Hospitals & Asylums

Annual Social Security Underwriting Report Examination 2023 HA-17-4-23

Letter of Transmittal

Honorable Kevin McCarthy
Speaker of the House

Honorable Kamala D. Harris
President of the Senate

Janet Yellen, Secretary of the Treasury
and Managing Trustee of the Trust Funds

Dear Speaker, Madam President and Treasury:

I am honored you try my tardy analysis of the 2022 Annual Reports of the Boards of Trustees of the Federal Old Age Survivor Insurance (OASI), Disability Insurance (DI), Hospital Insurance (HI), Supplemental Medical Insurance (SMI) Trust Funds after the April 1 deadline. In my defense, Social Security has not yet fully compensated me for six percent interest on the first Deposit Insurance Fund (DIF) benefit to be paid by the Treasury in the 90 year history of the FDI Corporation; $20,000 (2023) - $250,000 Public Trustee appointment ABLE account, tax free – SSA BNC # 21T2379J53688-HA.

Don't pandemic. The Economic Security Agenda at the end of this brief will permanently place the repeal of adjustment to contribution base in Sec. 230 of the Social Security Act 42USC§430 on the agenda to increase OASDI payroll tax revenues by 27-30 percent, create a SSI Trust Fund to end child poverty by 2024 and all poverty by 2030 and vote to repeal the tax loophole or authorize the child tax credit, in FY 24. It will secure a $535 billion tax day loan from the Federal Reserve to ease the cost of the $1,070 billion bill for uncollected back income tax overestimates leaving the Treasury with a +/- $49 billion balance FY 23 31USC§5153. It will pay the Fed $25.4 billion 4.75 percent interest today for the tax day loan to be repaid FY 24 and a token remittance 31CFR§203.2 and set the discount rate at 2 percent under 12USC§248(r)(2)(A)(iii), §343(3) and §357. It will rewrite 10USC498(f) so 'Nuclear Non-proliferation Treaty (NPT) Defined – The 2012 NPT Review Conference set a 1,700 deployed and 2,220 warhead limit on nuclear weapons. Wherefore, the United States Department of Energy must therefore recycle all nuclear waste and missiles in excess of the 2,200 warhead limit' and heating and cooling railcars recovered from the NOAA SST anomaly map. It will increase the federal minimum wage, by amending 29USC§206(a)(1)(D) to a base wage calculation of $10.00 an hour in 2022 with 3 percent annual raise for low-income workers - $10.30 2023, $10.60 2024 etc.

Respectfully,

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Part I End Child Poverty by 2024 and All Poverty by 2030

Chapter 1 Public Trustee Application

The Social Security Act established the Board of Trustees to oversee the financial operations of the OASI and DI Trust Funds pursuant to Sec. 201(c)(1) of the Social Security Act 42USC§401(c)(1). The Board is composed of six members. Four members serve by virtue of their positions in the Federal Government: the Secretary of the Treasury, who is the Managing Trustee; the Secretary of Labor; the Secretary of Health and Human Services; and the Commissioner of Social Security. The President appoints and the Senate confirms the other two members to serve as Public Trustees, provided that they are not from the same political party. These two public trustee positions have been vacant since 2015. I have been petitioning for the position to no avail since 2018 on the tax the rich, state employees and civilian defense contractors to end child poverty by 2024 and all poverty by 2030 platform - take it or leave the proposal in the Annual Reports until the right of passage is passed. Contrary to the public

opinion expressed by the Trustees, lawmakers do not have a broad continuum of policy options that would close or reduce Social Security's long-term financing shortfall, there is no alternative but to tax the rich and underinsured state employees and civilian military contractors the full 12.4 percent social security tax, to create in the Treasury a Supplemental Security Insurance (SSI) Trust Fund to end child poverty by 2024 and all poverty by 2030. This would abolish most actuarial abstracts, and maybe the Railroad interchange, to make room for the SSI program in the Annual Report and award qualifying disabilities to large groups of temporarily underinsured state workers perhaps along the lines of the Railroad interchange, diabetics, Native Americans, and African-Americans, who happen to be poor.

I am imminently qualified because I am not affiliated with either political party, have been a disability beneficiary since a Bachelor degree failed to rehabilitate either the career or Hospitals & Asylums (HA) in 2000, after becoming permanently disabled before age 22. As a permanent disability beneficiary, tax free by vow of poverty, I have audited the Annual Reports and federal budget for decades and understand the errors of the Office of Management and Budget (OMB) and Chief Actuary (+/- 2000 – present) better than any new or too atherosclerotic to do the calculus without morbidity, retiree. Hiking at 48, I am neither too old to do the calculus critically, nor too young to forsake new cohorts of child benefits, prioritized for insurance against poverty when the OASDI tax loophole is closed. I can even admit the child tax credit successfully reduced child poverty to only 5.8 percent in 2021 with the help of stimulus payments, and the Treasury is proposing the child tax credit as a deficit funded alternative to closing the OASDI tax loophole for $100 billion less, $250 billion compared with $372 billion FY 24. The dead beat Congress may vote to add a $250 billion child tax credit to the deficit or to add the $372 billion loophole closure to off-budget revenues and subtract the $70 billion SSI program from the on-budget FY 24. In defense of the tax, while the child tax credit can be ruled out by more than 20 million SSI Trust benefits earmarked to end child poverty by 2024 and all poverty by 2030 in competition with rising retirement costs, the SSI tax for the $14,580 2023 federal poverty line, may not be taken off the table by the hyper-inflationary child tax credit to provide less for those up to the antisocial incomes of $200,000 ($400,000 if filing a joint return). By closing the loophole, in a brief time revenues would increase to afford special recognition, to advance payment and defend against possible future discrimination, of poverty related disability benefits for all underinsured teachers, state employees and civilian defense contractors pursuant to *Babcock v. Kijakazi* 595 US _ (2022), diabetics, Native and African Americans, before ultimately insuring all US citizens, and for a new one percent income tax, that has been proposed to be borne entirely by the richest five percent, insure everyone worldwide against poverty around 2030.

The Public Trustee appointments need to be accounted for the federal government to openly and honestly protect the Treasury from bankruptcy, ie. The Federal Reserve has been bankrupt since fall of 2022 and without a $535 billion tax day overestimate loan the Treasury has a balance of only +/-$49 billion FY 23. To make peace with Public Trust, after nearly a decade of vacatur, it is essential the House and Senate rethink their political party appointment of Trustee. In this application they are advised to amend 'provided they are not from the same political party' to 'provided one is a beneficiary of the Federal Disability Insurance Trust Fund and the other a beneficiary of the Federal Old Age Survivor Insurance Trust Fund'. Whereas we can only speculate about the reasons for their failure to appoint Public Trustees, reflected in the sporadic appointments of Federal Deposit Insurance Corporation (FDIC) Directors, during this same time period, we must assume the President and Senate are merely being willfully oppressive under 26USC§7214. Prior Public Trustees have not published any written reports, claimed to make any contributions to the Annual Reports, other than their names, and are otherwise completely overlooked by history. If witch hazel astringent will only cure Senator

Dianne Feinstein, age 89, of chicken pox/shingles, as it did for me, Hospitals & Asylums (HA) can change all that by self-publishing and hypothetically needs only slightly better respect for my voluntary career from Congress, to end poverty worldwide by 2030 by passing the following Economic Security Agenda Amendments to the Hydrocortisone, Eucalyptus, Lavender, Peppermint or Salt Helps Water Cure Coronavirus Colds; Mentholyptus Cough Drop Cures SARS and Influenza; Echinacea cures Respiratory Syncytial Virus and Triple Threat of RSV, SARS-CoV-2 and Flu Act of 2023 HA-15-9-22.

The terms of employing HA are conditional. The Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance and Federal Disability Insurance Trust FundS and Annual Report of the Supplemental Security Program must unconditionally surrender the plan to close the tax loophole for the rich, state employees and civilian defense contractors, create a Supplemental Security Income Trust Fund to end child poverty by 2024 and all poverty by 2030 and put the social security trust funds on a positive actuarial balance into the infinite horizon, until the sole solution to social security solvency is passed. The Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds must inform the public: Wash your nose - Hydrocortisone, Eucalyptus, Lavender, Peppermint or Salt Helps Water Cure Coronavirus Colds; Mentholyptus Cough Drop Cures Severe Acute Respiratory Syndrome (SARS) and Influenza; Echinacea Cures Respiratory Syncytial Virus and Triple Threat of RSV, SARS-CoV-2 and Flu. The term in office may be renewed or revoked on an annual basis and should in no way result in withdrawal of the proposal to end all poverty from the Annual Report until the tax(es) is (are) passed or retraction of the don't pandemic prescription. It has been suggested that the 1 percent income tax to pay an international poverty line benefit be borne by increasing taxes on only the wealthiest 5 percent.

The Vacancies Act provides that if the first or second nomination for the office is rejected by the Senate, withdrawn or returned to the President by the Senate then an acting officer may continue to serve for a 210 period, after which time an acting officer may not serve beyond this final period, unless no one new is appointed for confirmation. *Williams v. Kijakazi* No. (WDNC) 1:21-CV-141-GCM, 2022 and *T.D v. Kijakazi* (DMinn) No. 19-cv-2542, 2022 under 5USC§3346. An agency may discretionally delegate duties to another employee so that an agency official who has not been appointed to a particular advice-and-consent position could perform the responsibilities of that position pursuant to the proper delegation. according to the Congressional Research Service. *The Vacancies Act: A Legal Overview*. August 1, 2022. The Acting Public Trustee could be appointed by the Treasurer, provided the tax plan to end poverty is included in the Annual Report. The Treasurer could fulfill her obligation to pay me $20,000-$250,000 first ever Deposit Insurance Fund (DIF) benefit to an individual in 90 year concealment by the FDI Corporation, tax free, and act as though at least one of the Public Trustee positions were signed 'Acting', under 5USC§3347(a)(1)(B).

January 6th ballot recount 3USC§15. Trump and Biden are equally disqualified to hold federal office pursuant to the prohibition on assisting nuclear proliferation through finance or tectonic use 22USC§6303. Acting Commissioner Kijakazi's appointment coincided with Biden nuking the Enriquillo Plantain Garden Fault in Haiti for a second time, the removal of my name, Anthony, from the historical online record of most popular male baby names, casting into doubt the authenticity of SSA most popular baby name reporting (not dissimilar to the 2020 Biden-Trump 66.8 percent ballot stuffing turnout) and the embezzlement of my life savings while in Washington DC on September 24, 2021, no disabled worker or veteran had received their direct deposit by the middle of the November 2021. Kijakazi is able to account but is willfully oppressive. To keep the peace the new Republican Speaker of the House McCarthy must minimally legislate a recycling program for retired nuclear

warheads, in excess of 2,200 warheads since 2012 pursuant to the Nuclear Non-Proliferation Treaty (NPT), by repealing the New START Conspiracy with Russia at 10USC§498(f) (Isiah 2:4) or be disqualified to hold office due to concealment, removal or mutilation of records, generally 18USC§2071. The President of the Senate, Harris, has hopefully recovered from severe mental illness after the embezzlement related mail theft conviction in Ohio in 2021 18USC§1708 and is ready to settle the tort.

To amend Title 22 of the United States Code Foreign Relations and Intercourse (a-FRaI-d) to Foreign Relations and Court of International Trade of the United States (COITUS) to Customs Court (CC) for obscenity on federal property 18USC§1460 et seq, and snuff under Art. 20 of the International Covenant on Civil and Political Rights. To amend federal torture statute to comply with Arts. 2, 4 and 14 of the Convention against Torture Congress is obligated to repeal the phrase "outside the United States" (historically altered in 2009 when Obama exclaimed 'the United States does not torture'?) from 18USC§2340A(a) and amend Exclusive Remedies §2340B so: The legal system shall ensure that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, their dependents shall be entitled to compensation pursuant to Art. 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987) and *Armed Activities on the Territory of the Congo (Democratic Republic of the Congo* v. *Uganda)* 1999-2022. To immediately repeal authorization for the Office of National Drug Control Policy (ONDCP), whereas 48 percent of Biden's White House budget is drug abuse and this poses a narco-terrorist toxic tort, 21USC§1701 *et seq,* abolish the Federal Bureau of Investigation (FBI) and Drug Enforcement Administration (DEA) and decriminalize marijuana.

The qualification of the Public Trustee are justified by the skill with which HA recounts the General Fund and Board of Trustees to alleviate economic damage that nearly depleted the DI Trust Fund 2012-2015 and "unrealized losses" incidental to never doing the calculus to amend the OASDI tax rate right since 2000 and being wrong on all of the myriad of imprecise economic assumptions used to project the comparatively well-accounted social security fortune into the future, except immigration statistics, that are the best the federal government has to provide, and maybe Social Security Area population that criticized the 2010 Census, and is now at the high end of belief, without an Annual Statistical Abstract since 2011. Economic assumptions were allegedly too complex to facilitate estimates during the 2020 "payroll tax" contraction, the Bureau of Fiscal Service should certainly be able to sum, but their estimates are historically significantly deviant from and less credible, than those produced in the Annual Reports of the Board of Trustees, and they conspired to cheat on the 2020 payroll tax and monopolize the Direct Express and Netspend of inequity in Austin, Texas. Developments have added to the uncertainty regarding the path of the COVID-19 pandemic and the economy. Especially, since 3rd quarter 2022 US GDP has obviously been overestimated due to failure to contract in 1st and 2nd quarters, a conspiracy corroborated by the 2022 Annual Report, and since January 2023, the World Bank has joined in to overestimate 2021 Gross World Product by roughly 10 percent. In this case economic correction of a statistical fraud does not necessarily equate with a recession, but the pseudo-scientific mania can quickly mislead producers to true depression. The Trustees will continue to monitor these and any future developments and promise to modify the projections in later reports as appropriate. Data and projections presented include the Trustees' best estimates of the effects of the COVID-19 pandemic; this means the huge 2020 payroll tax overestimate has not been modified, and has been unhappily purchased for the high, but not impossibly high, estimate of $200 billion by the Federal Treasury balance remaining from Fed COVID relief to alleviate the motive for 'crime' by or

affecting persons engaged in the business of insurance under 18USC§1033. Having paid $200 billion for the 2020 payroll tax overestimate and received $36 billion payroll tax rescission in 2021, the Treasury now owes $1,070 billion for uncollected back tax overestimates, leaving a balance of only $49 billion and $535 billion Public Debt Held by the Federal Reserve is sought to ease FY 23 into one last FY 24 deficit overestimate, before OMB learns from me how to accurately account for Government Outlays by Agency and Balance 26USC§7214.

Chapter 2 Recounts

"Recount" is wanted for the 2020 payroll tax (purchased for $200 billion, $36 billion refunded), 2021 individual and 2022 individual and corporate income taxes and 2022 customs duties, as well as Gross Domestic Product (GDP) from 4th quarter 2021 and population overestimates, not to mention those stolen 2020 and 2022 January 6th's 3USC§15. To seize election day Congress must legislate the reasonable costs for the Bureau of the Census to sustain re-publication of the Annual Statistical Abstract wrongfully discontinued in 2011 pursuant to 15USC§1525, 15CFR§4.3(c), and 15CFR Appendix A to Part 4 (2) especially to do the five year study of government revenues and expenditure, every year 13USC§161 and country by country trade statistics 13USC§301 and all the rest – the Census US population looks overestimated and requires a history, births, deaths and net migration (footnotes) to sustain growth estimates. The Bureau of Economic Analysis must provide new records to the public pertaining to the level of the current Gross Domestic Product (GDP) re-estimated 2022 at $23,827 billion, 2.2 percent more than the previous year, and 2 percent less than every future year in the conservative projection, from the $25,723.9 billion Q3 2022, and higher, after obviously failing to contract for the 1st and 2nd quarter recession, and after several bank failures in the first quarter, instead of paying the BEA the Treasury balance shall align the BEA with a $16.4 billion bond-buyback to enforce the three percent of GDP limit on deficit sales to insure the market against the damage caused by the criminal GDP overestimate 18USC§1033, and produce consistent economic growth percentage and annualized GDP level numbers pursuant to the Freedom of Information Act 15CFR§4.3(c), 15CFR§4.10(b)(1) and 15CFR Appendix A to Part 4 (3).

In 2023 and the future, the Bureau of Fiscal Services must be prepared to recount revenues and expenditures pursuant to the Freedom of Information Act 31USC§306(c)(2) and 31CFR§1.1(b). A recount might be arranged by the Assistant Secretary of Tax Policy with the Bureau of Fiscal Service under 31CFR§1.0(b)(1)(xvi) and (b)(4) to recount the taxes collected by various methods under 31CFR§203.2. No one, except OMB, will ever be able to accept Bureau of Fiscal Service estimates again, without a reading room tax on explosives, magnified to the seismic civil trial of Biden nuking faults since 2010 18USC§1956 for which both he and Trump are disqualified to hold federal office 22USC§6303 to recycle the 2,200 warhead limit with respect to the Nuclear Nonproliferation Treaty conference of 2012 to replace the New START conspiracy with Russia at 10USC§498(f). $1,070 billion uncollected income tax overestimates 2021 and 2022 constitute a grave a breach of Trust in the *Combined Statement of Receipts, Outlays and Balances of the United States Government* under Art. 147 of the 4th Geneva Conventions Relative to the Protection of Civilians in Times of War (1949) described in 26USC§7214. OMB predicts Deposit of Earnings, Federal Reserve System will terminate remittance completely in 2023 and 2024 and then resume at a much lower rate of $14 billion FY 25, down from $106.7 billion FY 22 26USC§7201. The Federal Reserve Banks Combined Financial Statements as of and for the years ended December 31, 2022 and 2021 and Independent Auditors' Report of March 14, 2023, declares Reserve Banks remitted excess earnings to the Treasury on a

weekly basis during all of 2021 and most of 2022. In the fall, the Reserve Banks first suspended weekly remittances to the Treasury because earnings shifted from excess to less than the costs of operations, payment of dividends, and reservation of surplus. The Reserve Banks began accumulating a deferred asset. The deferred asset is the amount of net excess earnings the Reserve Banks will need to realize in the future before remittances to the Treasury resume.

The Federal Reserve is hoped to get out of bankruptcy, by paying a $535 billion tax day loan to protect the Treasury against a +/-$49 billion Balance FY 23. The United States owes $1,070 billion in uncollected back income tax overestimates from the Combined Statement FY 21 and FY 22. The Treasury Balance would sacrifice $535 billion FY 23 and begs to borrow $535 billion from the Fed, to make federal revenues whole, despite the counterfeit currency 31USC§5153. The Treasury would repay the Fed in full in FY 24 + $10.7 billion at 2 percent interest, or + $25.4 billion at 4.75 percent, for the Fed to resume remitting to the Treasury FY 23. To get the Fed out bankruptcy, the Treasury would be honored to pay the Fed $25.4 billion 4.75 percent interest today for $535 billion and a token remittance for good faith. The Fed is bankrupt because their discount rate in excess of the 2 percent inflation target constitutes usury, and this is unpopular in the banking sector, and anywhere the law of supply and demand optimizes price, inflation protected securities of the Treasury are not so very honored to be the Fed's only extortion victim - 2 percent discount rate or bust 12USC§248(r)(2)(A)(iii), §343(3) and §357. If the Fed does not have the cash on hand, OMB would recognize the rapidly disappearing tax day loan in the Public Debt Held by the Federal Reserve +$535 billion FY 23, - $535 billion FY 24, and the Treasury could afford to continue paying a 2 percent rate of interest to reduce Debt Held by the Federal Reserve.

The depression started in the first quarter of 2020 due to the precipitous decline in economic activity in March of 2020, continuing in April of 2020. 8 million covered workers receive pandemic compensation that expires July 31, 2020 and another 22 million receive extended unemployment compensation from States until January 1, 2021. The number of insured unemployment decreased from 14 million in September 2021 to 5 million in November 2021. There was a -6.4 percent decline in individual income tax revenues. Unemployment compensation doesn't pay payroll tax. GDP recovered rapidly and in the overestimated fourth quarter of 2021 exceeded the fourth quarter 2019 peak by about 3 percent. Under the intermediate assumptions, the economy is projected to reach its sustainable trend level of output in the third quarter of 2023. It was preliminarily estimated that the 2020 payroll tax was unjustly overestimated by $151.2 billion and the trust funds must cancel $100.8 billion OASI, $14.5 billion DI and $35.9 billion HI t-bonds. In June 2021, an unusually large negative adjustment to payroll tax contributions in the amount of $35.5 billion was made because payroll tax revenue credited to the trust funds in 2020 was based on estimates that did not anticipate effects of the pandemic and recession. In June 2021, an unusually large negative adjustment to payroll tax contributions in the amount of $5.2 billion was made because payroll tax revenue credited to the trust fund in 2020 was based on estimates that did not anticipate effects of the pandemic and recession. In June 2021, an unusually large negative adjustment in the amount of $30.4 billion was made because payroll tax revenue credited to the trust fund in 2020 was based on estimates that did not anticipate effects of the pandemic and recession. This $36 billion has been received in the Treasury Balance at the end of this brief. There is no need for more. From 2021 the OASI Trust Fund will operate on a deficit, but with $2.7 trillion and a trust fund ratio of 292 percent in 2020, the largest savings account in the world will not set off any alarms until it is projected to reach a trust fund ratio of 100 percent around 2028 and become completely depleted in 2034. After years of poisoned disability questionnaires, as of 2022, the DI trust

fund has achieved a state of efficiency whereby the program can now afford the 1 percent population growth and 3 percent cost-of-living adjustment (COLA) The sooner the Annual Report sustains voting on closing the loophole to tax the rich, state employees and civilian defense contractors, the sooner Congress can create a SSI Trust Fund to end child poverty by 2024 and all poverty by 2030.

In 2020 and 2021, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and the American Rescue Plan were enacted, and these laws provided funds for the Paycheck Protection Program (PPP) in the amount of $814 billion. The PPP has been administered through the Nation's banks. More than 2,600 FDIC-supervised financial institutions originated over 3 million PPP loans, totaling approximately $267 billion. It is estimated that fraud in the PPP could be as high as $117.3 billion, and banks may suffer losses as a result of fraudulent loans. It is estimated that fraudulent loans in the PPP may amount to $117.3 billion. For example, the SBA OIG's Inspection of SBA's Implementation of the Paycheck Protection Program reported that nearly 55,000 PPP loans worth about $7 billion went to potentially ineligible businesses or fraudulent recipients and 1.9 million loans were disbursed where the loan participants did not submit loan forgiveness applications—a key fraud indicator. Further, as of October 2022, the Government has brought charges against 1,616 defendants related to 1,050 criminal cases involving more than $1.2 billion in pandemic relief program funds.

Echinacea cures respiratory syncytial virus (RSV), SARS-CoV-2 and flu. Mentholyptus cough drops cure both severe acute respiratory syndrome (SARS) and influenza. The gold standard for coronavirus diagnosis and treatment is hydrocortisone, eucalyptus, lavender, peppermint or salt helps water cure coronavirus colds. Submerging the head in saline or chlorine water instantly cures coronavirus allergic rhinitis (John 1: 26)(Luke 3: 7)(1 Peter 3: 21)(Mark 6: 24). A dab of hydrocortisone creme to the nose and chest, mentholyptus cough drop or Echinacea pill cures severe acute respiratory syndrome (SARS). Eucalyptus or lavender, usually a mentholyptus cough drop, cures the wet cough of influenza. Pneumovax or ampicillin, for azithromycin resistance, may be needed to treat pneumonia. Antibiotics taken in the first week, while pertussis is an extremely runny nose, can prevent, mitigate or sterilize six weeks of whooping cough. Two dabs of hydrocortisone creme to the chest also cures hard lung nodules from pulmonary aspergillosis. Lysol for cleaning. Eucalyptus humidifiers (diffusers) are advised to cure coronavirus and prevent transmission in hospitals, schools and public places. Retreat.

SSA local offices nationwide have frightened off applicants by poisoning disability questionnaires for more than a decade, mostly with monoclonal antibodies to the spine, cured with an Epsom salt bath to prevent permanent disability from spinal subluxation, may have diversified into COVID and now other academic toxins and this poses a direct threat to the health or safety of American disability applicants that cannot be eliminated by accommodation under the Americans with Disabilities Act 42USC§12111(3) and §12112. SSA must post notices under §12115 to make it clear that poisoning disability questionnaires or any SSA document is absolutely prohibited, a true federal crime warranting investigation, termination of employment and prosecution under Arts. 146-148 of the 4th Geneva Convention Relative to the Protection of Civilians in Times of War (1949). Grave breaches shall be those involving killing, torture or inhuman treatment, including biological experiments, willfully causing great suffering or serious injury to body or health, unlawful deportation or transfer or unlawful confinement of a protected person, compelling a protected person to serve in the forces of a hostile power, or willfully depriving a protected person of the rights of fair and regular trial, taking of hostages and extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly. Congress must amend federal torture statute to comply with Arts. 2, 4 and 14 of the Convention against Torture by repealing the phrase "outside the United States"

(historically altered in 2009?) from 18USC§2340A(a) and amend Exclusive Remedies at §2340B so: The legal system shall ensure that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, their dependents shall be entitled to compensation pursuant to Art. 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987) and *Armed Activities on the Territory of the Congo (Democratic Republic of the Congo* v. *Uganda)* 1999-2022.

The Board of Trustees deceptively only hypothesizes to wait until doomsday to either increase revenues by a 4.07 percentage point payroll tax rate increase to 16.47 percent starting in 2035 a reduction in scheduled benefits by a 24.9 percent reduction in all benefits starting in 2035, or some combination of these approaches. The OASI Trust Fund is projected to have sufficient reserves to pay full benefits on time until 2034. The DI Trust Fund is projected to have sufficient reserves to pay full benefits throughout the 75-year projection period ending in 2096. The OASI trust fund ratio is projected to decline from 251 percent at the beginning of 2022 until the trust fund reserves become depleted in 2034 (one year later than projected in last year's report), at which time 77 percent of scheduled benefits would be payable. The DI Trust Fund remains solvent throughout the long-range period, compared to a depletion date of 2057 in last year's report due to the reduction in the assumed ultimate disability incidence rate, from 5.0 to 4.8 per 1,000 "exposed". The DI trust fund ratio increases from 68 percent at the beginning of 2022 to a peak of 231 percent in 2043. After 2043, the DI trust fund ratio declines throughout the remainder of the long-range period, reaching 47 percent in 2097. Through the end of 2096, the combined funds have a present- value unfunded obligation of $20.4 trillion. The Trustees are obligated to report to Congress whenever a Trust Fund has a trust fund ratio less than 100 percent of expenditures.

The taxable payrolls for the HI program are larger than those for the OASDI program because: (1) a larger maximum taxable amount was established for the HI program in 1991, with the maximum eliminated altogether for the HI program in 1994; (2) larger proportions of Federal, State, and local government employees are covered under the HI program; and (3) the earnings of railroad workers are included directly in the HI taxable payroll but are not included in the OASDI taxable payroll. (Railroad worker contributions for the equivalent of OASDI benefits are accounted for in a net interchange that occurs annually between the OASDI and Railroad Retirement programs.) As a result, the HI taxable payroll is 26 percent larger than the OASDI taxable payroll on average over the long-range period. As with the OASI and DI Trust Funds, income to the HI Trust Fund comes primarily from contributions paid by employees, employers, and self- employed persons. The Trustees project annual deficits for every year of the projection period under the intermediate and high-cost assumptions for both the OASDI and HI programs. Under the low-cost assumptions, the OASDI program has relatively small actuarial deficits for all three valuation periods, while the HI program has positive actuarial balances for all three valuation periods. For HI, non-interest income consists of payroll tax contributions (including contributions from railroad employment), up to an additional 0.9 percent tax on earned income for relatively high earners, proceeds from the taxation of scheduled OASDI benefits, premium revenues, monies from fraud and abuse control activities, and any reimbursements from the General Fund of the Treasury. Total cost consists of scheduled benefits and administrative expenses. Budgetary treatment of current law revenues for the social security trust funds are based upon already legislated rates of payroll taxation and Treasury negotiated interest rates, Sec. 710 Social Security Act 42USC§911. The Board of Trustees must distinguish OASDI, from the Baseline On-Budget of the General Fund 2USC§907.

Chapter 3 SSI Trust Fund

Contrary to the political opinion expressed by the Trustees, lawmakers do not have a broad continuum of policy options that would close or reduce Social Security's long-term financing shortfall. Congress must tax the rich and underinsured state employees and civilian defense contractors the full 12.4 percent social security tax on all their income to create a Supplemental Security Income Trust Fund to end child poverty by 2024 and all poverty by 2030 by repealing the Adjustment to Contribution Base as Sec. 230 of the Social Security Act 42USC§430. This section may be left blank or rewritten to express the legislative intent of doing right. Legislation must minimally draft a positive actuarial balance into perpetuity for the underwriting of the combined *Annual Report of the Federal Old Age Survivor Insurance (OASI), Disability Insurance (DI) and Supplemental Security Income (SSI) Trust Funds*. The maintain a reasonable length, the Annual Report will have eliminate a lot of actuarial lessons, to include the SSI Trust Fund in the Combined Operations total and produce a five year estimate of tax revenues. To manage a SSI Trust Fund the Actuary and Congress will have to annually calculate the optimum tax rate to distribute the 27 to 30 percent increase in payroll tax revenues. Their calculus will need to sustain current levels of projected growth in OASI benefits in the negative 12.4 percent space of reported DI plus, now SSI, tax rates. OASI projection will stay the same. DI benefits will modestly increase to qualify diabetes and orphan foster care, as income qualified permanent disability for contributors and insure state employees and civilian defense contractors, beginning January 1, 202_, though they had contributed before October 1, 202_, the proposed beginning date of the tax. To ensure new revenues are well spent on the SSI income floor, gradually abolish the medical requirements for the income tested SSI program, by expanding the definition of disabled worker to recognize diabetes, orphans, foster care, child labor laws, youth and poverty as a disability, exclusively qualified by household taxable income, to immediately end child poverty by 2024 and all poverty by 2030.

