Future Health Care Spending: Political Preferences and Fiscal Realities

Session V: 18th Princeton Conference

G. William Hoagland, M.S.

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Council on Health Care Economics and Policy



U.S. Congress: 112th

May 2011

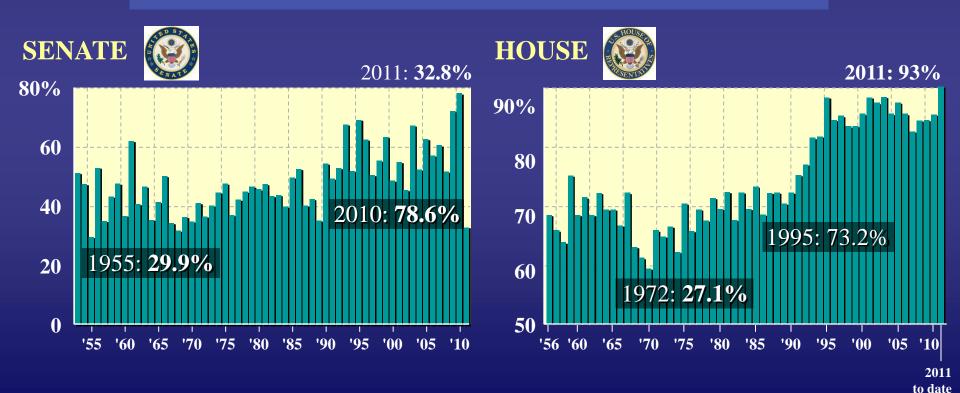




U.S. Congress	House			Senate			
	D	R	Margin	D+I	R	Margin	
112 th (2011-2012)	191 Vacant 1	242 Vacant 1	R + 51	53	47	D/I + 6	

Votes Dividing the Parties

Charting votes on which a majority of one party opposes a majority of the other shows that partisanship has been rising for decades; Senate agreements this year have kept it at bay.



Political Environment 2012 Elections: 33 U.S. Senate Elections – 23 D and 10 R

Ratings Based on Polls as of May 13: S = Solid P = Probable L = Lean TU = Toss Up

Wicker (MS) S Gillibrand (NY) S Klobuchar (MN) S Manchin (WV) TU Retiring Republicans (6) Heller/Ensign (NV) TU Akaka (HI) S Hutchison (TX) P Kyl (AZ) P Republican Incumbents 7 Republicans 17 Democratic Incumbents 17 Democratic Incumbents	ncumbent Republicans (7)	Incumbent Democrats	(17)
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Statutory Limits on Federal Debt

Recent Changes in Limit:

(\$'s in billions)

Statute	Date	Increased Limit To:
121 Stat. 988	Sept 29, 2007	\$ 9,815.0
122 Stat. 2908	July 30, 2008	\$ 10,615.0
122 Stat. 3790	Oct 3, 2008	\$ 11,315.0
123 Stat. 366	Feb 17, 2009	\$ 12,104.0
123 Stat. 3483	Dec 28, 2009	\$ 12,394.0
124 Stat. 8	Feb 12, 2010	\$ 14,294.0

As of May 16, 2011 Debt Subject to Limit = **\$14,294.0**

Limit reached on May 16 & U.S. Treasury now taking extraordinary procedures to delay default until August 2.



President's FY 2012 Budget Outlook FY 2009 – 2015

(In Billions of Dollars – % of GDP)

	2009 Actual	2010 Actual	2011 Est	2012	2012 Budg 2013	et Reque: 2014	st 2015	% ∆ annual 2010-2015
Receipts	2,105	2,163	2,229	2,544	2,899	3,212	3,442	+ 9.7 %
Spending	3,518	3,456	3,655	3,708	3,800	3,976	4,191	+ 3.9%
Deficits % of GDP	1,413 9.9%	1,294 8.9%	1,425 9.5%	1,164 7.4%	901 5.5%	764 4.4%	748 4.1%	NA NA
Public Debt % GDP Debt Subject to Limit* % GDP	7,545 53% 11,853 83%	9,019 62% 13,511 93%	10,389 69% 15,459 103%	11,661 74% 16,638 105%	12,660 77% 17,737 106%	13,516 78% 18,748 105%	14,359 79% 19,764 105%	+ 9.7% + 7.9%



Federal Spending Projected for 2020 CBO -- January 2011 Est.

