law
Alabama		●			Ala. Code § 26-23C-3
Alaska				●	N/A
Arizona		●			Ariz. Rev. Stat. § 20-121
Arkansas	●				Ark. Code Ann. § 23-79-156
California			●		Cal. Health & Safety Code § 1367
Colorado			●		Colo. Rev. Stat. § 10-16-104
Connecticut				●	N/A
Delaware			●		Del. Code Ann. tit. 18, § 3370H
District of Columbia[c]				●	N/A
Florida	●				Fla. Stat. § 627.64995
Georgia		●			Ga. Code Ann. § 33-24-59.17
Hawaii				●	N/A
Idaho	●				Idaho Code Ann. § 41-1848

[36]Of the 14 states that had laws that prohibit the coverage of non-excepted abortion services, five states had laws that were more restrictive than federal law.

[37]Consistent with federal law, QHPs may opt out of providing coverage for abortion services in certain circumstances. See 42 U.S.C. § 18023(b)(1); 45 C.F.R. § 156.280(c). For example, Oregon granted a religious exemption from providing abortion services coverage to an issuer offering 11 QHPs in 2026, according to Centers for Medicare & Medicaid Services officials.

State	Prohibited	Permitted in limited circumstances[a]	Generally required[b]	No state laws	Relevant state law
Illinois			●		215 Ill. Comp. Stat. § 5/356z.4a
Indiana		●			Ind. Code Ann. § 27-8-33-4
Iowa				●	N/A
Kansas	●[d]				Kan. Stat. Ann. § 40-2,190
Kentucky	●[d]				Ky. Rev. Stat. § 304.5-160
Louisiana		●			La. Rev. Stat. Ann. § 22:1014
Maine			●		Me. Rev. Stat. tit. 24-A, § 4320-M
Maryland			●		Md. Code Ann., Insurance, § 15-857
Massachusetts			●		Mass. Gen. Laws ch. 175, § 47F
Michigan				●	N/A
Minnesota			●		Minn. Stat. § 62Q.524
Mississippi	●				Miss. Code Ann. § 41-41-99
Missouri	●[d]				Mo. Rev. Stat. § 376.805
Montana	●				Mont. Code Ann. § 33-22-116
Nebraska		●			Neb. Rev. Stat. § 44-8403
Nevada				●	N/A
New Hampshire				●	N/A
New Jersey			●		N.J. Stat. Ann. § 26:2S-39
New Mexico				●	N/A
New York			●		N.Y. Ins. Law § 3221
North Carolina	●				N.C. Gen. Stat. § 58-51-63
North Dakota	●[d]				N.D. Cent. Code § 14-02.3-03
Ohio	●				Ohio Rev. Code Ann. § 3901.87
Oklahoma	●[d]				Okla. Stat. tit. 63 § 1-741.3
Oregon			●		Or. Rev. Stat. § 743A.067
Pennsylvania	●				40 Pa. Cons. Stat. § 3302
Rhode Island				●	N/A
South Carolina	●				S.C. Code Ann. § 38-71-238
South Dakota		●			S.D. Codified Laws § 58-17-147
Tennessee		●			Tenn. Code Ann. § 56-26-134
Texas		●			Tex. Ins. Code § 1696.002

State	Prohibited	Permitted in limited circumstances[a]	Generally required[b]	No state laws	Relevant state law
Utah		●			Utah Code Ann. § 31A-22-726
Vermont			●		Vt. Stat. Ann. tit. 8, § 4079
Virginia				●	N/A
Washington			●		Wash. Rev. Code § 48.43.073
West Virginia				●	N/A
Wisconsin		●			Wis. Stat. § 632.8985
Wyoming				●	N/A
Total	**14**	**11**	**13**	**13**	

Source: GAO analysis of state laws and information obtained from state officials. | GAO-26-108995

Notes: For 2026, non-excepted abortion services are those abortion services performed *except* where the pregnancy is the result of an act of rape or incest, or the life of the pregnant woman would be endangered unless an abortion is performed. Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. L. No. 119-4, div. A, § 1101(a)(8), 139 Stat. 9, 11 (incorporating by reference the Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, div. D, tit. V, §§ 506-07, 138 Stat. 460, 703).