Prior year estimates are updated to provide for a 1.43 percent DI tax rate and 1.66 percent SSI tax rate, split 50/50 between employer and employee, for non-self employed filers, before taking into consideration the reduced 27 percent assessment of tax exempt income by the 2022 Annual Report. January 1, 2024 is the proposed date to begin operation, while Congress and Trustees may choose to delay they cannot deny revote until the text passes. Trust Funds at Sec. 201(b)(1)&(2) of the Social Security Act 42USC§401(b)(1)&(2) shall be amended to report to taxpayers at subsections (T) and before January 1, 2024, and add subsections (U) 1.43 per centum of the wages (as re-defined) paid after October 1, 2023, and so reported,. Trust Funds at Sec. 201(b) of the Social Security Act 42USC401(b) shall be amended by inserting a paragraph (3) There is created in the Treasury, to relieve the General Fund from obligation therefore, a SSI Trust Fund to end child poverty by 2024 and all poverty by 2030 pursuant to Sec. 1611 of Title XVI of the Social Security Act under 42USC§1382 *et seq*. There is hereby appropriated to the SSI Trust Fund for the fiscal year beginning October 1, 2023, and each year thereafter, for exact amendment by subsequent final reports if needed, amounts equivalent to 100 per centum of— (A) 1.66 per centum of wages and self-employment income paid after after January 1, 2024, and so reported, which wages and self-employment income shall be certified on the basis of the records maintained by the Commissioner. To be fair to the often tardy Actuary, the due date for the Annual Reports shall be amended from 1 April Fools day to summer solstice in Sec. 201(c)(2) of the Social Security Act 42USC§401(c)(2) and Sec. 1161 of the Social Security Act 42USC§1320c-10. Strike 'either' and replace it with 'any' Sec. 201(c)(3) of the Social Security Act 42USC§401(c)(3). At the Replace 'and' with ',' and add to the list 'and Federal Supplemental Security Income Trust Fund,' at Sec. 201(c) of the Social Security Act 42USC§401(c).

The SSI program requires some minor amendments. Inflation projection defective, Savings Penalty Elimination Act S.4102 introduced to the Senate Committee on Finance on April 28, 2022 brought it to attention, it is necessary to update SSI resource limits from $2,000 for individuals and $3,000 for couples must be updated to reflect inflation since the 1980s, to $10,000 for an individual and $20,000 for a couple in 2022 indexed with inflation pursuant to Sec. 2(a), but not exactly Sec 2(b) of the Savings Penalty Elimination Act, that has not, and should not be, passed, and does not need to be cited. (a) Update in Resource Limit for Individuals and Couples – Section 1611(a)(3) of the Social Security Act (42USC§1382(a)(3)). (1) in subparagraph (A), by striking "$2,250" and all that follows through the end of the subparagraph and inserting "$20,000 in calendar year 2022, and shall be increased as describe in section 1617(d) for each subsequent calendar year" to $21,740 in 2023. (2) in subparagraph (B), by striking "$1,500" and all that follows through the end of the subparagraph and inserting "$10,000 in calendar year 2022, and shall be increased as described in 1617(d) for each subsequent calendar year" to $10,879 in 2023. Although the resource limit is important for prioritizing when a person, with little or no new income, becomes eligible for SSI, beneficiary savings accumulation in excess of the resource limit must be protected against being penalized by termination of benefit, without proof of 9 months SGA, to sustain their equal right to save for a down payment on home or business loan or retirement. Wherefore a new subparagraph (a)(3)(C) is needed to make it clear that "resource limits are used to determine eligibility, resource limits do not justify termination of benefits, without 9 months of substantial gainful activity under Sec. 222(4)(A) and Sec. 223(f) of the Social Security Act (42USC§422(4)(A) and §433(f))." The Savings Penalty Elimination Act proposed method of dividing the CPI by September 2021 CPI, must be rejected, whereas that ratio is an inaccurate calculation regarding future inflation. Wherefore, (b) Inflation Adjustment – section 1617 of the Social Security Act (42USC§1382f) is amended – by adding at the end the following: (d) In the case of any calendar year after 2022, each of the amounts specified in section 1611(a) shall be increased by "the amount of the cost-of-living adjustment". Unearned income, also known as kind support maintenance (ISM) needs to be prohibited because a 33 1/3 percent reduction in benefit, because a person receives room and board is a grave breach of Trust as defined by Art. 147 of the 4th Geneva Convention Relative to the Protection of Civilians in Times of War (1949)(and Love). Counting for ISM deviates from taxable/money income, unlawfully confines persons in an decidedly unhealthy relationship, and it is not necessary to enforce the counsel to be homeless to avoid chronic end-of-the-month bankruptcy. Disabled workers with happy home-lives should not be penalized or spied upon. Wherefore ISM subparagraph (2)(A) in section 1612 of the Social Security Act (42USC§1382a(2)(A)) – is 'repealed;'. Finally, welfare fraud seeking is an opportunistic bad attitude for providing supplemental funding for continuing disability reviews, whereas conflict in the laws regarding resource limits and cessation of disability, can only be settled to not justify termination of benefits, without 9 months of substantial gainful activity (SGA) under Sec. 222(4)(A) and Sec. 223(f) of the Social Security Act (42USC§422(4)(A) and §433(f)). Therefore, like unnecessarily complicating Overseas Contingency Operation (OCO) accounting in the Defense Department was abolished, and other corrupt programs of perverse incentive must be, special legislation of financing for unnecessary Continuing Disability Reviews (CDR) must be abolished to prevent deprivation of relief benefits from the poor by middle class workers, whereas 9 months SGA is the rational and only basis for termination of benefits other than death, except maybe emancipation of child beneficiary who has proven their ability to earn SGA, until the entire opportunistic section on enforcing discretionary spending limits is repealed 2USC§901.

Taxing the rich and state employees the full 12.4 percent payroll tax on all their income will increase

off-budget revenues an estimated 27 percent ($327 billion FY 24 est.), to 30 percent in more profitable, counter-hyper-inflationary economies of the sort this act of low-income consumer economic growth is trying to generate, and reduce the on-budget deficit by the amount of current expenditures for the SSI Program, $70.3 billion 2024 est. The payroll tax loophole for the rich and state employees should be entirely closed, without any reservation, beginning October 1, 2023 to create in the Treasury a Supplemental Security Income Trust Fund to end child poverty by January 1, 2024 with an estimated 12 million new SSI benefits targeting child poverty in 2024 and all poverty by 2030. Around 2030, when the SSI program has provided all US citizens with an income floor, Congress may choose to legislate an exemption from, or refund, low-income workers for the payroll tax. SSI maximum benefit cost would increase by an estimated $960 a month, $11,520 a year, for an individual and $1,440 for a couple, $17,280 a year (assuming a 5 percent COLA 2024 from SSI benefit of $914 2023). The average SSI benefit would increase from about $570 a month in 2021, 5.9 percent to $604 in 2022, 8.7 percent to $656 in 2023 and an estimated 5 percent in 2024 to $689 per month, $8,268 a year, and increase at a projected 3 percent annual rate thereafter as consumer price inflation normalizes and SSA adopts a more pro-active strategy to actually end poverty. by increasing benefit 3 percent annually, slightly more than 2 percent to 2.7 percent average annual inflation. $200 billion could pay for an estimated 25 million new SSI benefits in 2024, $175 billion could pay for 21 million benefits, the remainder would be used to, shore up the OASI positive actuarial balance, slightly expand disability insurance and optimize the DI and SSI Trust Fund ratios towards 100 percent.

Budgetary Effects of Eliminating the Payroll Tax Loophole FY 23 - FY 24
(billions)

Year	Total Receipts	Total Outlays	Total Deficit	Total Deficit % GDP	On-Budget Receipts	On-budget Outlays	On-budget Deficit	On-budget Deficit % GDP	Off-budget Receipts	Off-budget Outlays	Off-Budget Surplus or Deficit	Off-budget Surplus or Deficit % GDP
FY23	4,515	5,035	-520	-2.1	3,241	3,702	-461	-1.9	1,274	1,332	-58	-0.2
FY24	4,700	5,249	-549	-2.2	3,374	3,834	-460	-1.6	1,326	1,414	-88	-0.4
FY24	5,027	5,450	-423	-1.7	3,374	3,764	-389	-1.5	1,653	1,614	39	0.2

Source: OMB Historical Table 1.1. 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance and Federal Disability Insurance Trust Funds. $24,791 billion GDP, $372 billion off-budget revenues, $200 billion expenditures 24 million new SSI benefits.

Having determined approximately how much new SSI benefits SSA could afford by taxing the rich it is necessary to calculate the tax rate. The Annual Report will need a difficult new table, in addition to the Combined Operations, that would indicate historical SSI costs at General Fund transfers and adds to total expenditures, to determine the tax rate distribution necessary for the Annual Report, that adds up

the operations of OASI, DI and SSI trust funds at certain tax rates, beginning with prior estimates, again and again, until distributional performance is optimized, for a period of five years into the future, every year, according to the end of Sec. 201(c) of the Social Security Act 42USC§401(c). The first step is to increase payroll tax revenues by 27 percent. Taxation of benefits are only distributed to the OASI and DI Trust funds because SSI beneficiaries do not contribute, as a rule of low income, and are therefore not entitled to a share of these revenues. A 2 percent rate of interest is paid to the SSI Trust Fund. After $10 billion in administrative costs in 2024, the first year of expansion, SSI administrative are expected to go down to 3 percent annually more than 2023, just like other programs. Benefit payment would increase 4 percent for DI and 3.3 percent for SSI, because the DI program is very efficient, these days. High OASI program growth is taken from the Annual Report projections and results in less and less money to distribute to the disabled who should not be overinsured, only to find there is not enough money to pay their benefits, due to priority of OASI demands. Net increase is calculated total revenues minus total expenditures and added to prior year amount at end of year. Trust fund ratio is the percentage amount at end of year, divided by next year total expenditures. To calculate the tax rate the equation is 12.4 times the desired payroll tax, divided by the 127 percent of the projected combined OASDI payroll tax. The tax rate must then rounded to two decimal places, multiplied times the total payroll tax and divided by 12.4. Add up total revenues, subtract total expenditures, to determine exact net increase, balance and trust fund ratio. Change tax rates until distribution is equitable. The Actuary and Congress will have to estimate the tax rate before and after every year to provide for optimal distribution. This calculus is how the Trust Funds operate.

Combined Tax Rate Operations of the OASI, DI and SSI Programs 2022-2027
(billions)

Year	Total Revenues	Payroll tax	GF reimbursement	Taxation of Benefits	Net interest	Total expenditures	Benefit payments	Administrative costs	RRB interchange	Net increase during year	Amount at end of year	Trust fund ratio
2022	1,261	1,084	64.5	47.2	64.6	1,308	1,291	11.5	5.4	-46.8	2,805	230
10.6	1,035	926.6	0	45.7	62.0	1,096	1,087	3.8	5.3	-61.9	2,691	251
1.8	161.5	157.4	0	1.5	2.6	146.4	143.4	2.9	0.1	15.0	114.4	68
2023	1,342	1,162	67.7	51.5	60.2	1,399	1,381	12.1	5.5	-58.2	2,747	211
10.6	1,101	993.5	0	49.9	57.5	1,179	1,170	4.2	5.4	-78.5	2,612	228
1.8	173.1	168.7	0	1.6	2.8	152.7	149.6	3.0	0.1	20.4	134.8	75
2024	1,396	1,212	70.3	56.1	57.9	1,484	1,467	12.5	5.8	-88.1	2,659	194
10.6	1,145	1,036	0	54.4	54.6	1,255	1,245	4.3	5.8	-110	2,502	208
1.8	181.0	175.9	0	1.7	3.3	159.1	155.9	3.1	0.1	21.9	156.7	85
2024	1,651	1,539	0	56.1	57.9	1,609	1,586	17.4	5.9	42	2,789	165
9.31	1,264	1,155	0	54.4	54.6	1,255	1,245	4.3	5.8	9.0	2,621	196
1.43	181	178	0	1.7	3.3	159.1	155.9	3.1	0.1	21.9	156.7	93

1.66	206	206	0	0	0	185	175	10.0	0	21	21	11
2025	1,727	1,609	0	61.2	57.6	1,689	1,670	13.1	5.9	38.4	2,827	158
9.48	1,342	1,230	0	59.3	53.1	1,333	1,323	4.5	5.8	9.0	2,630	186
1.42	190.0	184.0	0	1.9	4.1	168.5	165.1	3.3	0.1	21.5	178.2	102
1.50	195.0	194.6	0	0	0.4	185.3	180.0	5.3	0	9.7	30.7	16
2026	1,815	1,681	0	75.4	58.5	1,779	1,764	8.1	6.0	26.5	2,849	160
9.57	1,422	1,297	0	73	52.9	1,415	1,404	4.6	5.9	7	2,637	167
1.35	190.4	183.0	0	2.3	5.1	175.3	171.7	3.5	0.1	10.3	188.5	100
1.48	201.1	200.6	0	0	0.5	191.9	186.3	5.6	0	9.2	33.9	17
2027	1,897	1,755	0	82.1	59.0	1,880	1,865	14.2	6.0	17.6	2,866	143
9.72	1,508	1,376	0	79.5	52.9	1,500	1,489	4.7	5.9	8	2,645	147
1.28	189.8	181.2	0	2.5	6.1	182.4	178.8	3.7	0.1	7.4	195.9	107
1.40	198.9	198.2	0	0	0.7	197.7	191.9	5.8	0	2.2	36.1	18

Source: 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance and Federal Disability Insurance Trust Funds. Pre-2024 Trust Fund Operations may not subtract right due to rounding. 2024 done twice to study operations with and without SSI Trust Fund. From 2024 tax rates are used to describe OASI, DI and SSI Trust Funds in descending order, to conserve space.

The Supplemental Security Income (SSI) Program currently provides 1.1 million monthly cash payments to help meet the basic needs of children who have a physical or mental disability or who are blind, about 15 percent of 7.5 million total SSI benefits. The number of SSI recipients receiving Federal payments increased rapidly in the early 1990s due to the expansion of the criteria used for determining disability for children in *Sullivan v. Zebley*, 110 S. Ct. 885 (1990). Parents of a child may be eligible for SSI disability benefits until attainment of age 18 or under 22 if a student is regularly attending school. Voting to end child poverty by 2024 would obligate the SSI Program eliminate the disability requirement for poor children. Having terminated the $250-$300 a month Child Tax Credit (CTC) that is reported to have reduced child poverty to an astonishing 5.2 percent in 2021. The expanded child tax credit gave families $250 - $300 per child each month from June through December 2021 pursuant to 26USC§24. After exercising their prerogative to discontinue the expanded CTC Congress only paid for seven months, four months in fiscal year 2021 and three months in fiscal year 2022. Families only received $1,750 - $2,100 of the promised $3,000 - $3,600. The exact cost of a full year of expanded CTC has not been determined to the consternation of the pandemic short staff after budget cuts in the prior administration. It is crudely estimated at three times the $75.9 billion cost of four months of benefits in FY 21 to be $239 billion FY 22, that for some unexplained reason mark up Treasury FY 24 budget. The cost of the CTC is about the same amount of revenues that closing the OASDI tax loophole for the rich and state employees to end child poverty by 2024 and all poverty by 2030 would generate. Child SSI however pays a much higher benefit to fewer families who are better targeted because of their poverty. Child tax credits are childish, insofar they do not bring in any revenues, in comparison with the eliminating the OASDI tax loophole. The child tax credit, like all tax credits, deceptively reduces revenues, and is vulnerable to corruption. The child tax credit should not add $200 billion to the FY 24 Treasury mandatory expenditures, without any authorization from

Congress. Congress needs to repeal the tax-loophole. Furthermore, Congress would no longer be compelled to unlawfully punish themselves with no pay raise since 2009 and their salaries could increase up to 3 percent annually, if they would only increase the federal minimum wage, once and for all, to amend 29USC§206(a)(1)(D) to a base wage calculation of $10.00 an hour in 2022 with 3 percent annual raise for low-income workers - $10.30 2023, $10.60 2024 etc.

Part II Social Security

Chapter 4 Social Security Administration

The Economic Security Act (H. R. 7260), first enacted August 14, 1935 and subsequently amended numerous times, is compiled as the Social Security Act in 21 Titles, §1-§2110 and codified at Title 42 of the United States Code Chapter 7 Subchapters I-XXI §301-§1397jj. Although not required for legal purposes, reference to social security law should include both the Act and the Statute for neutral citation. The intention of the original Economic Security Act P.L. 74-271 was "to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes". The Economic Security Act was part of the Franklin Delano Roosevelt's Second New Deal in response to the economic hardships of the Great Depression. The Social Security Program that was established was meant to provide a safety net for the nation's vulnerable population. Unlike many of the other programs of the New Deal that were temporary in nature, or subsequently abolished, Social Security was built to last. Social Security has become a cornerstone of democracy, a means of efficiently redistributing income from the rich to poor, a system of government that provides people with a subsistence income. Social security has become the largest, most important and most loved social program in modern governments.

The Social Security Act has undergone four major amendments. The four most significant amendments to the Social Security Act have been the creation of a disability insurance program in the Amendments of 1956, P.L. 86-778 of 1960 that removed the age requirements for disability insurance, the creation of a national medical insurance program in P.L. 89-97 signed on July 30, 1965 and Public Law 92-603 of 1972 that enacted the Supplemental Security Income (SSI) Program to assist "individuals who have attained age 65 or are blind or disabled" by setting a guaranteed minimum income level for such persons. SSI is currently paid for the by General Fund, not OASDI. SSI is administrated and accounted for by the Social Security Administration (SSA) that became an independent agency in 1996. Since 1994 the Hospital Insurance (HI) tax has no limit on taxable income, beginning in 2013, workers pay an additional 0.9% of their earnings above $200,000 (individual) or $250,000 (joint tax return).

A Social Security Board was responsible for administration of the original Social Security Act except for parts 1, 2, 3, and 5 of Title V (which were administered by the Children's Bureau, then in the Department of Labor); part 4 of Title V which increased the appropriations authorized for carrying out the Act of June 2, 1920 and Title VI which authorized grants to the States for public health work. The Social Security Board was transferred to the Federal Security Agency by Reorganization Plan No. 1 of 1939 and the Board's functions were to be carried on under the direction and supervision of the Federal Security Administrator. Reorganization Plan No. 2 of 1946 transferred the functions of the Children's

Bureau and the functions of the Secretary of Labor under Title V of the Act to the Federal Security Administrator and the Board was abolished. The Bureau of Employment Security, with its unemployment compensation and employment service function, was transferred from the Federal Security Agency to the Department of Labor by Reorganization Plan No. 2 of 1949. The Department of Health, Education, and Welfare was established by Reorganization Plan No. 1 of 1953 with a Secretary of Health, Education, and Welfare as the head of the Department. All functions of the Federal Security Agency, which was abolished, were transferred to the Department of Health, Education, and Welfare. The functions of the Federal Security Administrator were transferred to the Secretary of Health, Education and Welfare. The Department of Health, Education, and Welfare was re-designated the Department of Health and Human Services, and the Secretary of Health, Education, and Welfare was re-designated the Secretary of Health and Human Services by P.L. 96-88, §509, approved October 17, 1979. The Department of Health and Human Services re-designation was effective May 4, 1980 (45 Federal Register 29642; May 5, 1980). The Department of Education which was established by P.L. 96–88 was activated May 4, 1980 (Executive Order 12212 of May 2, 1980; 45 Federal Register 29557; May 5, 1980). Effective March 31, 1995, the Social Security Administration was re-established as an independent agency, with a Commissioner responsible for the exercise of all powers and duties of the Administration by P.L. 103-296, §101, approved August 15, 1994.

Commissioners of Social Security 1946-present

Arthur J. Altmeyer July 16, 1946-April 10, 1953	Dorcas R. Hardy June 26, 1986 to July 31, 1989
William L. Mitchell (Acting) April 11, 1953 to November 23, 1953	Gwendolyn S. King August 1, 1989 to September 30, 1992
John W. Tramburg November 24, 1953 to July 31, 1954	Louis D. Enoff (Acting) October 1, 1992 to July 18, 1993
Charles I. Schottland August 23, 1954 to December 31, 1958	Lawrence H. Thompson (Acting) July 19, 1993 to October 7, 1993
William L. Mitchell February 4, 1959 to April 3, 1962	Shirley S. Chater October 8, 1993 to February 28, 1997
Robert M. Ball April 17, 1962 to March 17, 1973	John J. Callahan (Acting) March 1, 1997 to September 28, 1997
Arthur E. Hess (Acting) March 18, 1973 to October 24, 1973	Kenneth S. Apfel September 29, 1997 to January 20, 2001
James B. Cardwell October 25, 1973 to December 12, 1977	William Halter (Acting) January 21, 2001 to March 28, 2001
Don I. Wortman (Acting) December 13, 1977 to October 4, 1978	Larry G. Massanari (Acting) March 29, 2001 to November 9, 2001
Stanford G. Ross October 5, 1978 to December 31, 1979	Jo Anne B. Barnhart November 9, 2001 to February 11, 2007
Herbert R. Doggette (Acting) January 1, 1980 to January 2, 1980	Michael J. Astrue November 12, 2007 to February 14, 2013
William J. Driver January 3, 1980 to January 19, 1981	Carolyn Colvin February February 14, 2013 to February 24, 2017
Herbert R. Doggette (Acting) January 20, 1981 to May 5, 1981	Nancy Berryhill February 24, 2017 to March 18, 2020

John A. Svahn May 6, 1981 to September 12, 1983	Andrew Saul March 18, 2020 to July 9, 2021
Martha A. McSteen (Acting) September 14, 1983 to June 25, 1986	Kilolo Kijakazi (Acting) July 9, 2021 to present

Source: SSA

SSA is headed by a Commissioner of Social Security, who employs a deputy commissioner and Inspector General to oversee, in co-operation with the Secretary of Health and Human Services, the administrative programs of SSA and may create and abolish such operations as they see fit under Sec. 702 of the Social Security Act under 42USC§902. SSA receives counsel from the President's Advisory Board. In November 2001 a law was passed to give the Commissioner of Social Security a set term of 6 years. Previously, in nature, without a law dictating a arbitrary term limit, the average term was less than two years after the founder Arthur J. Altmeyer served six years from July 16, 1946-April 10, 1953 or the longest serving commissioner Robert M. Ball, served nearly nine years from April 17, 1962 to March 17, 1973. Most Commissioners served only a few months. Congress is recommended to amend the 6 year term of the Commissioner to 2 years under Sec. 702 of the Social Security Act under 42USC§902(a)(3). It is the duty of the Board of Trustees composed of the Commissioner of Social Security, the Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health and Human Services pursuant to Sec. 201(c) of the Social Security Act 42USC§401(c) to - a. Hold the Trust Funds; b. Report to the Congress not later than the first day of April of each year on the operation and status of the Trust Funds during the preceding fiscal year and on their expected operation and status during the next ensuing five fiscal years (they are almost always late, the April Fool's day date is thought to be insulting and it is advised to amend the day to summer solstice); c. Report immediately to the Congress whenever the Board of Trustees is of the opinion that the amount of either of the Trust Funds is unduly small (less than one hundred percent ratio of expenditures to savings); d. Recommend improvements in administrative procedures and policies designed to effectuate the proper coordination of the old-age and survivors insurance and Federal-State unemployment compensation program; and e. Review the general policies followed in managing the Trust Funds, and recommend changes in such policies, including necessary changes in the provisions of the law which govern the way in which the Trust Funds are to be managed.

By law, the annual reports of the Medicare and Social Security Boards of Trustees to Congress include a statement of the financial status of the programs' trust funds—that is, whether these funds have sufficient revenues and assets to enable the payment of benefits and administrative expenses. This trust fund perspective is important because the existence of trust fund assets provides the statutory authority to make such payments without the need for an appropriation from Congress. Under current law, Medicare and Social Security benefits can be paid only if the relevant trust fund has sufficient income or assets. The trust fund perspective does not encompass the interrelationship between the Medicare and Social Security trust funds and the overall Federal budget. The budget is a comprehensive display of all Federal activities, whether financed through trust funds or from the general fund of the Treasury. This broader focus may appropriately be termed the budget perspective or government-wide perspective and is officially presented in the *Budget of the United States Government,* the *Financial Report of the United States Government* and *Combined Statement on the Receipts, Outlays and Balance of the United States Government*. Payroll taxes, income taxes on Social Security benefits, Medicare premiums, and special State payments to Medicare finance the majority of Medicare and Social Security costs. In addition, the trust funds (principally the SMI trust fund) rely on Federal general fund revenues for some of their financing. The budget perspective does not reflect that

publicly held debt and interest payments to the public are both lower because the trust funds hold some of the debt. From the government-wide or budget perspective, only earmarked revenues received from the public—principally taxes on payroll and benefits, plus premiums—and expenditures made to the public are important for the final balance.

The Trustees assume that a trust fund ratio of 100 percent of annual program cost provides a reasonable "contingency reserve." Maintaining a reasonable contingency reserve is important because the trust funds do not have borrowing authority. Based on the intermediate assumptions, the reserves of the OASI Trust Fund drop below 100 percent of annual cost during 2029, to a trust fund ratio of 85 at the beginning of 2030. The time for OASI to advertise to close the loophole to altruistically end child poverty by 2024 and all poverty by 2030, due to OASI being in the red, is now. In the absence of any meaningful communication regarding the "current law" lie, regarding the inability of the Board of Trustees to do the OASDI tax rate distribution calculus since 2000, obstructing the transfer of funds from one trust fund to the other. After a run on the DI trust fund by the high disability rates of the Baby Boomer generation, right before retirement, had to be financed by Speaker of the House John Boehner (R-OH) in the 2.73 DI tax rate of the Bipartisan Budget Act of 2015, that ultimately caused the last good drunk in Congress to retire due to post-surgery back pain, highly suspicious of being caused by the same monoclonal antibody to the sacrum and spine, that so often contaminates SSA disability questionnaires, treated with Epsom salt bath. The moral is do not wait to close the OASDI tax loophole to end chid poverty by 2024 and all poverty by 2030 because the withdrawals from the OASI trust fund are harmless until the trust fund is totally depleted, and are not considered dangerously low until the trust fund ratio dips below 100 percent. Withdrawals from the OASI trust fund should be taken as good faith that the Board of Trustees is accurately accounting for the social security trust funds despite a history of "current law" lies misinterpreting the payroll tax, due to rampant under age-62 related discrimination against disability. Immediate redress of the tax-loophole for the rich and state employees will now also obviously benefit SSAs beloved, but non-independent, retirees, albeit only as an intangible reduction in morally hazardous "current law" lies and indefinite, hassle-free, extension of trust fund solvency beyond the 75 year horizon, the reward for perfecting the payroll tax administration by altruistically aiming to end child poverty by 2024 and all poverty by 2030.

Over 74,000 SSA workers, 59,000 Federal employees and 15,000 State employees serve the public from a network of more than 1,500 offices across the country and around the world. It is unusual more than 21,000 of SSAs 59,000 employees (36 percent), are "expected" to retire by the end of FY 2022 by the 2021 Agency Financial Report that fails to solicit for new hires pursuant to Advancing Racial Equity and Support for Underserved Communities Through the Federal Government Executive Order 13985 Jan. 20, 2021 and Equality Act: To prohibit discrimination on the basis of sex, gender identity, and sexual orientation, and for other purposes H.R. 5 to overrule the subversive violence in Preventing and Combating (Non-) Discrimination on the Basis of Gender Identity and Sexual Orientation Executive Order 13988 Jan, 20, 2021 and non-discrimination against disability in Sec. 102 and Sec. 202 of the Americans with Disabilities Act 42USC§12112 and 42USC§12132. SSA has agreed to increase OASDI administrative expenses from $6.7 billion in 2022 to $7.2 billion in 2023 after more than 42 months (Revelation 13:10). OASI takes pride in their low administrative costs of about 1.4 percent in 2022, 0.4 percent for retirement, 1.8 percent for disability, and about 7 percent for SSI.

Current Law Social Security Administrative Costs 2016 - 2030
(billions)

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
OASDI	6.2	6.5	6.7	6.4	6.3	6.5	6.7	7.2	7.4	7.8	8.1	8.4	8.7	9.1	9.4
SSI	4.2	4.1	4.3	4.4	4.4	4.5	4.8	4.9	5.1	5.3	5.4	5.6	5.7	5.9	6.1
Total	10.4	10.6	11.0	10.8	10.7	11.0	11.5	12.1	12.5	13.1	13.5	14.0	14.4	15.0	15.5

Source: 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Trust Fund and Federal Disability Insurance Trust Fund. 2022 Annual Report of the Supplemental Security Program 3 percent growth estimated from 2023.

Every year more than 70,000 SSA employees process more than 5 million claims for benefits. They issue 16 million new and replacement Social Security number (SSN) cards. They process 265 million earnings items to maintain workers' life-long earnings records. They handle approximately 54 million phone calls to SSA's 800-number. They issue 136 million Social Security Statements to advise workers how much they have contributed to Social Security and provide estimates of future benefits online. Social Security Matters blog provides for online feedback. Before the COVID-19 pandemic began, SSA had reduced pending initial disability claims from almost 708,000 at the end of FY 2012 to almost 594,000 at the end of FY 2019. However, SSA's response to the COVID-19 pandemic, including closing DDSs and delaying consultative examinations, impacted initial disability claims processing. By the end of FY 2021, pending claims levels increased 25 percent to nearly 740,000. This conflicts with the opening statement that the hearings backlog is at its lowest level in over 20 years. SSA has not achieved its processing time goal of 270 days. For FY 2021, the average processing time for hearings was 326 days, and the hearings pending level was 350,137. In FY 2021, SSA's field offices served approximately 1.2 million visitors, much less than the 20.6 million it served in FY 2020 and the 43 million it served in FY 2019. In a June 2021 report, we noted that SSA serviced an average 1,645 visitors per day from March 2020 through April 2021. In FY 2021, SSA registered over 9.5 million users for *my* Social Security accounts. Since SSA implemented *my* Social Security, it has registered over 62 million users. SSA handled over 31 million calls on the national number at 1(800)722-1213. It would seem that SSA is handling 10 – 20 percent fewer claims since the pandemic. It is imperative that SSA is adequately staffed and reopens their local offices.

Social Security benefits are based on a formula that essentially averages earnings over a worker's life. Unfortunately, women generally have lower wages and are also more likely than men to adjust their work lives to the demands of children, home, and older relatives needing care. As a result, women tend to have more years of very low or no earnings, greatly reducing their potential Social Security benefits. The maximum monthly benefit for people first retiring at full retirement age (67) is $3,345 in 2022. Workers covered by Social Security (virtually all workers other than about 25 percent of state and local government employees (contribute 6.2 percent of their earnings (with an equal employer match) up to a maximum taxable ceiling $147,000 in 2022) into two trust funds: the Old-Age and Survivors Insurance Trust Fund and the Disability Insurance Trust Fund, or what is more conveniently called the combined OASDI Trust Fund. Self-employed workers make contributions to those made by regular employees and their employers. To be what the Social Security Administration calls "fully" or permanently" insured, workers must have contributed to Social Security for forty "quarter of coverage".

