United States Government Accountability Office

RETIREMENT CHALLENGES IN THE 21 Century

The Honorable David M. Walker Comptroller General of the United States



AICPA Employee Benefits Conference May 8, 2006 9:30-10:30

Composition of Federal Spending



Federal Spending for Mandatory and Discretionary Programs



Surplus or Deficit as a Share of GDP Fiscal Years 1962-2005



Fiscal Year 2004 and 2005 Deficits and Net Operating Costs

	Fiscal Year 2004	Fiscal Year 2005	
	(\$ Billion)		
On-Budget Deficit	(568)	(494)	
Off-Budget Surplus*	155	175	
Unified Deficit	(413)	(318)	
Net Operating Cost	(616)	(760)	

*Includes \$151 billion in fiscal year 2004 and \$173 billion in fiscal year 2005 in Social Security surpluses and \$4 billion in fiscal year 2004 and \$2 billion in fiscal year 2005 in Postal Service surpluses.

Sources: The Office of Management and Budget and the Department of the Treasury.

Estimated Fiscal Exposures (\$ trillions)

	2000	2005
Explicit liabilities	\$6.9	\$9.9
 Publicly held debt Military & civilian pensions & retiree health Other 		
Commitments & contingencies		0.9
 E.g., PBGC, undelivered orders 		
Implicit exposures		35.6
Future Social Security benefits		5.7
Future Medicare Part A benefits		8.8
Future Medicare Part B benefits		12.4
Future Medicare Part D benefits		8.7
otal	\$20.4	\$46.4

Source: U.S. government's consolidated financial statements (CFS).

Note: Estimates for Social Security and Medicare are at present value as of January 1 of each year as reported in the CFS and all other data are as of September 30.

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How Big is Our Growing Fiscal Burden?

	2000	2005
Total Fiscal Exposures	\$20.4	\$46.4 trillion
Burden	9672 ⁹⁴ 1 3 3	
Per Person	\$72,000	\$156,000
Per Full-time Worker	\$165,000	\$375,000
Per Household	\$189,000	\$411,000
Source: GAO analysis.		

Social Security, Medicare, and Medicaid Spending as a Percent of GDP



Note: Social Security and Medicare projections based on the intermediate assumptions of the 2006 Trustees' Reports. Medicaid projections based on CBO's January 2006 short-term Medicaid estimates and CBO's December 2005 long-term Medicaid projections under mid-range assumptions.

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Composition of Spending as a Share of GDP Under Baseline Extended



Notes: In addition to the expiration of tax cuts, revenue as a share of GDP increases through 2016 due to (1) real bracket creep, (2) more taxpayers becoming subject to the AMT, and (3) increased revenue from tax-deferred retirement accounts. After 2016, revenue as a share of GDP is held constant.

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Source: GAO's January 2006 analysis.

Composition of Spending as a Share of GDP Assuming Discretionary Spending Grows with GDP after 2006

and All Expiring Tax Provisions are Extended



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Note: This includes certain tax provisions that expired at the end of 2005, such as the increased AMT exemption amount. Source: GAO's January 2006 analysis.

Current Fiscal Policy Is Unsustainable

The "Status Quo" is Not an Option

- We face large and growing structural deficits largely due to known demographic trends and rising health care costs.
- GAO's simulations show that balancing the budget in 2040 could require actions as large as
 - Cutting total federal spending by 60 percent or
 - Raising federal taxes to 2 times today's level
- Faster Economic Growth Can Help, but It Cannot Solve the Problem
 - Closing the current long-term fiscal gap based on reasonable assumptions would require real average annual economic growth in the double digit range every year for the next 75 years.
 - During the 1990s, the economy grew at an average 3.2 percent per year.
 - As a result, we cannot simply grow our way out of this problem. Tough choices will be required.

The Way Forward: Three Pronged Approach

Re-impose Budget Controls

- Discretionary spending caps
- PAYGO rules on both sides of the ledger
- Mandatory spending triggers

Improve Accounting and Reporting and Metrics:

- Enhanced financial statement presentation
- Automatic present value disclosures for legislative debate on major tax and spending bills
- Develop key national (outcome-based) indicators

Re-examine Policies and Programs:

- Restructure existing entitlement programs
- Reexamine the base of all other spending programs
- Review and revise existing tax policy, including tax preferences and enforcement programs
- Expand scrutiny of proposed new programs, policies, or activities

21st Century Challenges Report

- Provides background, framework, and questions to assist in reexamining the base
- Covers entitlements & other mandatory spending, discretionary spending, and tax policies and programs
- Based on GAO's work for the Congress
- Issued February 16, 2005