Medicare (15%)

Medicaid
(10%)

Other Health Programs
(3%)

Social Security

Defense (16%)

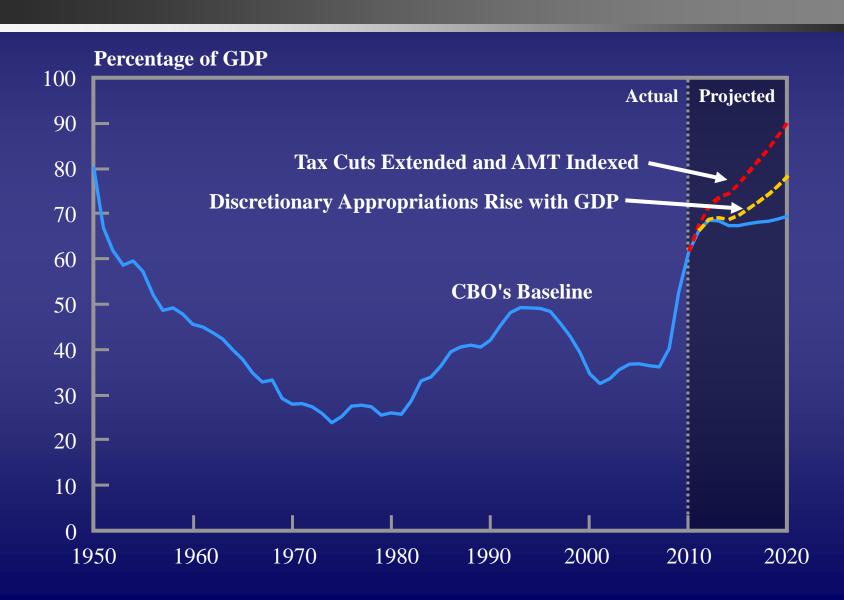
Net Interest (14%)

Other Spending
(20%)
Discretionary
(13%)

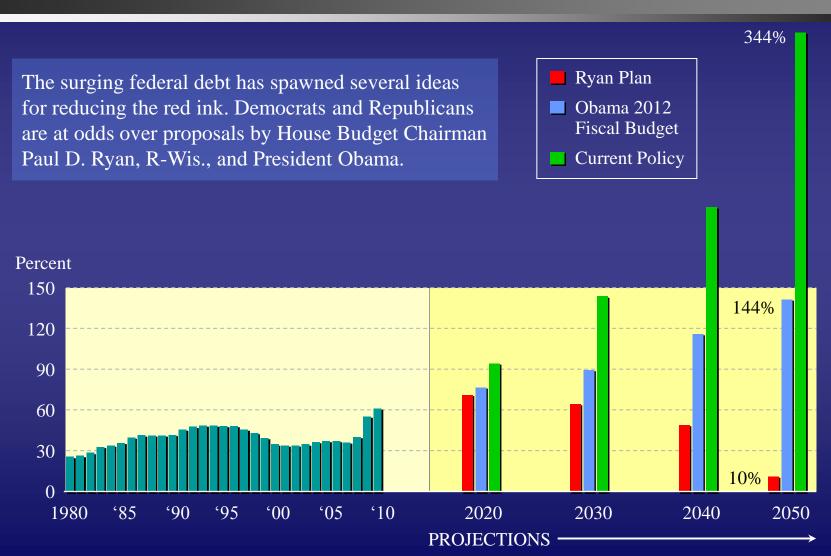
"Other Health Programs" includes: Health insurance subsidies, exchanges, and related spending; Department of Defense Medicare-Eligible Retiree Health Care Fund (including TRICARE for Life); Children's Health Insurance Program, and other programs.