[a]Eleven states permit QHP coverage of non-excepted abortion services in limited circumstances, such as the following: services performed in the case of a fetus with a lethal defect; to increase the probability of a live birth; to save the life or preserve the health of an unborn child; or to prevent substantial and irreversible impairment of a pregnant woman's major bodily function.

[b]Consistent with federal law, QHPs may opt out of providing coverage for abortion services in certain circumstances. See 42 U.S.C. § 18023(b)(1); 45 C.F.R. § 156.280(c).

[c]D.C. Code § 31–3834.03a requires individual and small group plans to cover abortion services. However, Washington, D.C., officials told us in July 2026 that they had not applied that requirement to QHPs.

[d]Five states have laws that are more restrictive than federal law (Kansas, Kentucky, Missouri, North Dakota, and Oklahoma). For example, Missouri law prohibits coverage of abortion services except to prevent the death of the woman upon whom the abortion is performed. Mo. Rev. Stat. § 376.805.

Enclosure III

Qualified Health Plan Coverage of Abortion Services by State

In 2026, 1,719 qualified health plans (QHP) covered non-excepted abortion services and 4,936 QHPs did not, based on our analysis of state laws and information from the Centers for Medicare & Medicaid Services, states, and health insurance issuers. (See table 3.)

Table 3: Number Qualified Health Plans (QHP) That Cover Non-Excepted Abortion Services, by State, 2026

State	Exchange type	Number of QHPs covering abortion services	Number of QHPs not covering abortion services	Total number of QHPs in state
Alabama	Federally facilitated exchange	0	54	54
Alaska	Federally facilitated exchange	14	1	15
Arizona	Federally facilitated exchange	0	199	199
Arkansas	Federally facilitated exchange	0	52	52
California	State-based exchange	190	0	190
Colorado	State-based exchange	152	0	152
Connecticut	State-based exchange	15	7	22
Delaware	Federally facilitated exchange	40	0	40
District of Columbia	State-based exchange	27	0	27
Florida	Federally facilitated exchange	0	410	410
Georgia	State-based exchange	0	211	211
Hawaii	Federally facilitated exchange	17	0	17
Idaho	State-based exchange	0	158	158
Illinois	State-based exchange	285	0	285
Indiana	Federally facilitated exchange	0	80	80
Iowa	Federally facilitated exchange	0	121	121
Kansas	Federally facilitated exchange	0	64	64
Kentucky	State-based exchange	0	85	85
Louisiana	Federally facilitated exchange	0	100	100
Maine	State-based exchange	69	0	69
Maryland	State-based exchange	47	0	47
Massachusetts	State-based exchange	48	0	48
Michigan	Federally facilitated exchange	0	116	116
Minnesota	State-based exchange	243	0	243
Mississippi	Federally facilitated exchange	0	48	48
Missouri	Federally facilitated exchange	0	117	117
Montana	Federally facilitated exchange	0	90	90
Nebraska	Federally facilitated exchange	0	164	164
Nevada	State-based exchange	0	138	138
New Hampshire	Federally facilitated exchange	0	46	46
New Jersey	State-based exchange	39	0	39
New Mexico	State-based exchange	0	25	25
New York	State-based exchange	334	0	334

State	Exchange type	Number of QHPs covering abortion services	Number of QHPs not covering abortion services	Total number of QHPs in state
North Carolina	Federally facilitated exchange	0	206	206
North Dakota	Federally facilitated exchange	0	59	59
Ohio	Federally facilitated exchange	0	189	189
Oklahoma	Federally facilitated exchange	0	186	186
Oregon[a]	Federally facilitated exchange	48	11	59
Pennsylvania	State-based exchange	0	320	320
Rhode Island	State-based exchange	14	7	21
South Carolina	Federally facilitated exchange	0	125	125
South Dakota	Federally facilitated exchange	0	67	67
Tennessee	Federally facilitated exchange	0	158	158
Texas	Federally facilitated exchange	0	834	834
Utah	Federally facilitated exchange	0	57	57
Vermont	State-based exchange	28	0	28
Virginia	State-based exchange	23	60	83
Washington	State-based exchange	86	0	86
West Virginia	Federally facilitated exchange	0	37	37
Wisconsin	Federally facilitated exchange	0	311	311
Wyoming	Federally facilitated exchange	0	23	23
Total		**1,719**	**4,936**	**6,655**

Source: GAO analysis of state laws and information from the Centers for Medicare & Medicaid Services, states, and issuers. | GAO-26-108995

[a]In 2026, Oregon operated its individual market through a state-based exchange on the federal platform. Oregon relied on services provided by the Department of Health and Human Services to perform certain exchange functions, particularly eligibility and enrollment, while still retaining responsibility for performing other functions, such as QHP certification and consumer outreach and assistance.