In 2022, one credit is given for contributions made on each $1,510 of earnings anytime in the calendar

year, up to a maximum of four quarters or credits in any calendar year, up to a maximum of four quarters or credits in any calendar year. Because workers can become disabled or die at any time, workers under age 31 may become insured for those benefits with fewer than forty quarters, as few as six quarters out of the last three years for the youngest workers. Disability insurance applicants must meet an additional requirement of recency of work usually twenty out of the last forty quarters, except that in the case of workers under age 31, it may be as little as six quarters out of the last three years. Monthly benefits vary according to such factors as type of benefit, prior contributions, age when benefits begin, and the number of people receiving benefits in a household. Certain family members may also qualify for benefits. Benefits may be paid to a: spouse, divorced spouse, children, disabled child, and/or adult child disabled before age 22. If any qualified family members apply for benefits, SSA will ask for their Social Security numbers and their birth certificates. If a spouse is applying for benefits, social security may ask for proof of marriage, and dates of prior marriages, if applicable. Each family member may be eligible for a monthly benefit of up to 50 percent of the disability rate. However, there is a limit to the amount social security pays a family. The total depends on the benefit amount and the number of family members who also qualify on the record. The total varies, but generally the total amount a family can receive is about 150 to 180 percent of the disability benefit.

The administrative process is begun when a claim is filed, as required of the Social Security Administration by 20CFR§404.603. Once an application is made the administrator shall carefully investigate the circumstances of the applicant utilizing the Income and Eligibility Verification System set forth in Sec. 1137 of the Social Security Act 42USC§132b-7. Income verification is done by a person's social security number 26USC§6103(7)(D)(iii) of the Internal Revenue Code. If the claim is administratively denied, regulations permit administrative reconsideration within a six-month period as set forth in 20CFR§404.909. Should a request for reconsideration prove unsuccessful, the claimant may, within 60 days, ask for an evidentiary hearing before an administrative law judge in Sec. 205 of the Social Security Act 42USC§405.

The types of information being solicited, including the following: (A) Countable income. (B) Countable assets. (C) Wasted resources. (D) Relatives capable of providing assistance. (E) Past or present employment. (F) Pending claims or causes of action. (G) A medical condition if relevant to a disability determination. (H) Any other information required by law. The privacy and confidentiality of the personally identifying records are protected 5USC§552a(b) that states, "No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains". (I) vital statistics (including records of marriage, birth, and divorce); (II) State and local tax and revenue records (including information on residence address, employer, income and assets); (III) records concerning real and titled personal property; (IV) records of occupational and professional licenses, and records concerning the ownership and control of corporations, partnerships, and other business entities; (V) employment security records; (VI) records of agencies administering public assistance programs; (VII) records of the motor vehicle department; and (VIII) corrections records.

When petitioners are guilty of falsely misrepresenting themselves the duration of the applicable exclusion period, with respect to the determination by the Commissioner that a person has engaged in administrative misconduct shall be – 1. six consecutive months, in the case of the first such determination with respect to the person; 2. twelve consecutive months, in the case of the second such

determination with respect to the person; and 3. twenty-four consecutive months, in the case of the third or subsequent such determination with respect to the person Sec. 1129A of the Social Security Act 42USC§1320a-8a(c). Because malicious monoclonal antibody to the spine contamination of disability questionnaires mailed by local SSA offices have been witnessed interstate, an Epsom salt bath, saline solution, chlorine or salt water pool or ocean swim is prescribed to treat methicillin resistant *Staphylococcus aureus* (MRSA). It is imperative that SSA stop their unprofessional entering of addresses in the social security number indexed profile pursuant to Art. 28 of the Fourth Geneva Convention Relating the Protection of Civilians in Times of War (1949).

The Trustee must provide adequate notice in writing to any participant or beneficiary whose claim for benefits under the plan has been denied, setting forth the specific reasons for such denial, written in a manner calculated to be understood by the participant, and afford a reasonable opportunity to any participant whose claim for benefits has been denied for a full and fair review by the appropriate named fiduciary of the decision denying the claim under 29USC§1133. The Commissioner of Social Security has delegated an Appeals Council and Administrative Law Judges (ALJs) in the Office of Hearings and Appeals (OHA), the authority to hear and decide appealed determinations of claims for retirement, survivor, disability, supplemental security income and statutory blindness benefits under Title II; special benefits to World War II veterans under title VIII; aged, blind and disability benefits under Title XVI; and initial and continuing entitlement to benefits under Title XVIII.

In general under 20CFR§404.929 one is entitled to a hearing before an administrative law judge if dissatisfied with one of the determinations or decisions listed in 20CFR§404.930 and may request a hearing. The Associate Commissioner for Hearings and Appeals, or his or her delegate, shall appoint an administrative law judge to conduct the hearing. If circumstances warrant, the Associate Commissioner, or his or her delegate, may assign your case to another administrative law judge. The hearing office (HO) must acknowledge receipt of each valid request for hearing (RH) as soon as possible, but no later than 30 days after the HO receives the RH. When a case is assigned to an ALJ for a hearing and decision, the ALJ is responsible for all actions necessary to process the case. The ALJ's principal responsibilities are to hold a full and fair hearing and issue a legally sufficient and defensible decision. The Hearings, Appeals and Litigation Law (HALLEX) manual conveys the guiding principles, procedural guidance and information from the Associate Commissioner of Hearings and Appeals to the Office of Hearings and Appeals (OHA) staff.

An individual may appoint a representative at any time during an adjudication of a pending issue with SSA. The representative may be either an attorney in good standing and permitted to practice law before a U.S. court or a capable non-attorney generally known to have good character and reputation. Representatives who want to charge or collect a fee from a claimant or a third party, for services provided in any proceeding before the Social Security Administration (SSA) under the Social Security Act, must first obtain SSA's authorization Payment for professional representation has been set by the Commissioner of Social Security at 25% of the total amount of past due benefits or $6,000 whichever is the lesser, only in favorable claims, under Sec. 206 of the Social Security Act under 42USC§406. In general, due to poor and deteriorating performance by an often intoxicated and violent bar, it is recommended that the term non-lawyer representative be changed to non-social worker representatives and social workers be appointed to serve in the capacity of administrative law judges, rather than lawyers, to help to improve the deteriorating liberty of social workers from police misconduct, and bolster the professional competence of social workers regfarding social security. A Non-social worker may also be appointed representative by the claimant to represent their dealings before the

Commissioner if the person a. is generally known to have a good character and reputation; b. is capable of giving valuable help to the claimant in connection with the claim; is not disqualified or suspended from acting as a representative in dealings before the Commissioner; and c. is not prohibited by any law from acting as a representative 20CFR§404.1705 and §416.1505.

The fee under an approved fee agreement is the lesser of 25 percent of the past-due benefits or a maximum amount (currently $6,000) adjustable by the Commissioner at his or her discretion. There is no limit on the amount of the fee based on a fee petition; a reasonable fee is determined after reviewing the specific services provided by the representative. The Equal Access to Justice Act (EAJA) was enacted to eliminate the barriers that prohibit small businesses and individuals from securing vindication of their rights in civil actions and administrative proceedings brought by or against the Federal Government and authorizes the payment of attorney's fees to a prevailing party in an action against the United States absent a showing by the Government that its position in the underlying litigation "was substantially justified" under 28USC§2412 (d)(1)(A). After the Social Security Appeals Council adopted the ALJ's recommended decision that respondent was disabled and instructed the Secretary to pay her benefits, the District Court granted the Secretary's motion to dismiss the judicial review action on the ground that respondent had obtained all the relief prayed for however the Court found that it had jurisdiction under the EAJA in *Sullivan v. Hudson* 490 US 977 (1989). EAJA sets a deadline of 30 days after final judgment for the filing of a fee application and directs that the application include: (1) a showing that the applicant is a "prevailing party"; (2) a showing that the applicant is "eligible to receive an award" ie. net worth did not exceed $2,000,000 at the time the civil action was filed," §2412(d)(2)(B; and (3) a statement of "the amount sought, including an itemized statement from any attorney ... stating the actual time expended and the rate" charged under *Scarborough v. Anthony J. Principi, Secretary of Veteran's Affairs* No. 02-1657 (2004).

Sec. 205(h) of the Social Security Act 42USC§405(h) states, "the findings and decisions of the Secretary after a hearing shall be binding upon all individuals who were parties to such hearings. No findings of fact or decision of the Secretary shall be reviewed by any person, tribunal or government agency except as herein provided" *Cappadora v. Anthony J. Celebreeze* 356 F 2d. 1, 4 (CA2 1996). Sec. 205(g) provides that any individual after a final decision of the Secretary may obtain review of such decision by civil action commenced within 60 days by filing a civil action. The district court; in such action, has the power to enter "a judgment affirming, modifying, or reversing the Secretary's decision, with or without remanding the cause for a rehearing" *Mathews v. Weber* 423 US 261 (1973) and *Sullivan v. Finkelstein* 496 US 617 (1990). Constitutional questions are unsuited for administrative hearing procedures and therefore access to the courts is essential for the answer of these questions. The judicial model of an evidentiary hearing is neither required, nor even the most effective, method of decision-making in all circumstances. One should exhaust administrative remedies before seeking judicial review*Mathews v. Eldridge* 424 US 319 (1976).

The right of any person to payment is not be transferable or assignable, at law or in equity, and none of the moneys paid or payable or rights existing under this chapter shall be subject to execution, levy, attachment, garnishment, or other legal process, or to the operation of any bankruptcy or insolvency law Sec. 207(a) of the Social Security Act under 42USC§407(a). An entity may not engage in a discriminatory pattern or practice on the basis of age over 40 under the Age Discrimination Act of 1975 42USC§6101, on the basis of handicap under section 504 of the Rehabilitation Act of 1973 29USC§794, on the basis of sex under title IX of the Education Amendments of 1972 20USC§1681, on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 under

42USC§2000d or on the basis of physical or mental disability under the Americans with Disabilities Act of 1990 42USC§12101 *et seq*. Religious organizations are eligible, on the same basis as any other private organization, as contractors to provide assistance, or to accept certificates, vouchers, or other forms of disbursement, so long as the programs are implemented consistent with the Establishment Clause of the United States Constitution. Neither the Federal Government nor a State receiving funds under such programs shall discriminate against an organization which is or applies to be a contractor to provide assistance, or which accepts certificates, vouchers, or other forms of disbursement, on the basis that the organization has a religious character under Sec. 404(a) of the Social Security Act under 42USC§604(a). As part of the pre-release procedures for institutionalized persons the Commissioner of Social Security shall develop a system under which an individual can apply for supplemental security income benefits prior to the discharge or release of the individual from a public institution. The Commissioner shall provide notice written in simple and clear language under Sec. 1631(m.n.o) of the Social Security Act 42USC§1383(m,n,o) and Sec. 1611 of the Social Security Act 42USC§1382.

As a rule there are no residency requirements for social security disability or retirement beneficiaries. An individual is considered a "resident" if they live in the State or political subdivision administrating the supplemental relief, if the individual: has located in the area; and intends to make the area the individual's sole place of residence or is traveling through the area who needs emergency assistance and/or has a mailing address in the area. For the purpose of the administration of social security and relief residency is important because local and state administrations are expected to contribute to Social Security benefits through Medicaid, foods stamps and state supplemental security income. State agencies shall administrate aid to the Permanently and totally disabled to guarantee the recipients are granted steady benefits sometimes with residency requirements of up to five years under Sec. 1402 of the Social Security Act 42USC§1352 (b)(1). Any State (or political subdivision) making supplementary payments may at its option impose as a condition of eligibility for such payments, and include a residence requirement which excludes individuals who have resided in the State (or political subdivision) for less than a minimum period prior to application for such payments Sec. 1616 of the Social Security Act 42USC§1382e (c)(1).

Since 1986, United States immigration law has prohibited employers from knowingly hiring or continuing to employ aliens who are not authorized to work under the Immigration and Nationality Act (INA). Since 1996, employers have had the option of verifying names and Social Security numbers (SSNs) of new hires against SSA's database through an employment eligibility verification system (EEVS, formerly known as the Basic Pilot) operated jointly by SSA and DHS. Until 2003, the Basic Pilot was restricted to operate in only five states, but has since been expanded nationally. Currently, about 16,700 employers at 73,000 hiring sites (less than 1 percent of all establishments) participate in the EEVS. Most participating employers do so voluntarily, but some are required to use the EEVS by law or because of prior immigration violations. In 2006, the system received over 1.6 million requests for verification. Of these, 1.4 million cases were resolved by SSA. The bulk of the remaining cases were referred to DHS for further verification of work-eligibility. People wishing to enter the United States for more than six months are directed to file Form I-765, Application for Employment Authorization, before they come to the United States to look for work, or before their six-month tourist visa expires. After filing and receiving a favorable determination, the applicant receives an Employment Authorization Document (EAD) and within seven days thereafter a social security card, even if they previously had a social security number. An EAD is not necessary for lawful permanent residents. The social security number allows the immigrant to work, report their wages, pay taxes and be eligible for disability and retirement benefits after 40 quarters of contributions.

Alien nationals are not generally eligible for social security benefits. Generally, a non-citizen is not eligible for SSI but may be eligible for SSDI if lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) and have a total of 40 credits of work in the United States, a spouse's or parent's work may also count. Not more than 4 credits may be granted any given year. One credit per $1,510 (2022) in earnings. For purposes of determining eligibility for and the amount of benefits of an individual who is an alien, the income and resources of any person who executed an affidavit of support or similar agreement with respect to such individual, and the income and resources of the sponsor's spouse, shall be deemed to be the income and resources of such individual for a period of 3 years after the individual's entry into the United States. The Secretary is authorized to provide temporary assistance to citizens of the United States and to dependents of citizens of the United States, if they are identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of the destitution of the citizen of the United States or the illness of such citizen or any of his dependents or because of war, threat of war, invasion, or similar crisis renders them eligible for asylum or refugee status Sec. 1113 of the Social Security Act 42USC§1313.

State Vocational Rehabilitation agencies have provided services to blind or disabled beneficiaries. The Ticket to Work and Work Incentives Improvement Act of 1999 established a Ticket to Work and Self-Sufficiency program under which a blind or disabled beneficiary may obtain VR, employment, and other support services from a qualified private or public provider, referred to as an "employment network" (EN), or from a State VR agency. The Ticket to Work program has been in operation nationwide since September 2004. The Department of Labor has offered to take responsibility for the well-received Ticket to Work Program. All applicants should be treated to the Ticket to Work program and the needy to benefits, without any discriminatory decision-making overvaluing saying "get a job" pursuant to *Biestek v. Berryhill* No. 17-1184 (2009). All tickets to state vocational agencies are issued by the Commissioner pursuant to the Ticket to Work and Self-Sufficiency Act of 1999 Sec. 1148(b)(1) of the Social Security Act 42USC1320b-19(b)(1), funded $3,747,830,155 in 2020, 2.7% annual growth from 2015 pursuant to title I of the Rehabilitation Act of 1973 29USC§720(b)(1).

Chapter 5 Current Law OASDI Trust Funds and SSI Program

In 2022, the Board of Trustees estimates there were a 182 million covered workers and 73.3 million social security beneficiaries, 56.6 million received OASI, 9.1 million DI and 7.6 million SSI. In 2020 over 63 million people eligible for retirement, survivor or disability insurance were enrolled in Medicare, about 96 percent of the 65.7 million eligible, and 7.5 million eligible for Supplemental Security Income or other income related qualification were enrolled in Medicaid. The number of people receiving benefits from the OASI Trust Fund grew by 1.4 percent while the number of people receiving DI benefits fell by -4.2 percent, and those receiving SSI fell by -3.3 percent during calendar year 2021. During the year, an estimated 179 million people had earnings covered by Social Security and paid payroll taxes on those earnings. The most significant impact of the pandemic on the social security program has been that increased mortality has reduced net OASI beneficiary growth from an average rate of 2.4 percent to 2 percent in 2020 and 1.8 percent in 2021 and life expectancy has gone down from 76 to 74 years. Retirement of the Baby Boomers, increased mortality from the pandemic, and a pattern or practice of denying disability applicants over the past five years, exacerbated by COVID local office closures, has reduced the DI population -14 percent, from a high of nearly 11 million in 2013 to 9.5 million in 2021 and the SSI population -7 percent, from a high of 8.2 million in 2014 to 7.6 million in 2021. As pandemic related mortality and compensation tapers off, OASI

population growth is expected to rise to 2.2 percent in 2022 to the resume the average rate of 2.4 percent thereafter. An effort must be made under current law to ensure that the DI population increases 1 percent and SSI population 1.3 percent to pay child benefits, percent annually for average annual 2.1 percent growth in beneficiaries.

Social Security Beneficiaries in Current Payment Status 1945-2050
(millions)

Year	Covered Workers (000)	OASI	DI	OASDI	Workers per Beneficiary	OASDI Beneficiaries per Worker	SSI	SSA Beneficiaries
1945	46,390	1,106	-	1,106	41.9	2	-	1,106
1950	48,280	2,930	-	2,930	16.5	6	-	2,930
1955	65,066	7,564	-	7,564	8.6	12	-	7,564
1960	72,371	13,740	522	14,262	5.1	20	-	14,262
1965	80,539	18,509	1,648	20,157	4.0	25	-	20,157
1970	92,963	22,618	2,568	25,186	3.7	27	-	25,186
1975	100,193	26,998	4,125	31,123	3.2	31	3,893	35,016
1980	112,651	30,384	4,734	35,117	3.2	31	3,682	38,799
1985	120,437	32,763	3,874	36,636	3.3	30	3,799	40,435
1990	133,004	35,255	4,204	39,459	3.4	30	4,412	43,871
1995	140,798	37,364	5,731	43,096	3.3	31	6,194	49,290
2000	154,703	38,556	6,606	45,162	3.4	29	6,602	51,764
2005	159,034	39,961	8,172	48,133	3.3	30	7,114	55,247
2010	157,063	43,440	9,958	53,398	2.9	34	7,912	61,310
2011	158,604	44,388	10,428	54,816	2.9	35	8,113	62,929
2012	160,763	45,377	10,799	56,176	2.9	35	8,263	64,439
2013	163,086	46,517	10,954	57,471	2.8	35	8,363	65,834
2014	165,461	47,603	10,971	58,574	2.8	35	8,336	66,910
2015	168,169	48,663	10,881	59,543	2.8	35	8,310	67,853
2016	170,687	49,811	10,728	60,539	2.8	35	8,251	68,790
2017	172,744	50,962	10,517	61,480	2.8	36	8,228	69,708
2018	175,215	52,168	10,296	62,464	2.8	36	8,129	70,593
2019	176,506	53,508	10,063	63,570	2.8	36	8,077	71,647
2020	174,479	54,843	9,844	64,686	2.7	37	7,960	72,646

2021	179,256	55,546	9,486	65,032	2.8	36	7,696	72,728
2022	182,300	56,586	9,103	65,689	2.8	36	7,594	73,283
2025	183,809	60,687	8,926	69,613	2.6	38	7,707	77,320
2030	186,359	67,361	9,465	76,826	2.4	41	8,113	84,939
2035	188,698	71,872	9,810	81,682	2.3	43	8,273	89,955
2040	190,509	74,163	10,425	84,588	2.3	44	8,395	92,983
2045	192,949	75,112	11,354	86,465	2.2	45	8,517	94,982
2050	196,372	76,576	12,009	88,585	2.2	45	8,636	97,221

Source: 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund. 2022 Annual Report of the Supplemental Security Income Program. Table IV.B.9

There were about 2.8 workers for every OASDI beneficiary in 2021. This ratio had been stable, remaining between 3.2 and 3.4 from 1974 through 2008, and has generally declined since then, initially due to the economic recession of 2007-09 and the beginning of a notable demographic shift. This shift causes the ratio of workers to beneficiaries to decline, as workers of lower-birth-rate generations replace workers of the baby-boom generation. The underlying demographic shift will continue to drive this ratio down over the next 10 to 15 years. The ratio of workers to beneficiaries reaches 2.3 by 2033 when the baby-boom generation will have largely retired, and will generally decline very gradually thereafter due to increasing longevity. The number of covered workers is intermediately projected to increase from 179 million in calendar year 2021 to 187 million in 2031. The total amount of taxable payroll increases from $8,223 billion in 2021 to $13,169 billion in 2031. The number of covered workers per OASDI beneficiary was about 2.8 for 2021. This ratio declines generally throughout the long-range period, reaching 2.3 for 2038 and 2.1 by 2100. The percentage of the Social Security area population aged 62 and over that is fully insured is projected to change very little from its estimated level of 88.4 for December 31, 2019, to 88.5 for December 31, 2100, under the low-cost, intermediate, and high-cost alternatives, respectively. Over the projection period, the percentages for both men and women change significantly. The percentage for men declines, reflecting, in part, increases in the percent of the population that is classified as other-than-LPR immigrants and is thus less likely to have earnings reported and credited to them. The percentage for men decreases from 94.1 to 87.5, and the percentage for women increases from 83.6 to 89.4. Social Security's cost as a percent of GDP is generally projected to grow from 5.0 percent in 2022 to a peak of about 6.2 percent for 2077, and then decline to 5.9 percent by 2096.

The total cost of the OASDI program in 2021 was $1,145 billion. Total income was $1,088 billion, which consisted of $1,018 billion in non-interest income and $70 billion in interest earnings. Net administrative expenses of the OASI and DI Trust Funds in calendar year 2021 totaled $6.5 billion, equal to 0.6 percent each of total cost and total. Asset reserves held in special issue U.S. Treasury securities declined from $2,908 billion at the beginning of the year to $2,852 billion at the end of the year. Social Security's total cost is projected to be higher than its total income in 2022 and all later years. Total cost began to be higher than total income in 2021. Social Security's cost has exceeded its non-interest income since 2010. The reserves of the combined OASI and DI Trust Funds along with projected program income are sufficient to cover projected program cost over the next 10 years under

the intermediate assumptions. However, the ratio of reserves to annual cost is projected to decline from 230 percent at the beginning of 2022 to 74 percent at the beginning of 2031. The OASDI balance decreased by $77.3 billion in 2021. Considered separately the reserve depletion years are estimated to be 2034 for OASDI, 2033 for OASI, and 2057 for DI. The DI program continues to have low levels of disability applications and benefit awards for 2021. Disability applications have declined substantially since 2010, when and the total number of disabled-worker beneficiaries in current payment status has been falling since 2014. For DI, the trust fund ratio is projected to rise to 231 percent of cost in 2043, and then decline to 53 percent of cost by 2096.

Current Law Operations of the Combined OASDI Trust Funds 2000-2030
(billions)

	Total	Tax	GF Reimbursement	Tax on Benefits	Net interest	Total	Scheduled Benefits	Administrative Costs	R&R Interchange	Net increase end of year	Assets at end of Yer	Trust fund Ratio
2000	568.4	492.5	-0.8	12.3	64.5	415.1	407.6	3.8	3.7	153.3	1,050	216
2001	602.0	516.4	0	12.7	72.9	438.9	431.9	3.7	3.3	163.1	1,213	239
2002	627.1	532.5	0.4	13.8	80.4	461.7	453.8	4.2	3.6	165.4	1,378	263
2003	631.9	533.5	0	13.4	84.9	479.1	470.8	4.6	3.7	152.8	1,531	288
2004	657.7	553.0	0	15.7	89.0	501.6	593.3	4.5	3.8	156.1	1,687	305
2005	701.8	592.9	-0.3	14.9	94.3	529.9	520.7	5.3	3.9	171.8	1,859	318
2006	744.9	625.6	0	16.9	102.4	555.4	546.2	5.3	3.8	189.5	2,048	335
2007	784.9	656.1	0	18.6	110.2	594.5	584.9	5.5	4.0	190.4	2,239	345
2008	805.3	672.1	0	16.9	116.3	625.1	615.3	5.7	4.0	180.2	2,419	358
2009	807.5	667.3	0	21.9	118.3	685.8	675.5	6.2	4.1	121.7	2,540	353
2010	781.1	637.3	2.4	23.9	117.5	712.5	701.6	6.5	4.4	68.6	2,609	357
2011	805.1	564.2	102.7	23.8	114.4	736.1	725.1	6.4	4.6	69.0	2,678	354
2012	840.2	589.5	114.3	27.3	109.1	785.8	774.8	6.3	4.7	54.4	2,732	341
2013	855.0	726.2	4.9	21.1	102.8	822.9	812.3	6.2	4.5	32.1	2,764	332
2014	884.3	756.0	0.5	29.6	98.2	859.2	848.5	6.1	4.7	25.0	2,790	322
2015	920.2	794.9	0.3	31.6	93.3	897.1	886.3	6.2	4.7	23.0	2,813	311
2016	957.5	836.2	0.1	32.8	88.4	922.3	911.4	6.2	4.7	35.2	2,848	305
2017	996.6	873.6	0	37.9	85.1	952.5	941.5	6.5	4.5	44.1	2,892	299
2018	1,003	885.1	0	35.0	83.3	1,000	988.6	6.7	4.9	3.1	2,895	289
2019	1,062	944.5	0	36.5	80.8	1,059	1,048	6.4	4.9	2.5	2,897	272

2020	1,118	1,001	0	40.7	76.1	1,107	1,096	6.3	5.0	10.9	2,908	262
2021	1,088	980.6	0	37.6	70.1	1,145	1,133	6.5	4.9	-56.3	2,852	254
2022	1,196	1,084	0	47.2	64.6	1,243	1,231	6.7	5.4	-46.8	2,805	230
2023	1,274	1,162	0	51.5	60.2	1,332	1,319	7.2	5.5	-58.2	2,747	211
2024	1,326	1,212	0	56.1	57.9	1,414	1,401	7.4	5.8	-88.1	2,659	194
2025	1,386	1,267	0	61.2	57.2	1,502	1,488	7.8	5.9	-115.8	2,543	177
2026	1,457	1,324	0	75.4	58.0	1,592	1,578	8.1	6.0	-135.1	2,408	160
2027	1,523	1,382	0	82.1	59.0	1,687	1,673	8.4	6.0	-164.6	2,243	143
2028	1,590	1,442	0	88.9	58.7	1,786	1,771	8.7	6.1	-196.0	2,047	126
2029	1,657	1,504	0	96.2	56.9	1,886	1,871	9.1	6.2	-228.9	1,819	109
2030	1,723	1,565	0	104	54	1,988	1,973	9.4	6.3	-264.8	1,554	91

Source: 2022 Annual Report of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund

Income and cost for the OASI Trust Fund represent over 80 percent of the corresponding amounts for the combined OASI and DI Trust Funds. It is important to note that under current law, one trust fund cannot share financial resources with another trust fund. To reallocate funds Congress must adjust the OASI and DI tax rates to change the distribution of payroll tax revenues, but since 2000, when the current Actuary, whose biography is secretive on the topic, is believed to have been appointed, he has been unable to perform the calculus, and this had to be done temporarily by the Bipartisan Budget Act of 2015, 2016-2018. The Trustees expect income from taxation of benefits, expressed as a percentage of taxable payroll, to increase in most years of the long-range period. Under current law, the OASI and DI Trust Funds are credited with income tax revenue from the taxation of up to the first 50 percent of taxpayers' OASI and DI benefit payments. (The HI Trust Fund receives the remainder of the income tax revenue from the taxation of up to 85 percent of taxpayers' OASI and DI benefit payments.) Benefits are partially subject to federal income tax for beneficiaries with income (defined for this purpose as adjusted gross income excluding Social Security benefits, plus half of their Social Security benefits and all of their non-taxable interest income) in excess of specified threshold amounts. The threshold amounts are $25,000 for single filers, $32,000 for joint filers, and $0 for those married individuals filing separately.

Taxable earnings are the portion of covered earnings subject to the Social Security payroll tax. Taxable wages for an employee are total covered wages from all wage employment up to the contribution and benefit base of $147,000 (2022). Taxable wages for an employer are the sum of all covered wages paid to each employee up to the base. Employees with multiple jobs whose total wages exceed the base are eligible for a refund of excess employee taxes withheld; employers are not eligible for a refund on this basis. For self-employed workers with no taxable wages, taxable earnings are the amount of covered self-employment net earnings up to the base. For self-employed workers with taxable wages less than the base, covered self-employment net earnings are taxable up to the difference between the base and their taxable wages. The ratio of taxable payroll to covered earnings (the taxable ratio) fell from 88.6 percent for 1984 to 82.6 percent for 2000, mostly due to much larger increases in wage levels for very high earners than for all other earners. The taxable ratio rose to 85.7 percent for 2002, declined to 82.4

percent for 2007, rose to 85.2 percent for 2009, and averaged 83.0 percent for the period 2010 to 2019. The ratio fell to 82.4 percent for 2020 from the previous year's 83.1 percent.

For the scaled medium earner, the career-average earnings level is about equal to the Average Wage Index (AWI) (estimated to be $62,583 for 2022). For the scaled very low, low, and high earners, the career-average earnings level, wage-indexed to the year before starting benefits, is about 25 percent, 45 percent, and 160 percent of the AWI, respectively (estimated to be $15,646, $28,162, and $100,133, respectively, for 2022). The steady maximum earner has earnings at or above the contribution and benefit base ($147,000 for 2022) for each year starting at age 22 through the year prior to retirement. Railroad workers are covered under a separate multi-tiered benefit plan, with a first tier of coverage similar to OASDI coverage. An annual financial interchange between the Railroad Retirement fund and the OASI and DI Trust Funds is made to resolve the difference between: (1) the amount of OASDI benefits that would be paid to railroad workers and their families if railroad employment had been covered under the OASDI program, plus administrative expenses associated with these benefits; and (2) the amount of OASDI payroll tax and income tax that would be received with allowances for interest from railroad workers.

Current federal law requires that all employees who work in OASDI covered employment, and their employers, make payroll tax contributions on their wages up to a specified annual maximum amount, the contribution and benefit base - $147,000 for 2022. Employees and their employers must also make payroll tax contributions on monthly cash tips if such tips are at least $20. Self-employed persons must make pay- roll tax contributions on their covered net earnings from self-employment subject to the annual contribution and benefit base. The Federal Government pays amounts equivalent to the combined employer and employee contributions that would be paid on deemed wage credits attributable to military service performed between 1957 and 2001, if such wage credits were covered wages. Treasury initially deposits payroll tax contributions to the trust funds each day on an estimated basis. Subsequently, Treasury makes adjustments based on the certified amount of wages and self-employment earnings in the records of the Social Security Administration. Income also includes various reimbursements from the General Fund of the Treasury, such as: (1) the cost of noncontributory wage credits for military service before 1957, and periodic adjustments to previous determinations of this cost; (2) the cost in 1971 through 1982 of deemed wage credits for military service performed after 1956; (3) the cost of benefits to certain uninsured persons who attained age 72 before 1968; (4) the cost of payroll tax credits provided to employees in 1984 and self-employed persons in 1984 through 1989 by Public Law 98-21; (5) the cost in 2009 through 2017 of excluding certain self-employment earnings from SECA taxes under Public Law 110-246; and (6) payroll tax revenue forgone under the provisions of Public Laws 111-147, 111-312, 112-78, and 112-96.