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Rising Burden of Federal Debt Held by the Public



Debt Scenarios Under Obama and Ryan Plans Federal debt held by the public as a share of GDP



^{*}Assumptions include extension of the 2001 and 2003 tax cuts and gradual increase in Medicare physician payment rates. Sources: Office of Management and Budget; Congressional Budget Office, CQ Weekly, May 2, 2011, All rights reserved.

Comparison: President Obama and Chairman Ryan FY 2012 Health Policy Proposals

President Obama

Medicare

- -- SGR relief thru 2013, freeze payment rates for next 10 years.
- -- Strengthen IPAD with automatic sequester.
- -- In 2018, strengthen IPAD with target annual Medicare spending growth per beneficiary GDP + 0.5%.
- -- Limit Rx payments via Medicare purchasing power.
- -- Improve patient safety via Partnership for Patients initiative.

Medicaid

- -- Alter Federal matching rate with a single formula
- -- Close State loopholes that allow states to increase matching rates.

Estimated Budget Impact

-- 2012-2021, Cost + \$250 billion (CBO)

Chairman Ryan

Health Care General (2012)

- -- Repeal most provisions of PPACA
- -- Repeal individual mandate
- -- Repeal CLASS program
- -- Repeal IPAD
- -- No SGR relief specified
- -- Retain Medicare Advantage savings
- -- Medical liability reform

• Medicare (Post 2022)

- -- Raise age of eligibility; 67 in 2033
- -- Persons turning 65 in 2022 not enroll in current Medicare program but be entitled to a premium support payment (~\$8,000) indexed for CPI-U, purchase private health insurance.

• Medicaid (2013)

-- Block grant allocated to states, indexed for population growth and CPI-U.

Estimated Budget Impact:

-- 2012-2021, Savings \$2,204 billion (CBO)

Comparison: FY 2012 Health Policy Proposals

Bowles-Simpson

• Health Care General (2012)

- -- SGR permanent fix.
- -- Repeal CLASS Act.
- -- Reform Medicare cost-sharing rules.
- -- Limit Rx payments via Medicare purchasing power.
- -- Medical liability reform.
- -- Convert FEHB defined-benefit to defined contribution with support growing GDP +1 percentage pt. Determine if FEHB premium support should be expanded to Medicare.

Medicare (Post 2020)

- -- Strengthen IPAD.
- -- Cap and phase out tax exclusion of employer-provided health insurance
- -- Global cap on all federal health care spending in 2020 to limit growth to GDP+1 percentage pt. (No policies.)

Medicaid

- -- Expand managed care for dual eligible.
- Estimated Budget Impact
 - -- 2012-2021, Savings \$341 billion (NCFRR)

Domenici-Rivlin

• Health Care General (2012)

- -- SGR permanent fix.
- -- Medical liability reform.
- -- Raise Part B Premiums 25 to 35%
- -- Reform Medicare benefit package, e.g. annual one deductible \$560, 20% coinsurance to a max.
- -- Bundle Medicare payments for Post-acute Care.
- -- Excise tax 1 cent per ounce sweetened beverages.

• Medicare (Post 2022)

- -- Transition to premium support, limit growth in per-beneficiary federal support to GDP+1 percent. --
- -- Maintain traditional Medicare as default.
- -- Cap and phase out tax exclusion of employerprovided health insurance.

