Saving Our Future requires Tough Choices Today

Chandler-Gilbert Community College
Chandler, AZ
February 4, 2008

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

1966
- 34% Defense
- 43% Social Security
- 15% Medicare & Medicaid
- 7% All other spending
- 1% Net interest

1986
- 29% Defense
- 28% Social Security
- 20% Medicare & Medicaid
- 14% All other spending
- 10% Net interest

2006
- 32% Defense
- 20% Social Security
- 21% Medicare & Medicaid
- 19% All other spending
- 9% Net interest

Sources: Office of Management and Budget and the Department of the Treasury.
Note: Numbers may not add to 100 percent due to rounding.
Federal Spending for Mandatory and Discretionary Programs

1966
- Net Interest: 7%
- Discretionary: 67%
- Mandatory: 26%

1986
- Net Interest: 14%
- Discretionary: 44%
- Mandatory: 42%

2006
- Net Interest: 9%
- Discretionary: 38%
- Mandatory: 53%

Source: Office of Management and Budget.
## Fiscal Year 2006 and 2007 Deficits and Net Operating Costs

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year 2006 ($ Billion)</th>
<th>Fiscal Year 2007 ($ Billion)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>On-Budget Deficit</strong></td>
<td>(434)</td>
<td>(344)</td>
</tr>
<tr>
<td><strong>Unified Deficit</strong></td>
<td>(248)</td>
<td>(163)</td>
</tr>
<tr>
<td><strong>Net Operating Cost</strong></td>
<td>(450)</td>
<td>(276)</td>
</tr>
</tbody>
</table>

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

*aIncludes $185 billion in Social Security surpluses for fiscal year 2006 and $186 billion for fiscal year 2007; $1 billion in Postal Service surpluses for fiscal year 2006 and a $5 billion deficit for fiscal year 2007.*
Short-term Fiscal Position versus Long-term Fiscal Exposures

Unified budget deficit, operating deficit, and net operating cost (billions)

Fiscal exposures (trillions)

Net Operating Cost
Operating Deficit
Unified Deficit

Source: GAO analysis.

Note: Data are from the Congressional Budget Office and the Department of Treasury. Estimates of the federal government’s long-term fiscal exposures are based on the Financial Report of the U.S. Government. These estimates include the present value of future social insurance obligations over a 75-year time horizon as of January 1st of the preceding year. These estimates have not been adjusted for inflation.
## Major Fiscal Exposures

($ trillions)

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2007</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Explicit liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publicly held debt</td>
<td>$6.9</td>
<td>$10.8</td>
<td>57</td>
</tr>
<tr>
<td>Military &amp; civilian pensions &amp; retiree health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Commitments &amp; contingencies</strong></td>
<td>0.5</td>
<td>1.1</td>
<td>97</td>
</tr>
<tr>
<td>E.g., PBGC, undelivered orders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implicit exposures</strong></td>
<td>13.0</td>
<td>40.8</td>
<td>213</td>
</tr>
<tr>
<td>Future Social Security benefits</td>
<td>3.8</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>Future Medicare Part A benefits</td>
<td>2.7</td>
<td>12.3</td>
<td></td>
</tr>
<tr>
<td>Future Medicare Part B benefits</td>
<td>6.5</td>
<td>13.4</td>
<td></td>
</tr>
<tr>
<td>Future Medicare Part D benefits</td>
<td>--</td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$20.4</td>
<td>$52.7</td>
<td>158</td>
</tr>
</tbody>
</table>


Note: Totals and percent increases may not add due to rounding. Estimates for Social Security and Medicare are at present value as of January 1 of each year and all other data are as of September 30.
How Big is Our Growing Fiscal Burden?

This fiscal burden can be translated and compared as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total –major fiscal exposures</td>
<td>$52.7 trillion</td>
</tr>
<tr>
<td>Total household net worth&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$58.6 trillion</td>
</tr>
<tr>
<td>Burden/Net worth ratio</td>
<td>90 percent</td>
</tr>
<tr>
<td>Burden&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Per person</td>
<td>$175,000</td>
</tr>
<tr>
<td>Per full-time worker</td>
<td>$410,000</td>
</tr>
<tr>
<td>Per household</td>
<td>$455,000</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Median household income&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$48,201</td>
</tr>
<tr>
<td>Disposable personal income per capita&lt;sup&gt;4&lt;/sup&gt;</td>
<td>$33,253</td>
</tr>
</tbody>
</table>

Source: GAO analysis.

