Medicare Trigger

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Summary

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA, P.L. 108-173) requires the Medicare Board of Trustees to provide in its annual reports an expanded analysis of Medicare expenditures and revenues (§801 of MMA). Specifically, if the trustees determine that general revenue funding for Medicare is expected to exceed 45% of Medicare outlays for the current fiscal year or any of the next six fiscal years, a determination of excess general funding is made. If the determination is issued for two consecutive years, a funding warning is issued which triggers certain presidential and congressional actions (§802-§804 of MMA).

Because such a determination was issued in both the 2006 and 2007 Medicare Trustee's reports, the President was required to submit a legislative proposal to Congress within 15 days of submitting his budget in 2008 that would lower the ratio to the 45% level. Similarly, each of the subsequent Annual Reports of the Boards of Trustees through 2011 has included an estimate that general revenue funding would exceed 45% during the next seven years, thus "triggering" a response from the President and Congress. While such a proposal was submitted by President George W. Bush in 2008, no such legislative proposals have been submitted since that time. The House approved rules changes for a portion of the 110th Congress (H.Res. 1368) and for all of the 111th Congress (H.Res. 5) that waived the parliamentary procedures for the House contained in Section 803 of the MMA. The 112th Congress has not passed a similar measure, and the trigger provision has gone back into effect in the House.

The Medicare funding warning focuses attention on the impact of program spending on the federal budget, and provides one measure of the financial health of the program. However, some options for reducing general revenue spending below the 45% level would have a greater impact than others. Proponents of the trigger maintain that it forces fiscal responsibility, while critics of the trigger suggest that other measures of Medicare spending, such as total Medicare spending as a portion of federal spending, would be more useful indicators.

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Background

As required by the Social Security Act, a Medicare Board of Trustees oversees the financial operations of the two Medicare trust funds: the Hospital Insurance (HI) trust fund and the Supplementary Medical Insurance (SMI) trust fund. The HI trust fund covers Medicare Part A services, including hospital, home health, skilled nursing facility, and hospice care; and the SMI trust fund covers Medicare Parts B and D, including physician and outpatient hospital services, and outpatient prescription drugs. The two trust funds are statutorily separate, with all HI and SMI benefit expenditures paid out of their respective trust funds. The Medicare Trustees are required to report annually to Congress on the financial and actuarial status of the funds.[1]

Medicare Financing[2]

The primary source of financing for the HI trust fund is the payroll tax on covered earnings of current workers. Employers and employees each pay 1.45% of wages, and unlike the Social Security tax, there is no annual maximum limit on taxable earnings. Other sources of revenue for the HI trust fund include interest paid on the U.S. Treasury securities held in the HI trust fund, a portion of the federal income taxes that individuals pay on their Social Security benefits, and premiums paid by individuals who would otherwise not qualify for Medicare Part A.

The SMI trust fund has different revenue sources. There are no payroll taxes collected for this fund, and enrollment in Medicare Parts B and D is voluntary. Individuals enrolled in Parts B and D must pay premiums, which cover about 25% of program costs.[3] The other 75% of revenues for the SMI trust fund primarily comes from general revenue transfers. Other sources of revenue include interest paid on the U.S. Treasury securities held in the fund and Part D state transfers for Medicare beneficiaries who are also eligible for Medicaid (dual-eligibles).

The 2011 report of the Medicare Board of Trustees estimates that by 2024, HI revenues and assets will no longer be sufficient to fully cover Part A costs and the fund will become insolvent.[4] Because of the way it is financed, the SMI fund cannot face insolvency; however, the trustees project that SMI expenditures will continue to grow rapidly, and thus place increasing strains on the federal budget.

The Medicare Trigger

Because of concerns over the potential for growth in general revenue spending for Medicare over time, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (P.L. 108-173, MMA), created a Medicare "trigger" that requires certain actions to be taken should general

[1] The annual Medicare Trustees reports may be found at http://www.cms.gov/ReportsTrustFunds/.

[2] For additional detail, see CRS Report R41436, *Medicare Financing*, by Patricia A. Davis.

[3] Certain higher income beneficiaries are required to pay an income related premium covering more than the 25% of Part B and D costs. Certain beneficiaries with low incomes may receive assistance with their premiums.

