GAO's Simulations – Key Budget Assumptions

Baseline Extended simulation	Alternative simulation
Congressional Budget Office's (CBO) April 2018	CBO's estimates assume expiring tax provisions are
baseline through 2028. It assumes tax provisions	extended through 2028. After 2028, it phases to 17.4
expire as scheduled under current law and growth of	percent of GDP, the 50-year historical average.
real income causes a greater proportion of taxpayers'	
income to be taxed in higher brackets through 2028.	
After 2028, remains constant at 18.5 percent of gross	
domestic product (GDP) (the share projected in 2028).	
Congressional Budget Office's (CBO) April 2018	CBO's April 2018 baseline through 2028, with
baseline through 2028. The baseline reflects the caps	reductions to provide emergency nondefense funding at
and automatic enforcement procedures established in	the average historical amount. After 2028, it phases to
the Balanced Budget and Emergency Deficit Control	7.2 percent of GDP (the 20-year historical average).
Act of 1985 (BBEDCA), as amended. ^a After 2028,	
remains constant at 5.4 percent of GDP (CBO's	
projection in 2028).	
CBO's April 2018 baseline through 2028, which	CBO's April 2018 baseline and exclude the effects of
incorporates the reductions in spending scheduled to	the automatic enforcement procedures established by
occur under the automatic enforcement procedures	BBEDCA and revised by subsequent legislation through
established by BBEDCA; thereafter remains constant	2028; thereafter remains constant as a share of GDP at
at 2.3 percent of GDP (the share projected in 2028).	2.3 percent of GDP (the share projected in 2028).
	Congressional Budget Office's (CBO) April 2018 baseline through 2028. It assumes tax provisions expire as scheduled under current law and growth of real income causes a greater proportion of taxpayers' income to be taxed in higher brackets through 2028. After 2028, remains constant at 18.5 percent of gross domestic product (GDP) (the share projected in 2028). Congressional Budget Office's (CBO) April 2018 baseline through 2028. The baseline reflects the caps and automatic enforcement procedures established in the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA), as amended. ^a After 2028, remains constant at 5.4 percent of GDP (CBO's projection in 2028). CBO's April 2018 baseline through 2028, which incorporates the reductions in spending scheduled to occur under the automatic enforcement procedures established by BBEDCA; thereafter remains constant

Model inputs	Baseline Extended simulation	Alternative simulation
Social Security	CBO's April 2018 baseline through 2028; thereafter	Same as Baseline Extended.
spending	phases into the 2017 Social Security Trustees'	
	intermediate projections.	
Medicare	CBO's April 2018 baseline through 2028. The	Based on CMS Actuary's alternative scenario that
spending	baseline incorporates the effects of the Medicare	assumes physician payment rates under MACRA are
	Access and CHIP Reauthorization Act of 2015	not sustainable in the long term and that the beneficiary
	(MACRA), which, among other things, revised the	growth rate transitions to a long-term rate similar to the
	methodology for determining physician payment rates.	per capita increase in overall health spending; spending
	It assumes the automatic enforcement procedures	reductions scheduled under current law do not occur
	established by BBEDCA reduce spending. ^b After	and policies that would restrain Medicare cost growth
	2028, phases into the 2017 Medicare Trustees'	are eliminated; excess cost growth averages 0.6
	current law projections in which cost containment	percentage points over the long term.
	mechanisms, including those enacted in the Patient	
	Protection and Affordable Care Act, reduce excess	
	cost growth to 0.0 percentage points on average over	
	the long term. ^c	

Baseline Extended simulation	Alternative simulation	
CBO's April 2018 baseline through 2028; thereafter	Same as Baseline Extended.	
growth in spending for these programs is consistent		
with CBO's March 2017 long-term assumptions for the		
number and age composition of enrollees and the		
2017 Trustees' current law assumptions for excess		
cost growth; excess cost growth averages 0.6		
percentage points over the long term.		
	CBO's April 2018 baseline through 2028; thereafter growth in spending for these programs is consistent with CBO's March 2017 long-term assumptions for the number and age composition of enrollees and the 2017 Trustees' current law assumptions for excess	CBO's April 2018 baseline through 2028; thereafter growth in spending for these programs is consistent with CBO's March 2017 long-term assumptions for the number and age composition of enrollees and the 2017 Trustees' current law assumptions for excess cost growth; excess cost growth averages 0.6

Source: GAO.

Notes: CBO's projections are from *The Budget and Economic Outlook: 2018 to 2028* (April 9, 2018) and *The 2017 Long-Term Budget Outlook* (March 30, 2017). Trustees' projections are from *The 2017 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds* and the *2017 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds*, which were both issued on July 13, 2017. Projections from the CMS Actuary are based on data underlying the "Projected Medicare Expenditures under an Illustrative Scenario with Alternative Payment Updates to Medicare Providers" (July 13, 2017). GAO assumes that Social Security and Medicare benefits are paid in full regardless of the amounts available in the trust funds.

^aThe Budget Control Act of 2011 (BCA) amended BBEDCA, establishing discretionary spending limits for 2012 through 2021. The BCA also established the Joint Select Committee on Deficit Reduction (Joint Committee), which was tasked with proposing legislation to reduce the deficit by at least \$1.2 trillion by fiscal year 2021. The Joint Committee did not report a proposal and Congress and the President did not enact legislation, which triggered the sequestration process in section 251A of BBEDCA. Section 251A required (1) a sequestration for fiscal year 2013 and (2) downward adjustments to discretionary spending limits and sequestration of nonexempt mandatory spending programs from fiscal years 2014 through 2021. These are collectively referred to here as the automatic enforcement procedures. Subsequent legislation extended reductions of nonexempt mandatory spending programs through fiscal year 2025. The Bipartisan Budget Act of 2018 extended the reductions of nonexempt mandatory spending programs through fiscal year 2027.

^bIn addition to limits on discretionary budget authority, BBEDCA, as amended by the BCA, initially required reductions in nonexempt mandatory spending, including Medicare, through 2021. Subsequent legislation extended these reductions through 2025. The Bipartisan Budget Act of 2018 extended the reductions of nonexempt mandatory spending programs through fiscal year 2027.

^cExcess cost growth refers to the annual growth rate of health care spending per enrollee in excess of the annual growth rate of potential GDP per capita, adjusted for demographic characteristics.

GAO's Simulations – Key Economic Assumptions

Model inputs	All simulations
Real GDP growth	CBO's April 2018 baseline through 2028; thereafter averages 2.1 percent based on the intermediate
	assumptions of the 2017 Social Security Trustees reports.
Inflation (percentage	CBO's April 2018 baseline through 2028; 2.1 percent thereafter (CBO's projection in 2028).
change in GDP price	
index)	
Interest rate (on debt	Rate implied by CBO's April 2018 baseline net interest payment projections through 2028; phasing
held by the public)	to 3.9 percent by 2046 and then constant thereafter (CBO's March 2017 long-term projection).

Source: GAO.

Notes: GDP in GAO's simulations does not incorporate the negative effect of long-term deficits on the economy.

CBO's projections are from *The Budget and Economic Outlook*: 2018 to 2028 (April 9, 2018) and *The 2017 Long-Term Budget Outlook* (March 30, 2017).

Trustees' projections are from *The 2017 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds* and the 2017 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, which were both issued on July 13, 2017.