Beginning in 1984, Federal law subjected up to 50 percent of an individual's or couple's OASDI benefits to Federal income taxation under certain circumstances. Effective for taxable years beginning after 1993, the law increased the maximum percentage from 50 percent to 85 percent. Treasury credits the proceeds from this taxation of up to 50 percent of benefits to the OASI and DI Trust Funds in advance, on an estimated basis, at the beginning of each calendar quarter, with no reimbursement to the General Fund for interest costs attributable to the advance transfers. Treasury makes subsequent adjustments based on the actual amounts shown on annual income tax records. The OASI, DI and HI Trust Funds receives the income taxes. Benefits are partially subject to federal income tax for beneficiaries with income (defined for this purpose as adjusted gross income excluding Social Security benefits, plus half of their Social Security benefits and all of their non-taxable interest income) in

excess of specified threshold amounts. The threshold amounts are $25,000 for single filers, $32,000 for joint filers, and $0 for those married individuals filing separately. The Office of the Chief Actuary's estimates reflect the following assumptions: (1) The income thresholds used for benefit taxation are specified in the Internal Revenue Code to be constant in the future, and have never been changed, while income and benefit levels continue to rise. Accordingly, projected ratios of income from taxation of benefits to the amount of benefits increase gradually. (2) A permanent level shift upward in the ratios is projected for 2026 and beyond due to the expiration of the personal income tax provisions in Public Law 115-97, the Tax Cuts and Jobs Act of 2017.

Another source of income to the trust funds is interest received on investments held by the trust funds. On a daily basis, Treasury invests trust fund income in interest-bearing obligations of the U.S. Government. These investments include the special public-debt obligations described in the next paragraph. The Social Security Act also authorizes the trust funds to hold obligations guaranteed as to both principal and interest by the United States. The act therefore permits the trust funds to hold certain Federally sponsored agency obligations and marketable obligations. The trust funds may acquire any of these obligations on original issue at the issue price or by purchase of outstanding obligations at their market price. The purchase of marketable obligations has been quite limited and has not occurred since 1980. Treasury redeems special issue securities prior to maturity at par value when needed to meet current operating expenses. As a result, changes in market yield rates after issuance of special issue securities do not cause fluctuations in the value of these securities. As is true for marketable Treasury securities held by the public, the full faith and credit of the U.S. Government backs all of the investments held by the trust funds. Bonds issued to the trust funds in 2021 had an interest rate of 1.500 percent, compared with an interest rate of 0.750 percent for bonds issued in 2020.

Annual cost for the OASI and DI Trust Funds primarily consists of: (1) OASDI benefit payments, net of any reimbursements from the General Fund of the Treasury for un-negotiated benefit checks; and (2) expenses incurred by the Social Security Administration and the Department of the Treasury in administering the OASDI program and the provisions of the Internal Revenue Code relating to the collection of contributions. Such administrative expenses include, among other items, the cost of (1) payroll; (2) construction, rental, lease, or purchase of office buildings and related facilities for the Social Security Administration; and (3) information technology systems. The Social Security Act prohibits payments from the OASI and DI Trust Funds for any purpose not related to the payment of benefits or administrative costs for the OASDI program. Annual cost also includes: (1) the costs of vocational rehabilitation services furnished to disabled persons receiving cash benefits because of their disabilities, where such services contributed to their successful rehabilitation; and (2) net costs of the provisions of the Railroad Retirement Act that provide for a system of coordination and financial interchange between the Railroad Retirement program and the Social Security program. Under the financial interchange provisions, the Railroad Retirement program's Social Security Equivalent Benefit Account and the trust funds interchange amounts on an annual basis so that each trust fund is in the same position it would have been had railroad employment always been covered under Social Security.

The most significant finding in the 2021 Report is, after many years of negative beneficiary growth, since the retirement of the Baby Boomer generation, it is true that the DI trust fund has achieved a state of economic efficiency, whereby the trust fund does not become depleted, even allowing for normal 1 percent population growth and 3 percent COLA. Under the Trustees' intermediate assumptions, OASDI cost is projected to exceed total income in 2021, 2020 revised, and the dollar level of the hypothetical combined trust fund reserves declines until reserves become depleted in 2034. Considered

separately, the OASI Trust Fund reserves become depleted in 2033 and the DI Trust Fund reserves become depleted in 2057. To accommodate former pandemic unemployment compensation beneficiaries and other needy persons, to redress and prevent, what must be a burgeoning population of poor and destitute, disabled workers, it is necessary that the Board of Trustees, realize they after many years of cruel and negligent beneficiary cuts, the DI Trust Fund has achieved a state of economic efficiency, and must in 2022 reverse their paradigm of cutting disability beneficiaries to fit in the ability of the Trust Fund to pay, and anticipate a one percent annual net increase in disability beneficiaries. Although the combined OASDI Trust Funds is quite large, in excess of 100 percent of costs, its accumulation is more reflective of a fraudulent inability to pay the poor, than a savvy insurance strategy. Their many "current law" lies and disability beneficiary cuts, exacerbated by COVID office closures, epitomized by "cheating on the 2020 payroll tax" have served only to corroborate many lies angling towards discrimination against disability to the hasty depletion of OASI Trust Fund, delaying the officially unrecognized, but inevitable, closure of the payroll tax loophole for the rich and state employees, hopefully in time to end child poverty by 2024 and all poverty by 2030. To compensate for the loss of the child tax credit, that is estimated to have reduced child poverty, at annual rates, by 30 percent, for the six months it was in effect, it is essential that SSA begin to convey a clear message, that as the OASDI Trust Funds, and especially OASI Trust Fund, exhibits a deficit, to fulfill the collective goals of ending child poverty by 2024 and all poverty by 2030, it is necessary to sustain one percent net disability growth and absolutely essential that the Board of Trustees advocate for the closure of the OASDI tax loophole and creation of a SSI Trust Fund to end child poverty by 2024 and all poverty by 2030.

SSI COLA, Rates, Beneficiaries, Payments, Costs, Total Outlays 1974-2024

Year	COLA	Benefit Rate	Total Beneficiary (thousand)	Federal Payments (millions)	Admin. Costs (millions)	Total Cost (millions)
1974	4.3%	$146.00	3,996	3,833		3,833
1980	14.3%	$238.00	4,142	5,923	668	6,591
1990	16.1%	$386.00	4,817	12,943	1,075	14,018
2000	26.4%	$513.00	6,602	28,778	2,321	31,099
2001	3.5%	$531.00	6,688	30,532	2,397	32,929
2002	2.6%	$545.00	6,788	31,616	2,522	34,138
2003	1.4%	$552.00	6,902	32,941	2,656	35,597
2004	2.1%	$564.00	6,988	34,202	2,806	37,008
2005	2.7%	$579.00	7,114	35,995	2,795	38,790
2006	4.1%	$603.00	7,236	37,775	2,916	40,691
2007	3.3%	$623.00	7,360	39,514	2,857	42,371
2008	2.3%	$637.00	7,521	42,040	2,820	44,860
2009	5.8%	$674.00	7,677	45,904	3,316	49,220
2010	0.0%	$674.00	7,912	47,767	3,629	51,396
2011	0.0%	$674.00	8,113	49,038	3,931	52,969
2012	3.6%	$698.00	8,263	51,703	3,881	55,584
2013	1.5%	$710.00	8,363	53,402	3,789	57,191
2014	1.7%	$721.00	8,336	54,153	3,990	58,143
2015	1.5%	$733.00	8,142	54,827	4,242	59,069

2016	0.0%	$733.00	8,088	54,634	4,212	58,846
2017	0.3%	$735.00	8,038	54,648	4,123	58,771
2018	2.0%	$750.00	8,129	55,161	4,330	59,491
2019	2.8%	$771.00	8,077	56,198	4,392	60,590
2020	1.6%	$783.00	7,960	55,424	4,363	59,787
2021	1.3%	$794.00	7,696	57,376	4,501	61,877
2022	5.9%	$841.00	7,594	59,671	4,794	64,465
2023	8.7%	$914.00	7,629	62,058	4,938	67,682
2024	5.0%	$942.00	7,707	66,161	5,085	70,246

Source: 2022 Annual Report of the Supplemental Security Income Program

Current law accounts for the payroll tax funded OASDI Trust Funds and General Fund financed SSI Program separately. For the sake of consistency, they are accounted for separately, however to account for all SSA programs, OASDI and SSI, it is a simple matter of including SSI revenues in the General Fund reimbursement and adding the exactly equal SSI benefit payments and administrative expenditures to the combined subtotals, and therefore asset accumulation and combined trust fund balance is SSI program neutral and unaltered. Accounting for SSI requires the addition of data held in separate tables, eg. Benefit payments and administrative costs to determine annual federal SSI spending. Cost-of-living adjustment (COLA)is an important factor for the computation of benefits pursuant to Sec. 215(i) and Sec. 1617 of the Social Security Act (42USC§415(i) and §1382f. Because of the predictable average prices for SSI benefits, to project future growth the equation is COLA plus percent change in beneficiaries, even more than the OASDI program where new retirees continually receive higher benefits. In usual circumstances, the Cost of living adjustment (COLA), like payroll tax revenues, must increase at a slightly faster rate than Consumer Price Index (CPI) inflation, to eventually achieve a positive actuarial balance able to achieve a poverty line income floor that would eliminate poverty. However, since 2010, instead of taking advantage of low inflation rates to improve the standard of living of beneficiaries faster than the poverty line, the COLA has frequently been less than 2.5 percent and in three years, zero. So many beneficiaries have complained about becoming unable to pay bills they could previously afford; Medicare now reduces premiums for low-income beneficiaries. It was held that three percent COLA was needed to compensate low-income beneficiaries for decades of attrition of benefit purchasing power against 2.7 percent average annual consumer price inflation since 1982. The penny pinching schemes and manipulations regarding the CPI, between the Social Security Administration and Bureau of Labor Statistics, over the past decade, have given way to hyperinflation a 5.9 percent COLA in 2022 to compensate for 7 percent inflation in 2021 and 8.7 percent COLA to afford 9.6 percent inflation in 2022. Going forward inflation is expected to average 4.2 percent in 2023, but is averaging 6 percent in the first quarter and whereas decision-making is usually based on second quarter inflation a five percent COLA for 2024 is due, before inflation is expected to be 3.0 percent in 2024, where the COLA is expected to remain when CPI returns to its long-term average of 2.7 percent annually.

Chapter 6 Old Age and Survivor Insurance Trust Fund

The Old Age and Survivor Insurance (OASI) Trust Fund was begun with the original Social Security Act of 1935 as codified at Sec. 201 of Title II of the Social Security Act 42USC§401. Retirement benefits require that a person be at least 62 years of age. Under current law, the age at which workers become eligible for full retirement benefits—known as the normal retirement age, or NRA—varies,

depending on the individual's year of birth. For workers born before 1938, the NRA is 65. For workers born in subsequent years, the eligibility age increases in two-month increments until it reaches 66 for workers born in 1943. For workers born between 1944 and 1954, the NRA remains at 66 but rises, again in two-month increments, until it reaches 67 for workers born in 1960 or later. Workers can still receive benefits at age 62, but the benefit they receive at that age will represent a smaller share of what they could have qualified for if they had waited until the normal retirement age to claim benefits in Sec. 202 of the Social Security Act under 42USC§402. Maximum benefits are awarded to people who wait until the mandatory retirement age of 70 ½ to collect their benefits.

Old-age benefits are computed on the basis of a wage earner's "average monthly wage" earned during his "benefit computation years" during which his covered wages were highest as explained in *Califano v. Webster* 430 US 313 (1977). The formula to compute a Primary Insurance Amount (PIA) in 2022 was: (1) 90% of AIME below $1,308 per month the first bend point, plus (2) 32% of AIME in excess of the first bend point but not in excess of the second $1,880, plus (3) 15% of AIME in excess of the second bend point. The bend points are determined based on the first year a beneficiary becomes eligible for benefits. The formula to compute an OASI family maximum is: (1) 150% of PIA below the first bend point, plus (2) 272% of PIA in excess of the first bend point but not in excess of the second, plus (3) 134% of PIA in excess of the second bend point but not in excess of the third, plus (4) 175% of PIA in excess of the third bend point. The old-law contribution and benefit base is the lower contribution and benefit base that would have been in effect without enactment of the 1977 amendments. Benefits are increased up to 50 percent to pay for a spouse or dependent child, including adults with disability. A married woman under 62 whose husband retires or becomes disabled is granted monthly benefits under the Act if she has a minor or other dependent child in her care in *Mathews v. DeCastro* 429 US 181 (1976). Although every state may set their own standards, they may not have an older retirement age than 65. One month after an insured person dies a sum of not less than $255 is made payable to the widow or widower of the deceased. Should the deceased have been eligible or receiving disability or old age insurance and the spouse was not eligible but dependent upon the deceased income the surviving spouse and children are eligible for 75% of normal benefits of the deceased. A sum of not less than $225 is made out to surviving spouse upon death.

Effective January 1957, the OASI Trust Fund pays monthly benefits to disabled children aged 18 and over of retired and deceased workers if the disability began before age 18. The age by which disability must have begun was later changed to age 22. Effective February 1968, the OASI Trust Fund pays reduced monthly benefits to disabled widows and widowers at ages 50 and over. Effective January 1991, the requirements for the disability of the widow or widower were made less restrictive. At the end of 2021, the OASI Trust Fund was providing monthly benefit payments to about 1,136,000 people because of their disabilities or the disabilities of children. This total includes approximately 22,000 mothers and fathers (wives or husbands under normal retirement age of retired-worker beneficiaries and widows or widowers of deceased insured workers) who met all other qualifying requirements and were receiving unreduced benefits solely because they had disabled-child beneficiaries (or disabled children aged 16 or 17) in their care. In calendar year 2021, the OASI Trust Fund paid a total of $12,453 million to the people described above. Under the intermediate assumptions, estimated total scheduled benefits paid from the OASI Trust Fund with respect to disabled beneficiaries will increase from $13,307 million in calendar year 2022 to $20,491 million in calendar year 2031.

Trustees have been warning the public for more than a decade that the actuarial deficit does not sustain

the OASI Trust Funds into perpetuity. After incurring a deficit in 2018, in the third and final year of the 2.73% DI tax rate of the Bipartisan Budget Act, the reversion to the 10.6% OASI tax rate left the OASI trust fund with a slight $6.5 billion profit in 2019, and with the assistance of more than a $100 billion cheating on the payroll tax, a $7.5 billion surplus in 2020. Beginning in 2022 the OASI Trust Fund is expected to operate on an increasing deficit until the $2.7 trillion (2022) fund reaches a ratio of less than 100 percent of costs in 2031 and be totally depleted by 2034. The OASI Trust Fund possesses the largest accumulation of money in the world and a 2021 trust fund ratio of 279 percent of 2022 expenses. However, the number of beneficiaries continues to steadily increase due to the aging population, down to 1.8 percent in 2020, due to the dramatic increase in COVID-19 deaths, from the mid-term average of 2.4 percent. It remains to be seen if decline in life-expectancy from a high of 76.2 years for males and 81.3 years for females in 2019 to 74.2 for men and 79.5 for women in 2021 with a post-65 life expectancy of 16.9 for men and 19.5 for women, rebounds to 76.6 for men and 81.6 for women with post-65 life-expectancy of 18.5 for men and 21.0 for women in 2025, or continues to reduce annual growth in retirees.

Total OASI trust fund income in 2021 amounted to $942.9 billion, while cost totaled $1,001.9 billion, a decrease in trust fund reserved during 2021 of $59.1 billion. Total income during calendar year 2021 included $841.4 billion in payroll tax contributions. In June 2021, an unusually large negative adjustment in the amount of $30.4 billion was made because payroll tax revenue credited to the trust fund in 2020 was based on estimates that did not anticipate effects of the pandemic and recession. This is just a drop in the bucket and, although it expresses remorse, the report continues to fail to provide an exact estimate of the truly enormous amount of the overestimate, covered by the $200 billion paid by the Treasury balance, this can be considered $30.4 billion credit to the Treasury balance. The OASI fund paid the General Fund $3.1 billion for the estimated amount of employee payroll-tax refunds, partially offsetting these gross contributions. Employees who work for more than one employer during a year and pay contributions on total earnings in excess of the contribution and benefit base are eligible for such refunds. Net payroll tax contributions were therefore $838.2 billion in 2021. The OASI fund paid the General Fund $3.1 billion for the estimated amount of employee payroll-tax refunds, partially offsetting these gross contributions. Employees who work for more than one employer during a year and pay contributions on total earnings in excess of the contribution and benefit base are eligible for such refunds. Net payroll tax contributions were therefore $838.2 billion in 2021. As first required by the 1983 Social Security Amendments, this income comes from two separate sources: (1) Federal income taxation on up to 50 percent of an individual's or couple's OASI benefits under certain circumstances, and (2) a tax withheld from the benefits paid to certain nonresident alien beneficiaries. Income to the OASI Trust Fund based on the taxation of OASI benefits amounted to $37.2 billion in 2021. In 2021, the OASI Trust Fund earned $67.5 billion in net interest. Less than $1 million came from the General Fund and about $90,000 from gifts and bequests.

Of the $1,001.9 billion in total OASI cost in 2020, $993.1 billion was for net benefit payments. Net benefit payments increased by 4.3 percent from calendar year 2020 to calendar year 2021 due to a 3 percent increase in the number of beneficiaries and 1.3 percent Cost-of-living adjustment. In addition, new beneficiaries tend to have higher monthly benefit amounts than previous beneficiary cohorts, because their initial benefits are based on average wages, which tend to rise faster than the cost of living. The Railroad Retirement Act requires an annual financial interchange between the Railroad Retirement program and the OASDI program. The purpose of the interchange is to put the OASI and DI Trust Funds in the same financial position in which they would have been had railroad employment

always been covered directly by Social Security. The Railroad Retirement Board and the Social Security Administration calculated an interchange of $4.8 billion from the OASI Trust Fund to the Social Security Equivalent Benefit Account for June 2021. The remaining $4.0 billion of cost for the OASI Trust Fund was for net administrative expenses. For 2021, the cost incurred by the Social Security Administration to administer the OASI program was 83 percent of OASI net administrative expenses. The Social Security Administration charged such costs to the trust fund in the amount of $3.3 billion in 2021. In addition, the Department of the Treasury charged the trust fund $0.7 billion in 2021 for services provided in administering the OASI program. Finally, the General Fund of the Treasury makes net reimbursements for administrative costs incurred by the Social Security Administration in performing certain legislatively mandated activities that are not directly related to paying OASI benefits. These miscellaneous reimbursements totaled $5 million in 2021.

Old Age Survivor Insurance Trust Fund 2000-2030
(billions)

	Total	Tax	GF Reimbursement	Tax on Benefits	Net interest	Total	Scheduled Benefits	Administrative Costs	R&R Interchange	Net increase end of year	Assets at end of Yer	Trust fund Ratio
2000	490.5	421.4	0	11.6	57.5	358.3	352.7	2.1	3.5	132.2	931.0	223
2001	518.1	441.5	0	11.9	64.7	377.5	372.3	2.0	3.3	140.6	1,072	247
2002	539.7	455.2	0.4	12.9	71.2	393.7	388.1	2.1	3.5	146.0	1,218	272
2003	543.8	456.1	0	12.5	75.2	406.0	399.8	2.6	3.6	137.8	1,355	300
2004	566.3	472.8	0	14.6	79.0	421.0	415.0	2.4	3.6	145.3	1,501	322
2005	604.3	506.9	-0.3	13.8	84.0	441.9	435.4	3.0	3.6	162.4	1,663	340
2006	642.2	534.8	0	15.6	91.8	461.0	454.5	3.0	3.5	181.3	1,844	361
2007	675.0	560.9	0	17.2	97.0	495.7	489.1	3.1	3.6	179.3	2,024	372
2008	695.5	574.6	0	15.6	105.3	516.2	509.3	3.2	3.6	179.3	2,203	392
2009	698.2	570.4	0	19.9	107.9	564.3	557.2	3.4	3.7	133.9	2,337	390
2010	677.1	544.8	2.0	22.1	108.2	584.9	577.4	3.5	3.9	92.2	2,429	400
2011	698.8	482.4	87.8	22.2	106.5	603.8	596.2	3.5	4.1	95.0	2,524	402
2012	731.1	503.9	97.7	26.7	102.8	645.5	637.9	3.4	4.1	85.6	2,610	391
2013	743.8	620.8	4.2	20.7	98.1	679.5	672.1	3.4	3.9	64.3	2,591	384
2014	769.4	646.2	0.4	28.0	94.8	714.2	706.8	3.1	4.3	55.2	2,729	374
2015	801.6	679.5	0.3	30.6	91.2	750.5	742.9	3.4	4.3	51.0	2,780	364
2016	797.5	678.8	0.1	31.6	87.0	776.4	768.6	3.5	4.3	21.1	2,801	358
2017	825.6	706.5	0	35.9	83.2	806.7	798.7	3.7	4.3	19.0	2,820	347

2018	831.0	715.9	0	34.5	80.7	853.5	844.9	3.8	4.8	-22.4	2,798	330
2019	917.9	805.1	0	34.9	77.9	911.4	902.8	3.7	4.9	6.5	2,805	307
2020	968.3	856.0	0	39.0	73.3	961.0	952.4	3.7	4.8	7.4	2,812	292
2021	942.9	838.2	0	37.2	67.5	1,002	993.1	4.0	4.8	-59.1	2,753	281
2022	1,035	926.6	0	45.7	62.0	1,096	1,087	3.8	5.3	-61.9	2,691	251
2023	1,101	993.5	0	49.9	57.5	1,179	1,170	4.2	5.4	-78.5	2,612	228
2024	1,145	1,036	0	54.4	54.6	1,255	1,245	4.3	5.8	-110	2,502	208
2025	1,196	1,083	0	59.3	53.1	1,333	1,323	4.5	5.8	-137.3	2,365	188
2026	1,258	1,132	0	73	52.9	1,415	1,404	4.6	5.9	-157.1	2,208	167
2027	1,313	1,181	0	79.5	52.9	1,500	1,489	4.7	5.9	-186.4	2,022	147
2028	1,370	1,233	0	86.1	51.4	1,591	1,580	4.9	6.0	-221	1,801	127
2029	1,427	1,286	0	93.3	48.1	1,685	1,674	5.0	6.0	-258.2	1,543	87
2030	1,483	1,338	0	101.2	43.5	1,782	1,771	5.1	6.1	-299.2	1,243	87

Source: 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund intermediate projections

The asset reserves shown for the OASI Trust Fund at the end of calendar year 2021 totaled $2,752.6 billion, consisting of $2,752.7 billion in U.S. Government obligations. The effective annual rate of interest earned by the reserves in the OASI Trust Fund during calendar year 2021 was 2.4 percent, somewhat lower than the 2.6 percent earned during calendar year 2020, significantly lower than the usual 3.4 percent interest rate, or 3.9 percent current March 2023 par yield curve. By law, the Department of the Treasury must invest trust fund reserves in interest-bearing securities backed by the full faith and credit of the United States Government. The securities currently held by the OASI Trust Fund are entirely special issue securities sold by the Treasury only to the trust funds. These special issues are of two types: short-term certificates of indebtedness and longer-term bonds. Daily trust fund tax income is invested in the short- term certificates of indebtedness which mature on the next June 30 following the date of issue. The trust fund normally acquires long-term special-issue bonds when special issue securities of either type mature on June 30 and must be reinvested. The amount of long-term bonds acquired on June 30 is equal to the amount of special issue securities maturing (including accrued interest earnings), plus tax income for that day, less amounts required to meet cost on that day. Section 201(d) of the Social Security Act provides that the obligations issued for purchase by the OASI and DI Trust Funds shall have maturities fixed with due regard for the needs of the funds. The usual practice has been to reinvest the maturing special issue securities, as of each June 30, so that the value of the total portfolio of special issue securities maturing in each of the next 15 years are approximately equal. However, as of June 2021, the Chief Actuary's updated baseline of November 2020, which modified the Trustees most recent projections in the 2020 Trustees Report, indicated that the reserves in the OASI Trust Fund would become depleted within 15 years, and are utilized on a daily basis, due to the OASI deficit. Therefore, the Department of the Treasury, in consultation with the Chief Actuary of the Social Security Administration, selected the amounts and maturity dates of the OASI special-issue bonds purchased on June 30, 2021, so that the maturity dates of the total portfolio of special issue securities would be spread evenly to the extent possible over the 12-year period 2022 through 2033.

The number of retired-worker beneficiaries is estimated by applying award rates to the aged fully insured population, excluding those already receiving retired-worker, disabled-worker, aged-widow(er)'s, or aged-spouse's benefits, and by applying termination rates to the number of retired-worker beneficiaries. For age 62, the model projects this percentage by using a linear regression based on the historical relationship between this percentage, the labor force participation rate at age 62, and the number of months from age 62 to normal retirement age. The percentage for ages 70 and over is nearly 100 because delayed retirement credits cannot be earned after age 70, when they receive the mandatory maximum benefit. Benefits of aged-spouse beneficiaries depend on the earnings records of their husbands or wives, who are referred to as "earners" and receive up to 50% more to pay for their spouse and children. Due to the Bipartisan Budget Act of 2015, spouses who are insured will no longer be eligible to delay their retired-worker benefit while receiving an aged-spouse benefit. The model applies the same factors to the number of divorced persons aged 60 and over in the population and includes additional factors representing the probability that the person's former earner spouse has died and that the marriage lasted at least 10 years. The projected numbers of children under age 18, and students aged 18 and 19, who are eligible for benefits as children of retired-worker beneficiaries. The number of disabled-child-survivor beneficiaries is projected in a manner similar to that for student-child-survivor beneficiaries, except for including an additional factor to reflect the probability of being disabled before age 22. Long-term growth rate beyond 2030 is underestimated.

OASI Beneficiaries with Benefits in Current-Payment Status 1945-2045
(thousands)

Year	Worker	Spouse	Child	Widow-er	Mother-father	Child	Parent	Total	% Change
1945	518	159	13	94	121	377	6	1,288	
2000	28,505	2,798	459	4,901	203	1,878	3	38,747	
2005	30,461	2,524	488	4,569	178	1,903	2	40,126	0.7 av.
2006	30,976	2,476	490	4,494	171	1,899	2	40,508	0.1
2007	31,528	2,431	494	4,436	165	1,892	2	40,947	1.1
2008	32,274	2,370	525	4,380	160	1,915	2	41,625	1.7
2009	33,514	2,343	561	4,327	160	1,921	2	42,828	2.9
2010	34,593	2,316	580	4,285	159	1,913	2	43,847	2.4
2011	35,600	2,291	594	4,239	158	1,907	2	44,791	2.2
2012	36,720	2,280	612	4,193	154	1,907	1	45,868	2.4
2013	37,893	2,285	625	4,139	150	1,899	1	46,992	2.5
2014	39,009	2,303	635	4,092	143	1,892	1	48,075	2.3
2015	40,089	2,335	648	4,050	140	1,893	1	49,155	2.3
2016	41,233	2,370	661	4,004	133	1,893	1	50,296	2.3
2017	42,447	2,375	675	3,961	128	1,904	1	51,491	2.4

2018	43,721	2,391	690	3,908	121	1,911	1	52,743	2.4
2019	45,094	2,430	701	3,878	117	1,916	1	54,137	2.6
2020	46,330	2,323	704	3,823	115	1,936	1	55,231	2.0
2021	47,298	2,165	687	3,773	114	1,976	1	56,009	1.4
2022	48,605	2,009	712	3,728	112	2,005	1	57,171	2.1
2025	52,821	1,768	763	3,682	108	2,061	1	61,204	2.4 av.
2030	59,571	1,661	855	3,626	99	2,098	1	67,910	2.2 av.
2040	69,275	1,512	952	3,053	116	1,796	1	76,705	1.3
2045	74,522	1,386	1,008	2,707	106	1,661	1	81,391	0.6

Source: 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Intermediate projection 2022-2030, 2040-2050 high cost

Period life expectancy in the United States is estimated to have declined from a high of 76.2 years from birth for men and 81.3 years for women; 18.1 years for males age 65 and 20.7 for women age 65; -2.2 percent to 74.5 years from birth for men and -2.0 percent to 79.7 years for women; -6 percent to 17 years from age 65 for men and -5.8 percent to 19.5 years for women. Incidental to the COVID-19 pandemic, there is reported a dramatically increased risk of dying, mostly from coronavirus and severe acute respiratory syndrome (SARS), but also from all causes. The COVID-19 pandemic was more deadly than the influenza pandemic of 1918, with currently more than 700,000 lives taken in 2020 and 2021 compared with over 600,000 from the 1918 flu pandemic, reversed a century of decline in mortality rate. The 2020 death rate increased from 792.3 per 100,000 in 2019 to 923.7 per 100,000 in 2020 and is expected to slightly increase in 2021 and every year thereafter, that the number of deaths increase and population growth remains anemic 0.1 percent in 2020 and 2021, to an estimated 1,036 per 100,000 in 2021 using the 333,997,000 Social Security Area total population estimate for 2020. 3,383,729, 1,029 per 100,000, died in 2020, 3,429,913, 1,042 per 100,000 died in 2021, 1.4 percent more than 2020, using the low Census bureau total population estimate of 327.8 million in 2020 and 0.11 percent growth in 2021. The 75-year period includes the pandemic year of 2020, and the death rate assumptions for 2021-23 were revised to better reflect the current expected course of the pandemic. Demographers express a wide range of views on the likely rate of future decline in death rates. For example, some believe that the long-standing historical tendency for mortality to decline more slowly at the oldest ages will cease in the future. Others believe that biological factors, social factors, and limitations on health care spending may slow future rates of decline in mortality.

Fertility Rate and Deaths Per 100,000, by Age 1940-2020

	Fertility Rate	Total Death Rate	Death Rate Under 65	Death Rate 65 and Over
1940	2.23	1,919.8	750.1	9,718.8
1950	2.42	1,561.9	570.2	8,173.7
1960	3.03	1,454.3	503.2	7,795.4

1970	2.43	1,340.0	485.7	8,036.3
1980	1.82	1,136.9	384.3	6,154.3
1990	2.07	1,021.3	333.6	5,606.3
2000	2.05	961.5	281.0	5,498.9
2010	1.93	820.8	248.5	4,636.1
2011	1.89	820.7	249.2	4,631.3
2012	1.87	811.8	248.8	4,565.6
2013	1.85	812.3	249.6	4,564.6
2014	1.86	805.1	251.7	4,495.1
2015	1.85	815.3	255.2	4,549.7
2016	1.82	808.7	260.8	4,461.0
2017	1.76	812.8	261.6	4,487.7
2018	1.73	803.7	258.7	4,437.4
2019	1.70	792.8	257.7	4,360.2
2020	1.64	924.4	298.7	5,096.0
2021	1.66	935.6	307.4	5,123.7
2025	1.75	768.2	254.0	4,196.3
2030	1.87	738.4	243.8	4,035.5
2040	1.98	679.8	221.5	3,735.8
2050	2.00	627.2	200.7	3,470.8

Source: 2022 Annual Report of the OASDI Trust Funds.