[4] For information on prior insolvency estimates, see CRS Report RS20946, *Medicare: History of Insolvency Projections*, by Patricia A. Davis.

revenue funding be expected to exceed a certain proportion of total Medicare outlays within a certain number of years.[5]

Specifically, Section 801 of the MMA requires the Medicare trustees, beginning with their 2005 report, to examine and make a determination each year of whether general revenue funding is expected to exceed 45% of Medicare outlays for the current fiscal year or any of the following six fiscal years.[6] An affirmative determination in two consecutive annual reports is considered to be a Medicare *funding warning* in the year in which the second report is made.[7] If such a warning is issued, the MMA (§802-§804) established certain requirements and procedures for the President and the Congress to follow related to the introduction and consideration of legislation designed to reduce spending. There is, however, no requirement that legislation must be enacted and no automatic mechanism in place to sequester money. It is also important to note that either chamber may alter these procedures should a numerical majority choose to do so.

Determination of a Medicare Funding Warning

Section 801 of the MMA defines the key measures and terms used in determining a Medicare funding warning.

Excess general revenue Medicare funding occurs when *general revenue Medicare funding* divided *by total Medicare outlays* exceeds 45%.

- *General revenue Medicare funding* is defined as *total Medicare outlays* minus *dedicated* financing sources.[8]
- *Total Medicare outlays* includes total outlays from the HI and SMI trust funds. The law specifies that payments made to plans under Part C (Medicare Advantage, MA) for rebates, administrative expenditures for carrying out Medicare, and offsets to outlays by the amount of fraud and abuse collections that are applied or deposited into a Medicare trust fund are included in this amount.
- *Dedicated* financing sources include the following: (1) HI payroll taxes; (2) amounts transferred to the Medicare trust funds from the Railroad Retirement pension fund; (3) income from taxation of certain Social Security benefits which is credited to the HI trust fund; (4) state transfers for the state share of amounts paid to the federal government for dual-eligible beneficiaries enrolled in Part D; (5) Medicare premiums paid under Parts A (HI), B (SMI) and D (SMI) of Medicare—including any amounts paid as a result of late enrollment penalties (without taking into account reductions in premiums as a result of rebates

[5] As described in more detail later, general revenue funding as defined under the MMA Trigger provision is not identical to that used to denote the share of Medicare spending financed out of general revenues; however the definitions are very close.

[6] The MMA also created the Medicare outpatient prescription drug benefit program (Part D) which increased the amount of general revenues needed to finance the Medicare program.

[7] This requirement is found in §1817(b)(2) and §1841(b)(2) of the Social Security Act, as added by §801 of the MMA.

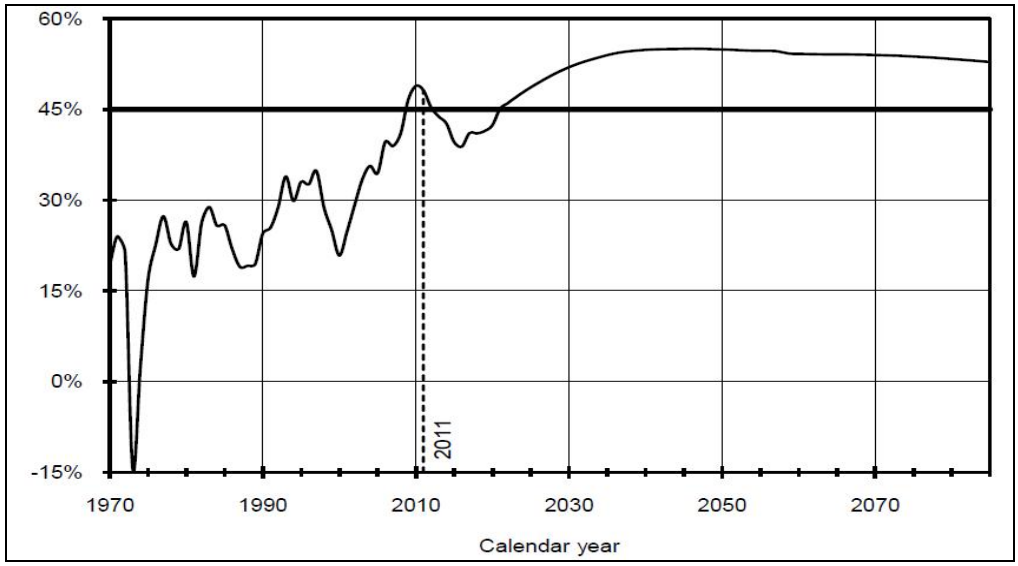
[8] This definition of general revenues is not the same as the transfers from the Treasury to the SMI trust fund, required under current law to cover about 75% of Part B outlays.

received by beneficiaries enrolled in MA plans); (6) and any gifts received by the trust funds. (Interest earned on the trust fund is excluded from dedicated sources.)

