

Briefing Charts on the Federal Budget: Implications for Medicare and Medicaid

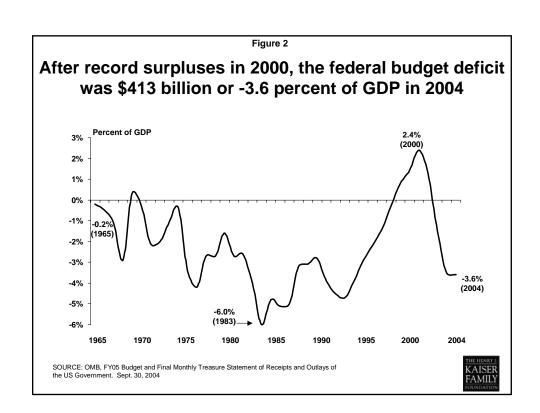
Surplus/Deficit Projections

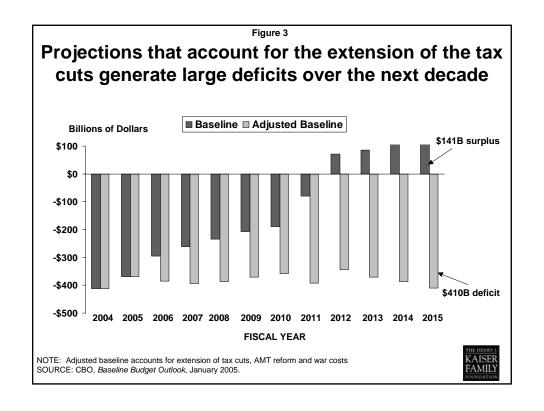
Figure 1

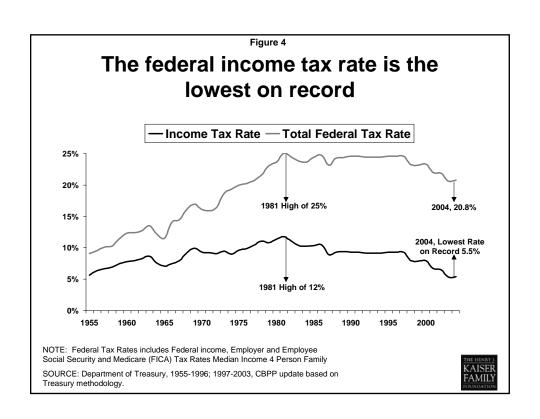
Medicare and Medicaid in the Federal Budget

- After record surpluses set in 2000, the federal government ended FY 2004 with a deficit of \$413 billion.
 - Largest factors driving the deficit are tax cuts, slower economy and increased government spending for the war in Iraq and war on terrorism
- CBO's "baseline" projections show that surpluses will return by 2012; however, projections adjusted to account for the extension of tax cuts, AMT Reform and the war in Iraq show large and growing deficits over the next 10 years.
- · Health programs will face growing pressures.
 - Federal level pressure to cut the deficit and extend tax policies
 - State level slow recovery of state revenues, health programs growing faster than other programs
- The debate about health programs and entitlement programs could be framed by any proposals in the President's budget submission or the budget resolution

