

# CRS Insights

Many Aspects of the Affordable Care Act Would Not Be Affected by *King v. Burwell*  
Matthew B. Barry, Section Research Manager ([mbarry@loc.gov](mailto:mbarry@loc.gov), 7-0556)  
March 3, 2015 (IN10239)

---

The U.S. Supreme Court is preparing to hear oral arguments on March 4, 2015, in the [King v. Burwell](#) case where the court is to examine whether or not the statutory language of the Patient Protection and Affordable Care Act (ACA) allows the IRS to make premium tax credits available to residents of [states](#) that declined to establish health insurance exchanges. For a more detailed examination of the issues at stake in *King v. Burwell*, see [CRS Report R43833, Premium Tax Credits and Federal Health Insurance Exchanges: Questions and Answers](#).

The outcome of this case may have significant implications for the future of the private health insurance expansion provisions contained in the ACA. However, what has garnered less attention is the fact that the ACA established numerous programs and policies that operate independently of the premium tax credit regime and would remain current law absent any further action by Congress. This Insight highlights some of the key public health and health services-related issues and programs that would remain in effect. A discussion of other ACA provisions that would not be affected by *King v. Burwell*—including changes to Medicare, Medicaid, and the State Children's Health Insurance Program, as well as some of the private insurance changes (e.g., guaranteed issue and renewal of coverage)—is beyond the scope of this document. In addition, indirect effects such as potential impact of the case on safety net providers are not addressed. For a detailed overview of many of the non-health insurance expansion related provisions of the ACA, see [CRS Report R41278, Public Health, Workforce, Quality, and Related Provisions in ACA: Summary and Timeline](#).

## More Than Insurance Expansion

The ACA is broad in terms of its impact and the various aspects of health care delivery, reimbursement, access, and quality that it addressed. Not only did the law encourage access to health coverage in both the [private health insurance market](#) as well as through the [Medicaid program](#), but the law also addressed many other issues ranging from [preventive health services](#) and public health, to health care [quality](#), to Public Health Service Act [workforce](#) programs and [safety net providers](#). In addition, the ACA included provisions that affect reimbursement and policy provisions of the [Medicare, Medicaid, and Children's Health Insurance Program](#) (CHIP).

The following is just a small sampling of the types of public health and health services-related provisions that are not at issue in the *King* case:

- The [Prevention and Public Health Fund](#) (PPHF), which was created to invest in prevention and public health programs, including clinical and community prevention activities, behavioral health screening, and public health infrastructure and data collection activities. In FY2015 and beyond, \$2 billion is appropriated annually to the PPHF.
- The [Patient-Centered Outcomes Research Institute](#), which is focused on coordinating and supporting comparative clinical effectiveness research and is funded through FY2019 with a mix of appropriations, transfers, and [fees](#) levied on health insurers and plan sponsors of self-insured plans.
- The [Elder Justice Act](#), which attempts to provide a coordinated federal response to elder abuse issues by emphasizing various public health and social service approaches to the prevention, detection, and treatment of elder abuse.
- The creation of new regulatory authority within the Food and Drug Administration (FDA) for licensing [follow-on biologics](#) (i.e., biological drugs shown to be biosimilar or interchangeable with a biological drug that is already licensed and marketed).
- [Nutrition labeling](#) of foods sold in chain restaurants and vending machines.

The intention of this Insight is not to downplay the potential significance of a court ruling that could make it more difficult for individuals who have obtained coverage through the exchanges to maintain that coverage without the financial support of tax credits. Rather, it is to remind readers that the ACA has many layers and aspects to it, many of which have little or no connection to or dependence on the insurance coverage provisions in the law.