Reduction and virtual elimination of the alarming initial elevated nursing home death rates from COVID, peaking at about 34,000 cases and 6,000 deaths in residents and 30,000 cases with zero deaths in staff a week in December 2020, after vaccination have proven that the vaccine is effective at reducing hospitalization and death to nearly zero from March to July 2021, but has subsequently risen to 5,000 cases and a few deaths in December 2021, not as immunity wanes as advertised, but as untreated infection becomes severe. Further study indicates that of nursing home survivors, those who have not been vaccinated are more likely to know that hydrocortisone, eucalyptus, lavender, peppermint or salt helps water cure coronavirus colds, than those who have received two doses of the vaccine or those who received only one dose although prescribed two, who were the most likely to be infected. What is believed to have occurred is that after wiping out the initial major infection in two weeks of administering the so-called vaccine, secret hygiene protocols, mostly involving the use of Lysol and submerging the head while bathing, and other home remedies, have effectively treated coronavirus infection in nursing homes, but without any prescription but that for a weak two week cure falsely advertised as a vaccine, the exact safe, effective and affordable remedies are forgotten.

A nursing facility must care for its residents in such a manner and in such an environment as will

promote maintenance or enhancement of the quality of life of each resident. A nursing facility must provide (or arrange for the provision of) nursing and related services and specialized rehabilitative services to attain or maintain the highest practicable physical, mental, dental and fiscal well-being of each resident, without resorting to involuntary psychiatric treatment at Sec. 1919 of the Social Security Act 42USC§1396r. It is therefore held to be safe, effective and affordable to Prescribe Residents of the United States by amending Infection Control in 42CFR§483.80 to add (j) Definitive curative treatment. To prevent COVID and influenza pandemics, and other outbreaks of drug resistance, it is essential to legislate definitive curative treatments for the most common diseases, whereas the pathological law of perversity is, least is known about the most common diseases. (1) Submerging the head in saline or chlorine water instantly cures coronavirus allergic rhinitis (John 1: 26)(Luke 3: 7)(1 Peter 3: 21)(Mark 6: 24). m (i) Hydrocortisone, eucalyptus, lavender, peppermint or salt helps water cure Coronavirus colds. (ii) Mentholyptus cough drop cures both Severe acute respiratory syndrome (SARS) from SARS-CoV-2 and Influenza. (iii) Echinacea cures the triple threat of Respiratory Syncytial Virus (RSV), SARS-CoV-2 and Flu; etc.

Chapter 7 Disability Insurance Trust Fund

The Disability Insurance (DI) Trust Fund was established on August 1, 1956 when President Dwight D. Eisenhower signed into law the 1956 Amendments to Sec. 201(b)(1) of the Social Security Act 42USC§401(b)(1) to help rehabilitate the disabled so that they may return to useful employment. These amendments provided cash benefits to disabled workers aged 50–64 (after a 6-month waiting period) and to adult children of retired, disabled, or deceased workers, if the children had been disabled before the age of 18. In 1956 a 0.250 percent tax was set forth on the income of employees and employers, 0.500 percent combined and 0.350 percent tax on self-employed workers in 1957-58. Benefits to disabled workers' dependents was provided in 1958 and permitting disabled workers under the age of 50 to qualify for benefits in 1960. In 1967, the act was further amended to provide benefits for disabled widows and widowers aged 50–64 at a reduced rate. 50/50 equality in taxation between the combined cost of employees and employers and self-employed workers was achieved in 1984. Except 2016-2018 when the Bipartisan Budget Act of 2015 set a temporary 2.73 percent DI tax rate, to recoup the trust fund, since 2000 the DI tax rate has been 1.800 percent combined, 0.900 percent employee/employer.

The formula to compute a Primary Insurance Amount (PIA) in 2022 was: (1) 90% of AIME below $1,308 per month the first bend point, plus (2) 32% of AIME in excess of the first bend point but not in excess of the second $1,880, plus (3) 15% of AIME in excess of the second bend point. The bend points are determined based on the first year a beneficiary becomes eligible for benefits. The formula to compute an OASI family maximum is: (1) 150% of PIA below the first bend point, plus (2) 272% of PIA in excess of the first bend point but not in excess of the second, plus (3) 134% of PIA in excess of the second bend point but not in excess of the third $2,463, plus (4) 175% of PIA in excess of the third bend point. The old-law contribution and benefit base is the lower contribution and benefit base that would have been in effect without enactment of the 1977 amendments.

A worker is disability insured if he or she is: (1) a fully insured worker who has accumulated 20 QCs during the 40-quarter period ending with the current quarter, (2) a fully insured worker aged 24-30 who has accumulated QCs during one-half of the quarters elapsed after the quarter of attainment of age 21 and up to and including the current quarter, or (3) a fully insured worker under age 24 who has accumulated six QCs during the 12-quarter period ending with the current quarter. There are many

types of benefits payable to workers and their family members under the OASDI program. A worker must be fully insured to be eligible for a primary retirement benefit and for his or her spouse or children to be eligible for auxiliary retirement benefits. A deceased worker must have been either currently insured or fully insured at the time of death for his or her children (and their mother or father) to be eligible for benefits. If there are no eligible surviving children, the deceased worker must have been fully insured at the time of death for his or her surviving spouse to be eligible. A worker must be disability insured to be eligible for a primary disability benefit and for his or her spouse or children to be eligible for auxiliary disability benefits. The office does not project the currently insured population because the number of beneficiaries who are entitled to benefits based solely on currently insured status has been very small recently and is likely to remain small in the future.

The term "disability" means the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months as set forth by Sec. 223 of the Social Security Act 42USC§423. Auxiliary beneficiaries are qualifying spouses and children of disabled workers. A spouse must either be at least age 62 or have an eligible child beneficiary in his or her care who is either under age 16 or disabled prior to age 22. A child must be: (1) under age 18, (2) age 18 or 19 and still a student in high school, or (3) age 18 or older and disabled prior to age 22. The projection of the number of auxiliary beneficiaries relies on the projected number of disabled-worker beneficiaries.

In 2021, of the $145.5 billion in total income to the DI Trust Fund, $142.4 billion was net payroll tax contributions. In June 2021, an unusually large negative adjustment to payroll tax contributions in the amount of $5.2 billion was made because payroll tax revenue credited to the trust fund in 2020 was based on estimates that did not anticipate effects of the pandemic and recession. Of the $142.6 billion of total cost, $140.1 billion was net benefit payments. The total level of net benefit payments in 2021 decreased by 2.4 percent from total net benefit payments paid in 2020, largely due to a decrease in the total amount of retroactive payments paid to newly awarded beneficiaries, as well as a decrease in the average number of total current beneficiaries, partially offset by an increase in average benefit levels. DI non-interest income, and total income, exceeded total cost in 2021. During 2021, the reserves in the DI Trust Fund increased by $2.8 billion, from $96.6 billion at the end of 2020 to $99.4 billion at the end of 2021. The effective annual rate of interest earned by the asset reserves in the DI Trust Fund during calendar year 2021 was 2.8 percent, slightly lower than the 2.9 percent earned during calendar year 2020, usual 3.4 percent rate, current 3.9 percent rate. Non-interest income for DI was much lower in 2019 through 2021 than in 2017 and 2018, due to the temporary payroll tax rate reallocation from OASI to DI in 2016 through 2018. For 2021, non-interest income was higher than DI cost. In June 2021, an unusually large negative adjustment to payroll tax contributions in the amount of $5.2 billion was made because payroll tax revenue credited to the trust fund in 2020 was based on estimates that did not anticipate effects of the pandemic and recession. This is an uncertain difference of about -$14.5 billion between the $145.3 billion DI trust fund assessment and $130.8 billion 2020 payroll tax re-estimate, that will need to be surrendered to the Federal Reserve for probable cancellation or conversion to rollover funds, public debt held by the Federal Reserve, in the unlikely circumstance that bond purchases are actually tied to real federal payments, that are not offset by the deficit reduction incurred by completion of this independent audit of the pandemic federal budget. The -6.2 percent decline in DI revenues is an educated guesstimate based upon -6.2 percent declines in individual income tax and employment in 2020 and will need to be exactly recounted by consultation of the Board of Trustees with Bureau of Fiscal Services, for a final figure to finalize currency negotiations with the

Federal Reserve, that should not be delayed because the 2020 payroll tax is obviously overestimated. True 2020 DI payroll tax was closer to $130.8 billion than $145.3 billion that was admittedly made without taking into the consideration the effects of the COVID pandemic on the payroll tax. In June 2021, an unusually large negative adjustment to payroll tax contributions in the amount of $5.2 billion was made because payroll tax revenue credited to the trust fund in 2020 was based on estimates that did not anticipate effects of the pandemic and recession. Under the intermediate and low-cost assumptions, DI reserves increase through 2031. Under the high-cost assumptions, DI reserves increase through 2024 and then decline through 2031.

For the future, DI cost is projected to increase in part due to increases in average benefit levels resulting from: (1) automatic benefit increases and (2) projected increases in the amounts of average monthly earnings on which benefits are based. Future changes in DI cost also reflect changes in the number of DI beneficiaries in current-payment status. In 2021, the number of DI beneficiaries in current-payment status continued the declining trend of the prior seven years. Under the intermediate assumptions, that number of DI beneficiaries is projected to drop further through the end of 2023, then increase through the end of 2031 to a level of about 9 million. The rate of increase after 2023 is much slower than was experienced on average from 1990 to 2010, when the population with the highest disability prevalence rates was growing rapidly due to the aging of the baby-boom generation. At the beginning of calendar year 2022, the reserves of the DI Trust Fund rep- resented 68 percent of estimated annual cost. Under the intermediate assumptions, DI trust fund reserves and the trust fund ratio increase throughout the short-range projection period. The trust fund ratio is slightly above 100 percent at the beginning of the fifth projected year, 2026, and continues to increase for the remainder of the short-range period. Because the reserves of the DI Trust Fund at the beginning of 2022 were less than the estimated annual cost for 2022, but are projected to increase to above annual cost within five years, and then remain above annual cost throughout the rest of the short-range period under the intermediate assumptions, the DI Trust Fund satisfies the Trustees' test of short-range financial adequacy.

Disability Insurance Trust Fund 2000-2030
(billions)

	Total	Tax	GF Reimbursement	Tax on Benefits	Net interest	Total	Scheduled Benefits	Administrative Costs	R&R Interchange	Net increase end of year	Assets at end of Year	Trust fund Ratio
2000	77.9	71.1	-0.8	0.7	6.9	56.8	55.0	1.6	0.2	21.1	118.5	171
2001	83.9	74.9	0	0.8	8.2	61.4	59.6	1.7	0	22.5	141.0	193
2002	87.4	77.3	0	0.9	9.2	67.9	65.7	2.0	0.2	19.5	160.5	208
2003	88.1	77.4	0	0.9	9.7	73.1	70.9	2.0	0.2	15.0	175.4	219
2004	91.4	80.3	0	1.1	10.0	80.6	78.2	2.2	0.2	10.8	186.2	218
2005	97.4	86.1	0	1.1	10.3	88.0	85.4	2.3	0.3	9.4	195.6	212
2006	102.6	90.8	0	1.2	10.6	94.5	91.7	2.3	0.4	8.2	203.8	207

2007	109.9	95.2	0	1.4	13.2	98.8	95.9	2.5	0.4	11.1	214.9	206
2008	109.8	97.6	0	1.3	11.0	109.0	106.0	2.5	0.4	0.9	215.8	197
2009	109.3	96.9	0	2.0	10.5	121.5	118.3	2.7	0.4	-12.2	203.5	178
2010	104.0	92.5	0.4	1.9	9.3	127.7	124.2	3.0	0.5	-23.6	179.9	159
2011	106.3	81.9	14.9	1.6	7.9	132.3	128.9	2.9	0.5	-26.1	153.9	136
2012	109.1	85.6	16.5	0.6	6.4	140.3	136.9	2.9	0.5	-31.2	122.7	110
2013	111.2	105.4	0.7	0.4	4.7	143.4	140.1	2.8	0.6	-32.2	90.4	86
2014	114.9	109.7	0.1	1.7	3.4	145.1	141.7	2.9	0.4	-30.2	60.2	62
2015	118.6	115.4	0	1.1	2.1	146.6	143.4	2.8	0.4	-28.0	32.3	41
2016	160.0	157.4	0	1.2	1.4	145.9	142.8	2.8	0.4	14.1	46.3	22
2017	171.0	167.1	0	2.0	1.9	145.8	142.8	2.8	0.2	25.1	71.5	32
2018	172.3	169.2	0	0.5	2.6	146.8	143.7	2.9	0.2	25.6	97.1	49
2019	143.9	139.4	0	1.6	2.9	147.9	145.1	2.7	0.1	-4.0	93.1	66
2020	149.7	145.3	0	1.7	2.8	146.3	143.6	2.6	0.1	3.5	96.6	64
2021	145.5	142.4	0	0.5	2.6	142.6	140.1	2.5	0.1	2.8	99.4	69
2022	161.5	157.4	0	1.5	2.6	146.4	143.4	2.9	0.1	15.0	114.4	68
2023	173.1	168.7	0	1.6	2.8	152.7	149.6	3.0	0.1	20.4	134.8	75
2024	181.0	175.9	0	1.7	3.3	159.1	155.9	3.1	0.1	21.9	156.7	85
2025	190.0	184.0	0	1.9	4.1	168.5	165.1	3.3	0.1	21.5	178.2	93
2026	199.6	192.2	0	2.3	5.1	177.7	174.1	3.5	0.1	21.9	200.1	100
2027	209.2	200.5	0	2.5	6.1	187.4	183.6	3.7	0.1	21.8	221.9	107
2028	219.4	209.3	0	2.7	7.3	194.5	190.6	3.9	0.1	24.8	246.7	114
2029	230.0	218.3	0	2.9	8.8	200.6	196.4	4.0	0.2	29.3	276.1	123
2030	240.8	227.2	0	3.0	10.5	206.4	202.0	4.2	0.2	34.4	310.5	134

Source: 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance and Federal Disability Insurance Trust Funds

After years of 1 to 2 percent declines in the number of disability beneficiaries, since the retirement of the Baby Boomer generation in 2014, and recoupment of some, but not all assets, by the 2.73 percent DI tax rate (2016-2018) of the Bipartisan Budget Act of 2015, the DI Trust Fund has achieved a miraculous balance whereby it can not only afford the 5.9 percent (2022), 8.7 percent (2023) COLA, but the DI Trust Fund can perpetually sustain normal 4 percent benefit spending growth to afford a 3 percent COLA and one percent population growth, in normal economic circumstances, at the 1.8 percent DI tax rate. Since 2000 the Board of Trustees has been unable or unwilling to adjust the OASDI tax rates. During the Great Recession this inability to adjust the DI tax rate, became a serious problem attributed to the age of high incidence of disability of the Baby Boomers causing an estimated

$183 billion in damages, $224 billion with 2.5% interest, nearly depleting the DI Trust Fund. The correct DI tax rate was 2.03% (2009), 2.35% (2010), 2.36 (2011), 2.39% (2012), 2.45% (2013), 2.31% (2014) and 2.24% (2015). The 2.37% DI tax under the Bipartisan Budget Act of 2015 helped the DI Trust Fund to partially recover $65 billion, however, it incurred an unnecessary OASI deficit in 2018 and should have been 2.05% (2018) to protect the OASI Trust Fund.

The DI Trust Fund pays for benefits to disabled workers who: (1) satisfy the disability insured requirements, (2) are unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment severe enough to satisfy the requirements of the program, and (3) have not yet attained normal retirement age. Spouses and children of such disabled workers may also receive DI benefits provided they satisfy certain criteria, primarily age and earnings requirements. The disability incidence rate fell below the age-sex-adjusted rate between 1975 and 2000 as the baby-boom generation increased the size of the younger working-age population, where disability incidence is lower than in older populations. After 1990, the gross rate generally increased relative to the age-sex-adjusted rate as the baby-boom generation moved into an age range where disability incidence peaks. The projected gross incidence rate generally declines relative to the age-sex-adjusted rate as the baby-boom generation moves above the normal retirement age and the lower-birth-rate cohorts of the 1970s enter prime disability ages (50 to normal retirement age). As these smaller cohorts age beyond normal retirement age, by about 2050, the gross incidence rate returns to a higher relative level under the intermediate assumptions.

At the beginning of the period of high unemployment that began in 2007, disability incidence rates were well above the general trend level, with rates reaching a peak in 2010. Over the period through 2019, incidence rates subsided as the economy recovered, and have persisted at levels well below those expected over the long-term. However, the continuing decline in disability incidence since 2010 far exceeds the effect of individuals having filed earlier due to the 2007-09 recession. For 2021, the actual incidence rate (3.0 per thousand) was below the level projected in last year's report (4.1 per thousand). During the Great Recession, that was much less severe than the COVID-19 pandemic, that is the most severe economic downturn since the Great Depression in the 1930s, total DI beneficiaries in current payment status increased 5% in 2010, 4.2% in 2011, 2.6% in 2012, 0% in 2013, due to the age of highest incidence of disability in the large Baby Boomer cohort. Since 2014 the DI population has steadily declined due to the retirement of the Baby Boomers and toxic disability questionnaires with a monoclonal antibody to the sacrum and spine. -0.5% in 2014, -1.1% in 2015, -1.8% in 2016, -1.9% in 2017, -2.4% in 2018, -2.3% in 2019, -3.1% in 2020, -4.2% in 2021 and -2.8% in 2022. Going forward the number of disabled workers is expected to begin to grow again, but unless the root cause of the decline – poisonous disability questionnaires – is prohibited, judgment will be harsh. The number of disabled workers in current-payment status grows from 7.9 million at the end of 2021, to 11.0 million, 12.6 million, and 12.7 million at the end of 2100, under the low-cost, intermediate, and high- cost assumptions, respectively.

DI Beneficiaries with Benefits in Current-Payment Status 1960-2050
(thousands)

Year	Disabled worker beneficiaries	Spouse	Child	Total	% Change

1960	455	77	155	687	
2000	5,039	165	1,466	6,667	
2005	6,519	157	1,633	8,309	4.9 av.
2006	6,807	156	1,652	8,615	3.7
2007	7,099	154	1,665	8,918	3.5
2008	7,427	155	1,692	9,273	4.0
2009	7,788	159	1,749	9,695	4.6
2010	8,204	161	1,820	10,185	5.1
2011	8,576	164	1,874	10,614	4.2
2012	8,827	163	1,900	10,890	2.6
2013	8,941	157	1,889	10,987	0.9
2014	8,955	150	1,828	10,932	-0.5
2015	8,909	143	1,756	10,808	-1.1
2016	8,809	136	1,667	10,612	-1.8
2017	8,695	127	1,590	10,412	-1.9
2018	8,537	119	1,507	10,164	-2.4
2019	8,378	114	1,434	9,927	-2.3
2020	8,151	105	1,364	9,620	-3.1
2021	7,877	97	1,245	9,219	-4.2
2022	7,663	96	1,201	8,960	-2.8
2025	7,729	99	1,219	9,048	0.2 av.
2030	8,312	109	1,377	9,798	0.8 av.
2040	8,786	97	1,635	10,518	0.7 av.
2050	10,030	111	1,929	12,070	1.5 av.

Source: 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance and Federal Disability Insurance Trust Funds

Under the intermediate assumptions, the projected age-sex-adjusted disability prevalence rate grows from 36.3 per thousand disability insured workers at the end of 2021 to 43.3 per thousand at the end of 2100. Overall, the number of disability awards has risen from 446,083 in 1980 to 699,100 in 2020. Fluctuations during that period were predominately driven by changes in the number of awards to disabled workers. In 2020, there were 619,636 awards to disabled workers; 57,988 awards to disabled adult children; and 21,476 awards to disabled widow(er)s. The average monthly benefit awarded to disabled workers is higher than that awarded to disabled widow(er)s or disabled adult children. The reason for the difference is that disabled workers receive 100 percent of the primary insurance amount, compared with 71.5 percent for disabled widow(er)s and 50 percent for disabled adult children (if the

worker is disabled or retired) or 75 percent (if the worker is deceased). In 2020 SSA terminated 979,293 benefits, 280,183 benefits were terminated, 40 percent more terminations than 699,100 awards. 577,958 of terminations were due to federal retirement ager, 317,489 death of beneficiary, 192,082 age 18 by child, 114,000 due to failure to meet medical standards, and about 50,000 due to substantial gainful activity. After many years of beneficiary cuts, in 2022 SSA must make an effort to achieve 1 percent net population growth to reduce poverty and ameliorate job-loss due to COVID. The termination of 114,000 people due to failure to meet medical standards appears to constitute discrimination, whereas only an additional 50,000 were terminated due to substantial gainful activity and termination of benefits on the basis of finding that the physical or mental impairment on the basis of which such benefits are provided has ceased, or is not disabling only if there is substantial evidence the individual is now able to engage in substantial gainful activity under Sec. 223 of the Social Security Act 42USC§423(f).

Beneficiaries stop receiving disability benefits when they die, experience an improvement in their medically-determinable impairment such that they are deemed able to engage in substantial gainful activity, or return to substantial work. In the short-range period (through 2031), the projected age-sex-adjusted death rate (adjusted to the 2000 disabled-worker beneficiary population) under the intermediate assumptions declines from the temporarily elevated rate of 30.0 deaths per thousand beneficiaries for 2021 to about 23.8 per thousand for 2031. These rates are assumed to remain elevated through 2023 due to the COVID-19 pandemic, and then return to follow the underlying declining trend in general population mortality. The projected age-sex- adjusted recovery rate (medical improvement and return to substantial work) under the intermediate assumptions decreases from the relatively high level of 17.7 per thousand beneficiaries for 2021 to 10.4 per thousand beneficiaries for 2031. The recovery rate has been high in recent years due to an ongoing administrative effort to eliminate a backlog of medical continuing disability reviews.

The term "disability" means the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months as set forth by Sec. 223 of the Social Security Act 42USC§423. A person's disability insurance eligibility status shall not be revoked until such a time when work earnings exceed, for 9 months, the level of earnings established as substantial gainful activity under Sec. 222 of the Social Security Act 42USC§422. The term "disability" means, with respect to an individual— a physical or mental impairment that substantially limits one or more major life activities of such individual; major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions in Sec. 3(2) of the Americans with Disabilities Act (ADA) of 1990 42USC§12102(2). The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as medication pursuant to Sec. 3(4)(E)(i)(I) of the Americans with Disabilities Act (ADA) of 1990 42USC§12102(4)(E)(i)(I).

In determining whether a claimant is entitled to Social Security disability benefits, special weight is accorded opinions of the claimant's treating physician that state that the physical or mental illness or

injury is so debilitating that the person can no longer perform their gainful employment under 20CFR§404.1527(d)(2) and since 2017 20CFR§ 404.1520c. An individual shall not be considered to be under a disability unless he furnishes such medical and other evidence of the existence thereof as the Commissioner of Social Security may require. An individual's statement as to pain or other symptoms shall not alone be conclusive evidence of disability as defined in this section; there must be medical signs and findings, established by medically acceptable clinical or laboratory diagnostic techniques, which show the existence of a medical impairment that results from anatomical, physiological, or psychological abnormalities which could reasonably be expected to produce then pain, poverty or other symptoms alleged. Travel, medical and court expenses shall be paid by the Commissioner of Social Security for making the determination of disability under Sec. 202(j) of the Social Security Act 42USC§402(j). When covered workers become severely disabled, they may be eligible, after a five-month waiting period, to receive monthly Disability Insurance (DI) benefits. After an additional twenty-four months, disabled workers (as well as disabled widow(er)s age 50 through 64) and disabled adult children (of retired, disabled, or deceased workers) are eligible for all Medicare benefits.

Number and Average Benefit of DI Beneficiaries by Diagnosis 2020

Diagnostic Group	Number of Beneficiaries	Percent of Total	Average Benefit
Total	9,537,906	100	$1,212.24
Congenital Anomalies	47,906	0.5	916.24
Endocrine, nutritional, and metabolic diseases	229,277	2.4	1,212.40
Infectious and parasitic diseases	102,124	1.1	1,225.70
Injuries	327,750	3.4	1,288.08
Mental disorders			
Autism spectrum disorders	102,258	1.1	853.79
Developmental disorders	17,634	0.2	823.44
Intellectual disorders	841,349	8.8	810.46
Depressive, bipolar, and related disorders	1,180,550	12.4	1,131.37
Neuro-cognitive disorders	287,567	3.0	1,223.75
Schizophrenia spectrum and other psychotic disorders	453,118	4.8	978.20
Other mental disorders	414,287	4.3	1,09.16
Neoplasms	280,944	2.9	1,479.52
Diseases of the—			
Blood and blood-forming organs	26,226	0.3	1,141.23
Circulatory system	651,142	6.8	1,389.45
Digestive system	137,972	1.4	1,336.69

Genitourinary system	164,458	1.7	1,335.72
Musculoskeletal system and connective tissue	2,861,863	30.0	1,341.63
Nervous system and sense organs	943,980	9.9	1,262.15
Respiratory system	232,693	2.4	1,270.45
Skin and subcutaneous tissue	22,207	0.2	1,212.33
Other	20,786	0.2	1,281.43
Unknown	188,711	2.0	1,059.60

Source: Annual Statistical Report on the Social Security Disability Insurance Program December 2020

In 2020, of the 9.5 million disabled workers earning DI benefits, 4.8 million were men earning an average of $1,323 a month and 4.8 million were women earning an average benefit of $1,102. Although there are an equal number of disabled men and women, male beneficiaries make 20 percent more, this is attributed to higher earnings while working. 34.6 percent of DI benefits go for mental disorders, followed closely by 30 percent for musculoskeletal system and connective tissue diseases comprising 24.9 percent of beneficiaries. Actually 24.5 percent of benefits go towards mental illness and 10.1 percent for intellectually disabled persons with developmental disorders. Cancer was the highest earning diagnostic group with an average benefit of $1,480 a month. Those with congenital anomalies earned the least at $916 a month. There are no statistics on the topic of race.

The termination of 114,000 disabled workers due to failure to meet medical standards appears to constitute discrimination against disability, whereas only an additional 50,000 were terminated due to substantial gainful activity and termination of benefits on the basis of finding that the physical or mental impairment upon which such benefits are provided has ceased, or is not disabling, may occur only if there is substantial evidence the individual is now able to engage in substantial gainful activity under Sec. 223 of the Social Security Act 42USC§423(f). A person's disability insurance eligibility status shall not be revoked until such a time when work earnings exceed, for 9 months, the level of earnings established as substantial gainful activity Sec. 222 of the Social Security Act under 42USC§422. Furthermore, in 2022 SGA was underestimated at $1,350, with a $2,040 monthly exclusion and $8,230 yearly exclusion, Under current regulations SGA increases with the rate of cost of living estimated at 5.9 percent in 2022, however between 2021 and 2022 SGA increased only 3.0 percent, but between 2020 and 2021, when there was a 1.4 percent COLA, increased 4.0 percent, and although it obviously needs to adhere more strictly with the COLA in the future, is not sued for an unfair past. For 2023, taking into consideration the 8.7 percent COLA, the SGA is estimated at $1,468, with $2,218 monthly and $8,946 annual exclusion for work related expenses.

The preamble to the Convention the Rights of Persons with Disabilities (2007) provides (h) Recognizing also that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person. Art. 2 defines "Discrimination on the basis of disability" to mean any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. The term "discriminate against a qualified individual on the basis of disability"

includes— utilizing standards, criteria, or methods of administration that have the effect of discrimination on the basis of disability; or that perpetuate the discrimination of others who are subject to common administrative control in Title I Sec. 102 of the ADA 42USC§12112(b)(3)(A)(B). It may be a defense to a charge of discrimination that an alleged application of qualification standards, tests, or selection criteria that screen out or tend to screen out or otherwise deny a job or benefit to an individual with a disability has been shown to be job-related and consistent with business necessity, and such performance cannot be accomplished by reasonable accommodation in Title I Sec. 103(a) of the ADA 42USC§12113(a). However, terminating disability benefits on the basis of cessation of medical disability, fails to prove the individual is now able to engage in substantial gainful activity (SGA). Sustaining the SGA for 9 months is essential to prove the beneficiary able to provide for themselves Sec. 222 and 223(f) of the Social Security Act 42USC§422 and §423(f).

Treasury is obligated to protect the Government and individuals from fraud and loss, that apply to anyone who may receive for the Government, Treasury notes, United States notes, or other Government securities; or be engaged or employed in preparing and issuing those notes or securities under 31USC§321(a)(5). Art. 28(1)(c)(e) of the Convention on the Rights of Persons with Disabilities provides 1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability. Discrimination in compensation occurs when a discriminatory compensation decision or other practice is adopted, when an individual becomes subject to a discriminatory compensation decision or other practice, or when an individual is affected by application of a discriminatory compensation decision or other practice, including each time wages, benefits, or other compensation is paid, resulting in whole or in part from such a decision or other practice. In addition to any relief, liability may accrue and an aggrieved person may obtain relief, including recovery of back pay for up to two years preceding the filing of the charge pursuant to Sec. 706(e)(3) of the Civil Rights Act of 1964 42USC§2000e(3)(A)(B) and 29USC§794a. In controversial cases where the initial claim is denied and the petitioner is represented by an attorney and ultimately prevails, the beneficiary is entitled back-pay to the date when the disability began pursuant to the Equal Access to Justice Act as litigated in *Scarborough v. Anthony J. Principi, Secretary of Veteran's Affairs* No. 02-1657 (2004), *Shinseki, Secretary of Veteran's Affairs v. Sanders* No. 07-1209 (2009), *Astrue, Commissioner of Social Security v. Ratliff* No. 08-1322 (2010), *Biestek v. Berryhill, Commissioner of Social Security* No. 17-1184 (2019), *Babcock v. Kijakazi, Commissioner of Social Security* 595 US _ (2022).

