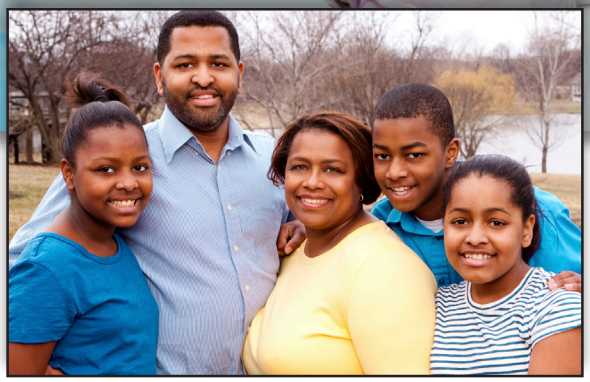
SOCIAL SECURITY, MEDICARE and MEDICAID **WORK**

FOR WASHINGTON STATE AND ALL OF AMERICA



STRENGTHEN SOCIAL SECURITY

...don't cut it.

OCTOBER 2011

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The Alliance for Retired Americans is a grassroots organization representing more than 3 million retirees and seniors nationwide. Headquartered in Washington, DC, the Alliance's mission is to advance public policy that protects the health and economic security of older Americans by teaching seniors how to make a difference through activism. Learn more about the Alliance and its work at **www.retiredamericans.org.**

The mission of Social Security Works is to protect and improve the economic status of disadvantaged and at-risk populations, and, in so doing, to promote social justice for current and future generations of children as well as young, middle-aged and older adults.
www.socialsecurity-works.org

The Strengthen Social Security Campaign is made up of more than 320 national and state organizations representing more than 50 million Americans. The Campaign is united around core principles, which include that Social Security benefits should not be cut and, instead, should be increased for those who are most disadvantaged.
www.strengthensocialsecurity.org

Social Security, Medicare and Medicaid Work

FOR WASHINGTON STATE AND ALL OF AMERICA

WASHINGTON STATE SENATOR PATTY MURRAY co-chairs the Joint Select Committee on Deficit Reduction. This group—known as the Supercommittee, for the extraordinary powers it has been given—is charged with determining how to reduce the federal deficit by $1.2 to 1.5 trillion over the next 10 years.

The Supercommittee is considering whether and how deeply to cut Social Security, Medicare and Medicaid—programs that are vital to the economic security and health of tens of millions of Americans, including millions in Washington State alone.

The 12-member Supercommittee's recommendations, which must be made by late November, will receive, just before Christmas, an up-or-down vote without amendment in each chamber of Congress, and without being subject to the Senate filibuster.

As Figure 1 shows, the large run-up in federal deficits from 2009-2019 will result primarily from President George W. Bush's huge tax cuts in 2001 and 2003; the unpaid costs of the Iraq and Afghanistan wars; the Great Recession, which dramatically reduced tax collections and increased unemployment compensation and other spending; the economic stimulus and recovery spending; and the Wall Street bank bailout.[1] In fact, Social Security never has and never will contribute to federal budget deficits because, by law, it does not have borrowing authority.[2] In seeking solutions to the federal debt, the Supercommittee should be looking at its causes. It should not be cutting Social Security, Medicare, and Medicaid, which are so vital to the economic security of this nation.

As important as the protections these programs provide today are, the need for Social Security, Medicare and Medicaid programs will only grow in coming years. The population of persons aged 65 and over is growing.

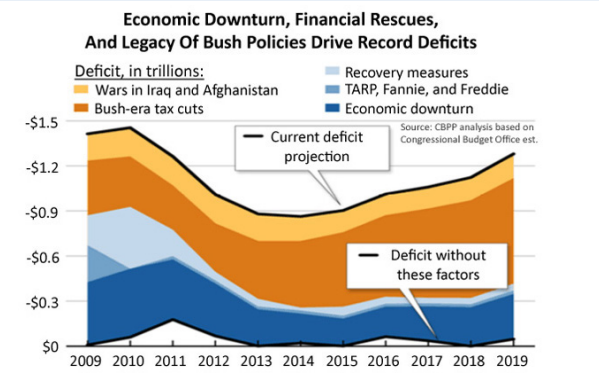
Income growth is, at best, slow for most of today's workers. Jobs are less secure, and many workers have sustained substantial losses of home equity and other savings. Furthermore, employers, who historically have offered supplements to Social Security, are increasingly terminating traditional pension plans and either not replacing them, or replacing them with far more risky and inadequate 401(k) savings accounts.

