

The President's and Other Bipartisan Proposals to Reform Medicare: Modernizing Beneficiary Cost-Sharing

By 2026, the Medicare Hospital Insurance (HI) Trust Fund will be bankrupt. Since 2008, the HI Trust Fund has been spending more money than it is collecting through the Medicare payroll tax.

Spending from the Supplemental Medical Insurance (SMI) Trust Fund—which is primarily financed through general revenue—will increasingly strain the federal budget. Under current law, Medicare spending is expected to grow from 3.6 percent of Gross Domestic Product (GDP) in 2012 to 6.5 percent of GDP in 2087.

Today, Medicare beneficiaries receive \$3 worth of benefits for each dollar paid into the Medicare program.

To address concerns with the sustainability of the Medicare Trust Funds, <u>President Obama</u> and other bipartisan groups including the <u>Bipartisan Policy Commission</u>, <u>Moment of Truth Project (Bowles-Simpson)</u>, <u>Medicare Payment Advisory Commission</u> and <u>Congressional Budget Office</u> have all focused on modernizing the Medicare benefit structure. The President has proposed and many of these organizations have considered changes to beneficiary cost-sharing including:

- 1) Increasing Medicare Parts B and D premiums for wealthier seniors;
- 2) Increasing the annual Medicare Part B deductible; and
- 3) Establishing a home health co-payment.

Cost-sharing in Medicare is out of balance. In 1966, beneficiaries paid premiums equal to <u>half</u> of the Part B program costs. Today, most pay only <u>25 percent</u> of the program's cost (\$104.90/month in 2013).

There is bipartisan support for adjusting premiums.

- In 2003, a Republican controlled Congress passed income-related premiums for Medicare Part B in the Medicare Modernization Act (MMA). MMA established four income bracket thresholds each with its own Part B premium level (the higher the income bracket, the higher the premium). The income thresholds were indexed to inflation.
- In 2010, a Democratic controlled Congress passed income-related premiums for Medicare Part D in <u>ObamaCare</u>. ObamaCare expanded the Part B income-related premiums to Part D.

The Medicare Part B deductible helps to share responsibility for payment of Medicare services between Medicare and beneficiaries.

• This policy is meant, "to strengthen program financing and encourage beneficiaries to seek high-value healthcare services." (*President Obama's Fiscal Year 2014 Budget*)

The home health benefit is one of the only benefits in the Medicare program that does not have any beneficiary cost-sharing.

• "Home health care is liable to abuse....and some cost-sharing is appropriate. We need to discourage people from using home health care that they don't really need." (*Bipartisan Policy Commission testimony, May 21, 2013*)