Should the U.S. Supreme Court overrule the *Chevron* doctrine, agencies tasked with implementing public health insurance programs, regulating the safety of pharmaceuticals and medical devices, and protecting Americans’ public health could face significant hurdles to effectively serving the public. The following highlights some of the benefits that health care regulations provide to everyday Americans, and what the Supreme Court is putting at risk.

**Regulatory health care benefits to everyday Americans:**

- Public health insurance programs, including Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), provide coverage to 65 million Americans—nearly 40 percent of the population.¹ Federal agency experts administer Medicare and, together with states, jointly administer Medicaid and CHIP with the required speed, flexibility, and technical expertise to serve the wide-reaching programs effectively.

- Guidance provided by federal agencies, such as the Centers for Disease Control and Prevention, and standards set by the Food and Drug Administration (FDA) and the Environmental Protection Agency, are also vital to effective public health management. For example, in January 2023, the FDA released draft guidance setting new action levels for industry actors to reduce lead in food marketed for babies and young children.² These agencies conduct public health surveillance, support pandemic preparedness and response, ensure the safety and efficacy of medications, and safeguard a healthy food supply.

**Regulations at stake:**

- **Medicare drug price negotiations:** The Inflation Reduction Act authorized the secretary of the U.S. Department of Health and Human Services (HHS) to directly negotiate prescription drug prices for the Medicare program to set fair prices of some of the most expensive prescription drugs, with the goal of increasing access to lifesaving care for Medicare recipients without harming them financially.³ Drug price negotiations will save users of 5 of the 10 negotiated medications an average of more than $4,000 per year, and some will save more than $100,000 per year in out-of-pocket expenses.⁴ The program is also predicted to reduce the federal
deficit by $287 billion through 2031. The program already faces numerous lawsuits by the pharmaceutical industry. Should the court overrule *Chevron*, the Centers for Medicare and Medicaid Services will face a further uphill battle to implement the statute.

- **Surprise medical billing rules:** Corporate health care plaintiffs, including insurers and pharmaceutical companies, are more likely to succeed in challenging regulatory guidelines should *Chevron* be overturned. For example, insurers successfully challenged a rule derived from the No Surprises Act, which was enacted to close surprise medical billing loopholes and protect Americans from unfair medical bills beyond their control. Disregarding *Chevron* will allow the industry to more easily challenge agency rules meant to protect the American people from excessive health care costs.

- **Coverage for preventive health care services:** The HHS promulgated rules under the Affordable Care Act that require insurance companies to cover preventive services such as HIV prevention, mental health screenings, and sexual transmitted infections tests for tens of millions of people. These types of rules are already being challenged in the extreme 5th Circuit Court of Appeals and will likely be at further risk should the Supreme Court choose to overrule *Chevron*.
Endnotes


7 Ibid.