Social Security, Medicare, and Medicaid are a lifeline for Washington State residents, and the lifeblood of many small businesses, hospitals, nursing homes and home caregivers. Most of the jobs they create stay in America. Cutting these programs would threaten our families' economic security and health and deepen our jobs crisis. Indeed, the nation should be thinking about expanding, not cutting, these programs and the protections they provide.

Social Security, Medicare and Medicaid spend a total of about $30 billion a year in Washington State, providing benefits to an average of more than 1 out of every 6 residents for each program.

FIGURE 1

Causes of Recent Run-Up in Federal Deficits



Source: Center on Budget & Policy Priorities, 2010.

FIGURE 2

Economic and Population Impact of Social Security, Medicare and Medicaid In Washington State[3]

Program	Beneficiaries in Washington State	Percent of Residents Receiving Benefits	Average Annual Benefit	Total Annual Benefits[4]
Social Security	1,089,887	16.2%	$13,468	$14.7 billion
Medicare	983,167	14.6%	$8,523	$8.4 billion
Medicaid	1,036,600	15.4%	$6,370	$6.6 billion

Sources: Social Security Administration, 2011; U.S. Census Bureau, 2011; Kaiser Family Foundation, 2011; Economic Policy Institute, 2011.

Social Security Works

Social Security provides critical protection for virtually all of America's workers and their families, insuring them against lost wages due to death, severe disability or retirement. Today, 55 million Americans receive benefits each month—retired and disabled workers, their families, and surviving family members.[5] Its benefits to the country's residents are very modest, averaging about $13,000 a year.[6] Nationally, two out of three households aged 65 and over rely on Social Security for half or more of their income, and one out of three relies on Social Security for 90 percent or more of their income.[7] The program lifted 20 million Americans out of poverty in 2008, including one million children.[8]

Social Security can pay all benefits in full and on time for the next quarter of a century. After that, if Congress were not to act, it could still pay more than 75 cents on every dollar of earned benefits.[9] The shortfall is equivalent to 0.8 percent of Gross Domestic Product (GDP),[10] which is roughly the amount of revenues that would be lost to the federal budget from extending the George W. Bush-era tax cuts benefitting the richest 2 percent of American households—those with taxable income above $250,000 a year.[11]

Social Security has a $2.7 trillion surplus today, which is projected to grow to $3.7 trillion by 2022.[12] And Social Security does not, and, by law, cannot add a penny to the federal deficit.[11] Therefore, it should not even be under consideration by the Supercommittee.

Social Security Works for Washington State's Residents and Economy

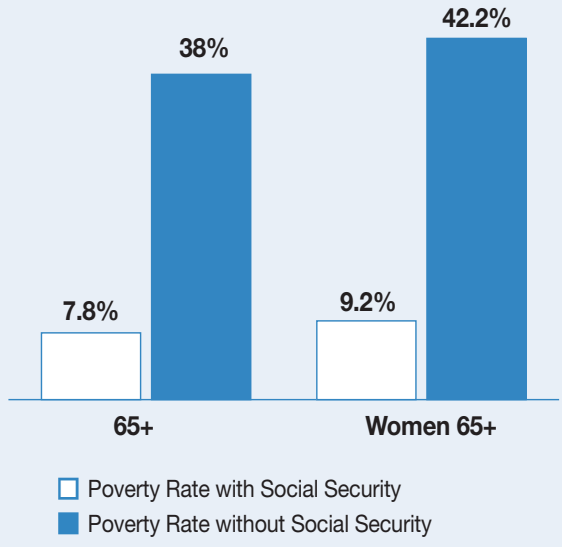
- Social Security provided benefits to 1,089,887 people in 2010, 1 out of 6 residents (16.2 percent) residents.[14]
- Washington State residents received Social Security benefits totaling over $14.7 billion in 2010, an amount equivalent to 4 percent of the state's annual GDP (the total value of all goods and services produced).[15]
- The average Social Security benefit was $13,468.[16]
- Social Security lifted 303,000 Washington State residents out of poverty in 2008.[17]

Social Security Works for Washington State's Seniors[18]

- Social Security provided benefits to 727,956 retired workers in 2010, 1 out of 9 (10.8 percent) residents.[19]
- The typical benefit received by a retired worker in Washington State was $15,005 in 2010.[20]
- Social Security lifted out of poverty 219,000 Washington State residents aged 65 and older in 2008. Without Social Security, the elderly poverty rate in Washington State would have increased from 1 out of 13 (7.8 percent) to 4 out of 10 (38 percent).[21] [Figure 3]

FIGURE 3

Poverty Rate for Beneficiaries 65 and Older, With and Without Social Security, 2006–2008