Enclosure IV

Summary of Benefits and Coverage Guidance for Qualified Health Plans

All health insurance issuers offering qualified health plans (QHP) on the individual market are required to provide applicants, enrollees, and policyholders with an accurate Summary of Benefits and Coverage document.[38] These documents summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

According to Centers for Medicare & Medicaid Services (CMS) guidance, a Summary of Benefits and Coverage document prepared for a QHP offered through a state-based exchange or federally facilitated exchange must include information on whether abortion services are covered.[39]

CMS guidance directs issuers to include information on abortion services in Summary of Benefits and Coverage documents using one of the following three responses. (See fig. 3.)

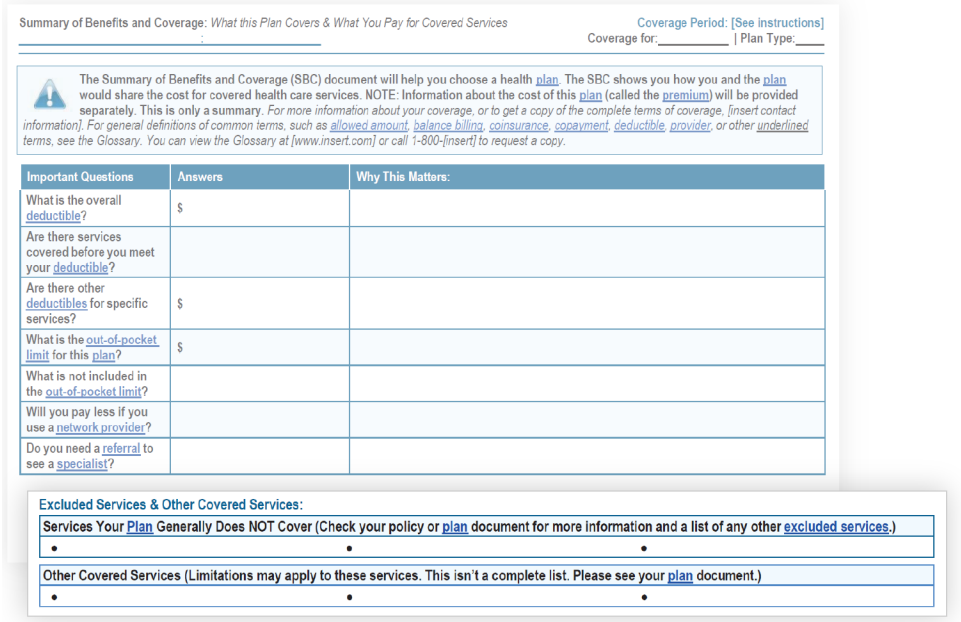
1. If the QHP covers excepted and non-excepted abortion services, the issuer is to list "Abortion" in the other covered services box.[40]
2. If the QHP excludes all abortion services, the issuer should list "Abortion" in the excluded services box.
3. If the QHP covers only excepted abortion services, issuers should list in the excluded services box "Abortion (except in cases of rape, incest, or when the life of the mother is endangered)" and may also include a cross-reference to another plan document that more fully describes the exceptions.

[38]See 42 U.S.C. § 300gg-15. Issuers are required to provide a Summary of Benefits and Coverage document for each benefit package to applicants as soon as practicable following receipt of an application for coverage, but in no event later than seven business days following receipt of the application. 45 C.F.R. § 147.200(a)(1)(iv).

[39]See Centers for Medicare & Medicaid Services, *Summary of Benefits and Coverage; Instruction Guide for Individual Health Insurance Coverage* (January 2021). Federal law requires issuers to provide notice of non-excepted abortion coverage to enrollees as part of the Summary of Benefits and Coverage documents at the time of enrollment. 42 U.S.C. § 18023(b)(3)(A); 45 C.F.R. § 156.280(f)(1).