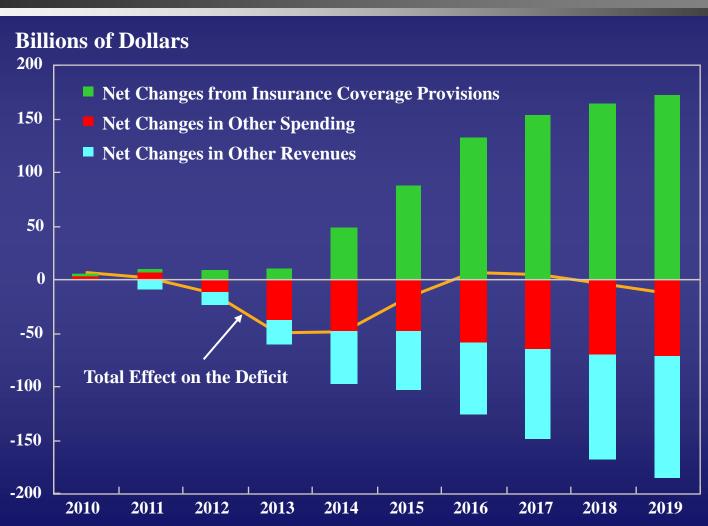
• Medicaid (2013)

- -- Expand managed care for dual eligible.
- -- Restructure Medicaid responsibilities federal and state and limit growth to GDP + 1 percentage point.

Estimated Budget Impact:

-- 2012-2021, Savings -\$250 billion (BPC)

Effect on the Deficit: Main Elements of PPACA



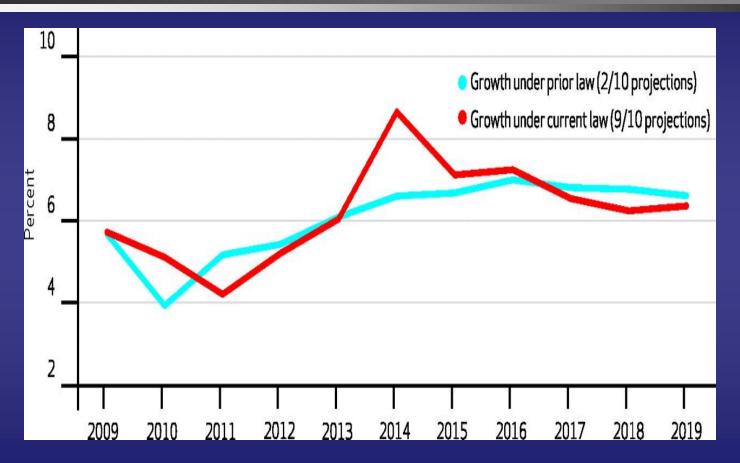
Source: Goldman Sachs based on CBO estimates.

Note: Figures exclude the effect of education provisions in the Reconciliation Act of 2010 (Public Law 111-152).

Annual Growth Rates in National Health Expenditures

Current Law (PPACA) vs Prior Law

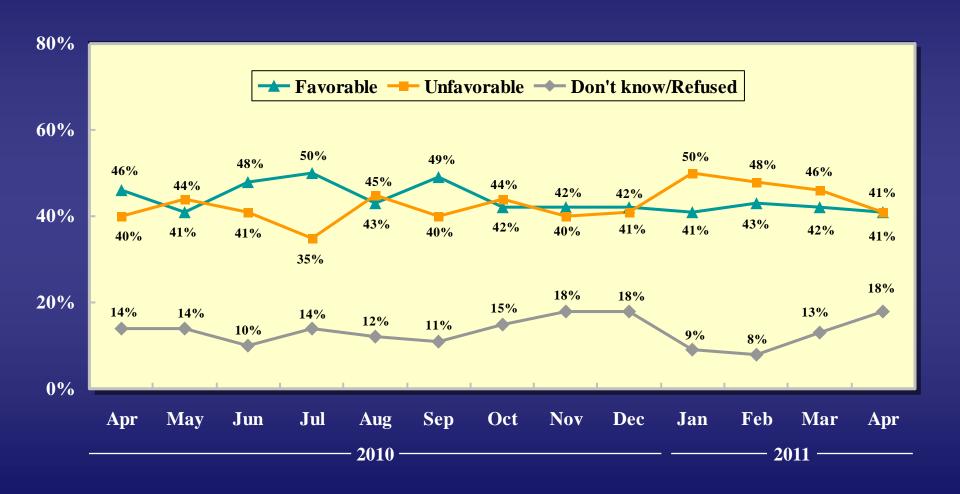
Health Affairs Journal, October 2010



Andrea M. Sisko, Christopher J. Truffer, Sean P. Keehan, John A. Poisal, M. Kent Clemens, and Andrew J. Madison,