- A *Medicare funding warning* is triggered when two consecutive Medicare trustees reports contain projections that *general revenue funding* will exceed 45% of *total Medicare outlays* sometime during the next seven fiscal years (i.e. they make a determination of *excess general revenue Medicare funding* two years in a row).

In their 2006 report, the Medicare trustees first projected that the 45% level would be exceeded within the next seven years—in FY2012. The 2007 report projected that it would be exceeded in 2013, and both the 2008 and 2009 trustees reports projected the first year at 2014.[9] In the 2010 trustees report, the level of general revenue financing was projected to exceed 45% in FY2010; the 2011 report confirmed that the threshold was breached in FY2010 and is expected to do so again in FY2011 and FY2012.[10] The 2011 projection was the sixth consecutive time that the threshold was estimated to be exceeded within the first seven years of the projection, and the fifth time that a Medicare funding warning has been triggered. Changes made by the Patient Protection and Affordable Care Act (ACA, P.L. 111-148) affecting future Medicare spending are expected to reduce the ratio below 45% in years 2013 through 2021;[11] however after that time, the ratio is expected to again exceed 45% (see **Figure 1**).

Figure 1. Projected Difference Between Total Medicare Outlays and Dedicated Financing Sources as a Percentage of Total Outlays



Source: 2011 Medicare Trustees Report, Figure III.A1, http://www.cms.gov/ReportsTrustFunds/.

[9] The trustees did not project excess general revenue funding within the next seven fiscal years in their 2005 report.

[10] The trustees estimate that additional revenues of at least $25 billion or expenditure reductions of at least $46 billion (or some combination of the two) would be needed to reduce the ratio below 45% in 2011 and 2012.

[11] Because these projections were based on current law at the time, these projections assumed that the scheduled physician payment rate reductions would go into effect at the end of 2011. Legislation enacted since that time delays these reductions until the end of 2012. Therefore, excess general revenue spending in 2012 may be higher than originally projected. See CRS Report R40907, *Medicare Physician Payment Updates and the Sustainable Growth Rate (SGR) System*, by Jim Hahn and Janemarie Mulvey for additional information on the physician payment system.

Required Presidential Action

In years in which the Medicare trustees issue a Medicare "funding warning," the President is required to submit to Congress proposed legislation that "respond[s] to such warning."[12] Although the precise contents of the proposal remain within the President's discretion, Section 802 of the MMA requires that the proposal be submitted within 15 days of submitting a budget for the succeeding year.[13] The requirement that the President submit proposed legislation in response to a funding warning does not apply, however, if, "during the year in which the warning is made," Congress enacts legislation to eliminate excess general revenue Medicare funding for the seven-fiscal year reporting period, as certified by the Medicare trustees within 30 days of the legislation's enactment.[14]

The Executive branch has generally taken the position that, under the Constitution's Recommendation Clause, Congress cannot compel the President, or executive branch officials, to submit legislative proposals directly to Congress.[15] These objections have been registered in numerous presidential signing statements and Department of Justice, Office of Legal Counsel opinions, and have repeatedly been asserted in litigation.[16] For example, upon signing the MMA on December 8, 2003, President George W. Bush issued a signing statement registering his constitutional objections to Section 802's requirement that the President submit proposed legislation to Congress in response to a Medicare funding warning. Specifically, President Bush noted that his Administration would construe Section 802 "in a manner consistent with the President's constitutional authority to supervise the unitary executive branch and to recommend for the consideration of the Congress such measures as the President judges necessary and expedient."[17]

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[12] 31 U.S.C. § 1105(h)(1).

[13] 31 U.S.C. § 1105(h)(1). P.L. 108-173 included a "Sense of Congress" provision providing that: "[i]t is the sense of Congress, that legislation submitted pursuant to section 1105(h)…in a year should designed to eliminate excess general revenue Medicare funding (as defined in section 801(c)) for the 7-fiscal-year period that begins in such year." Given the discretionary language, this provision does not appear to bind the President or dictate the contents of the President's legislative proposal. Thus, it would appear that the President need only submit a legislative proposal that "respond[s] to such warning." 31 U.S.C. § 1105(h)(1).