Illustrative 21st Century Questions: Retirement and Disability Policy

- How should Social Security be reformed to provide for long-term program solvency and sustainability while also ensuring adequate benefits (for example, increase the retirement age, restructure benefits, increase taxes, and/or create individual accounts)?
- What changes should be made to enhance the retirement income security of workers while protecting the fiscal integrity of the **PBGC** insurance program (for example, increasing transparency in connection with underfunded plans, modifying PBGC's premium structure and insurance guarantees, reforming plan funding rules, or restricting benefit increases and the distribution of lump sum benefits in connection with certain underfunded plans)?
- How can existing policies be reformed to encourage income preservation strategies so that retirement income lasts an individual's entire life (for example, benefit annuitization)?
- How can existing policies and programs be reformed to encourage older workers to work longer and to facilitate phased retirement approaches to employment (for example, more flexible work schedules or receiving partial pensions while continuing to work)?

Illustrative 21st Century Questions: Health Care

- How can we make our current Medicare and Medicaid programs sustainable? For example, should the eligibility requirements (e.g., age, income requirements) for these programs be modified?
- How can we perform a **systematic reexamination of our current health care system**? For example, could public and private entities work jointly to establish formal reexamination processes that would (1) define and update as needed a minimum core of essential health care services, (2) ensure that all Americans have access to the defined minimum core services, (3) allocate responsibility for financing these services among such entities as government, employers, and individuals, and (4) provide the opportunity for individuals to obtain additional services at their discretion and cost?

Key Elements for Economic Security in Retirement

Adequate retirement income

- Savings
- Social Security
- Pensions
- Earnings from continued employment (e.g., part-time)

Affordable health care

- Medicare
- Retiree health care
- Long-term care (a hybrid)
- Major Players
 - Employers
 - Government
 - Individuals
 - Family
 - Community

Personal Saving Rate Has Declined



Annual Saving Required for a 35-Year Old, with Social Security



Source: GAO analysis, based on Social Security Administration data.

Note: The chart shows the percentage of gross salary 35-year old male and female earning an average wage in 2005 would need to withhold so that the individual would accumulate funds sufficient, along with scheduled social security benefits, to provide retirement income equal to 75% of his or her pre-retirement income. The projections are based on economic assumptions from the 2005 Social Security Trustees Report for inflation (2.8%), real wage growth (1.1%), real interest rate (3%), and nominal interest rate (5.8%).

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U.S. Elderly Dependency Ratio Expected to Continue to Increase



Note: Data for 2005 through 2050 are projected.

U.S. Labor Force Growth Will Continue to Decline



Social Security and Medicare's Hospital Insurance Trust Funds Face Cash Deficits



Source: GAO analysis based on data from the Office of the Chief Actuary, Social Security Administration and Office of the Actuary, Centers for Medicare and Medicaid Services.

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Key Dates Highlight Long Term Challenges of the Social Security System

Date			Event
OASI	DI	OASDI	
2009		2009	Cash surplus begins to decline
2018	2005	2017	Annual benefit costs exceed cash revenue from taxes
2028	2013	2027	Trust fund ceases to grow because even taxes plus interest fall short of benefits
2042	2025	2040	Trust fund exhausted

Sources: Social Security Administration, *The 2006 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Disability Insurance Trust Funds* (Washington, DC: May 2006).

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GAO Criteria for Evaluating Social Security Reform Proposals

Reform proposals should be evaluated as packages that strike a balance among individual reform elements and important interactive effects.

Comprehensive proposals can be evaluated against three basic criteria:

- Financing sustainable solvency
- Balancing adequacy and equity in the benefits structure
- Implementing and administering reforms

Pension System Faces Variety of Challenges

- Significant coverage gaps and pre-retirement leakage
- Long term decline in the number of DB plans and active participants and change in the nature of DB plans
- Recent DB freezes and retiree health plan limitations are likely to accelerate due to prospective changes in current accounting for pension and postemployment benefits
- Recent and prospective large plan terminations by bankrupt sponsors have placed Pension Benefit Guaranty Corporation (PBGC), the federal agency insuring benefits, in financial jeopardy
 - Stock market, interest rate declines this decade have worsened overall plan funding
 - Demographics, global competition (steel, auto), industry deregulation restructuring (airlines) have contributed to both plan and corporate weakness
- Plan funding rules have proven to be inadequate
- Certain PBGC premium insurance issues need to be reviewed
- Selected other issues also require attention (e.g., lump sums, bankruptcy laws)

PBGC's Net Accumulated Deficit for Single-Employer Plans Was Nearly \$23 Billion in 2005