Source: Center on Budget & Policy Priorities

Social Security Works for Washington State's Women

- Social Security provided benefits to 554,471 women in 2010, 1 out of every 6 women (16.4 percent).[22]
- Social Security lifted out of poverty 133,000 Washington State women aged 65 and older in 2008.[23]
- Without Social Security, the poverty rate of elderly women would have increased from 1 out of 11 (9.2 percent) to more than 4 out of 10 (42.2 percent).[24] [Figure 3]

Social Security Works for Washington State's Workers with Disabilities[25]

- Social Security provided disability benefits for 159,689 workers in 2010, more than 1 out of 7 (14.7 percent) of all beneficiaries.[26]
- The typical benefit received by a disabled worker beneficiary in Washington State was $11,390 in 2010.[27]

Social Security Works for Washington State's Children[28]

- Social Security is the major life and disability insurance protection for more than 95 percent of Washington State's 1,581,354 children.[29]
- Social Security provided benefits to 72,785 children in 2010,[30] and it is the most important source of income for the 123,390 children living in Washington State's grandfamilies, which are households headed by a grandparent or other relative.[31]

Social Security Works for Washington State's People of Color

- It provided benefits to 29,406 African Americans in 2009, nearly 1 out of 8 (12.3 percent) African American residents.[32]
- It provided benefits to 1 out of 11 (9.2 percent) Latino households in 2010, 17,127 households.[33]
- It provided benefits to nearly 1 out of 6 (16 percent) Asian American households in 2010, 25,214 households.[34]

Social Security is a commitment made to all Americans that has withstood the test of time. It represents the best of American values—rewarding hard work, honoring our parents, caring for our neighbors, and taking responsibility for ourselves and our families. Social Security is based on a promise that if you pay in, then you earn the right to guaranteed benefits.

Medicare Works

Medicare works—for seniors and people with disabilities, as well as people with end-stage renal disease (ESRD) and Amyotrophic Lateral Sclerosis (ALS, or Lou Gehrig's disease). The program provides significant hospital, physician, medical testing, pharmaceutical, rehabilitation, medical equipment and other important services to seniors, people with disabilities and people with end-stage-renal disease and ALS.[35] Medicare provided health care coverage to 47.5 million Americans in 2010, of whom 8 out of 10 (39.6 million) were aged 65 or older; 7.9 million were severely disabled workers;[36] and 430,647 were people with end-stage-renal disease (ESRD).[37]

In providing access to critically-important health care, Medicare also protects beneficiaries and their families against health-related expenditures that might otherwise overwhelm their finances. Prior to Medicare, only about half of seniors had health insurance. Those who were insured paid nearly three times as much as younger people, even though they had, on average, only half as much income.[38]

Without Medicare, many people would not be able to afford basic medical services. Medicare beneficiaries are mainly people of modest means. Half of all beneficiaries had incomes below $22,000 a year in 2010.[39] Already more than one-quarter of many beneficiaries' Social Security benefit is eaten up by out-of-pocket health care costs.[40]

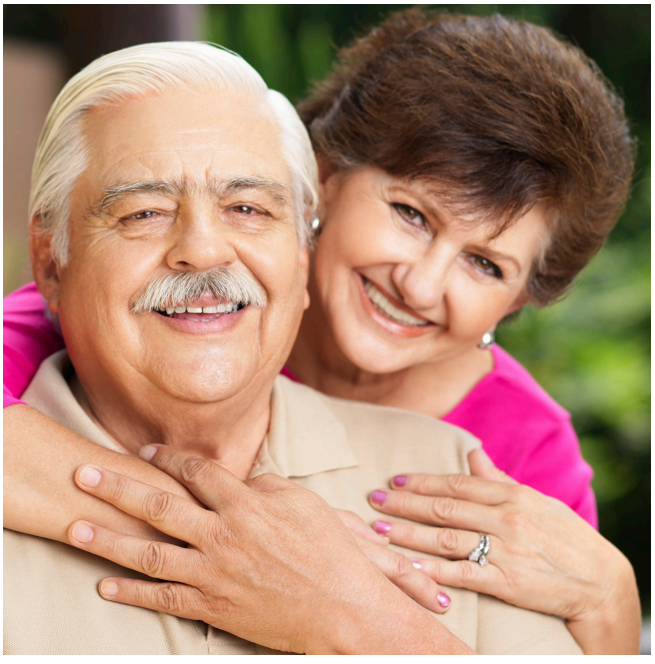
Medicare consists of four parts, each of which provides different medical benefits. Medicare Part A, the Hospital Insurance (HI) program, covers in-patient hospital as well as select kinds of skilled nursing facility services, home health and hospice care. HI is earned during one's working years, and paid for by insurance contributions of 2.9 percent of wages, divided equally between employers and employees.[41]

Medicare Part B, the Supplemental Medical Insurance (SMI) program, helps pay for physician and preventive care services. SMI is a voluntary program, funded by premiums, generally deducted from beneficiaries' Social Security checks, and from general revenue.[42] (Medicaid covers the premium and out-of-pocket costs for those low-income beneficiaries who are also enrolled in Medicare.)