[14] 31 U.S.C. § 1105(h)(2).

[15] The executive branch has generally argued that the Recommendation Clause prevents Congress from directing the President to submit legislative proposals that the President does not personally find to be "necessary and expedient." *See, e.g.,* "Common Legislative Encroachments of Executive Branch Constitutional Authority," 13 OLC 248, 256 (1989) ("Because the President has plenary exclusive authority to determine whether and when he should propose legislation, any bill purporting to require the submission of recommendations is unconstitutional. If enacted, such 'requirements' should be construed as only a recommendation to the President that he submit legislative proposals.").

[16] *See, e.g.,* George W. Bush, Statement on Signing the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Dec. 8, 2003; Barack Obama, Statement on Signing the Omnibus Appropriations Act of 2009, Mar. 11, 2009 ("Because the Constitution gives the President the discretion to recommend only 'such measures as he shall judge necessary and expedient,'…I shall treat these directions as precatory."); "Constitutional Issues Raised by Commerce, Justice and State Appropriations Bill," 2001 OLC LEXIS 37, Nov. 28, 2001 ("Under the Recommendations Clause, Congress cannot compel the President to submit legislative proposals to Congress."); Ass'n of Am. Physicians and Surgeons v. Clinton, 997 F.2d 898, 906 (D.C. Cir. 1993) ("According to the government, [the Recommendation Clause] gives the President the sole discretion to decide what measures to propose to Congress, and it leaves no room for congressional interference."); Walker v. Cheney, 230 F. Supp. 2d 51 (D.D.C. Dec. 9, 2002) (arguing that "the swath of Presidential policy-making authority falling within the Opinions and Recommendations Clause is entirely exempt from congressional [] review.").

[17] George W. Bush, Statement on Signing the Medicare Prescription Drug, Improvement, and Modernization Act of (continued...)

Notwithstanding his objections to Section 802, President Bush submitted legislation in 2008 responding to the Medicare trustees 2007 funding warning.[18] No action was taken on the President's proposal. Although the trustees have issued warnings every year since 2007, President Obama has not submitted any legislative proposals to Congress pursuant to Section 802.[19]

The Recommendation Clause provides that the President "shall from time to time give to the Congress Information of the state of the Union, and recommend to their Consideration such Measures as he shall judge necessary and expedient."[20] Courts have rarely been presented with the opportunity to interpret the scope of this Clause. However, the text of the Clause, read in conjunction with analogous case law, does not appear to support an interpretation that would prevent Congress from directing the President to submit legislative recommendations. The Clause is perhaps most accurately characterized as establishing a "right" as opposed to a substantive source of authority[21]—ensuring that the President may submit directly to Congress legislative proposals that he views as "necessary and expedient."[22] Thus, this "right" would appear only to be infringed where Congress *prevents* the President from submitting his own legislative proposal or attempts to dictate the contents of a required legislative proposal. Under this reading, it is unlikely that Congress imposes an excessive burden on the President where it merely directs the President to submit a proposal, the contents of which remain within the President's discretion, in response to a specific trigger. Whereas the Department of Justice may assert that "any bill purporting to require the submission of recommendations is unconstitutional," no judicial decision has accepted such a broad proposition.[23]

(...continued)

2003, December 8, 2003, http://budget.senate.gov/republican/analysis/2008/SShr1.pdf.

[18] For additional information on the legislation, see CRS Report RL34407, *The President's Proposed Legislative Response to the Medicare Funding Warning*, by Hinda Chaikind, Jim Hahn, and Henry Cohen.

[19] Various Members of Congress have criticized the President's failure to submit a legislative proposal addressing the Medicare funding warnings. *See, e.g.,* Letter from Senator Jeff Session and Hon. Paul Ryan, to President Barack Obama, Mar. 1, 2012 (advising the President that "[t]he law requires you to submit a legislative proposal to Congress following a warning by the Medicare Trustees…").

[20] U.S. Const., Art. II, §3.

[21] Ass'n of Am. Physicians and Surgeons v. Clinton, 997 F.2d 898, 908 (D.C. Cir. 1993) ("[T]he Recommendation Clause is less an obligation than a right."). In this sense, the Recommendation Clause has often been compared to language, also found within Article II, § 3 of the Constitution, that establishes the President's responsibility to "take Care that the Laws be faithfully executed." U.S. Const., Art. II, §3. The courts have consistently interpreted the "take Care" Clause as a responsibility as opposed to a source of substantive power. *See, e.g.,* Kendall ex rel Stokes v. United States, 37 U.S. 522, 612-13 (1838) ("To contend that the obligation imposed on the President to see the laws be faithfully executed, implies a power to forbid execution, is a novel construction of the Constitution, and entirely inadmissible.").