PBGC Claims and Exposures by Principle Industry Category



Broad Goals for Reform of the DB System

- Provide incentives and safeguards for plan sponsors to improve plan funding
- Hold plan sponsors accountable for adequately funding their plans
- Improve transparency and timeliness of plan financial information

Several Reforms Might Improve Plan Funding and Reduce the Risks to PBGC's Long-term Viability

- Strengthen funding rules applicable to poorly funded plans
- Consider additional tax deductible funding flexibility
- Limit lump sums in underfunded plans
- Modify program guarantees (e.g., phase-in rules)
- Raise and modify pension premiums (e.g., nature of risk related premiums)
- Eliminate floor/offset arrangements with significant investment concentrations in employer securities
- Increase transparency of current plan funding information
- Modify bankruptcy laws
- Address issues surrounding certain hybrid plans (e.g., cash balance plans)
- Consider whether to address industrial restructuring costs/losses differently than normal PBGC losses

Key Dates Highlight Long Term Challenges of the Medicare Program

Date Event	
2006	HI outlays exceed cash income
2007	Estimated trigger date for "Medicare funding warning"
2012	Projected date that annual "general revenue funding" will exceed 45 percent of total Medicare outlays
2018 HI (Part A) trust fund exhausted, annua income sufficient to pay about 80% of H promised benefits	

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Source: 2006 Annual Report of The Boards of Trustees of The Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds (Washington, DC, May 2006).

SMI Premium as Share of Average Social Security (OASI) Benefit



Note: Data for 2006 are based on the announced SMI monthly premium of \$88.50 and do not include the Medicare Prescription Drug premium. In August, the Centers for Medicare & Medicaid Services estimated that the national average monthly premium for prescription drug coverage equivalent to the Medicare standard coverage would be \$32.20.

Source: CMS, Office of the Actuary.

Health Care Is the Nation's Top Tax Expenditure in Fiscal Year 2005



Issues to Consider in Examining Cost, Access, and Quality Challenges

- In reforming our health care system, the public needs to be educated about the differences between wants, needs, affordability, and sustainability at both the individual and aggregate level.
- Ideally, health care reform proposals will
 - align incentives for providers and consumers to make prudent choices about health insurance coverage and prudent decisions about the use of medical services,
 - foster transparency with respect to the value and costs of care, and
 - ensure accountability from health plans and providers to meet standards for appropriate use and quality.

Selected Potential Health Care Reform Approaches

- Reexamine the scope, timing, and structure of Medicare Prescription Drug Benefit.
- Foster more transparency in connection with health care costs and outcomes.
- Encourage case management approaches for people with expensive acute and chronic conditions to improve the quality and efficiency of care delivered and avoid inappropriate care.
- Leverage the government's purchasing authority to foster value-based purchasing for health care products and services.
- Foster the use of information technology to increase consistency, transparency, and accountability in health care.
- Foster more preventative care and wellness services and capabilities, including fighting obesity and encouraging better nutrition
- Provide additional cost sharing mechanisms for individuals.
- Develop a set of national practice standards to help avoid unnecessary care, improve outcomes, and reduce litigation.

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 Revise certain federal tax preferences for health care to encourage the efficient use of appropriate care.

Selected Potential Health Care Reform Approaches

- Revise certain federal tax preferences for health care to encourage the efficient use of appropriate care.
- Limit spending growth for government-sponsored health care programs (e.g., percentage of the budget and/or the economy).
- Pursue multinational approaches to investing in health care R&D.
- Develop a core set of basic and essential services with supplemental coverage being available as an option but at a cost. Use the Federal Employees Health Benefits Program (FEHBP) model as a possible means to experiment and see the way forward.
- Create insurance pools for alternative levels of coverage, as necessary.

Working Longer May Help Address the Challenges of an Aging Population

- Impact on the Economy
 - Larger labor force
 - Additional economic growth

Impact on the Federal Budget

- Additional tax revenue
- Reduced expenditures: Social Security & Medicare

Impact on Individuals

 Enhanced retirement security and quality of life

Why Older Americans Don't Work Longer

Cultural Expectation to Retire in Mid-60s

- Social Security early retirement age is 62
- Many private pensions have similar or lower eligibility ages

Older Americans Perceive Few Opportunities

- · Few older workers felt they had opportunities for partial retirement
- Most older workers and retirees saw low wage, low skilled jobs as their primary employment opportunities

Most Employers Do Not Make a Special Effort to Hire and Retain Older Workers

- Many employers say they are willing to implement policies to recruit and retain older workers, but few have actually done so
- Employers cite barriers, such as federal pension regulations, to flexible employment options for older workers

Key Ingredients Needed for These Challenging and Changing Times

Courage

Integrity



Stewardship

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