Medicare Part C, also known as the Medicare Advantage program, allows beneficiaries to enroll in a private insurance plan, in lieu of Medicare Parts A and B. These private plans receive payments from Medicare to cover physician and hospital service, and in most cases, prescription drug benefits.

Medicare Advantage Plans cost more for the same services as provided under Parts A and B.[43] These extra costs result not only in higher government outlays but also higher Part B premiums for those enrolled in traditional Medicare. The Patient Protection and Affordable Care Act (ACA) of 2010 includes provisions which seek to make the costs of Part C closer to those of Part A and Part B.[44] About 11.5 million Medicare beneficiaries were enrolled in Medicare Advantage in 2010—about one-quarter (24.3 percent) of all beneficiaries.[45]

Medicare Part D, the prescription drug benefit, covers most outpatient prescription drugs. Part D benefits are provided by private plans that contract with Medicare and are purchased voluntarily by Medicare beneficiaries. They exist independently, or as part of a Medicare Advantage plan. Part D is funded by beneficiary premiums, generally deducted from beneficiaries' Social Security checks, and from general revenue. In addition, states are required to pay premiums for low-income beneficiaries who are enrolled in Part D programs. 27.6 million beneficiaries were enrolled in a Part D plan in 2010—4 out of 10 (41.7 percent) of all beneficiaries.[46]



PERSONAL STORY

NAME: BETTE REED
AGE: 77
LOCATION: Seattle, Washington state

Bette Reed is a vibrant 77-year-old woman who is always looking for ways to help others. She volunteers as an advocate on tenant housing issues for seniors, and with the Puget Sound Alliance for Retired Americans. Yet Bette has spent her life advocating to keep herself and her family afloat. She worked hard at her job, as the sole provider for herself and her three children. Her wages were low and her employer offered no health insurance or retirement plan. By taking responsibility for the needs of her children, including all of their health care costs, Bette had little to save for retirement.

Today, at the age of 77, Bette's only income is the $1,100 she receives in Social Security payments. When she retired, Bette only had a very small amount of savings, so she moved into subsidized housing. Even with housing assistance, with the costs of living rising and no cost of living increases in Social Security, Bette faces a daily struggle to afford even food and clothing. If her Social Security benefits were cut, she would have nowhere to live.

Bette has one daughter with a disability and tries to assist her from time to time. Further, she has an eye condition referred to as macular degeneration in her left eye. Because she has Medicare, Bette can afford to receive injections in the right eye that save her sight. But these injections are expensive, and if Bette's Medicare benefits were cut even a small amount, she would be facing blindness in the near future.

Bette Reed always had a vision for herself, for her children and for others in need. Even small changes in Social Security and Medicare could very well mean she will have no vision at all.

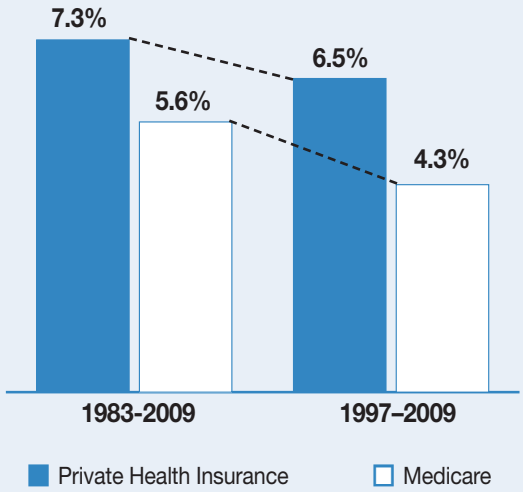
Medicare benefits keep pace with rising medical costs, so essential health services remain affordable for seniors and people with disabilities. The program provided the average beneficiary with benefits worth $11,762 in 2010.[47]

But while the traditional Medicare program, Parts A and B, covers Americans with, on average, the most expensive medical costs, it is much more efficient than private health insurance—no matter how those costs are measured. Medicare's administrative costs were less than 2 percent of its total expenditures in 2010.[48] By contrast, private health insurance's administrative costs, which include additional costs such as advertising, retained profit to insurers and taxes paid by insurers, are generally much higher.