[22] Indeed, the Recommendation Clause appears to have been inserted as a proactive measure to clearly establish the President's ability to recommend legislation to Congress. See, James Madison, Notes of Debates in the Federal Convention of 1787, 464 (Gaillard Hunt and James Brown Scott, eds. 1987) ("On motion of Mr. Govr. Morris, 'he may' was struck out, & 'and' inserted before 'recommend' in the clause 2d sect 2d art: X in order to make it the duty of the President to recommend, & thence prevent umbrage or cavil at his doing it."); Ass'n of Am. Physicians and Surgeons v. Clinton, 997 F.2d 898, 908 n.7 (D.C. Cir. 1993) ("Gouverneur Morris' amendment suggests that the clause was intended to squelch any congressional objections to the President's *right* to recommend legislation—hence the prevention of 'umbrage or cavil.'"(citing J. Gregory Sidak, *The Recommendation Clause*, 77 Geo. L. J. 2079, 2082 (1989)).

[23] "Common Legislative Encroachments of Executive Branch Constitutional Authority," 13 OLC 248, 256 (1989). The Clause does, however, appear to "presuppose[] the [President's] ability to collect information and advice necessary to make such recommendations." Judicial Watch, Inc. v. Nat. Energy Policy Dev. Gr., 219 F. Supp 2d 20, 50-51 n. 15 (D.D.C. 2002).

Expedited Congressional Consideration

In any year in which the MMA requires the President to submit draft Medicare funding legislation, the act directs that in each chamber, within three days of session after the proposal is received, the two floor leaders (or their designees) introduce a bill reflecting it, with the title "A bill to respond to a Medicare funding warning." This measure, or, under certain circumstances, an alternative Medicare funding measure, is potentially subject to consideration under "fast track" rules established by the statute, rather than under the regular rules and procedures that govern consideration of legislation in the two chambers.[24]

These expedited procedures place limits on committee consideration, as well as potentially on Members' ability to debate and amend legislation on the floor and to offer certain motions that would otherwise be in order. These procedures are designed to guarantee that each house will have an opportunity to consider legislation to eliminate the funding warning. They do not guarantee, however, that (1) the President's specific proposal will be the one considered or (2) Congress will pass legislation to lower general revenue spending below the trigger amount. As noted above, either chamber may alter these procedures should a numerical majority choose to do so. The following description of the procedures and activities for the House thus serves as reference of how the procedures would otherwise work in the House.

In response to President Bush's legislative proposal submitted on February 14, 2008, the House and the Senate both introduced the bill (H.R. 5480 and S. 2662 respectively) on February 25, 2008.[25] On July 24, 2008, the House of Representatives adopted H.Res. 1368, a resolution which provided that the expedited parliamentary procedures contained in Section 803 of the MMA would not apply in the House during the remainder of the 110th Congress. Similar action was taken by the House on January 6, 2009, when it approved a rules package (H.Res. 5) that nullified the trigger provision for the 111th Congress. No action to waive these rules has been taken in the 112th Congress; therefore the trigger provision has gone back into effect in the House.

Procedures (and Activity) for the House

In any year in which the MMA requires the President to submit draft Medicare funding legislation, the committee(s) of referral must report Medicare funding legislation by June 30. For this purpose, any other bill with the same title as required for the President's proposal also qualifies as Medicare funding legislation, and the requirement to report legislation to address the Medicare funding warning applies whether or not the President has submitted a proposal. As a result, the committee may choose to report some other Medicare funding measure rather than that of the President. The Chairman of the House Committee on the Budget is responsible for certifying whether or not any Medicare funding legislation (or any subsequent amendments to it) would eliminate the excess general revenue Medicare funding.

Whether or not the reported measure is affirmatively certified as responding to the funding warning, the House may consider that measure under its regular procedures. However, if the

[24] The text of this expedited procedure is contained in U.S. Congress, House, *Constitution, Jefferson's Manual, and Rules of the House of Representatives of the United States, One Hundred Twelfth Congress,* H.Doc. 111-157, 111h Cong., 2nd sess., [compiled by] John V. Sullivan, Parliamentarian (Washington: GPO, 2011), sec. 1130(31).