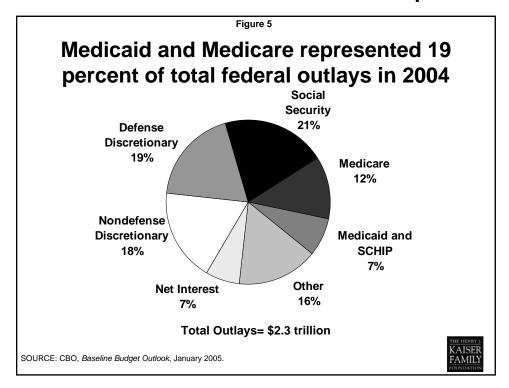


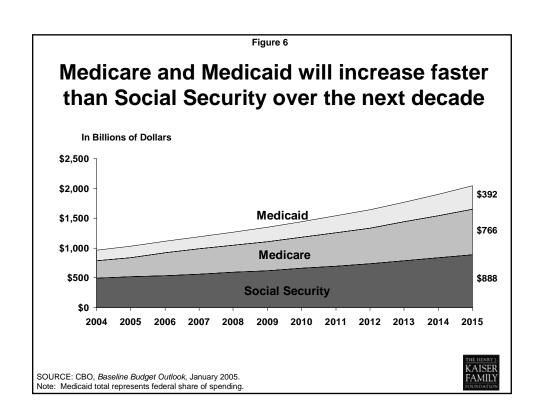


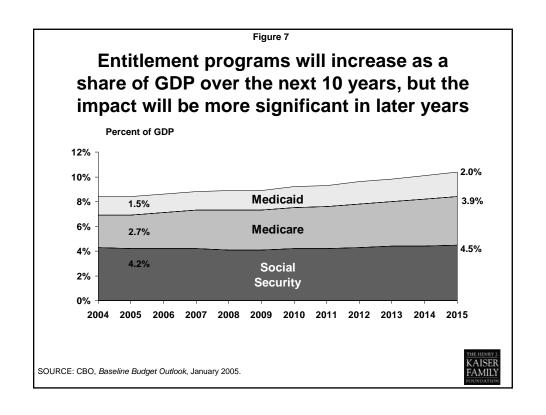


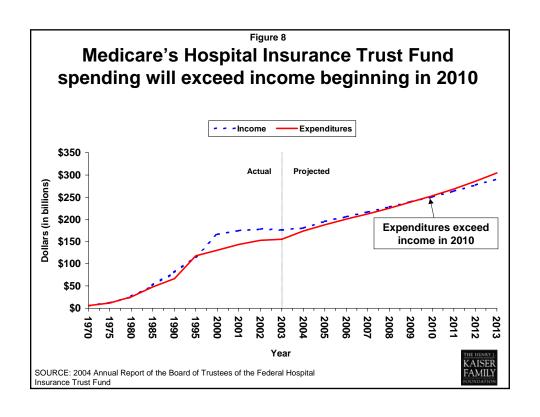


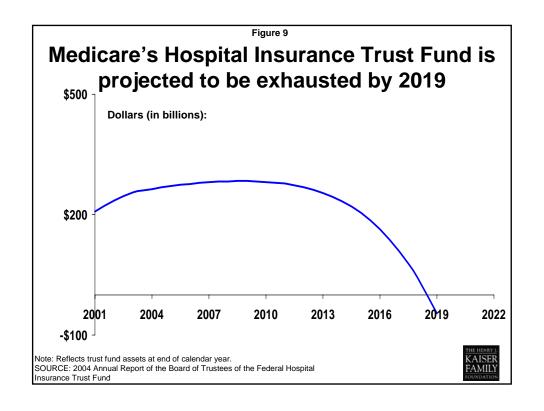
Medicare and Medicaid: A Federal Perspective