The Congressional Budget Office (CBO) estimated that in 2007 these administrative costs varied from about 7 percent for large employer plans with 1,000 or more covered employees to as much as 30 percent for insurance sponsored by very small firms or purchased by individuals.[49] CBO estimated that while Medicare paid about $150 per person enrolled, large employer plans paid about $300 per person enrolled, and small employers and individuals paid roughly $1,000 per person enrolled, on average.[50]

FIGURE 4

Average Annual Percent Change in Health Care Spending*
(Per Person)



*Refers to spending on "common benefits": benefits commonly covered by Medicare and Private Health Insurance.

Source: Center for Medicare & Medicaid Services, 2010

The traditional Medicare program, Parts A and B, is also administered more efficiently than Medicare Advantage, Part C, which is provided by private insurers who contract with Medicare. An analysis by CBO shows that administrative costs accounted for less than 2 percent of expenditures in the traditional Medicare program, compared to 11 percent in the Medicare Advantage program in 2005.[51]

Medicare has also done a better job of controlling health care costs than private health insurance plans. [Figure 4] While Medicare's costs per beneficiary increased by 5.6 percent a year from 1983 to 2009, the costs of similar benefits under private insurance rose 7.3 percent—30.4 percent more than those of Medicare.[52] Between 1997—when the Balanced Budget Act further limited Medicare spending—and 2009, Medicare's annual costs per beneficiary rose even less than those of private health insurance. Where Medicare's costs per beneficiary increased by 4.3 percent a year from 1997 to 2009, the costs of similar benefits under private health insurance rose 6.5 percent—33.2 percent more than those of Medicare.[53] In addition, with costs per beneficiary in the 1997 to 2009 period 22.6 percent lower than in the period between 1983 and 2009, Medicare's rate of improvement in reducing costs was more than twice that of private health insurance.

As health care costs increase system-wide, Medicare's costs rise as well. It is primarily as a result of system-wide cost increases, that Medicare has significant long-term funding challenges. The solution is to slow the growth of health care costs for everyone, as other developed countries have done—not to cut Medicare's benefits. Cutting Medicare's benefits simply shifts costs to the sickest and oldest among us, forcing some seniors and people with disabilities to forego treatment, living shorter, less healthy—and more medically costly—lives as a result.

Medicare Works for Washington State's Economy

- Medicare provided $8.4 billion in benefits in 2010.[54] The average Medicare benefit was $8,523.[55]

Medicare Works for Washington State Residents.

- 983,167 of Washington State's 6,724,540 residents received Medicare benefits in 2011—1 out of 7 (14.6 percent) state residents.[56]

Medicare Works for Washington State's Seniors

- 829,793 of Washington State's 983,167 Medicare beneficiaries were aged 65 or older in 2011—8 out of 10 (84.4 percent) beneficiaries.[57]

Medicare Works for Washington State's People with Disabilities

- 153,374 of Washington State's 983,167 Medicare beneficiaries were people with disabilities in 2011—nearly 1 out of 6 (15.6 percent) beneficiaries.[58]

Medicare Works for Washington State's Residents with End-Stage-Renal Disease (ESRD)

- End-stage-renal disease occurs when a person's kidneys stop functioning at a level needed for everyday life. People suffering from ESRD generally must undergo dialysis treatment or receive a kidney transplant, which are both prohibitively expensive.[59]
- In total, 6,496 Washington State residents who received Medicare benefits in 2010 had ESRD.[60]

Medicare Works for Washington State's Residents with Amyotrophic Lateral Sclerosis (ALS)

- Amyotrophic Lateral Sclerosis, more commonly known as ALS, or Lou Gehrig's disease, is a nervous system disease that gradually shuts down all muscles in a person's body, eventually resulting in death from respiratory failure.[61] Many Washington State residents with ALS would impoverish themselves or their families without the help of Medicare.

Seniors and people with disabilities cannot be economically secure if they are one illness away from bankruptcy. Medicare should be strengthened, not cut. As private sector health insurance continues to rise in cost, Medicare is more important than ever.

Medicaid Works

Medicaid works—for low-income families, children, seniors and people with disabilities. Medicaid was created in 1965 to provide health coverage for low-income Americans. It is a lifeline for those who have nowhere else to go.[62] Medicaid insured 50.3 million Americans in 2010, providing beneficiaries with $366 billion in medical benefits.[63] Like Medicare, it is an important source of funding for rural hospitals and inner-city health care facilities.

