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November – December 2010

POLICY	The National Commission on Fiscal Responsibility	Bipartisan Policy Center Task Force
Health	Medicatel Expands managed care for dual clapible. Institute to reform Raises Medicate premiums Strengthens IP AM Provides illustrative option Converts EIM program from defined-benefit to defined-contribution with support growing (2012), the program of the convertigation of the convert	Medicail Expanh amazed care for dual eligibles luminuses tor reform Medicare permisms. Raises Medicare permisms. In 2018, transfers Medicare to premism-support model, but maintains traditional Medicare so default option. Limits federal Limit Medicaid growth: end forter anticling payments in Medicaid by decoupling the system. Limit Medicaid spermasent fix to the SCR mechanism. Existic us and import us on manufacture and importation of westered between
Social Security	Raises retirement ages dowly over time Switches to Chained CPI Includes state and local workers Raises the minimum benefit and creates old age bump Raises the cap on payroll taxes to the 90% level Makes benefit adjustment, protecting the bottom 50% of beneficiaries	Adjusts benefit formula to account for increases in longevity (but don not raise the reforment age) Switches to Chianed CPI Includes state and local workers Raises the minimum benefit and creates old-age bump Raises the cap on payroll taxes to the 90% level Makes a modest benefit adjustment, protecting the bottom 75% of beneficiaries
Other Spending	Reforms farm programs Reforms military retirement Reforms civilian retirement Imposes COLA change across government	Reforms farm programs Reforms military retirement Reforms civilian retirement Imposes COLA change across government