Notes: (1) Federal Reserve Board, Flow of Funds Accounts, Table B.100, 2007:Q3 (December 6, 2007); (2) Burdens are calculated using estimated total U.S. population as of 10/1/2007, from the U.S. Census Bureau; full-time workers reported by the Bureau of Economic Analysis, in NIPA table 6.5D (Aug. 1, 2007); and households reported by the U.S. Census Bureau, in Income, Poverty, and Health Insurance Coverage in the United States: 2006 (Aug. 2007); (3) U.S. Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2006 (Aug. 2007); and (4) Bureau of Economic Analysis, Personal Income and Outlays, table 2, (Nov. 29, 2007).
Potential Fiscal Outcomes
Under Baseline Extended (January 2001)
Revenues and Composition of Spending as a Share of GDP

Percent of GDP

Revenue

2005 2015\(^a\) 2030\(^a\) 2040\(^a\)

Fiscal year

Net interest  Social Security  Medicare & Medicaid  All other spending

Source: GAO’s January 2001 analysis.
\(^a\)All other spending is net of offsetting interest receipts.
Potential Fiscal Outcomes
Under Alternative Simulation
Revenues and Composition of Spending as a Share of GDP

Source: GAO’s August 2007 analysis.

Notes: AMT exemption amount is retained at the 2006 level through 2017 and expiring tax provisions are extended. After 2017, revenue as a share of GDP returns to its historical level of 18.3 percent of GDP plus expected revenues from deferred taxes, i.e. taxes on withdrawals from retirement accounts. Medicare spending is based on the Trustees April 2007 projections adjusted for the Centers for Medicare and Medicaid Services alternative assumption that physician payments are not reduced as specified under current law.
Growth in Spending for Social Security, Medicare, and Medicaid Expected to Outpace Economic Growth

Growth in constant dollars 2007-2032

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>50%</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP</td>
<td>71%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Social Security Spending</td>
<td>127%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Spending</td>
<td>224%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Spending</td>
<td>235%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

State and Local Governments Face Increasing Fiscal Challenges

Operating Surplus/Deficit Measure

Net-lending/Net-Borrowing

State and Local Fiscal Challenges Add to the Federal Government’s Fiscal Challenge

Source: Historical data from National Income and Product Accounts, GAO Analysis.
Note: Historical data from 2000 – 2006, projections from 2007 – 2050; state and local balance measure is similar to the federal unified budget measure. Federal Simulation Assumptions: Discretionary spending grows with GDP after 2007. AMT exemption amount is retained at the 2006 level through 2017 and expiring tax provisions are extended. After 2017, revenue as a share of GDP returns to its historical level of 18.3 percent of GDP plus expected revenues from deferred taxes, i.e. taxes on withdrawals from retirement accounts. Medicare spending is based on the Trustees’ April 2007 projections adjusted for the Centers for Medicare and Medicaid Services’ alternative assumption that physician payments are not reduced as specified under current law.
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: A Three-Pronged Approach

1. Improve Financial Reporting, Public Education, and Performance Metrics

2. Strengthen Budget and Legislative Processes and Controls

3. Fundamentally Reexamine & Transform for the 21st Century (i.e., entitlement programs, other spending, and tax policy)

Solutions Require Active Involvement from both the Executive and Legislative Branches

- Improve transparency & completeness of President’s budget proposal:
  - Return to 10-year estimates in budget both for current policies and programs and for policy proposals
  - Include in the budget estimates of long-term cost of policy proposals & impact on total fiscal exposures.
  - Improve transparency of tax expenditures

- Consider requiring President’s budget to specify & explain a fiscal goal and a path to that goal within 10-year window—or justify an alternative deadline

- Require annual OMB report on existing fiscal exposures [liabilities, obligations, explicit & implied commitments]

- Require enhanced financial statement presentation to address fiscal sustainability and intergenerational equity issues

- Prepare and distribute a summary annual report that is both useful and used

- Increase information on long-range fiscal sustainability issues in Congressional Budget Resolution & Budget Process.