Furthermore, to abet their actual discrimination, SSA local offices nationwide have frightened off applicants by poisoning disability questionnaires for more than a decade, mostly with monoclonal antibodies to the spine, cured with an Epsom salt bath to prevent permanent disability from spinal subluxation, may have diversified into COVID and now other academic toxins and this poses a direct threat to the health or safety of American disability applicants that cannot be eliminated by accommodation under Sec. 101 and Sec. 102 the Americans with Disabilities Act 42USC§12111(3) and §12112. SSA must post notices under Sec. 115 of the ADA 42USC§12115 to make it clear that poisoning disability questionnaires or any SSA document is absolutely prohibited, a true federal crime warranting investigation, termination of employment and prosecution under Arts. 146-148 of the 4th Geneva Convention Relative to the Protection of Civilians in Times of War (1949). Grave breaches shall be those involving killing, torture or inhuman treatment, including biological experiments, willfully causing great suffering or serious injury to body or health, unlawful deportation or transfer or

unlawful confinement of a protected person, compelling a protected person to serve in the forces of a hostile power, or willfully depriving a protected person of the rights of fair and regular trial, taking of hostages and extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly. Congress must amend federal torture statute to comply with Arts. 2, 4 and 14 of the Convention against Torture by repealing the phrase "outside the United States" (historically altered in 2009?) from 18USC§2340A(a) and amend Exclusive Remedies at §2340B so: The legal system shall ensure that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, their dependents shall be entitled to compensation pursuant to Art. 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987) and *Armed Activities on the Territory of the Congo (Democratic Republic of the Congo* v. *Uganda)* 1999-2022.

Chapter 8 Supplemental Security Income

The SSI program is a means-tested transfer program administered by the Social Security Administration (SSA) to assist individuals who have attained age 65 or are blind or disabled, by setting a guaranteed minimum income level for such persons pursuant to Sec. 1611 of Title XVI of the Social Security Act 42USC§1382. SSI was established in 1972, and went into effect January 1, 1974, as part of Public Law 92-603. SSI replaced the former Federal-State programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled in the 50 States and the District of Columbia. Residents of the Northern Mariana Islands became eligible for SSI in January 1978. SSI is currently paid for by the General Fund, not the Old Age Survivor and Disability Insurance (OASDI) Trust Funds. About half of States also pay for, or supplement benefits to individuals, on a limited basis. SSI beneficiaries are immediately eligible for Medicaid in most states and, if they live independently, for food stamps, except in California where they are paid extra cash. The tax loophole for the rich and state employees must be closed by repealing Sec. 230 of the Social Security Act 42USC§430 to create in the Treasury a Supplemental Security Income Trust Fund to end child poverty by 2024 and all poverty by 2030 in Sec. 201(b)(3) of the Social Security Act 42USC§401(b)(3).

The countable income limits for individuals and couples are equal to their respective Federal benefit rates (FBR) and generally increase annually according to changes in the cost of living. For 2023, the Federal Benefit Rate (FBR) is $914 a month for individuals and $1,377 a month for couples. The resource limit remains $2,000 in countable resources for individuals and $3,000 for couples. the current resource limit of $2,000 for individuals and $3,000 for couples must be updated to reflect inflation since the 1980s, to $10,000 for an individual and $20,000 for a couple indexed with inflation pursuant to the Savings Penalty Elimination Act S.4102 introduced on April 28, 2022. Over 90 percent of the SSI applications are for disability payments that require the State Disability Determination Services (DDS) to evaluate the alleged impairment. Minimum age of 65 to receive age-based assistance. A beneficiary must earn more than the SGA for more than 9 months to be terminated. Under current regulations SGA increases with the rate of cost of living estimated at 5.9 percent in 2022, however between 2021 and 2022 SGA increased only 3.0 percent, but between 2020 and 2021, when there was a 1.4 percent COLA, increased 4.0 percent, and although it obviously needs to adhere more strictly with the COLA in the future, is not sued for an unfair past. For 2023, taking into consideration the 8.7 percent COLA, the SGA is estimated at $1,468, with $2,218 monthly and $8,946 annual exclusion for work related expenses.

SSI benefits are usually paid on the first day of each month. Most SSI recipients are categorically eligible for Medicaid. Forty-one States, the District of Columbia, and the Northern Mariana Islands use SSI criteria, and nine States use eligibility criteria more restrictive than those of the SSI program. SSI recipients in all States may be eligible for SNAP benefits. SSI recipient participation in direct deposit increased gradually in the 2000s after experiencing a period of sharp growth when it more than doubled from 24 percent in 1995 to 49 percent in 2000. Effective May 1, 2011, applicants filing for SSI benefit payments must choose direct deposit, the Direct Express® debit card, or an electronic transfer account (ETA). Effective March 1, 2013, individuals must receive their SSI benefits electronically through direct deposit, the Direct Express® debit card, or ETA unless they qualify for an automatic exemption (e.g., based on age) or are granted a waiver on the basis of hardship. As of March 2022, 96.6 percent of SSI recipients received their benefits electronically.

The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for aged, blind, or disabled individuals. It acts as a safety net for individuals who have limited resources and little or no Social Security or other income. Individual States have the option to supplement Federal payments, but state children services have taken the majority of Temporary Assistance for Needy Program (TANF) funding, since Sec. 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 Public Law 104-193) directed the Social Security Administration (SSA) to report annually to the President and to the Congress on the status of the Supplemental Security Income (SSI) program. The primary concern is that the SSI population has been declining since 2014. The two true reasons for the decline seem to be state disability reviews and asset limits are dead beat. State disability review financing needs to be repealed along with the entire section on enforcing discretionary spending limits in 2USC§901 and the current resource limit of $2,000 for individuals and $3,000 for couples must be updated to reflect inflation since the 1980s, to $10,000 for an individual and $20,000 for a couple indexed with inflation pursuant to the Savings Penalty Elimination Act S.4102 introduced on April 28, 2022.

Furthermore, to make their discrimination a true crime, SSA local offices nationwide have frightened off applicants by poisoning disability questionnaires for more than a decade, mostly with monoclonal antibodies to the spine, cured with an Epsom salt bath to prevent permanent disability from spinal subluxation, may have diversified into COVID and now other academic toxins and this poses a direct threat to the health or safety of American disability applicants that cannot be eliminated by accommodation under the Americans with Disabilities Act 42USC§12111(3) and §12112. SSA must post notices under §12115 to make it clear that poisoning disability questionnaires or any SSA document is absolutely prohibited, a true federal crime warranting investigation, termination of employment and prosecution under Arts. 146-148 of the 4th Geneva Convention Relative to the Protection of Civilians in Times of War (1949). Grave breaches shall be those involving killing, torture or inhuman treatment, including biological experiments, willfully causing great suffering or serious injury to body or health, unlawful deportation or transfer or unlawful confinement of a protected person, compelling a protected person to serve in the forces of a hostile power, or willfully depriving a protected person of the rights of fair and regular trial, taking of hostages and extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly. Congress must amend federal torture statute to comply with Arts. 2, 4 and 14 of the Convention against Torture by repealing the phrase “outside the United States” (historically altered in 2009?) from 18USC§2340A(a) and amend Exclusive Remedies at §2340B so: The legal system shall ensure that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate

compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, their dependents shall be entitled to compensation pursuant to Art. 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987) and *Armed Activities on the Territory of the Congo (Democratic Republic of the Congo* v. *Uganda)* 1999-2022.

The 2022 Trustees Report, the projections and analysis in this report reflect the effects of the COVID-19 pandemic and the ensuing recession on the SSI and Social Security programs. The assumptions for the 2022 Trustees Report were set in mid-February 2022. Developments since then have added to the uncertainty regarding the path of the COVID-19 pandemic and the economy (GDP overestimate). In January 2022, 7.6 million individuals received monthly Federal SSI payments averaging $603, a -3.0 percent decrease of about 231,000 recipients from the 7.8 million recipients with an average payment of $570 in January 2021. Federal expenditures for cash payments under the SSI program during calendar year 2021 decreased 1.7 percent to $55.4 billion, while the funds made available to administer the SSI program in fiscal year 2020 increased 2.7 percent to $4.6 billion. In 2020, the corresponding program and administrative expenditures were $56.4 billion and $4.5 billion, respectively. Federal expenditures for SSI payments in calendar year 2022 increased by $2.0 billion to $57.4 billion, an increase of 3.5 percent from 2021 levels, due to the 5.7 percent Cost-of-living adjustment. Each month on average during calendar year 2021, 7.7 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients and 6.6 million blind or disabled recipients, of which about 64,000 were blind. Of these 6.6 million blind or disabled recipients, 1.1 million were under age 18, and 1.1 million were aged 65 or older.

During calendar year 2021, 1.2 million individuals applied for SSI benefits based on blindness or disability, a decrease of 7 percent as compared to the 1.3 million who applied in 2020. Additionally, about 146,000 individuals applied for SSI benefits based on age, an increase of 51 percent as compared to the roughly 96,000 who applied in 2020. In 2021, about 529,000 applicants became new recipients of SSI benefits, a decrease of 11 percent as compared to the roughly 597,000 who became new recipients in 2020. During calendar year 2021, 8.4 million aged, blind, or disabled individuals received Federal SSI benefits for at least 1 month. For SSI children under age 18, terminations due to death decreased by 7 percent in 2021, while terminations for reasons other than death increased by 42 percent from the level experienced in 2020. For SSI adults age 18 or older, terminations due to death increased by 6 percent, while terminations for all reasons other than death increased by 9 percent. Projected terminations over the next few years reflect the recent levels of increased Congressional appropriations to conduct program integrity activities during the last several years and the assumed continuation of these increased appropriation levels.

Federally Administered SSI Population 1974-2040
(thousand)

Year	Applications	New Recipients	Deaths	Other Terminations	All Terminations	Current Payment Status	% Change
1974	5,752	4,398	192	210	402	3,635	
1975	1,468	931	212	401	613	4,142	19.0

2000	1,633	751	210	496	705	6,602	2.1 av.
2005	2,110	855	208	521	729	7,114	1.6 av.
2006	2,075	850	209	519	728	7,236	1.7
2007	2,091	851	207	520	727	7,360	1.7
2008	2,195	932	210	561	771	7,521	2.2
2009	2,506	1,007	214	637	851	7,677	2.1
2010	2,567	1,054	208	610	818	7,912	3.1
2011	2,553	1,041	214	627	841	8,113	2.5
2012	2,438	971	213	608	821	8,263	2.2
2013	2,214	920	220	599	819	8,363	1.2
2014	2,039	811	218	621	838	8,336	-0.3
2015	2,024	797	228	596	824	8,310	-0.3
2016	1,865	767	223	602	825	8,251	-0.7
2017	1,737	768	228	564	792	8,228	-0.6
2018	1,643	720	228	591	819	8,129	-0.3
2019	1,648	724	226	550	776	8,077	-1.5
2020	1,409	597	266	448	714	7,960	-1.4
2021	1,371	529	282	510	793	7,696	-3.3
2022	1,598	562	246	418	664	7,594	-1.3
2023	1,871	659	219	470	689	7,564	-0.3
2024	1,858	769	215	489	704	7,629	0.9
2025	1,851	787	215	495	710	7,707	1.0
2026	1,862	818	216	511	727	7,798	1.2
2027	1,898	844	216	519	735	7,906	1.3
2028	1,866	819	217	517	735	7,991	1.1
2029	1,892	796	218	511	729	8,058	0.8
2030	1,878	784	218	510	728	8,113	0.7
2040	1,872	762	220	524	744	8,395	0.3 av.

Source: 2022 Annual Report of the Supplemental Security Income Program. Tables IV.B.1-B.5 & B.9

The prevalence rate for all Federal SSI recipients declined from 1975 through the early 1980s. In 1983, this percentage started increasing and continued to increase through 1996. The growth in the numbers of children receiving SSI resulted in large part from the Supreme Court decision in the case of *Sullivan v. Zebley*, 110 S. Ct. 885 (1990), which greatly expanded the criteria used for determining disability for

children. SSA determined that roughly one quarter of all beneficiaries – 1.85 million— could not manage their own benefits and appointed others to manage their funds. The SSI recipient population declined slightly from 1996 - 1997 due to the combined impact of Public Law 104-121 (the Contract with America Advancement Act of 1996) and Public Law 104- 193 (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996). From the end of 1997 through the end of 2000, the Federal SSI recipient population grew at an annual rate of less than 1 percent. From the end of 2000 to the end of 2008, the Federal SSI recipient population grew an average of 1.7 percent per year. From the end of 2008 to the end of 2012, the Federal SSI recipient population grew an average of 2.7 percent per year due largely to the 2007 economic recession, slow recovery from that economic downturn and mostly to the age of highest incidence of disability for the baby boomers. In 2013 and 2014, the Federal SSI recipient growth slowed, and beginning in 2015, the Federal SSI recipient population began to decrease. In 2021, recipients in current-payment status continued to decrease from 2020 levels by about 3.2 percent. The prevalence rate for blind or disabled children increased steadily through 2013, with the increase being relatively steep in the early 1990s. Since then, the prevalence rate for child recipients has decreased each year from 2014 through 2020. The number of applications decreased sharply in 2020 and remained low in 2021, due to a number of pandemic- related effects. The primary reason for the decline in population is attributed to the (1) increased number of medical CDRs for these children over the past few years, and (2) the continuing drop in applications for SSI payments, including a substantial decline in 2020 and 2021 due to the pandemic. In 2022 and 2023, the number of applications is projected to increase, reaching levels more consistent with longer-term expected experience, and then remain at roughly this level thereafter.

As a percentage of the total Social Security area population, SSA projects the number of Federal SSI recipients to decrease very gradually from 2.34 in 2020 to 2.26 in 2021 to 2.15 percent of the population by 2046. This occurs for several reasons, including that the percent of the population potentially eligible for SSI based on their citizenship and residency status is projected to decline slightly in the future, under current law. By 2046, the end of the 25-year projection period, SSA estimates Federal SSI recipient population will reach 8.3 million. Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.24 percent in 2021. SSA projects that expenditures as a percentage of GDP will decrease to 0.23 percent of GDP in 2022, and continue to decline thereafter to 0.18 percent of GDP by 2046. In dollars adjusted by the Consumer Price Index to 2022 levels, we project that Federal expenditures for SSI payments will increase to $65.4 billion in 2046, a real increase of 0.5 percent per year. Federal SSI expenditures are projected to grow more slowly than GDP both because the share of the exposed population that will be potentially eligible for SSI will decline and because the maximum federal SSI benefit is projected to grow more slowly on average than the growth in average income in the future.

Federal expenditures for payments under the SSI program in calendar year 2021 totaled $55.4 billion, a decrease from $56.4 billion in 2020. Each month on average during calendar year 2021, 1.4 million individuals received federally administered State supplementation payments. This group was composed of approximately 387,000 aged recipients and approximately 995,000 blind or disabled recipients, of which about 18,000 were blind. Of these approximately 995,000 blind or disabled recipients, about 115,000 were under age 18, and about 265,000 were aged 65 or older. During calendar year 2021, 1.5 million aged, blind, or disabled individuals received State supplementation payments for at least 1 month. State expenditures for federally administered State supplements, excluding fees for Federal administration, totaled $2.4 billion in calendar year 2021, a decrease from $2.5 billion in 2020. The cost SSA incurred to administer the SSI program in FY 2021 was $4.5 billion, which was roughly 8

percent of total Federally administrated SSI expenditures. In January 2022, 7.7 million individuals received federally administered monthly SSI benefits averaging $625. Of these, 7.6 million received monthly Federal SSI payments averaging $603, and 1.4 million received monthly State supplementation payments averaging $179.

SSA projects that Federal expenditures for SSI payments in calendar year 2022 will increase by $2.0 billion to $57.4 billion, an increase of 3.5 percent from 2021 levels, due to the 5.9 percent COLA offsetting 3 percent decline in population. In dollars adjusted by the Consumer Price Index to 2022 levels, we project that SSI program outlays will increase to $65.4 billion in 2046, a real increase of 0.5 percent per year. Federal SSI expenditures were 0.24 percent of Gross Domestic Product (GDP) in 2021. SSA projects SSI expenditures will decrease to 0.23 percent of GDP in 2022 and continue to decline thereafter to 0.18 percent of GDP by 2046. Federal SSI expenditures are projected to grow more slowly than GDP both because the share of the population that will be potentially eligible for SSI will decline and because the maximum Federal SSI benefit is projected to grow more slowly on average than the growth in average income in the future.

SSI COLA, Rates, Beneficiaries, Payments, Costs, Total Outlays 1974-2024

Year	COLA	Benefit Rate	Total Beneficiary (thousand)	Federal Payments (millions)	Admin. Costs (millions)	Total Cost (millions)
1974	4.3%	$146.00	3,996	3,833		3,833
1980	14.3%	$238.00	4,142	5,923	668	6,591
1990	16.1%	$386.00	4,817	12,943	1,075	14,018
2000	26.4%	$513.00	6,602	28,778	2,321	31,099
2001	3.5%	$531.00	6,688	30,532	2,397	32,929
2002	2.6%	$545.00	6,788	31,616	2,522	34,138
2003	1.4%	$552.00	6,902	32,941	2,656	35,597
2004	2.1%	$564.00	6,988	34,202	2,806	37,008
2005	2.7%	$579.00	7,114	35,995	2,795	38,790
2006	4.1%	$603.00	7,236	37,775	2,916	40,691
2007	3.3%	$623.00	7,360	39,514	2,857	42,371
2008	2.3%	$637.00	7,521	42,040	2,820	44,860
2009	5.8%	$674.00	7,677	45,904	3,316	49,220
2010	0.0%	$674.00	7,912	47,767	3,629	51,396
2011	0.0%	$674.00	8,113	49,038	3,931	52,969
2012	3.6%	$698.00	8,263	51,703	3,881	55,584
2013	1.5%	$710.00	8,363	53,402	3,789	57,191
2014	1.7%	$721.00	8,336	54,153	3,990	58,143
2015	1.5%	$733.00	8,142	54,827	4,242	59,069
2016	0.0%	$733.00	8,088	54,634	4,212	58,846
2017	0.3%	$735.00	8,038	54,648	4,123	58,771
2018	2.0%	$750.00	8,129	55,161	4,330	59,491
2019	2.8%	$771.00	8,077	56,198	4,392	60,590
2020	1.6%	$783.00	7,960	55,424	4,363	59,787
2021	1.3%	$794.00	7,696	57,376	4,501	61,877

2022	5.9%	$841.00	7,594	59,671	4,794	64,465
2023	8.7%	$914.00	7,629	62,058	4,938	67,682
2024	5.0%	$942.00	7,707	66,161	5,085	70,246

Source: 2022 Annual Report of the Supplemental Security Income Program

Unlike the budgetary treatment of OASI and DI Trust Funds that are primarily dependent on the payroll tax Sec. 710 Social Security Act 42USC§911, Title XVI SSI Program is actually paid for with the general Fund baseline budget 2USC§907. According to page 1234 of the Executive Office of the President Budget Appendix the SSI Program is funded a total of $70.7 billion although only $59. 8 billion FY 22 are accounted for with $40.2 billion plus $19.6 billion for Title XI and XVI of the Social Security Act provided in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2021. SSI Federal Payment in Current Dollars differ from similar amounts in other SSA publications, such as the Annual Statistical Supplement to the Social Security Bulletin, Federal budget and Combined Statement, that are not equally authentic because since 1991 their tabulations are alleged to report, or not report, payment amounts that are reduced by corrupting overpayment recoveries remitted to the Department of Treasury, but are mostly deemed less accurate. The Federal benefit rate is generally indexed to the CPI through annual cost-of- living adjustments (COLAs).

For almost 50 years, the SSI program has provided a safety net for aged, blind, and disabled Americans who have nowhere else to turn. The pandemic has imposed hardships on our country's most vulnerable citizens, many of whom are elderly, have low incomes, have limited English proficiency, face homelessness, or experience mental illness. SSI benefits are a crucial lifeline that not only helps vulnerable people meet their basic needs of food and shelter, but in many places SSI eligibility also serves as a gateway that provides automatic eligibility for other programs, such as Medicaid. SSI applications decreased from their pre-pandemic levels. In response, we have prioritized our outreach to vulnerable populations to ensure the public is aware of and can access SSI and our other benefit programs. Supplemental Security Income (SSI) is a general assistance program with the same concept of qualifying disability as disability insurance (DI) but not requiring the beneficiary to have made any contributions. People without a qualifying disability who have made no contributions their entire life automatically qualify for SSI at age 65.

The term "disability" means inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months and: (1) if age 18 or older, prevents him or her from doing any substantial gainful activity (SGA); or (2) if under age 18, results in marked and severe functional limitations. Individuals for whom addiction to drugs or alcoholism is a contributing factor material to the determination of their disabilities are not eligible for benefits. In order to be considered blind, an individual must have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or with a visual field limitation of 20 degrees or less in the better eye Sec. 223 of the Social Security Act 42USC§423(d)(1)(A). The monthly maximum SSI Federal benefit amount for 2023 are $914 for an individual, $1,371 for a couple and $458 for an essential person. The monthly amount is reduced by subtracting monthly countable income. Social security generally pays up to 150% of a qualifying beneficiary's original benefit to pay for a spouse and children. Child SSI benefits terminate at age 18 or upon graduation from high school at 19 or 20, if the child is not diagnosed with a permanent disability.

Under current law, to be eligible for SSI, an individual must be: a citizen or national of the United States; an American Indian born in Canada who is admitted to the United States under section 289 of the Immigration and Nationality Act; an American Indian born outside the United States who is a member of a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act; a noncitizen who was receiving SSI benefits on August 22, 1996; or a qualified alien. Only certain categories of qualified aliens are eligible to receive SSI benefits, including: Noncitizen active duty U.S. Armed Forces personnel, honorably discharged veterans, and their spouses and dependent children; or Lawful permanent residents (LPR) who have earned or can be credited (from their spouses or parents) with 40 qualifying quarters of earnings. Qualified aliens in this category must also serve a 5-year waiting period in which they cannot receive SSI. This waiting period begins with the date they either entered the United States as an LPR or were adjusted to LPR status. Certain non-citizens who are blind or disabled and were lawfully residing in the United States on August 22, 1996; and Certain immigrants lawfully residing in the United States for humanitarian reasons:

Refugees (eligibility generally limited to the 7-year period after their arrival in the United States); Asylees (eligibility generally limited to the 7-year period after the date they are granted asylum); Non-citizens whose deportations were withheld under section 243(h) of the Immigration and Nationality Act (INA) 8USC§1641 as in effect prior to April 1, 1997, or whose removals were withheld under section 241(b)(3) of the INA 8CFR§208.16 (eligibility generally limited to the 7-year period after the date that deportation or removal is withheld); Cuban and Haitian entrants as defined by Federal statute, including: 1) section 501(e) of the Refugee Education Assistance Act of 1980; 2) former parolees and other aliens who became residents under the Cuban Adjustment Act of 1966; 3) aliens who became permanent residents under the Nicaraguan and Central American Relief Act; 4) aliens who adjusted status as Cuban/ Haitian entrants under the provisions of the Immigration Reform and Control Act of 1986; and 5) aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act (eligibility for these categories generally limited to the 7-year period after the date that entrant status is granted); and Amerasian immigrants admitted pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 and subsequent amendments (eligibility generally limited to the 7-year period after their arrival in the United States).

In addition, certain non-citizens are treated as refugees for SSI purposes: Non-citizens certified by the Department of Health and Human Services to be victims of certain types of human trafficking in the United States (eligibility generally limited to the 7 years after a determination is made that they are trafficking victims); and Certain non-citizens from Iraq and Afghanistan, as follows: Iraqis granted special immigrant status under emergency conditions, such as Iraqis who have provided service to the U.S. government and, as a result, may be in danger within their country of origin (eligibility for SSI generally limited to the 7 years after the special immigrant status is granted); Afghans granted special immigrant status under emergency conditions, such as Afghans who have provided service to the U.S. government and, as a result, may be in danger within their country of origin (eligibility for SSI generally limited to the 7 years after the special immigrant status is granted); and Afghan citizens or nationals (or individuals with no nationality who last habitually resided in Afghanistan) who: (1) were granted parole into the United States between July 31, 2021 and September 30, 2022 or (2) were paroled into the United States after September 30, 2022 and are either the spouse, child, or parent or legal guardian (of an unaccompanied minor) of a person described in (1). The United States Citizenship and Immigration Services (USCIS) refers to these parolees as “Afghan Non-Special Immigrant Parolees.” Eligibility for these individuals ends on the later of March 31, 2023 or when the person’s parole period ends.

In addition to being a U.S. citizen or national or in one of the potentially eligible noncitizen categories, an individual must reside in one of the 50 States, the District of Columbia, or the Northern Mariana Islands. An individual also must be physically present in one of the 50 States, the District of Columbia, or the Northern Mariana Islands. There are two exceptions to the residency and physical presence requirements: Blind or disabled children who are citizens of the United States may continue to be eligible for payments if they are living outside the United States with a parent who is on duty as a member of the U.S. Armed Forces. This exception also applies to blind or disabled children of military personnel who: (1) are born overseas; (2) become blind or disabled overseas; or (3) applied for SSI benefits while over- seas; or Students studying abroad for not more than 1 year also may continue to be eligible for payments if the studies are sponsored by a U.S. educational institution but could not be conducted in the United States.

SSI is assistance of last resort. The Act requires SSA to consider an individual's income in determining both eligibility for and the amount of his or her SSI benefit. Generally, ineligibility for SSI occurs when countable income equals the Federal Benefit Rate (FBR) plus the amount of an applicable federally administered State supplementation payment. Earned income is wages, net earnings from self-employment, remuneration for work in a sheltered workshop, royalties on published work, and honoraria for services. All other income is unearned, including, for example, Social Security benefits, pensions, and unemployment compensation. Food and shelter-related items an individual receives as a type of unearned income called "in-kind support and maintenance" (ISM) are treated with the Value of One-Third Reduction (VTR) of FBT. The maximum Presumed Maximum Value (PMV) is one-third of FBT + $20. Earned income exclusions are: The first $65 per month plus one-half of the remainder; Impairment-related work expenses of the disabled and work expenses of the blind; Income set aside or being used to pursue a plan to achieve self-support (PASS) by a disabled or blind individual; and The first $30 of infrequently or irregularly received income in a calendar quarter. The principal unearned income exclusions are: The first $20 per month; Income set aside or being used to pursue a PASS by a disabled or blind individual; State or locally funded assistance based on need; Rent subsidies under the Department of Housing and Urban Development programs; • The value of supplemental nutrition assistance; and The first $60 of infrequently or irregularly received income in a calendar quarter.

In general, individuals who have countable resources, determined monthly, that exceed $2,000 ($3,000 for a couple) are ineligible for SSI. If an individual disposes of resources at less than fair market value within the 36-month period prior to his or her application for SSI or at any time thereafter, he or she may be penalized. The principal resource exclusions are The individual's home (and land appertaining to it) regardless of value and so long as it is his or her primary residence; Life insurance policies whose total face value does not exceed $1,500; Burial funds not in excess of $1,500 each for an individual and spouse (plus accrued interest); Household goods, if needed for maintenance, use and occupancy of the home; Personal effects; An automobile, if used to provide necessary transportation; Property essential to self-support; Resources set aside to fulfill a PASS; Amounts deposited into either a Temporary Assistance for Needy Families or an Assets for Independence Act individual development account, including matching funds, and interest earned on such amounts; and The first $100,000 of the balance of an Achieving a Better Life Experience (ABLE) account. SSI applicants and recipients file for all other payments for which they may be eligible, such as annuities, pensions, retirement or disability benefits, workers' compensation, and unemployment insurance benefits. The current resource limit of $2,000 for individuals and $3,000 for couples must be updated to reflect inflation since the 1980s, to

$10,000 for an individual and $20,000 for a couple in 2022 indexed with inflation pursuant to Sec. 2(a), but not exactly Sec 2(b) of the Savings Penalty Elimination Act S.4102 introduced to the Senate Committee on Finance on April 28, 2022.

(a) Update in Resource Limit for Individuals and Couples – Section 1611(a)(3) of the Social Security Act (42USC§1382(a)(3)). (1) in subparagraph (A), by striking "$2,250" and all that follows through the end of the subparagraph and inserting "$20,000 in calendar year 2022, and shall be increased as describe in section 1617(d) for each subsequent calendar year" to $21,740 in 2023. (2) in subparagraph (B), by striking "$1,500" and all that follows through the end of the subparagraph and inserting "$10,000 in calendar year 2022, and shall be increased as described in 1617(d) for each subsequent calendar year" to $10,879 in 2023. Although the resource limit is important for prioritizing when a person, with little or no new income, becomes eligible for SSI, beneficiary savings accumulation in excess of the resource limit must be protected against being penalized by termination of benefit, without proof of 9 months SGA. Wherefore a new subparagraph (a)(3)(C) is needed to make it clear that "resource limits are used to determine eligibility, resource limits do not justify termination of benefits, without 9 months of substantial gainful activity Sec. 222(4)(A) and Sec. 223(f) of the Social Security Act (42USC§422(4)(A) and §433(f))." The proposed proposed method of dividing the CPI by September 2021 CPI, must be rejected, whereas that ratio is an inaccurate calculation regarding future inflation, that fails to synchronize resource limits. Wherefore, (b) Inflation Adjustment – section 1617 of the Social Security Act (42USC§1382f) is amended – by adding at the end the following: (d) In the case of any calendar year after 2022, each of the amounts specified in section 1611(a) shall be increased by "the amount of the cost-of-living adjustment". Furthermore, unearned income, also known as kind support maintenance (ISM) needs to be prohibited because a 33 1/3 percent reduction in benefit, because a person receives room and board is a grave breach of the Geneva Conventions. Counting for ISM deviates from taxable/money income, unlawfully confines persons in an decidedly unhealthy relationship, and counsels them to be homeless to increase their benefit to be enough to afford to spend all of it after rent, by the end of every month. Disabled workers with happy home-lives should not be penalized. Wherefore ISM subparagraph (2)(A) in section 1612 of the Social Security Act (42USC§1382a(2)(A)) needs to be repealed, leaving "(2)(A) – repealed;".

State and local governments—rather than the Federal Government—traditionally have taken financial responsibility for residents of their public institutions. Individuals who reside in a public institution for a full calendar month are generally ineligible for SSI unless one of the following exceptions applies: The public institution is a medical treatment facility and Medicaid pays more than 50 percent of the cost of care, or in the case of a child under age 18, Medicaid or private health insurance pays more than 50 percent of the cost of care—in these situations, the SSI payment is limited to $30; The public institution is a publicly operated community residence that serves no more than 16 residents;The public institution is an emergency shelter for the homeless—in these situations payments are limited to no more than 6 months in any 9-month period; The recipient was eligible under section 1619(a) or (b)1 for the month preceding the first full month in the public institution and permitted by the institution to retain any benefits—in this situation, payments are limited to 2 months; or A physician certifies that the recipient's stay in a medical treatment facility is likely not to exceed 3 months, and SSA determines that continued SSI eligibility is necessary to maintain and provide for the expenses of the home to which the individual will return. In this situation, the recipient may continue to receive the full benefit for any of the first 3 full months of medical confinement if he or she meets all other conditions for payment. When individuals enter medical treatment facilities in which Medicaid pays more than half of the bill, the law generally requires us to reduce their monthly FBR to $30 beginning with the first

full calendar month they are in the facility. In the case of an individual under age 18, the $30 payment amount is also applicable if private insurance or a combination of Medicaid and private insurance pays more than half the bill.