[25] CBO issued a score on H.R. 5480 on March 12, 2008; http://www.cbo.gov/publication/19548.

House has not voted on final passage of an affirmatively certified measure by July 30, then after 30 more calendar days, including five days of session, any Member may offer a highly privileged motion to discharge a committee from further consideration of any Medicare funding legislation of which he or she is in favor, but only if it has been in committee for 30 days, and is affirmatively certified.[26] The MMA describes these procedures as a "fallback," in that they apply only if the House has not already voted on legislation affirmatively certified to respond to the funding warning (regardless of whether that legislation passed or not). In addition, once the House agrees to one such motion to discharge, the motion is no longer in order during that session of Congress.

A motion to discharge made under this "fallback" provision must be made by a supporter, seconded by one-fifth of the House's membership (a quorum being present), and is debatable for one hour. If the House adopts the motion to discharge, the Speaker must, within three days of session thereafter, resolve the House into Committee of the Whole for consideration of the legislation. Debate on the measure is not to exceed five hours, and only amendments that have the affirmative certification of the Committee on the Budget are admitted. Debate on any amendment is not to exceed one hour, and the total time for consideration of all amendments is capped at 10 hours. At the conclusion of consideration, the Committee rises and reports the legislation back to the House for a final dispositive vote. A motion to recommit the measure with or without instructions is not precluded.

Procedures for the Senate

The statutory procedures provided in the Senate for Medicare funding legislation apply to a bill reflecting a Presidential proposal pursuant to the MMA or to any other bill with the same title that either (1) was passed by the House or (2) contains matter within the jurisdiction of the Senate Committee on Finance (Finance Committee). A measure reflecting the President's proposal is to be referred to the Finance Committee. In a year in which the MMA requires the President to submit Medicare funding legislation, and whether or not he does so, if the Finance Committee has not reported the bill reflecting the President's proposal or some other Medicare funding legislation by June 30, then any Senator may move to discharge that committee from any single Medicare funding measure. Only one such motion to discharge is in order during a session of Congress.[27] Debate on the motion to discharge is limited to two hours, a restriction which ensures that a vote on the motion cannot be prevented by a filibuster.

In combination, these provisions afford the Senate only one assured opportunity to consider Medicare funding legislation, which will be either the measure the Finance Committee reports or the one specified in the discharge motion. In either case, the legislation the Senate will have the opportunity to consider may or may not be the one that embodies the President's proposal.

After the date on which the Finance Committee has reported or been discharged from further consideration of Medicare funding legislation, it is in order for any Senator to move to proceed to consideration of the bill. The MMA does not explicitly make this motion non-debatable, although

[26] This motion to discharge is not in order if, during the previous session of Congress, the House voted on Medicare funding legislation which was affirmatively certified by the House Committee on the Budget to eliminate the general funding warning.

[27] This motion is not in order at all if the Chairman of the Senate Committee on the Budget has certified that Medicare funding legislation has already been enacted that eliminates the excess general revenue Medicare funding.

Senate precedent exists for treating as non-debatable a motion to proceed to consider a measure under procedures specified by statute. In the absence of such a limitation, it might be possible for opponents to use a filibuster to prevent this motion from coming to a vote. In any case, because the MMA establishes no further requirements regarding consideration, if the motion to proceed is agreed to, the Senate would consider the measure under its general rules. The statute, then, does not preclude a filibuster of the measure. Nor, if the House and Senate both pass a bill, does the act make any provision to expedite the resolution by conference committee or otherwise of differences between the two versions of Medicare funding legislation.

Varying Impact of Legislative Options

As noted earlier, the Medicare HI and SMI trust funds are statutorily independent; this means that any funds raised for one fund cannot be used to pay expenses out of the other. However, the formula used to determine excess general revenue funding combines revenue streams from both the HI and SMI trust funds.

$$\text{General Revenue Funding Percentage} = \frac{\text{Total Medicare Outlays - Dedicated Revenues}}{\text{Total Medicare Outlays}}$$

Because of the way that this formula is structured, the various methods that could be used to reduce the Medicare general revenue funding percentage would not necessarily reduce federal general revenue outlays (used to finance Parts B and D) or reduce the percentage in direct proportion to reductions in total spending.