Medicaid is especially crucial to people in need of community- and institutionally-based long-term care services. Medicare does not cover most long-term care costs, and private insurance plans that cover long-term care are often prohibitively expensive. As a result, many individuals exhaust their assets under the weight of steep long-term care costs, and have nowhere to turn but Medicaid. In short order, long-term care patients and their families can go from the middle class to a life of poverty in which they need assistance.

Two-thirds of all Medicaid spending is for seniors and people with disabilities.[64] One out of every four—16 million—seniors and people with disabilities depended on Medicaid in 2010. That includes 15.4 percent of all seniors (6.3 million) and 44.6 percent of people with disabilities (9.8 million).[65]

Medicaid is also crucially important to children, who are about half of its beneficiaries nationwide.[66] More than one in four of the nation's children receive their health insurance through Medicaid.[67]

Cuts in federal funding to Medicaid will shift costs to states, if they have the funds to pick up the shortfall, or worse, to individuals and families who can least afford it. More troubling still, it may make life-saving medical care inaccessible for those who need it.

Medicaid Works for Washington State's Economy.

- A total of $6.6 billion in Medicaid benefits were paid in FY 2009.[68] The average Medicaid benefit was $6,370.[69]

Medicaid Works for Washington State Residents

- 1,036,600 of Washington State's 6,724,540 residents received Medicaid benefits in 2010—more than 1 out of 7 (15.4 percent) state residents.[70]

Medicaid Works for Washington State's Children

- Medicaid insured 638,300 children in 2010—4 out of 10 (40.4 percent) children in the state.[71]

Medicaid Works for Washington State's Seniors

- 82,928 of Washington State's 1,036,600 Medicaid beneficiaries were aged 65 or older in 2010—1 out of 12 (8 percent) beneficiaries.[72]

Medicaid Works for Washington State's People with Disabilities

- 165,856 of Washington State's 1,036,600 Medicaid beneficiaries were people with disabilities in 2010—1 out of 6 (16 percent) beneficiaries.[73]

Medicaid Works for Washington State's Long-Term Care Residents

- Medicaid provided $2.2 billion in long-term care benefits for Washington State residents in 2009. That includes:
  - $1.4 billion in home health care services (65.2 percent)
  - $584 million to nursing home facilities (26.5 percent)
  - $26 million to mental health facilities (1.1 percent)
  - $156 million to intermediate care facilities for the developmentally disabled (7.1 percent).[74]
- Medicaid insures the vast majority of Washington State residents who opt for nursing home care. 10,900 of Washington State's 18,060 nursing home residents were Medicaid beneficiaries in 2010—6 out of 10 (60.4 percent) of nursing home residents.[75] The average annual cost of nursing home care for a semi–private room in Washington State was $84,300 in 2010.[76] Given the high cost of nursing home care, many Washington State residents would not be able to afford it without Medicaid.

Medicaid Works for Washington State During Economic Recessions

- Because Medicaid eligibility is tied to having low income, the program expands to accommodate those who have lost jobs or earnings during a recession. Nationwide, between June 2008 and June 2009, the height of the Great Recession, Medicaid enrollment rose by 3.3 million, or 7.5 percent. That amounts to a 79 percent increase from the average annual enrollment rate of 4.5 percent between 2000 and 2007. While there are several factors that fuel Medicaid enrollment, experts believe that job losses and resulting losses of employer-based insurance and declining income, cause more people to qualify for Medicaid.[77]

As financially strapped states cut Medicaid, the last thing the nation's seniors, people with disabilities, and low-income children need is for the federal government to cut the program at the national level. Like Social Security and Medicare, this vital program should be strengthened, not cut.

Conclusion

Social Security, Medicare and Medicaid represent the best of America's values, including caring for aging parents and neighbors. If the Supercommittee and Congress cut Social Security, Medicare, or Medicaid they would not be representing those whom they have been elected to serve. Poll after poll has shown that Americans overwhelmingly support these programs and do not want to see them cut. Moreover, cutting them would be weakening the economic security of all Americans. While that would be bad policy anytime, it would be disastrous in this time of widespread economic loss.