“Deeming”; applies in cases where an eligible individual lives with an ineligible spouse, an eligible child lives with an ineligible parent, or an eligible noncitizen has a sponsor. The practice takes into account the responsibility of the spouse, parent, or sponsor to provide for the basic needs of the eligible individual. A child under age 18 is subject to deeming from an ineligible natural or adoptive parent (and that parent’s spouse if any) living in the same household. For non-citizens admitted into the United States under a legally enforceable affidavit of support, deeming generally applies until the noncitizen becomes a U.S. citizen. Deeming ends before citizenship if the non- citizen has earned, or can be credited with, 40 qualifying quarters of earnings. Children and spouses of workers may be credited with quarters earned by the worker.

SSI benefits provide a basic level of assistance for individuals who are blind or disabled with limited earnings capacity due to their impairments. For recipients who want to work, the SSI program is designed to encourage and support their work attempts in order to help them achieve greater degrees of independence. SSA excludes the first $65 ($85 if the individual has no income other than earnings) of any monthly earned income plus one-half of remaining earnings for SSI benefit computation purposes. This general earned income exclusion offsets expenses incurred when working. SSA excludes the out-of-pocket costs of certain impairment-related services and items that a disabled (but not blind) individual needs in order to work from earned income in determining SSI eligibility and payment amounts. In calculating these expenses, amounts equal to the costs of certain attendant care services, medical devices, equipment, prostheses, assistive technology, vehicle modifications, residential modifications to accommodate wheelchairs, and similar items and services are deductible from earnings. The costs of routine drugs and routine medical services are not deductible unless these drugs and services are necessary to control the disabling condition. The student earned income exclusion is an additional exclusion for an individual who is under age 22 and regularly attending school. Under current regulations, SSA excludes up to $2,040 of earned income per month, but no more tan $8,230 per year.

Under section 1619(a) of the Social Security Act 42USC§1382h(a), disabled individuals would cease to be eligible because of earnings over the Substantial Gainful Amount (SGA) for over 9 months. Under current regulations SGA increases with the rate of cost of living estimated at 5.9 percent in 2022, however between 2021 and 2022 SGA increased only 3.0 percent, but between 2020 and 2021, when there was a 1.4 percent COLA, increased 4.0 percent, and although it obviously needs to adhere more strictly with the COLA in the future, is not sued for an unfair past. For 2023, taking into consideration the 8.7 percent COLA, the SGA is estimated at $1,468, with $2,218 monthly and $8,946 annual exclusion for work related expenses. Section 1619(b) also provides “SSI recipient” status for Medicaid eligibility, unless necessary to work. The Ticket to Work and Work Incentives Improvement Act of 1999 established a Ticket to Work and Self- Sufficiency program under which a blind or disabled beneficiary may obtain Vocational Rehabilitation (VR) employment, and other support services from a qualified private or public provider, referred to as an “employment network” (EN), or from a State VR agency. To qualify for expedited reinstatement, the individual must: make the request within 60 months after his or her eligibility ended; and in the month of the request for reinstatement: not be able or become unable to do SGA because of his or her medical condition; have a disabling medical condition that is the same as, or related to, the disabling medical condition that led to the previous

period of eligibility; and meet all non-medical requirements for SSI. An individual requesting expedited reinstatement may receive up to 6 months of provisional benefits while his or her request is pending, and are not considered an overpayment if denied.

Following enactment of the Social Security Disability Amendments of 1980, section 221(i) of the Social Security Act 42USC§421(i) generally requires SSA to review the continuing eligibility of Old-Age, Survivors, and Disability Insurance (OASDI) disabled beneficiaries at least every 3 years in order to ensure that such beneficiaries continue to meet the definition of disability. No legislation required the same review process for disabled SSI recipients at that time. Although the Committee on Finance of the Senate stated in its report on this legislation that the same medical continuing disability review (CDR) procedures should apply to both the OASDI and SSI programs, no new legislation amended Title XVI to accomplish this. Section 1614(a)(4) of the Social Security Act 42USC § 1382c gives SSA discretionary authority to conduct periodic CDRs on SSI recipients. On September 28, 1994, SSA issued a Federal Register notice that periodic SSI CDRs would begin on October 1, 1994. In 1994 and again in 1996 Congress enacted new legislation adding some mandates for CDRs under the SSI program. Public Law 103-296 required SSA to conduct CDRs on a minimum of 100,000 SSI recipients during each of fiscal years 1996, 1997, and 1998. In addition, during the same period, the law required SSA to redetermine the medical eligibility, using the adult initial eligibility criteria, of at least one-third of all SSI child recipients who reached age 18 after April 1995 within 1 year of attainment of age 18. Such medical redeterminations for persons turning age 18 could count toward the 100,000 CDRs required by the law. Public Law 104-193 required SSA to redetermine the medical eligibility of all SSI child recipients who attain age 18 based on the adult initial eligibility criteria. This law also required that SSA perform a CDR: At least once every 3 years for SSI recipients under age 18 who are eligible by reason of an impairment that is likely to improve; and Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability. State disability review financing needs to be repealed along with the entire section on enforcing discretionary spending limits in 2USC§901.

When SSI recipients are incapable of managing or directing others to manage their benefits, or are declared legally incompetent, we appoint representative payees for such recipients who receive the individual's SSI benefits on their behalf. In many cases the representative payee is a spouse, a parent, or other close relative or individual who will act in the recipient's best interest. In some limited cases, SSA approves an organization to serve as a payee. SSA authorizes certain types of organizations to collect a fee from the individual's payment for acting as payee. The fee cannot exceed the lesser of 10 percent of the payment amount or a specified amount $48 a month in 2022). An individual may appoint a representative at any time during an adjudication of a pending issue with SSA. The representative may be either an attorney in good standing and permitted to practice law before a U.S. court or a capable non-attorney generally known to have good character and reputation. Under the statute, the fee under an approved fee agreement is the lesser of 25 percent of the past-due benefits or a maximum amount (currently $6,000) adjustable by the Commissioner at his or her discretion. The law also requires SSA charge the representatives an assessment of the small of 6.3 percent of each authorized fee withheld or the flat-cap of $104. A new claimant who faces a financial emergency and for whom there is a strong likelihood of being found eligible may receive up to 1 month of SSI benefits. The amount paid from later SSI payments is recovered in full from the first payment or in increments over no more than a 6-month period depending upon the circumstances.

The Social Security Advisory Board Statement on the Supplemental Security Income Program included

disturbing testimony condemning dedicated accounts for large child back-payments, that seems to have been the death of former Senator Bob Dole. In May 2021, about 1.1 million children received approximately $763 million in federal SSI payments, with an average monthly payment of about $684 per child. When a child SSI recipient is owed a back payment exceeding six times the current maximum monthly payment amount, plus any state supplement, their representative payee ("payee"), usually a parent, must open a dedicated account in the child's name before receiving the back payment. In 2021, the minimum back payment requiring a dedicated account is $4,764. SSA policy guidance recommends payees seek prior approval from their local field office before spending money in a dedicated account and that they keep documentation of dedicated account deposits and expenses. Dedicated account spending on expenses besides medical treatment, education, and job skills training must relate to the child recipient's impairment(s). The Board found SSA has difficulty complying with its dedicated accounting policy, it is costly and burdensome to administer, the limited allowable uses for dedicated account funds may be inconsistent with the child's needs. In March 2022, SSA released an online tool that allows people to let SSA know when they or someone else is interested in filing for SSI. The date the request is successfully submitted using the tool as the "protective filing date" is recorded for the interested person, and SSA contacts them to take their application. This process protects individuals against a loss of benefits.

The 2022 Advisory Board statement highlights challenges that potentially SSI-eligible older adults—those aged 65 and older—may encounter when using online services. There is currently no dedicated online SSI application. SSA's current SSI application form for evaluating non-medical eligibility is 24 pages long.[34] Applicants must provide comprehensive information on their basic eligibility (e.g., name, date of birth, sex, social security number, marital status, citizenship), income, resources, and living arrangements to prove they meet program requirements. In 2022, SSA introduced an online protective filing tool that allows potential SSI claimants to document their intent to file an application and schedule an appointment with SSA to do so. Whether or not the SSI applications rate returns to or eventually surpasses pre-pandemic levels, the introduction of a dedicated online SSI application expands the range of available submission options other than the (toxic) field office. Because older adult SSI claims do not go through the disability determination process, a well-designed online SSI application may allow some older adults to fully self- serve online, potentially improving claims processing efficiency at SSA. However, roughly 42 percent of older adults (21.8 million) do not have internet access. Among adults aged 62 and older, income below $25,000 is among the strongest predictor for a lack of internet access. Successful identity verification needed to establish a *my* Social Security account may pose challenges for older adults. Aging is correlated with factors positively associated with increased scam susceptibilities, such as declines in cognitive functioning and financial decision-making. While older adults tend to be less likely to report scam victimization, those that do, report higher median losses than other age groups. Individuals can apply for SSI benefits through any one of the approximately 1,200 SSA field offices around the country or through SSA teleservice centers.

Part III Centers for Medicare & Medicaid Services

Chapter 9 Health Inflation – 2 percent

The Social Security Act of 2001 changed the name of the Health Care Financing Administration (HCFA), created in 1977, to Centers for Medicare, Medicaid and State Children's Heath Insurance

Programs (CMS), it is now known as the Centers for Medicare & Medicaid Services (CMS). Medicare and Medicaid, came into being in 1965 as part of President Johnson's "Great Society" legislation that established both Medicare and Medicaid. The Social Security Act of 1965 H.R. 6675, in five Social Security Amendments, established the Federal Hospital Insurance (HI) Trust Fund and Federal Supplemental Medical Insurance (SMI) Trust Fund as separate accounts in the U.S. Treasury and the Medicaid Program. Medicaid is the largest source of funding for medical and health-related services for America's low-income population. The Medicaid Program provides medical benefits to groups of low-income people, some who may have no medical insurance or inadequate medical insurance. CHIP is a federal-state matching, capped grant program providing health insurance to targeted , low-income children in families with incomes above Medicaid eligibility levels passed in 1997. Medicare the health insurance program for the elderly began on July 1, 1966. Medicare is available to any United States citizen over 65 years of age who is eligible for Social Security or certain other government benefits. In 1973 the program was extended to cover younger disabled people who had been eligible for Social Security or Railroad Retirement benefits for at least 24 months, most people with end-stage kidney disease, and some aged people who did not otherwise qualify who wished to pay a premium to join the program. Medicare has two separate trust funds, the Hospital Insurance trust fund (HI) and the Supplementary Medical Insurance trust fund (SMI). HI, otherwise known as Medicare Part A, helps pay for inpatient hospital services, hospice care, and skilled nursing facility and home health services following hospital stays. SMI consists of Medicare Part B and Part D. Part B helps pay for physician, outpatient hospital, home health, and other services for individuals who have voluntarily enrolled. Part D provides subsidized access to drug insurance coverage on a voluntary basis for all beneficiaries and premium and cost-sharing subsidies for low-income enrollees. Medicare also has a Part C, which serves as an alternative to traditional Part A and Part B coverage. Under this option, beneficiaries can choose to enroll in and receive care from private Medicare Advantage and certain other health insurance plans.

As the largest payer of healthcare in the U.S., CMS is uniquely positioned to drive equity in the healthcare system. CMS, in accordance with Executive Orders "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government" and "Ensuring Equitable Pandemic Response and Recovery", will address current and emerging public health issues and related health disparities impacting CMS's priority which is underserved populations. During 2020, an estimated 12.3 million beneficiaries were dually eligible for Medicare and Medicaid. Since 2011, the number of full-benefit dually eligible individuals in integrated care and/or financing models has increased from 161,777 to 1,550,6082. In 2021, about 18 percent of full benefit dually eligible individuals are enrolled in integrated care programs. Most persons aged 65 and older and many disabled individuals under age 65 are insured for HI benefits without payment of any premium, however to avoid excessive copayments and deductibles coinsurance is necessary. All told, CMS is estimated to insure the health of about 158 million unique beneficiaries, with a total of 305.9 million health insurance policies in 2023; down -14.2 percent from 180.5 million persons and -2 percent from 312.3 policies in 2022. The statistically significant 2022-23 decrease is primarily attributed to a 15 million beneficiary post-pandemic cut to Medicaid enrollment from 92.3 million in 2022 to 77.3 million in 2023 8 percent more than in 2019. 2.9 percent average annual enrollment growth is difficult to argue with. Mitigated by a marginal 13 percent uptick in ACA from 14.5 million in 2022 to 16.4 million in 2023, the Medicaid cut is estimated to increase the number of uninsured Americans by six percent. In 2021, Medicare covered 63.8 million people: 55.5 million aged 65 and older, and 8.3 million disabled. About 90 percent have enrolled in Supplemental Medical Insurance, 80 percent in the Drug Plan, and 43 percent of these beneficiaries have chosen to enroll in Part C private health plans that contract with Medicare to provide Part A and Part B health services.

Government Health Insurance Beneficiaries 2009-2030
(millions)

	Medicaid	Part A	B	D	C	ACA
2009	50.9	46.3	42.9	33.6	11.1	-
2010	54.0	47.4	43.9	34.8	11.7	-
2011	56.2	48.6	44.9	35.7	13.6	10.5
2012	58.1	50.5	46.5	37.5	13.6	11.0
2013	59.1	52.1	47.9	39.1	14.8	11.0
2014	69.9	53.5	49.3	40.5	16.2	8.0
2015	72.7	55.3	50.8	41.8	17.5	11.7
2016	75.0	56.7	52.1	43.2	18.4	12.7
2017	73.3	58.3	53.5	44.5	19.8	12.2
2018	71.7	59.7	54.7	45.8	21.3	11.8
2019	71.1	61.2	56.0	47.2	23.0	11.4
2020	80.0	62.5	57.3	48.7	25.1	11.4
2021	86.6	63.4	58.4	50.0	27.6	12.0
2022	92.3	64.6	59.4	51.5	30.0	14.5
2023	77.3	66.2	60.9	53.2	31.9	16.4
2024	78.1	67.9	62.6	54.9	33.3	16.6
2025	78.9	69.6	64.2	56.6	34.6	16.7
2026	79.6	71.3	65.8	58.1	35.9	16.9
2027	80.4	72.8	67.3	59.5	37.1	17.1
2028	81.2	74.3	68.7	60.7	38.3	17.2
2029	82.1	75.7	70.1	61.9	39.5	17.4
2030	82.9	76.9	71.3	62.9	40.5	17.6

Source: Medicaid 1% annual growth from 15 million reduction 2022- 2023, December 2014-2022, Statista 2009-2013; Medicare Parts A, D, C 2015 and 2022 Annual Report of the Board of Trustees for the Federal Hospital Insurance and Supplemental Medical Insurance Trust Funds; ACA Kaiser Family Foundation 2011-2023 1 percent growth thereafter.

Centers for Medicare & Medicaid Services (CMS) Fiscal Year (FY) 2023 performance budget serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes. In FY 2023, over 150 million Americans will rely on the programs CMS administers including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Marketplaces. To exact the Department of Health and Human Services budget Medicare Trust

Funds estimates are derived from the Annual Report of the Board of Trustees. CMS is able to pay in areas such as child well-being and maternal health. CMS is working on an effort to end cancer as we know it today. The Administration's effort, known as the Cancer Moonshot, aims to reduce the death rate from cancer by at least 50 percent over the next 25 years and to improve the experience of people and their families living with and surviving cancer. Medicare covers a number of cancer screenings at zero cost to eligible beneficiaries including cervical and vaginal cancer screening, colorectal cancer screening, lung cancer screening, prostate cancer screening, and mammograms. In addition, Medicare covers diagnostic laboratory tests, including next generation sequencing when patients with germline or somatic cancer meet the requirements of the National Coverage Determination for Next Generation Sequencing. Genetic testing is the new frontier. CMS developed several sets of performance metrics for high priority Section 1115 demonstrations, including but not limited to Substance Use Disorders (SUD) and Serious Mental Illness and Serious Emotional Disturbance (SMI/SED) section 1115 demonstrations. CMS is focused on the opioid crisis and health outcomes related to comprehensive treatment for Medicaid beneficiaries with a SUD. CMS requests funding for annually-appropriated accounts, including Program Management (PM), discretionary Health Care Fraud and Abuse Control (HCFAC), Grants to States for Medicaid, and Payments to the Health Care Trust Funds.

Total Centers for Medicare and Medicaid Services (CMS) spending increased dramatically during the pandemic. Total federal outlays for CMS programs are estimated to have increased 7.3 percent, from $1,036 billion in 2019 to $1,112 billion in 2020 and 9 percent to $1,213 billion in 2021, before moderating at 1.1 percent to $1,227 billion in 2022, 1.6 percent to $1,247 billion in 2023 and going up 5.5 percent tom $1,315 billion in 2024. Total program level, including premiums, transfers from states, and interest income it estimated to have increased 7 percent from $1,271 billion in 2019 to $1,361 billion in 2020, 7.6 percent to $1,464 billion in 2021, before moderating at 2.8 percent to $1,505 billion in 2022, and 2.8 percent to $1,547 billion in 2023. Total Medicare expenditures in 2021 were $839.3 billion, and total income was $887.6 billion, which consisted of $882.3 billion in non-interest income and $5.3 billion in interest earnings. Assets held in special issue U.S. Treasury securities increased by $48.3 billion to $325.7 billion. Total Accelerated Advance Payment (AAP) program spending totaled an estimated $107.1 billion, revised downward to $100.5 billion, roughly comprised of $67.1, revised to $63.5 billion, from the HI trust fund and $40.0 billion, revised to $37.0 billion from the SMI Part B trust fund account. It is important to note that the estimated size of the SMI Trust Fund in the 2021 Annual Report was -28 percent smaller than in the 2020 Annual Report and prior. To produce an accurate budget project it is necessary to adjust spending estimates to exclude the effects of the AAP pursuant to Federal Credit Reform Act of 1990 2USC§661a(5)(A)(C).

In FY 2023, CMS Program Management requests $4,347.0 million in Budget Authority appropriated funding. The FY 2023 Medicaid appropriations request is $533.1 billion, an increase of $15.7 billion above the FY 2022 appropriations request, consisting of $367.4 billion for FY 2023 and $165.7 billion in an advance appropriation from FY 2022. The FY 2023 request for Payments to the Health Care Trust Funds account totals $548,130.0 million, an increase of $60,268.0 million above the FY 2022 estimate level. This account transfers payments from the General Fund to the trust funds in order to make the Supplementary Medical Insurance (SMI) Trust Fund and the Hospital Insurance (HI) Trust Fund whole for certain costs, initially borne by the trust funds, which are properly chargeable to the General Fund. The largest transfer provides the General Fund contribution to the SMI Trust Fund for the General Fund's share of the SMI program. Other transfers include payments from the General Fund to the HI and SMI Trust Funds including the Medicare Prescription Drug Account, for costs such as general revenue for prescription drug benefits, HCFAC, and other administrative costs that are properly

chargeable to the General Fund. Total FY2023 substance abuse disorder (SUD) outlay estimate for CMS are $11,220.0 million in 2023. The Department of the Treasury has invested past excesses of Medicare income over expenditures in U.S. Treasury securities, with total trust fund assets accumulating to $325.7 billion at the end of calendar year 2021. The change in CMS's FY2023 request, when compared to the FY2022 estimate, is largely due to increases in General Fund contributions for the SMI Trust Fund after a historical revision attributed to sequestration. 2023 CMS Annual Justification of Estimates for Appropriations Committees did not produce their usual summary of costs. The Annual Justification usually has to be adjusted to reflect exact Medicare HI payroll and taxation of benefits, SMI Part B and D general fund transfers from the Annual Report of the Board of Trustees. It is necessary to compute this Trustee data entry to produce an accurate estimate of CMS spending to produce an accurate estimate of Department of Health and Human Services outlays.

Centers for Medicare and Medicaid Services Outlays FY 17 – FY 24
(millions)

Accounts	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24
Program Management	3,966	3,948	3,966	3,975	3,975	4,316	4,347	4,579
HCFAC - Discretionary	725	725	765	786	813	837	899	888
Annual Appropriations for Grants to States for Medicaid	262,004	284,798	276,236	329,638	380,014	368,666	367,400	378,422
Advanced Appropriation	115,583	125,220	134,848	137,932	139,903	148,732	165,700	170,671
Total Annual Appropriations	[377,587]	[410,018]	[411,084]	[467,570]	[519,917]	[517,398]	[533,100]	[549,093]
HI Payroll Tax	285,700	292,500	305,200	330,200	327,500	375,000	398,100	422,200
SMI Part B General	217,300	253,200	268,200	298,300	318,600	323,200	357,600	382,600
SMI Part D General	73,200	67,800	70,200	77,700	85,300	90,700	87,400	93,500

Total Outlays	958,478	1,028,191	1,059,415	1,178,531	1,256,105	1,311,451	1,381,446	1,452,860

Source: CMS Agency Justifications of Estimates for Appropriations Committees FY 19 -FY 23 2022 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds, HI general fund = payroll tax + taxation of benefits.

Authorized in 1965 under title XIX of the Social Security Act, Medicaid is a means -tested health care entitlement program financed jointly by states and the federal government that provides health care coverage to low-income families with dependent children, pregnant women, children, aged, blind and disabled individuals, and other adults. Medicaid also provides community based long-term care services and supports seniors and individuals with disabilities, as well as institutional care and long-term care services. CMS is administered in partnership with states. The Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP) under title XXI of the Social Security Act. CHIP is a federal-state matching, capped grant program providing health insurance to targeted , low-income children in families with incomes above Medicaid eligibility levels. This program was the largest single expansion of health insurance coverage for children in more than 30 years and has improved access to health care and quality of life for millions of vulnerable children younger than 19 years old.

CMS' FY 2023 mandatory appropriation request for the Grants to States for Medicaid account is $533.1 billion, an increase of $15.7 billion relative to the FY 2022 request level of $517.4 billion. This appropriation is composed of $165.7 billion in an authorized advance appropriation for FY 2022 and a remaining appropriation of $367.4 billion for FY 2023, $22 million above the FY 2022 level. In conjunction with states resources will help fund $584.5 billion in anticipated FY 2023 Medicaid obligations. The federal share of Medicaid net outlays is estimated to be $535.8 billion in FY 2023, a decrease of $26.0 billion from the FY2022 level of $561.8 billion. Medicaid payments are made directly by states to health care providers or health plans for services rendered to beneficiaries. Providers must accept the state's payment as full reimbursement. By law, Medicaid is generally the payer of last resort. If other parties, including Medicare, are legally liable for services provided to a Medicaid beneficiary, that party generally must first meet its financial obligation before Medicaid payment is made. The Vaccines for Children (VFC) program is 100 percent federally funded by the Medicaid appropriation and operated by the Centers for Disease Control and Prevention. CMS' Vaccine for Children (VFC) estimate is $5.6 billion, a $53.9 million increase above the FY 2022 estimated level. Family planning services and supplies are mandatory benefits for Medicaid-eligible individuals of childbearing age (including minors who can be considered to be sexually active) under Section 1905(a)(4)(C) of the Social Security act 42USC§1396d. All state Medicaid programs offer some family planning benefits and most provide coverage for prescription contraceptives, testing and treatment for sexually transmitted infections and it must be added prenatal ultrasounds. In June 2018, CMS released its first Medicaid and CHIP (MAC) Scorecard. The 2020 Scorecard included additional measures across all pillars. Examples of measures added to the Scorecard in 2020 included Asthma Medication Ratio: Ages 5-18; Asthma Medication Ratio: Ages 19-64. Because the COVID-19 public health emergency (PHE) had far-reaching impacts on Medicaid and CHIP programs and data, it was decided not to add new measures to the 2021 MAC Scorecard in an effort to minimize any new reporting burden due to the PHE.

Authorized in 1965 under title XVIII of the Social Security Act, the Medicare program provides

hospital and supplemental medical insurance to Americans age 65 and older and to disabled persons, including those with ESRD. The program was expanded in 2006 with the introduction of a voluntary prescription drug benefit, Part D. Medicare enrollment has increased from 21 million in 1966 to a projected 66.3 million beneficiaries in FY 2023. Payments made to providers, health plans, and drug plans for their services, are permanently authorized. For payment to the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund, as provided under sections 217(g),1844, and 1860D-16 of the Social Security Act, sections 103(c) and 111(d) of the Social Security Amendments of 1965, section 278(d)(3) of Public Law 97-248, and for administrative expenses incurred pursuant to section 201(g) of the Social Security Act, [$487,862,000,000] $548,130,000,000. The FY 2023 President's Budget request of $111.8 billion for General Revenue for Part D (Benefits) is a net increase of $10.8 billion over the FY 2022 Enacted amount of $100.9 billion. The FY 2023 budget estimate of $1,000.0 billion to reimburse the HI Trust Fund on page 119 of the CMS Justification of Estimates is clearly an error.

General revenues (primarily those for SMI) represented 46 percent of total non-interest income to the Medicare program in 2021 and have constituted the largest share of Medicare financing since 2009. HI payroll taxes were the next largest source of overall financing at 34 percent. Beneficiary premiums (again, primarily for SMI) were third, at 15 percent. Projected HI tax revenues fall short of projected HI expenditures in all future years. In contrast, SMI premium and general revenues will keep pace with SMI expenditure growth, and State payments (on behalf of Medicare beneficiaries who also qualify for full Medicaid benefits) will grow with Part D expenditures. General revenue transfers to the Part B account increased significantly in 2016, as required by the Bipartisan Budget Act of 2015 to compensate for premium revenue that was not received in 2016 due to the hold- harmless provision. They increased again in 2020 and 2021, as required by the Continuing Appropriations Act, 2021 and Other Extensions Act to account for the outstanding balance of the Accelerated and Advance Payments (AAP) Program in 2020 and to compensate for premium revenue that was not received in 2021 due to the legislated specification of the aged actuarial rate calculation. Part B financing, from fees on manufacturers and importers of brand-name prescription drugs, increased from $2.5 billion in 2011 to $4.1 billion in 2018 but then decreased to $2.8 billion for 2019 and later.

Beginning in 2020, the Medicare program was dramatically affected by the COVID-19 pandemic. The amount of payroll taxes expected to be collected by the HI trust fund was greatly reduced due to the economic effects of the pandemic on labor markets. Spending was directly affected by the coverage of testing and treatment of the disease. In addition, several regulatory policies and legislative provisions were enacted during the public health emergency that increased spending; notably, the 3-day inpatient stay requirement to receive skilled nursing facility services was waived, payments for inpatient admission related to COVID-19 were increased by 20 percent, and the use of telehealth was greatly expanded. Spending for non-COVID care declined significantly. The Medicare *Accelerated and Advance Payments (AAP) Program* was significantly expanded during the COVID-19 public health emergency period, by both legislative provisions and through administrative actions taken by CMS early on during the emergency. CMS first implemented an expedited process for eligible providers and suppliers to request and receive approval for these payments. Next, while the Coronavirus Aid, Relief, and Economic Support (CARES) Act added critical access, pediatric, and certain cancer hospitals to the list of eligible entities, CMS made several modifications to the AAP program that, in effect, expanded eligibility to all types of providers and suppliers.

The CARES Act increased the maximum amounts available under the AAP program during the

emergency period to (i) 100 percent of Medicare payments made during the past 6 months—for inpatient acute care, pediatric, and certain cancer hospitals; (ii) 125 percent of Medicare payments made during the past 6 months—for critical access hospitals; and (iii) 100 percent of Medicare payments made during the past 3 months—for all other providers and suppliers. In addition, under the Continuing Appropriations Act, 2021 and Other Extensions Act, recoupments are to begin 1 year after the accelerated or advance payment is issued, after which recoupments are to be 25 percent of the AAP amount over the first 11 months and 50 percent over the following 6 months; after that 29-month period has elapsed, the remaining balance will be due within 30 days. Total payments of approximately $107.1 billion were made: roughly $67.1 billion from the HI trust fund and $40.0 billion from the SMI Part B trust fund account. The maximum available AAP amounts had been 70 percent and 80 percent for providers and suppliers, respectively, of Medicare payments made during the past 90 days. The usual eligibility criteria—to have billed Medicare during the last 180 days, to not be in bankruptcy, to not be under review or investigation, and to not have any outstanding delinquent Medicare overpayments—still apply. Because AAP program payments are in fact loans, that must be repaid, it was an error to allow AAP program to hyper-inflate benefit spending, when in fact they must be excluded from the budget, pursuant to the Federal Credit Reform Act of 1990 2USC§661a(5)(A)(C).

The Medicare *Accelerated and Advance Payments (AAP) Program* was significantly expanded during the COVID-19 public health emergency period, by both legislative provisions and administrative actions taken by CMS early on during the emergency. Total payments of approximately $107.2 billion were made from March 2020 through June 2021: roughly $67.2 billion from the HI trust fund and $40.1 billion from the SMI Part B trust fund account. The Trustees assume that the accelerated and advance payments will be fully repaid by September of 2022, resulting in no net changes to trust fund expenditures. Beginning in 2020, the Medicare program was dramatically affected by the COVID-19 pandemic. The amount of payroll taxes expected to be collected by the HI trust fund was greatly reduced due to the economic effects of the pandemic on labor markets. Spending was directly affected by the coverage of testing and treatment of the disease. In addition, several regulatory policies and legislative provisions were enacted during the public health emergency that increased spending; notably, the 3-day inpatient stay requirement to receive skilled nursing facility services was waived, payments for inpatient admission related to COVID-19 were increased by 20 percent, and the use of telehealth was greatly expanded. More than offsetting these additional costs in 2020, spending for non-COVID care declined significantly (compared to both actual 2019 spending and pre-pandemic expectations for 2020). Spending for services other than COVID-19 was significantly lower than expected in 2020 and 2021. This decline was more pronounced for elective services. In addition, Medicare beneficiaries whose deaths were identified as related to COVID had costs that were much higher than the average Medicare beneficiary prior to the onset of the pandemic. As a result, compared to the pre-pandemic Medicare population,the surviving Medicare population had lower morbidity ,on average, reducing costs by an estimated 1.5 percent in 2020 and 2.9 percent in 2021. For the latter part of 2022 and 2023, the return of deferred care that is assumed to be more intensive, and thus more costly, results in spending that increases to a level that is closer to the pre-pandemic expectations. The Trustees assume that health care spending patterns will return to pre-pandemic levels in 2024 but that the lingering morbidity effects will continue through 2028.