Specifically, to reduce the percentage, one could increase dedicated financing (e.g. payroll taxes or premiums) or reduce outlays (HI and/or SMI spending), or some combination of the two. In the example presented in **Table 1** below, applying FY2012 CBO estimates to the above equation,[28] the total expected outlays of $585.0 billion and $289.3 billion in dedicated revenues results in a level of general revenue funding of about 50.5%. Given this scenario, one option to reduce the general revenue percentage to 45% would be to increase payroll taxes by an amount sufficient to raise an additional $32.5 billion in dedicated revenues. Another option would be to decrease total outlays by reducing Part A (HI trust fund) spending. However, because the "total outlays" measure is included in both the top and bottom parts of the mathematical formula (i.e., the denominator as well as the numerator is reduced), a reduction in outlays would have less of an effect than an increase in dedicated funding on the percentage of general revenue funding. Therefore a reduction of $59.0 billion in Part A funding would be needed to reduce general revenue funding to 45% (in contrast to the $32.5 billion increase in taxes).[29] While the above options of increasing the payroll tax or lowering Part A spending would eliminate "excess general revenue spending" as defined under the Medicare trigger, because Part A is primarily funded through payroll taxes, these options would have no impact on actual federal general revenue spending (used to finance Parts B and D outlays).[30]

[28] Congressional Budget Office, *Medicare Baseline*, March 2012, "Comparison of Medicare Spending and Dedicated Funding," p. 4, http://www.cbo.gov/sites/default/files/cbofiles/attachments/43060_Medicare.pdf.

[29] By comparison, decreasing total outlays by reducing Part A spending (HI trust fund spending) the same amount, $32.5 billion, would result in an excess general revenue percentage of about 47.6%.

[30] Another measure of Medicare's financial health is the date on which the HI trust fund is expected to become (continued...)

Table 1. Illustrative Effect of Options to Lower General Revenue Funding as a Percentage of Total Medicare Outlays Under the Trigger Calculation

(dollars in billions)

	FY2012 (*estimated*)	Increase Dedicated Revenues by $32.5	Decrease Part A Spending by $59.0	Decrease Part B Spending by $108.2
Total Medicare Outlays	$585.0	$585.0	$526.0	$476.8
Dedicated Revenues	$289.3	$321.8	$289.3	$262.3
General Revenues (Total Outlays-Dedicated Revenues)	$295.7	$263.3	$236.8	$214.5
General Revenues as a % of Total Medicare Outlays	50.5%	45.0%	45.0%	45.0%

Source: CRS analysis based on CBO March 2012 *Medicare Baseline* estimates.

Similarly, continuing with the example in **Table 1**, one could reach the 45% general revenue spending level by increasing beneficiaries' Part B premiums by a percentage that would increase dedicated revenues by $32.5 billion.[31] Although total Medicare outlays would remain the same, the general revenue percentage as defined by the trigger calculation and the level of Medicare spending financed through federal general revenues would both decline. Because approximately 25% of SMI spending is financed by premiums, if Part B spending were reduced, income from premiums (which are calculated based on expected outlays) would also be reduced, i.e. the reduction in outlays would be partially offset by a reduction in a the dedicated revenues. Therefore, greater spending reductions would be needed under Part B than under Part A to achieve the same amount of reduction in the general revenue funding percentage. In this case, a reduction in Part B outlays of $108.2 billion would be needed to bring down the level of general revenue funding to 45%.

Discussion

Excess general revenue funding is one measure that can be used to examine the financial status of the Medicare program. Other measures, discussed in CRS Report R41436, *Medicare Financing*, include the date of HI insolvency, HI income and costs relative to payroll taxes, long-term unfunded obligations, and Medicare costs as a percentage of GDP.

Proponents of the 45% threshold measurement believe that it can serve as an effective early warning system of the impact of Medicare spending on the federal budget, and that it forces fiscal responsibility. Opponents of the measure suggest that it does not adequately recognize a shift

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insolvent. Although actions taken to reduce Part A spending or increase HI revenue would not impact federal general revenue spending, such actions would extend the solvency of the HI trust fund.

[31] By comparison, if Part B spending (SMI trust fund) were reduced by $32.5 billion, the general revenue funding percentage would decrease to only 49.1%.

towards the provision of more services on an outpatient basis or the impact of the Part D program on general revenue increases, and that other measures, such as Medicare spending as a portion of total federal spending, are better ways to determine the health of the Medicare program.

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