ENDNOTES

1 Center on Budget & Policy Priorities (CBPP), "Critics Still Wrong About What's Driving Deficits in Coming Years," June 28, 2010. http://www.cbpp.org/cms/?fa=view&id=3036
2 Social Security does not contribute to the deficit, because benefits can only be paid from revenue collected by the Social Security trust funds—the Old-Age and Survivors Insurance (OASI) trust fund and Disability Insurance (DI) trust fund—which are completely separate from the general budget. Social Security Trustees, Table II.B1 in *2011 Trustees' Report*, May 13, 2011, p. 5. http://www.ssa.gov/oact/TR/2011/tr2011.pdf The trust funds do not have borrowing authority, and therefore, cannot deficit-spend. In the event that trust fund revenues fall short of what is needed to pay 100 percent of benefits, then, by law, benefits could not be paid in full and on time. That is why, if Congress does nothing to shore up the program's finances by 2036, Social Security will only have sufficient revenue to pay three-quarters of scheduled benefits until 2085. Security Trustees, *2011 Trustees' Report*, May 13, 2011, p. 9. http://www.ssa.gov/oact/TR/2011/tr2011.pdf This modest funding shortfall is often cited as evidence that the program is financially unsustainable, or "in deficit." In fact, it is just the opposite: it attests to Social Security's self-sustaining funding structure that bars it from deficit-spending or borrowing from the general budget in any way.
3 All of the statistical data used in the report are the most current data available. Some data were available in more recent years than others. Social Security beneficiaries, benefits and average benefit date to December 2010. The number of Medicare beneficiaries in each state dates to 2011. Total Medicare benefits and the average Medicare benefit date to 2010. The number of Medicaid beneficiaries dates to July 2010. Total Medicaid benefits and the average Medicaid benefit date to Fiscal Year 2009. All population data, used to determine the proportion of the population receiving benefits in all programs and categories of eligibility, is from 2010.
4 While Social Security and Medicare benefits are funded entirely by the federal government, Medicaid is partially funded by state governments, and sometimes local governments.
5 Social Security Administration (SSA), "Table 2. Social Security Benefits, August 2011" in *Monthly Statistical Snapshot, August 2011*, September 2011. http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/#table2
6 Average annual benefit amounts calculated by dividing total annual benefits by total beneficiaries. Total annual benefits from Social Security Administration (SSA), "Table 5. J1 Estimated total annual benefits paid, by state or other area and program, 2010 (in millions of dollars), in *Annual Statistical Supplement, 2011*, February 2011 [herein *Ann. Stat Supp.*]. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j2 Total beneficiaries from SSA, "Table 5.J2 Number, by state or other area, program, and type of benefit, December 2010," in *Ann. Stat Supp.*, February 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j1
7 SSA, "Fast Facts and Figures About Social Security, 2011,"August 2011, p. 7. http://www.ssa.gov/policy/docs/chartbooks/fast_facts/2011/fast_facts11.pdf
8 CBPP, "Social Security Keeps 20 Million Americans Out of Poverty, A State-by-State Analysis," August, 2010. http://www.cbpp.org/files/8-11-10socsec.pdf
9Social Security Trustees, *The 2011 Annual Trustees' Report*, May 13, 2011, p. 9. http://www.ssa.gov/oact/TR/2011/tr2011.pdf. Congressional Budget Office (CBO), "Long Term Projections for Social Security," August 2011, p. 9. http://www.cbo.gov/doc.cfm?index=12375
10 Social Security Trustees, Ibid., p. 12.
11 CBPP, "What the 2011 Trustees' Report Shows About Social Security," Figure 1, May 24, 2011. http://www.cbpp.org/cms/?fa=view&id=3500
12 Social Security Trustees, "Table VI.F8- Operations of the Combined OASI and DI Trust Funds, in Current Dollars, Calendar Years 2011-86," in *Single-Year Tables*, 2011. http://www.ssa.gov/oact/TR/2011/lr6f8.html
13 See end note 2.
14 Total beneficiaries from SSA, "Table 5.J2 Number, by state or other area, program, and type of benefit, December 2010," in *Annual Statistical Supplement, 2011*, February 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j2 State population data from U.S. Census Bureau, "Profile of General Population and Housing Characteristics: 2010,"in
2010 Demographic Profile Data, 2011. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table
15 Total annual benefits from Social Security Administration (SSA), "Table 5.J1 Estimated total annual benefits paid, by state or other area and program, 2010 (in millions of dollars), in *Annual Statistical Supplement, 2011*, February 2011. Percentage calculated using state Gross Domestic Product figures from Bureau of Economic Analysis, "Table 3. Current-Dollar GDP by State, 2007-2010," in *Economic Recovery Widespread Across States in 2010*, June 7, 2011. http://www.bea.gov/newsreleases/regional/gdp_state/2011/pdf/gsp0611.pdf