National Health Spending Projections: The Estimated Impact Of Reform Through 2019, Health Affairs, Vol 0, Issue 2010, hlthaff.2010.0788v1-101377201

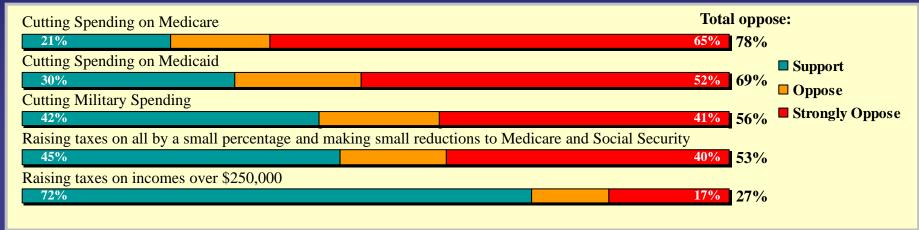
Views on Health Reform Remain Divided



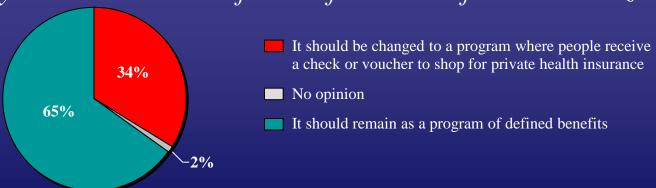
A Reluctant Public for Change

Washington Post – ABC News Poll (April 14-17, 2011)

Q: In order to reduce the national debt, would you support or oppose . . .?



Q: What is your view about the future of Medicare for senior citizens?



NOTE: Total may not add up to 100 percent because of rounding or not showing "no opinion" data.

Source: Washington Post-ABC News poll was conducted by telephone April 14 to 17, among a random national sample of 1,001 adults, including users of both conventional and cellular phones. The results from the full survey have a margin of sampling error of plus or minus 3.5 percentage points. Sampling, data collection and tabulation by TNS of Horsham, PA.



Health Care Reform Court Rulings & Possible Schedule May 2011

FIRST ROUND

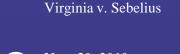


Jan. 31, 2011 Northern District of Florida Republican appointee Florida v. Dept. of Health and Human Services

Judge Roger Vinson declared the individual mandate unconstitutional saying the requirement is 'not severable'



Dec. 13, 2010 Eastern District of Virginia Republican appointee





Liberty University v. Geithner





M. Mead, et al. v Eric Holder



Judge upheld the individual mandate.

from the rest of the law.

Judge Henry E. Hudson ruled that the individual mandate is unconstitutional, saying the provision 'would invite unbridled exercise of federal police power.'

Judge Norman Moon ruled that by forgoing insurance, plaintiffs are 'making an economic decision to try to pay for health care services later, out of pocket.'

Judge George Steen found that the requirement to carry insurance or pay a fine was 'essential to the larger regulatory scheme' of the health overhaul.

SECOND ROUND

11th U.S. Circuit Court of Appeals (Atlanta, GA)

Judges

Democratic appointees

Republican appointees

Fourth U.S. Circuit Court of Appeals (Richmond, VA)

Judges

Democratic appointees

Republican appointees

Sixth U.S. Circuit Court of Appeals (Cincinnati, OH)

Judges

Democratic appointees



Too recent for an appeal to have been filed.

THIRD ROUND

U.S. Supreme Court

Ruling not expected until 2011-12 Supreme Court term at earliest

Judges

Democratic appointees

Republican appointees



Other lawsuits in district courts around the country may eventually go to other appeals courts and perhaps the Supreme Court.

Note: Appeal first heard by three-judge panel, then possibly later by full slate of judges; counts include judges with senior status.



Overturned