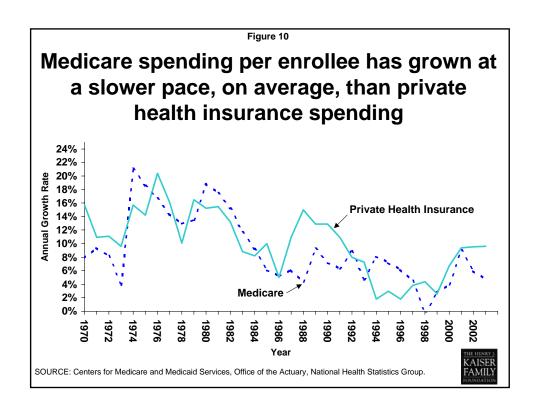


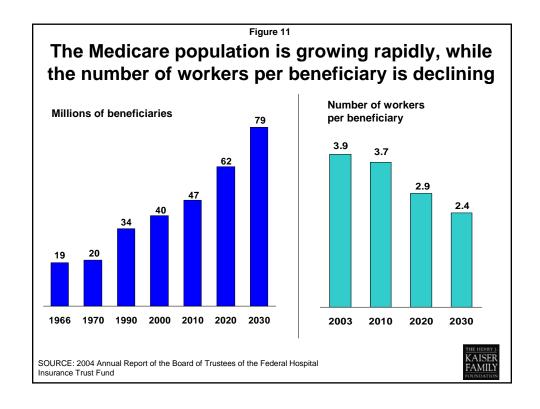




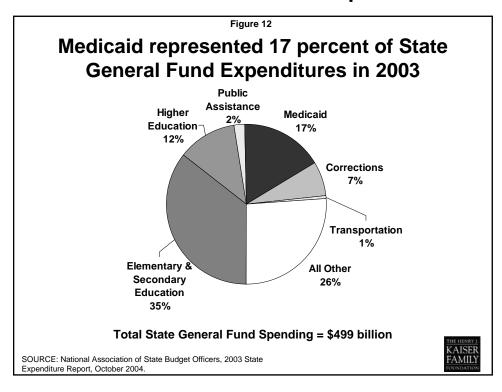


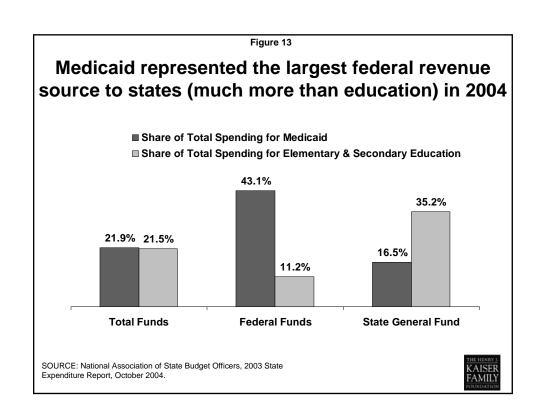


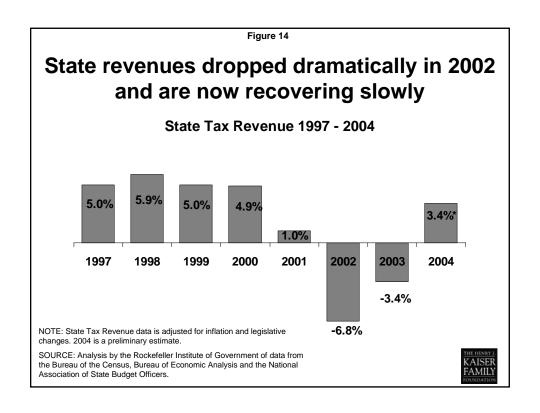


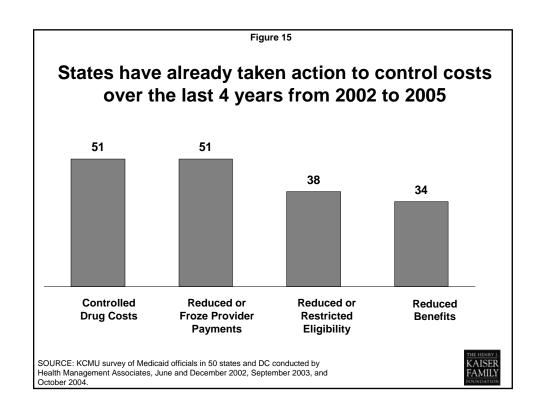


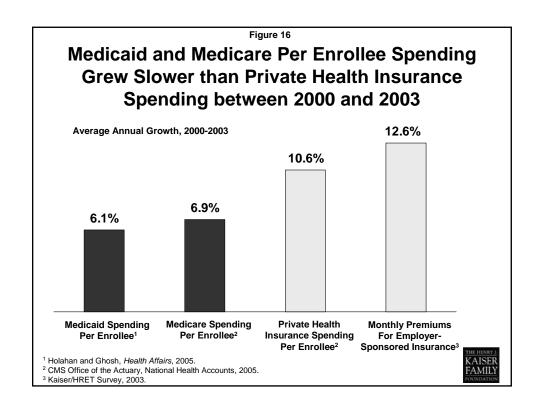
Medicaid: The State Perspective











The Budget Cycle

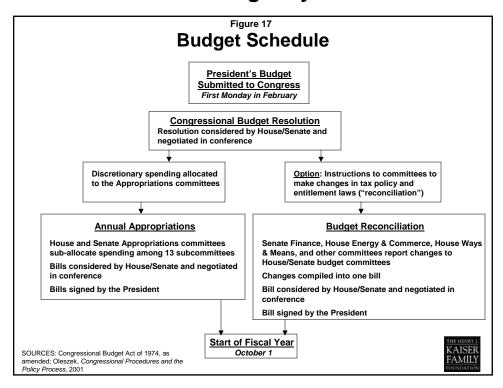


Figure 18

Future Policy Issues

- Changing demographics, including the aging of the baby boom generation and increased life expectancy for the elderly, are driving the long-term spending projections of mandatory programs such as Social Security, Medicare and Medicaid.
- Medicare and Medicaid costs will also be affected by growing health care costs.
- Mandatory programs are expected to increase but ability to afford these programs depends on policy decisions that affect overall revenue and tax policies and spending levels across government programs.