16 Average benefit found by dividing total spending by total beneficiaries. Total annual benefits from Social Security Administration (SSA), "Table 5.J1 Estimated total annual benefits paid, by state or other area and program, 2010 (in millions of dollars), in *Annual Statistical Supplement, 2011*, February 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j1 Total beneficiaries from SSA, "Table 5.J2 Number, by state or other area, program, and type of benefit, December 2010," in *Annual Statistical Supplement, 2011*, February 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j2
17 CBPP, "Social Security Keeps 20 Million Americans Out of Poverty, A State-by-State Analysis," August, 2010. http://www.cbpp.org/files/8-11-10socsec.pdf Total number of state residents lifted out of poverty, which does not appear in CBPP's report, was made available by the report's authors, Arloc Sherman and Paul N. Van de Water.
18 For the purposes of this analysis, "seniors" describes individuals aged 65 or older. Herein, all references to "seniors" will reflect this definition.
19 SSA, "Table 5.J2—Number, by state or other area, program and type of benefit, December 2010," in *Ann. Stat. Supp.*, 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j2 State population data from U.S. Census Bureau, "Profile of General Population and Housing Characteristics: 2010,"in
2010 Demographic Profile Data, 2011.
20 For the purposes of this analysis, "typical" is used to describe the "median" benefit. Herein, all references to "typical" will reflect this description. "Table 5.J6—Percentage distribution of monthly benefit for retired workers, by state or other area and monthly benefit, December 2010" in *Ann. Stat. Supp.*, 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j6
21 CBPP, Ibid.
22 SSA, "Table 5.J5.1—Number, by state or other area and sex, December 2010," in *Ann. Stat. Supp.* http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j5.1 Number of women in state from U.S. Census, "Age Groups and Sex: 2010," in *2010 Summary File*, 2011. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP1&prodType=table
23 CBPP, Ibid. The number and percentage of women aged 65 or older lifted out of poverty, which do not appear in CBPP's report, were made available by the report's authors, Arloc Sherman and Paul N. Van de Water.
24 CBPP, Ibid. The number and percentage of women aged 65 or older lifted out of poverty, which do not appear in CBPP's report, were made available by the report's authors, Arloc Sherman and Paul N. Van de Water.
25 The number of Social Security disability beneficiaries cited here includes only those disabled workers receiving disability benefits. It does not include those disabled workers and "disabled adult children" who are recipients of Retirement and Survivors benefits. Herein, any use of the term "disabled worker" will refer only to those disabled workers receiving disability benefits.
26 SSA, "Table 5.J8—Percentage distribution of disabled workers, by state or other area and monthly benefit, December 2010" in *Ann. Stat. Supp.*, 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j8
27 SSA, "Table 5.J8—Percentage distribution of disabled workers, by state or other area and monthly benefit, December 2010," in Ibid.
28 Unless otherwise specified as children under 18 to the exclusion of all others, the term "children" used in this section is consistent with the Social Security Administration's use of the term to include three groups: "children under age 18;" "students aged 18-19," which refers to children ages 18 and 19 who are matriculated in an institution of secondary education; and "disabled adult children," which refers to those adults who have been disabled since before they reached age 18.
29 U.S. Census Bureau, "Age Groups and Sex: 2010," in *2010 Summary File*, 2011. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP1&prodType=table Data on percentage of children insured from SSA, "Survivors Benefits," 2011, p. 4. http://ssa.gov/pubs/10084.pdf
30 "Table 5.J10—Number of children, by state or other area and type of benefit, December 2010," in *Ann. Stat. Supp.*, February 2011. http://www.ssa.gov/policy/docs/statcomps/supplement/2011/5j.html#table5.j10
31 Association of American Retired Persons (AARP), "Grandfacts: State fact sheets for grandparents and other relatives raising children," 2011. http://www.aarp.org/relationships/friends-family/grandfacts-sheets/
32 "Table 5.J5.1—Number, by state or other area, race, and sex, December 2009," in *Annual Statistical Supplement, 2010*, 2010. http://www.ssa.gov/policy/docs/statcomps/supplement/2010/5j.html#table5.j5.1 African American population from U.S. Census Bureau, "Profile of General Population and Housing Characteristics: 2010,"in
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36 Medicare Trustees, *2011 Medicare Trustees' Report*, May 13, 2011, p. 4. https://www.cms.gov/ReportsTrustFunds/downloads/tr2011.pdf
37 Kaiser Family Foundation (KFF), "Medicare Enrollment: Hospital Insurance and/or Supplementary Medical Insurance Enrollees With End-Stage-Renal Disease, as of July 2010," 2011. http://www.statehealthfacts.org/comparereport.jsp?rep=71&cat=6 This figure includes Medicare beneficiaries with ESRD who qualify for Medicare because they are aged 65 or older, or severely disabled. Nationwide, only 21,874 Medicare beneficiaries with ESRD, are neither aged 65 or older, nor receiving Social Security disability payments, thus qualifying for Medicare on the basis of ESRD alone. The number of beneficiaries receiving Medicare due to ALS is not available.
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