[40]For 2026, non-excepted abortion services are those abortion services performed *except* where the pregnancy is the result of an act of rape or incest, or the life of the pregnant woman would be endangered unless an abortion is performed. Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. L. No. 119-4, div. A, § 1101(a)(8), 139 Stat. 9, 11 (incorporating by reference the Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, div. D, tit. V, §§ 506-07, 138 Stat. 460, 703).

Figure 3: Excerpts from a Summary of Benefits and Coverage Template



Summary of Benefits and Coverage: *What this Plan Covers & What You Pay for Covered Services*

Coverage Period: [See instructions]
Coverage for:_____ | Plan Type:____

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. **This is only a summary.** *For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.insert.com] or call 1-800-[insert] to request a copy.*

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$	
Are there services covered before you meet your deductible?		
Are there other deductibles for specific services?	$	
What is the out-of-pocket limit for this plan?	$	
What is not included in the out-of-pocket limit?		
Will you pay less if you use a network provider?		
Do you need a referral to see a specialist?		

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
•	•	•

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
•	•	•

Source: Centers for Medicare & Medicaid Services (screenshots). | GAO-26-108995

Enclosure V

Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES — OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

August 26, 2026

John Dicken
Director
Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Mr. Dicken:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, **"HEALTH INSURANCE EXCHANGES: Coverage of Non-Excepted Abortion Services by Qualified Health Plans, 2026"** (GAO-26-108995).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Gary Andres
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT - HEALTH INSURANCE EXCHANGES: COVERAGE OF NON-EXCEPTED ABORTION SERVICES BY QUALIFIED HEALTH PLANS, 2026 (GAO-26-108995)

The Department of Health and Human Services (HHS) appreciates the opportunity to review and comment on the Government Accountability Office's (GAO) draft report. HHS is committed to ensuring the integrity of the Affordable Care Act (ACA) Exchanges and following all applicable law, Executive Orders and Memoranda from the Office of Management and Budget to protect Federal taxpayer dollars from funding abortions for which federal funding is prohibited (non-Hyde abortion services).

Within HHS, the Centers for Medicare & Medicaid Services (CMS) strives to ensure stakeholders, including states and issuers, fully understand and follow the rules and regulations governing the provision of health insurance coverage through a Qualified Health Plan (QHP). Section 1303 of the ACA outlines certain prohibitions, restrictions, and requirements with respect to coverage of abortion services by issuers of QHPs in the individual market. As is the case with many provisions in the ACA, states and state insurance commissioners are the entities primarily responsible for implementing and enforcing many of the requirements of Section 1303 of the ACA and its implementing regulation at 45 CFR 156.280.

As GAO noted, CMS has issued guidance to states and issuers on how to comply with federal requirements regarding coverage of non-Hyde abortion services. This includes regulation on reporting of coverage of non-Hyde abortion services, collection and segregation of funds, the use of segregated accounts, and ensuring compliance with segregation requirements.[1] In December 2025, CMS issued guidance on the usage of funds in Section 1303 segregated accounts, reiterating the statutory requirement to collect two separate payments from each enrollee per month, including a payment for coverage of non-Hyde abortion services and a separate premium payment for all other covered services.[2] Additionally, the guidance reiterated that these separate payments must be deposited into segregated accounts.

While GAO did not identify findings of deficiency with HHS policy or procedures, nor issue any recommendations to HHS, HHS appreciates the information about QHP activities in this draft report and CMS will use this information to address any issues of concern in the appropriate manner. Accordingly, CMS will review the GAO report's findings to determine whether to investigate, provide technical assistance, or pursue an enforcement action, depending upon the particular facts of the situation.

[1] See 45 CFR 156.280(f) (rules relating to notice); 45 C.F.R. § 156.280(e)(2)(i)(A) and (B) (collection of funds); 45 C.F.R. § 156.280(e)(2)(iii), (e)(3)(ii)(A) and (B) (segregation of funds); 45 CFR 156.280(e)(5) (ensuring compliance with segregation requirements).

[2] DHHS, Frequently Asked Questions (FAQs) on Usage of Funds in Section 1303 Segregated Accounts by Qualified Health Plan (QHP) Issuers in the Individual Market, December 9, 2025; Accessed at https://www.cms.gov/files/document/2025-faqs-1303-segregated-funds.pdf.