- Develop key national (outcome-based) indicators (e.g. economic, security, social, environmental) to chart the nation’s posture, progress, and position relative to the other major industrial countries
The Way Forward: Strengthen Budget and Legislative Processes and Controls

- Restore discretionary spending caps & PAYGO rules on both spending and tax sides of the ledger
- Develop mandatory spending triggers [with specific defaults], and other action-forcing provisions (e.g., sunsets) for both direct spending programs and tax preferences
- Develop, impose & enforce modified rules for selected items (e.g., earmarks, emergency designations, and use of supplementals)
- Require long-term cost estimates (e.g. present value) for any legislative debate on all major tax and spending bills, including entitlement programs. Cost estimates should usually assume no sunset
- Extend accrual budgeting to insurance & federal employee pensions; develop techniques for extending to retiree health & environmental liabilities
- Consider biennial budgeting
- Consider expedited line item rescissions from the President that would only require a majority vote to override the proposed rescission(s)
The Way Forward: 
Fundamentally Reexamine & Transform

- Restructure existing entitlement programs
- Reexamine and restructure the base of all other spending
- Review & revise existing tax policy, including tax preferences and enforcement programs
- Expand scrutiny of all proposed new programs, policies, or activities
- Reengineer internal agency structures and processes, including more emphasis on long-term planning, integrating federal activities, and partnering with others both domestically and internationally
- Strengthen and systematize Congressional oversight processes
- Increase transparency associated with government contracts and other selected items
- Consider a capable, credible, bi-partisan budget, entitlement, and tax reform commission
Key National Indicators

- **WHAT**: A portfolio of economic, social, and environmental outcome-based measures that could be used to help assess the nation’s and other governmental jurisdictions’ position and progress.

- **WHO**: Many countries and several states, regions, and localities have already undertaken related initiatives (e.g., Australia, New Zealand, Canada, United Kingdom, Oregon, Silicon Valley (California) and Boston).

- **WHY**: Development of such a portfolio of indicators could have a number of possible benefits, including:
  - Serving as a framework for related strategic planning efforts.
  - Enhancing performance and accountability reporting.
  - Informing public policy decisions, including much needed baseline reviews of existing government policies, programs, functions, and activities.
  - Facilitating public education and debate as well as an informed electorate.

- **WAY FORWARD**: Consortium of key players housed by the National Academies domestically and related efforts by the OECD and others internationally.
The United States may be the only superpower, but compared to most other OECD countries on selected key economic, social, and environmental indicators, on average, the U.S. ranks

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<table>
<thead>
<tr>
<th>OECD Categories for Key Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2006 OECD Factbook)</td>
</tr>
<tr>
<td>• Population/Migration</td>
</tr>
<tr>
<td>• Energy</td>
</tr>
<tr>
<td>• Environment</td>
</tr>
<tr>
<td>• Quality of Life</td>
</tr>
<tr>
<td>• Macroeconomic Trends</td>
</tr>
<tr>
<td>• Labor Market</td>
</tr>
<tr>
<td>• Education</td>
</tr>
<tr>
<td>• Economic Globalization</td>
</tr>
<tr>
<td>• Prices</td>
</tr>
<tr>
<td>• Science &amp; Tech.</td>
</tr>
<tr>
<td>• Public Finance</td>
</tr>
</tbody>
</table>

Source: 2006 OECD Factbook.
Social Security and Medicare’s Hospital Insurance Trust Funds Face Cash Deficits


Note: Projections based on the intermediate assumptions of the 2007 Trustees’ Reports. The CPI is used to adjust from current to constant dollars.
### Key Dates Highlight Long Term Challenges of the Social Security System

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>OASI</td>
<td>2009</td>
</tr>
<tr>
<td>DI</td>
<td>2009</td>
</tr>
<tr>
<td>OASDI</td>
<td>2017</td>
</tr>
<tr>
<td>2018</td>
<td>2005</td>
</tr>
<tr>
<td>2028</td>
<td>2013</td>
</tr>
<tr>
<td>2027</td>
<td>2026</td>
</tr>
<tr>
<td>2042</td>
<td>2041</td>
</tr>
</tbody>
</table>

Possible Way Forward on Social Security Reform

Make little or no changes to those who are near retirement or already retired and make a number of adjustments that would affect younger workers:

- Phase-in an increase in the normal retirement age and index it to life expectancy
- Consider phasing-in an increase in the early retirement age and index it to life expectancy with a modified disability access provision
- Modify income replacement and/or indexing formulas for middle and upper income earners
- Strengthen the minimum benefit
- Consider a modest adjustment to the COLA formula
- Increase the taxable wage base, if necessary
- Consider supplemental individual accounts and mandatory individual savings on a payroll deduction basis (e.g., a minimum 2 percent payroll contribution and a program designed much like the Federal Thrift Savings Plan with a real trust fund and real investments)
Growth in Health Care Spending: Health Care Spending as a Percentage of GDP

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975</td>
<td>8.1</td>
</tr>
<tr>
<td>1985</td>
<td>10.4</td>
</tr>
<tr>
<td>1995</td>
<td>13.7</td>
</tr>
<tr>
<td>2005</td>
<td>16.0</td>
</tr>
<tr>
<td>2015</td>
<td>19.2</td>
</tr>
</tbody>
</table>

Source: The Centers for Medicare & Medicaid Services, Office of the Actuary.
Note: The figure for 2015 is projected.
### Key Dates Highlight Long Term Challenges of the Medicare Program

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Medicare Part A outlays exceed cash income</td>
</tr>
<tr>
<td>2007</td>
<td>“Medicare funding warning” triggered</td>
</tr>
<tr>
<td>2013</td>
<td>Projected date that annual “general revenue funding” for Part B will exceed 45 percent of total Medicare outlays</td>
</tr>
<tr>
<td>2019</td>
<td>Part A trust fund exhausted, annual income sufficient to pay about 80% of promised Part A benefits</td>
</tr>
</tbody>
</table>

Issues to Consider in Examining 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 decisions about the use of medical services,
  - **Foster Transparency** with respect to the value and costs of care, and
  - **Ensure Accountability** from insurers and providers to meet standards for appropriate use and quality.

- Ultimately, we need to address four key dimensions: access, cost, quality, and personal responsibility.
<table>
<thead>
<tr>
<th>Reform Approach</th>
<th>Short-term action</th>
<th>Long-term action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise the government’s payment systems and leverage its purchasing authority to foster value-based purchasing for health care products and services</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Consider additional flexibility for states to serve as models for possible health care reforms</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Consider limiting direct advertising and allowing limited importation of prescription drugs</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Foster more transparency in connection with health care costs and outcomes</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Create incentives that encourage physicians to utilize prescription drugs and other health care products and services economically and efficiently</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Foster the use of information technology to increase consistency, transparency, and accountability in health care</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Encourage case management approaches for people with chronic and expensive conditions to improve the quality and efficiency of care delivered and avoid inappropriate care</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Reexamine the design and operational structure of the nation’s health care entitlement programs—Medicare and Medicaid, including exploring more income-related approaches</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reform Approach</td>
<td>Short-term action</td>
<td>Long-term action</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Revise certain federal tax preferences for health care to encourage more efficient use of health care products and services.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Foster more preventative care and wellness services and capabilities, including fighting obesity and encouraging better nutrition</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Promote more personal responsibility in connection with health care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Limit spending growth for government-sponsored health care programs (e.g., percentage of the budget and/or economy)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Develop a core set of basic and essential services. Create insurance pools for alternative levels of coverage, as necessary</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Develop a set of evidence-based national practice standards to help avoid unnecessary care, improve outcomes, and reduce litigation</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Pursue multinational approaches to investing in health care R&amp;D</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Moving the Debate Forward

• The Sooner We Get Started, the Better
  • The miracle of compounding is currently working against us
  • Less change would be needed, and there would be more time to make adjustments
  • Our demographic changes will serve to make reform more difficult over time

• Need Public Education, Discussion, and Debate
  • The role of government in the 21st Century
  • Which programs and policies should be changed and how
  • How government should be financed
These Challenges Go Beyond Numbers and Dollars—It’s About VALUES & PEOPLE

Source: GAO.
United States Government Accountability Office

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Chandler-Gilbert Community College
Chandler, AZ
February 4, 2008

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Comptroller General of the United States
On the Web
Web site: www.gao.gov/cghome.htm

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