Payments for inpatient admission related to COVID-19 were increased by 20 percent, and the use of telehealth was greatly expanded. More than offsetting these additional costs in 2020, spending for non-COVID care declined significantly (compared to both actual 2019 spending and expectations for 2020 spending in last year's Trustees Report). This decline was particularly true for elective services. The

estimated Medicare costs for the COVID-19 vaccines and their administration are included in the "Physician-administered drugs" category and "Physician fee schedule" category, respectively, of tables IV.B2 and IV.B6. Based on the Trustees' assessment of statements from pharmaceutical companies, historical price patterns, and statements from market analysts, the price of the vaccine is estimated to be approximately $60 in 2021. Since a large number of doses have already been funded through Operation Warp Speed, the price paid by Medicare is $0 until those doses run out. Medicare pays the cost for the administration of the vaccine, which is estimated to be $40 in 2021. Roughly 87 percent of the Medicare population is expected to receive the COVID-19 vaccine by 2021, and the costs for about half of the population are being billed through Medicare. By the end of the long-range projection period, payment rates for affected providers would be about 51 percent lower than their level in the absence of these reductions. In 2018, the Medicare payment rates for inpatient hospital services declined to about 60 percent of those paid by private health insurance. Private health insurance and Medicare are taking important steps in this direction by initiating programs of research into innovative payment and service delivery models, such as accountable care organizations, patient-centered medical homes, improvement in care coordination for individuals with multiple chronic health conditions, better coordination of post-acute care, payment bundling, pay for performance, and assistance for individuals in making informed health choices.

Expenditure projections reflect the cost-reduction provisions required under current law but not the payment reductions and/or delays that would result from the HI trust fund depletion. In the year of asset depletion, which is projected to be 2028 in this report, HI revenues are projected to cover 90 percent of incurred program costs. The Board of Trustees assumes that (i) there would be a transition from current-law payment updates for providers affected by the economy-wide productivity adjustments to payment updates that reflect adjustments for health care productivity (ii) the average physician payment updates would transition from current law to payment updates that reflect the Medicare Economic Index; Medicare's annual payment rate updates for most categories of provider services would be reduced below the increase in providers' input prices by the growth in economy-wide productivity (1.0 percent over the long range). and (iii) the 5-percent bonuses for qualified physicians in advanced alternative payment models (advanced APMs) and the $500-million payments for physicians in the merit-based incentive. The law specifies physician payment rate updates of 0.75 percent or 0.25 percent annually thereafter for physicians in advanced alternative payment models (advanced APMs) or the merit-based incentive payment system (MIPS), respectively. These updates are notably lower than the projected physician cost increases, which are assumed to average 2.05 percent per year in the long range. These modest spending increases are significantly below the level of inflation or GDP and Medicare's costs are not expected to rise steadily from their current level of 3.9 percent of GDP in 2021 to 6.2 percent in 2046.

Despite the previous indications of excess funding for the past five years, the Trustees project that HI tax income and other dedicated revenues will fall short of HI incurred expenditures in all future years. (There are surpluses in 2022 and 2023, on a cash basis, attributable in part to repayments of the Accelerated and Advance Payments Program). The HI trust fund does not meet either the Trustees' test of short-range financial adequacy or their test of long-range close actuarial balance, but should. The Part B and Part D accounts in the SMI trust fund are expected to be adequately financed because income from premiums and general revenue are reset each year to cover expected costs. Expectation regarding expenditure growth need to be limited to less than economic growth. For fee-for-service Medicare, the largest category of Part A expenditures is inpatient hospital services, while the largest Part B expenditure category is physician services. Payments to private health plans for providing Part A

and Part B services represented roughly 48 percent of total A and B benefit outlays in 2021. The SMI trust fund is expected to be adequately financed over the next 10 years and beyond because income from premiums and general revenue for Parts B and D are reset each year to cover expected costs and ensure a reserve for Part B contingencies.

The monthly Part B premium for 2022 is $170.10. Part B and Part D costs have averaged annual growth rates of 6.7 percent and 1.0 percent, respectively, over the last 5 years, as compared to growth of 4.2 percent for GDP. The Trustees projects alarming cost growth over the next 5 years will average 10.3 percent for Part B and 7.4 percent for Part D, faster than the projected average annual GDP growth rate of 5.3 percent over the period. For SMI, transfers from the general fund of the Treasury represent the largest source of income. The transfers covered about 79 percent of program costs in 2021. Also, beneficiaries pay monthly premiums for Parts B and D that finance a portion of the total cost. As with HI, the securities held in the SMI trust fund earn interest. A growing proportion of most beneficiaries' Social Security and other income would be necessary over time to pay total out-of-pocket costs for SMI, including both premiums and cost-sharing amounts. The Trustees estimate that the average Part B plus Part D premium in 2022 would equal about 13 percent of the average Social Security benefit but would increase to an estimated 19 percent in 2096. Similarly, an average cost- sharing amount in 2022 would be equivalent to about 15 percent of the Social Security benefit but would increase to about 23 percent in 2096. The combination of premium and cost-sharing amounts for Parts B and D would equal about 28 percent of the average Social Security benefit in 2022 and would increase to an estimated 42 percent in 2096. Medicaid pays Part B premiums and cost-sharing amounts for beneficiaries with very low incomes, and the Medicare low-income drug subsidy pays the corresponding Part D amounts (except for nominal copayments).

Although SMI Part D began in 2004, full prescription drug coverage did not start until 2006. Accordingly, this discussion includes only the per beneficiary expenditures for 2006 and later. Spending growth occurred in 2011 but was negative in 2012 due to the patent expiration of certain high-cost drugs. The large amount of growth in 2014 and 2015 was due to utilization of the new, expensive specialty drugs used to treat hepatitis C. Lower utilization of these drugs contributed to the decline in average spending growth in 2016. In 2017, larger rebates caused average per beneficiary costs to drop, but growth in spending rebounded in 2018 and 2019. It slowed again in 2020 because the plan bids assumed higher direct and indirect remuneration and slow reinsurance growth. The COVID-19 pandemic had a notable impact on Part A and Part B benefit spending growth in 2020 as non-COVID care was significantly reduced, in particular for elective services. The Trustees assume that some of this reduced and deferred care will return in 2021 and 2022. On average, annual increases in per beneficiary costs have been greater for SMI Part B than for HI during the previous five decades—by approximately 1.0 percent, 4.5 percent, 1.0 percent, 2.5 percent, and 2.6 percent per year in the 1970s, 1980s, 1990s, 2000s, and 2010s, respectively. The HI increase remains lower than the SMI Part B increase over the next 10 years due to lower utilization growth of HI services. The rapid growth rates in the 1970s and 1980s are not expected to recur for either HI or SMI Part B due to more moderate inflation rates and the conversion of Medicare's remaining cost-based reimbursement mechanisms to prospective payment systems.

The FY 2023 budget proposes to continue funding the HCFAC program through both mandatory and discretionary funding streams. The FY 2023 request for discretionary funding is $899.0 million, $92.0 million above the FY 2022 Continuing Resolution (CR) level. The total post-sequester FY2023 mandatory funding level is $1,490.4 million, $51.4 million above the FY 2022 CR level. Since March

2007 prosecutors have charged more than 4,600 defendants who have collectively billed federal health care programs and private insurers approximately $23.0 billion. In FY 2020, the FBI opened 683 new health care fraud investigations. At the end of FY 2020, 2,346 investigations were pending. Investigative efforts throughout the fiscal year produced 426 criminal health care fraud convictions and 537 indictments and prosecutors' informations. In addition, investigative efforts resulted in over 407 operational disruptions of criminal fraud organizations and the dismantlement of more than 101 health care fraud criminal enterprises. HHS-OIG's Medicare and Medicaid oversight efforts in resulted in 578 criminal actions and 781 civil actions, which include false claims and unjust-enrichment lawsuits filed in Federal district court, civil monetary penalties settlements and administrative recoveries related to provider self-disclosure matters. The Medicare improper payment estimate for FY 2021 is 6.26 percent, or $25.03 billion. The primary root cause of FY 2021 Medicare Part C improper payments consist of medical record discrepancies (5.96 percent in overpayments and 3.55 percent in underpayments), with a smaller portion of improper payments resulting from insufficient documentation to determine whether proper or improper , such as missing documentation (0.77 percent). Improper payments due medical record discrepancies occur when medical record documentation submitted by the MA organization does not substantiate the CMS-HCC for which it received payment. The underpayment component is comprised of risk scores identified during the medical review process that the MA organization did not submit for payment.

In order to attract and retain highly skilled and qualified physicians, CMS uses two special pay systems: Physician's Comparability Allowance (PCA) and the Physician's and Dental Pay (PDP). The majority of CMS physicians receive PCA and are recruited nationwide for the Central Office and Regional Offices to support the work of Medicare and Medicaid Programs. CMS continues to optimize measurement of the content and delivery of learning events, to deliver information to support innovation using participant-centered, evidenced-based methodologies designed to optimize adult learning. The Administration's priority to reduce care fragmentation by aligning beneficiaries with providers with accountability for quality and cost of care. A "hospital readmission" occurs when a patient who has recently been discharged from a hospital is once again readmitted to a hospital within a thirty-day period, has been standard across the quality measure industry for several years. From 2012 to 2019, we saw an 8.7 percent decrease in the readmission rate (from 92.7 readmissions per 1,000 dually eligible beneficiaries, to 84. 6 per 1,000). From 2018 to 2019,CMS found a slight increase in the readmissions rate in this measure of 1.07 percent. COVID-19 Public Health Emergency (PHE) impacts are not reflected in this year's report, which only captures data through December 31, 2019. The U.S. Department of Health and Human Services (HHS) has a goal of 80 percent of new ESRD patients either receiving dialysis at home or receiving a transplant by 2025. In 2019 home dialysis was still underutilized in the U.S. with approximately 13.5 percent of the dialysis patients undergoing renal replacement therapy at home versus approximately 86.5 percent being treated with in - center hemodialysis. The annual cost of in- center therapy for all modalities is approximately $78,049 a yea r versus approximately $66,751 for therapy at home—a difference of $11,298 per year. An increase in at home treatment is sought.

Since 1960, U.S. national health expenditure (NHE) growth rates typically outpaced economic growth rates, though the magnitude of the differences has been declining. Since 2008, average annual NHE growth has been below historical averages, though it has generally continued to outpace average annual growth of the economy. For both HI and SMI Part B, costs increased very rapidly in the early years, in part because the availability of Medicare coverage enabled many beneficiaries to obtain the full range of health services they needed. The rapid inflation of the 1970s and early 1980s also contributed to

rapid Medicare expenditure increases, and the cost- based reimbursement mechanisms in place provided relatively little incentive for efficiency in the provision of health care. Growth in average HI expenditures moderated dramatically following the introduction of the inpatient hospital prospective payment system in fiscal year 1984, but it accelerated again in the late 1980s and early 1990s due to rapid growth in skilled nursing and home health expenditures. During this same period, SMI Part B average costs generally continued to increase at relatively fast rates but slowed somewhat in the early 1990s with the implementation of physician fee reform legislation. Expenditure growth moderated again during the late 1990s due to the effects of further legislation and efforts to control fraud and abuse. In addition, historically low levels of general and medical inflation helped reduce Medicare payment updates. The growth rates rebounded from 2001 through 2005 and then moderated somewhat for the remainder of the decade. For 2010 through 2015, HI and Part B of SMI experienced the lowest 5-year per beneficiary growth rates in the program's history. This slow growth, which continued in 2016 and 2017 (and in 2018 for HI), was driven in part by legislated update reductions, low provider payment updates caused by the economic recession, and adjustments for documentation and coding that did not reflect changes in real case mix. In addition, increased enrollment resulting from eligibility of the baby boom generation has decreased the average age of Medicare beneficiaries, reducing per beneficiary cost. SMI growth rates have been adjusted to reflect the sequestration process.

The first step to estimate the long-range Medicare trends is to determine the long-range assumptions affecting the overall health sector. Based on historical trends, the Trustees assume that the long-range per capita overall health spending growth is GDP plus 0.7 percent (or 4.3 percent) for 2046, gradually declining to GDP plus 0.4 percent by 2096 (or 4.1 percent). Excess medical price inflation for the overall health sector is assumed to grow at 0.75 percent annually from 2046 through 2096. Combining this assumption with the ultimate assumed growth rate of 2.05 percent per year in the GDP deflator yields the Trustees' estimate of the long-range rate of medical price growth of 2.8 percent annually. The Trustees have assumed since 2001 that it is reasonable to expect over the long range that the drivers of health spending will be similar for the overall health sector and for the Medicare program. Medicare is the nation's second largest social insurance program, exceeded only by Social Security (OASDI). Medicare expenditures have increased rapidly during most of the program's history. From 1985 through 2021, expenditures grew at an average annual rate of 7.0 percent, and they are projected to increase at an average annual rate of 8.2 percent from 2022 through 2031. For this year's report, the Trustees estimate that, from 2022 through 2031, total Medicare income will increase at an average annual rate of 7.2 percent, which is slightly lower than the growth in expenditures. Expenditures represented 0.7 percent of GDP in 1970 and had grown to 2.6 percent of GDP by 2005, reflecting rapid increases in the factors affecting health care cost growth. Starting in 2006, Medicare provided subsidized access to prescription drug coverage through Part D, which caused most of the increase in Medicare expenditures to 3.0 percent of GDP in the first year. The Trustees project much more moderate continuing growth in the long range, partially as a result of the lower price updates under current law, with total Medicare expenditures projected to reach about 6.5 percent of GDP by 2096.

To regulate CMS spending it is necessary to enforce usual procedural rates at or below the 2 percent inflation target to accommodate population growth – 3 percent for Medicaid, 5 percent for HI, 6.7 percent for SMI Part B and 7.4 percent for Part D. The Trustees project HI deficits in all future years, beginning in 2023, until the trust fund becomes depleted in 2028. However, any depletion of the HI Trust Fund is due entirely to the Trustees fraudulently overestimating benefit spending by nearly 17 percent in 2023 and into the future. AAP repayment procedures were approved at high rates and 17 percent growth on top of an overestimate is absurd. The Trustees project surpluses would steadily

grow throughout the entire 75-year projection period because HI expenditure growth rates would average only about 5 percent per year. To project a positive actuarial balance into the future it is necessary that HI Trust Fund strictly reduce total benefit spending to 5 percent more than the previous year as a rule of 2 percent target inflation rate for each procedure, plus 2.4 percent average annual increase in Medicare beneficiaries; 4.4 percent total annual benefit payment growth, plus 0.6 percent dividend to incentivize a profitable a positive actuarial balance. A more conservative estimate of 6 percent annual payroll tax revenue growth should be anticipated for HI. With 2 percent inflation in the fee schedule, SMI population and treatment incidence growth of around 3 percent, should leave enough for, one percent year end dividend to encourage economic cooperation with the 6.7 percent target rate for benefit payment inflation set by the Trustees. The Trustees project that Part D Drug Plan income and expenditures will grow at an average annual rate of 7.4 percent over the 5-year period 2022–2026. Ultimately health inflation must be limited to 3 percent with a 2 percent target. The number of health care providers has decreased in almost all categories for more than a decade, fraudulent overestimates pertaining to private health insurance and now SMI sequestration fall off in droves, but extortionate hyper-inflation is the unpopular norm, providers must stop morally injuring themselves and prescribe hydrocortisone, eucalyptus, lavender, peppermint or salt helps water cure coronavirus; mentholyptus cough drop cures both severe acute respiratory syndrome from SARS-CoV-2 and flu; echinacea cures the triple threat of Respiratory Syncytial Virus (RSV, SARS-CoV-2 and influenza.

Chapter 10 Hospitals Insurance Trust Fund

The Board of Trustees reports, of the $328.9 billion in total HI expenditures paid in 2021, $323.6 billion represented net benefits paid from the trust fund for health services. Net benefit payments decreased 18.6 percent in calendar year 2021 over the corresponding amount of $397.7 billion paid during the preceding calendar year. This decrease in spending reflects the large amount of accelerated and advance repayments to providers (which constituted $29.1 billion of net repayments in 2021 compared to $63.5 billion of payments in 2020), partially offset by the change in the number of beneficiaries, the price of health services, and the volume and intensity of services. The Board of Trustees is not understanding that the in 2020 expenditures were artificially high due to $63.5 billion improper payments for AAP, and repayments are improperly reduced from expenditures. These budgetary distortions should have been avoided by excluding loan and off-budget deals from the budget table, and accounting for them separately, as a loan made from and repaid to the Trust Fund it was borrowed from, with interest. The assets were $142.7 billion at the beginning of 2022, representing about 40 percent of expenditures projected for 2022, which is below the Trustees' minimum recommended level of 100 percent. The HI trust fund has not met the Trustees' formal test of short-range financial adequacy since 2003. Growth in HI expenditures has averaged 2.9 percent annually over the last 5 years, compared with non-interest income growth of 3.4 percent. There is no reason to believe that over the next 5 years, projected average annual growth rates for expenditures and non-interest income will be 9.2 percent and 7.1 percent, respectively. In 2021, HI income is reported to exceed expenditures by $8.5 billion due in part to repayments of the accelerated and advance payments that were made in 2020. These repayments, $29.1 billion and $34.4 billion in calendar years 2021 and 2022, continue until September of 2022, when the outstanding balance is expected to be fully repaid, resulting in another surplus in 2022. After that, the Trustees project deficits in all future years, beginning in 2023, until the trust fund becomes depleted in 2028.

However, any depletion of the HI Trust Fund is due entirely to the Trustees fraudulently overestimating benefit spending by nearly 17 percent in 2023 and into the future. AAP repayment procedures were

approved at high rates and 17 percent growth on top of an overestimate is absurd. The Trustees project surpluses would steadily grow throughout the entire 75-year projection period because HI expenditure growth rates would average only about 5 percent per year. To project a positive actuarial balance into the future it is necessary that HI Trust Fund strictly reduce total benefit spending to 5 percent more than the previous year as a rule of 2 percent target inflation rate for each procedure, plus 2.4 percent average annual increase in retirees, that went down to 1.8 percent during the pandemic due to the high death rates, and the few disability beneficiaries have been marginally declining, but 4.4 percent benefit spending growth is generous enough to prevail, plus 0.6 percent dividend to run a profitable Trust Fund. Reasonably limiting benefit spending growth is very important because even with the augmented HI payroll tax rate, payroll tax income growth seems overestimated, and a more conservative estimate of 6 percent annual payroll tax revenue growth should be anticipated.

The Trustees issued a determination of projected *excess general revenue Medicare funding* in this report because the difference between Medicare's total outlays and its dedicated financing sources is projected to exceed 45 percent of outlays within 7 years. Since this determination was made last year as well, 2022's determination triggers a *Medicare funding warning,* which (i) requires the President to submit to Congress proposed legislation to respond to the warning within 15 days after the submission of the Fiscal Year 2024 Budget and (ii) requires Congress to consider the legislation on an expedited basis. This is the sixth consecutive year that a determination of excess general revenue Medicare funding has been issued, and the fifth consecutive year that a Medicare funding warning has been issued. Sufficient revenues to pay for 45 percent of expense do not justify Congressional review, and a warning regarding "excess general revenue Medicare funding" must not be misinterpreted. Aging is correlated with factors positively associated with increased scam susceptibilities, such as declines in cognitive functioning and financial decision-making. While older adults tend to be less likely to report scam victimization, those that do, report higher median losses than other age groups.

HI accounting is unreliable due its propensity for historical revision that shifts by billions of dollars and turns surpluses into deficits. The new statistics have been incorporated to provide the semblance of continuity. The HI Trust Fund is conservatively estimated to have overestimated the amount of payroll tax they earned in 2020 by the $39.3 billion estimated difference between the reported amount of $303.3 billion and redacted, closer to true, amount of $264 billion. Unlike the OASI and DI Trust Funds, who posted bond for about 25 percent of the criminal overestimate, the HI Trust Fund is fugitive from justice, does not explain how their 2020 payroll tax was so high during the pandemic depression, nor express any remorse for the fraud. Because this overestimate was ultimately purchased by the Treasury balance at a the high cost of $200 billion for the three social security trust funds who participated in the 2020 payroll tax overestimate, because the truth remains unknown, the overestimate is allowed to stand, it can be construed as COVID relief, and has been paid for from the balance remaining from COVID relief. It is possible that the total amount of payroll tax counterfeited was in fact the same as the $63.5 billion net payments made to the APP, but supply is not as certain as demand for a loan, and $200 billion is not proven to be inadequate, although if the APP were what Medicare did with the entire payroll tax overestimate, it would be closer to $243 billion, paid down by $35.5 billion from the OASDI Trust Funds, but once again the amount is uncertain and $235.5 billion payroll tax overestimate has been paid for, the difference is that OASDI payroll tax reductions do not count as Treasury balance receipts, until the social security trust funds prove the exact amount of the 2020 payroll tax overestimate. Net payments of $63.5 billion made through the Medicare Accelerated and Advance Payments Program are included in calendar year 2020 benefit payments and subsequent net repayments of $29.1 billion and $34.4 billion in calendar years 2021 and 2022 benefit payments,

respectively, full repayment of the zero interest work for repayment plan. To study the budget without being distorted by the irregular APP work-loan 2020 benefit payments are reduced by $63.5 billion and 2021 increased by $29.1 billion and 2022 increased by $34.4 billion to exclude lending activity from the budget pursuant to the Federal Credit Reform Act. The end result is a 2022 year end balance of $171.2 billion rather than $172.4 billion, explained as $1.2 billion could be explained by 2021 interest income, however in both scenarios interest income declines due to temporary investment in a zero interest welfare fraud loan.

Operations of Medicare Part A, Hospital Insurance Trust Fund 2014-2030
(billions)

Year	Payroll Taxes	Income from taxation of benefits	Railroad Retirement Account Transfers	Reimbursement for uninsured persons	Premiums from voluntary enrollees	Interest and Other	Total Income	Benefit Payments	Administrative expenses	Total expenses	Net change	Fund at the end of the year
2014	227.4	18.1	0.6	0.2	3.3	11.7	261.2	264.9	4.5	269.3	-8.1	197.3
2015	241.1	20.2	0.6	0.2	3.2	10.1	275.4	273.4	5.5	278.9	-3.5	193.8
2016	253.5	23.0	0.7	0.2	3.3	10.1	290.8	280.5	4.9	285.4	5.4	199.1
2017	261.5	24.2	0.6	0.1	3.5	9.4	299.4	293.3	3.2	296.5	2.8	202.0
2018	268.3	24.2	0.6	0.1	3.6	9.8	306.6	303.0	5.2	308.2	-1.6	200.4
2019	281.4	23.8	0.6	0.1	3.8	9.5	319.3	318.4	5.4	323.7	-4.5	198.8
2020	303.3	26.9	0.6	0.1	4.0	6.7	341.7	334.2	4.5	338.7	-3.0	195.8
2021	302.5	25.0	0.6	0.1	4.2	5.1	337.4	352.7	5.3	358.0	-20.6	175.2
2022	342.3	32.7	0.5	0.1	4.8	5.6	386.0	385.4	4.6	390.0	-4.0	171.2
2023	363.2	34.9	0.5	0.1	5.0	5.7	409.4	404.7	4.7	409.4	0.0	171.2
2024	385.0	37.2	0.7	0.1	5.0	5.9	433.9	424.9	4.9	429.8	4.1	175.3
2025	408.0	39.7	0.7	0.1	5.3	6.1	459.9	446.2	5.0	451.2	8.7	184.0
2026	432.5	42.4	0.7	0.1	5.6	6.2	487.6	468.5	5.2	473.7	13.9	197.9
2027	458.5	45.2	0.8	0.1	6.0	6.3	516.9	491.9	5.3	497.2	19.7	217.7
2028	486.0	48.3	0.8	0.1	6.3	6.4	547.9	516.5	5.5	522.0	25.9	243.6
2029	515.2	51.5	0.9	0.1	6.7	6.6	581.0	542.3	5.7	548.0	33.0	276.6
2030	546.1	55.0	0.9	0.1	7.1	6.7	615.9	569.4	5.8	575.2	40.7	317.3

Source: 2022 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund and Federal Supplemental Medical Insurance Trust Funds. True 2020 payroll tax revenues were closer to $264 billion.

In 2009 and 2010, payroll taxes decreased substantially as a result of higher unemployment and slow growth in wages along with collection lags during the recession from December 2007 through June 2009; these factors contributed to the $32.3-billion trust fund deficit in 2010. For 2011 through 2015, revenues rebounded somewhat but not enough to reach the level of expenditures, which continued to grow due to increased enrollment and the regular updating of the payment rates. Together these factors resulted in a decline in trust fund deficits from $27.7 billion in 2011 to $3.5 billion in 2015. In 2016 and 2017, a lower level of growth in expenditures combined with higher growth in payroll taxes led to surpluses of $5.4 billion and $2.8 billion, respectively, in the trust fund. In 2018 and 2019 the trend reversed, with a higher level of growth in expenditures and lower growth in payroll taxes leading to trust fund deficits of $1.6 billion and $5.8 billion, respectively. In 2020, a very large deficit of $60.4 billion was reached because of the accelerated and advance payments to providers, which amounted to $63.5 billion net of repayments and which were paid from the trust fund. The net repayment of about $29.1 billion of these payments was completed in 2021, resulting in a surplus of $8.5 billion.

For HI, the primary source of financing is the payroll tax on covered earnings. Employers and employees each pay 1.45 percent of a worker's wages, while self-employed workers pay 2.9 percent of their net earnings. Starting in 2013, high-income workers pay an additional 0.9-percent tax on their earnings above an unindexed threshold ($200,000 for single taxpayers and $250,000 for married couples). Other HI revenue sources include a portion of the Federal income taxes that Social Security recipients with incomes above certain unindexed thresholds pay on their benefits, as well as interest earned on the securities held in the HI trust fund. Despite a significant increase in the number of beneficiaries over the last decade, expenditure growth has been slower than observed throughout the history of the program due to a reduction in price updates and low growth in the utilization of services. HI expenditures are further affected by the *sequestration* that reduces benefit payments by 2 percent from July 1, 2022 to March 31, 2030 required by current law. Because of sequestration, non-salary administrative expenses are reduced by an estimated 5 to 7 percent from March 1, 2013 through September 30, 2031. The Trustees both failed to exclude more than $63.5 billion loan payments made with the AAP program, and failed to include repayments. Net payments of $63.5 billion made through the Medicare Accelerated and Advance Payments Program in calendar year 2020 and subsequent repayments of $28.1 billion and $35.4 billion in calendar years 2021 and 2022, respectively interest-free. HI accounting is corrected to exclude the AAP.

The Trustees project that over the next 10 years most of the remaining sources of financing for the HI trust fund will increase along with payroll tax revenues and covered earnings. More detailed descriptions of these sources of income were discussed earlier in this section. The Trustees have recommended maintenance of HI trust fund assets at a level of at least 100 percent of annual expenditures throughout the projection period. To achieve their goals, the Trustees are recommended to maintain a positive actuarial balance, whereby revenue growth exceeds expenditure growth. An iron law of five percent HI benefit spending growth is needed to moderate health inflation. The HI projection from 2023 onward estimates 6 percent payroll tax revenue growth and 5 percent benefit payment growth. The Trustees recognize, disregarding favorable economic and demographic conditions, "assumed in the low-cost assumptions, HI costs would be lower than scheduled income during 2023–2096, and surpluses would steadily grow throughout the entire 75-year projection period because HI expenditure growth rates would average only about 5 percent per year", excluding the narcissism about reflecting the combined effects of (i) slower growth in utilization and intensity of services and (ii) lower Medicare enrollment.

Historical averages are estimated for details. 30 percent 2021-2022 leap forward in taxation of benefits is sustained in Trustee Reports, 6.7 percent forward. 5 percent for Railroad Retirement Account Transfer. Reimbursement from Uninsured stays $0.1 billion. Premiums from voluntary enrollees increases 6 percent. Due to the positive actuarial balance interest and other is estimated to grow at the 2 percent target rate of interest. 3 percent for administrative services. Yield the first year is 0.0, $4.1 billion the second and doubles every year thereafter. The chief variable is 6 percent payroll tax growth. Dividends could increase for achieving 50 percent trust fund ratio in 2030 and again for achieving 100 percent at a later date. To project a positive actuarial balance into the future it is necessary that HI Trust Fund strictly reduce total benefit spending to 5 percent more than the previous year as a rule of 2 percent target inflation rate for each procedure, plus 2.4 percent average annual increase in retirees, that went down to 1.8 percent during the pandemic due to the high death rates, and the few disability beneficiaries have been marginally declining, but 4.4 percent benefit spending growth is generous enough to prevail, plus 0.6 percent dividend to run a profitable Trust Fund. Reasonably limiting benefit spending growth is very important because even with the augmented HI payroll tax rate, payroll tax income growth seems overestimated, and a more conservative estimate of 6 percent annual payroll tax revenue growth should be anticipated. These numbers are reasonable. Hospital staff and patients need only so many mentholyptus cough drops to treat coronavirus and flu or echinacea to cure coronavirus, flu and RSV.

Section 1818 of the Social Security Act 42USC§1395i-2 provides that certain persons not otherwise eligible for HI protection may obtain coverage by enrolling in HI and paying a monthly premium. In 2021, premiums collected from such voluntary participants (or paid on their behalf by Medicaid) amounted to about $4.2 billion. The Railroad Retirement Act provides for a system of coordination and financial interchange between the Railroad Retirement program and the HI trust fund. This financial interchange requires a transfer that would place the HI trust fund in the same position in which it would have been if the Social Security Act had always covered railroad employment. In accordance with these provisions, a transfer of $552 million in principal and about $9 million in interest from the Railroad Retirement program's Social Security Equivalent Benefit Account to the HI trust fund balanced the two systems as of September 30, 2020. The trust fund received this transfer, together with interest to the date of transfer totaling about $7 million, in June 2021. Legislation in 1982 added transitional entitlement for those Federal employees who retire before having had a chance to earn sufficient quarters of Medicare-qualified Federal employment. The general fund of the Treasury provides reimbursement for the costs of this coverage, including administrative expenses. In calendar year 2021, such reimbursement amounted to $95 million for estimated benefit payments for these beneficiaries. Legislation in 1996 established a health care fraud and abuse control account within the HI trust fund. Monies derived from the fraud and abuse control program are transferred from the general fund of the Treasury to the HI trust fund. During calendar year 2021, the trust fund received about $1.2 billion from this program.

The ratio of expenditures to taxable payroll has generally increased over time; it rose from 1.11 percent in 1967 to 3.46 percent in 1996—an increase that reflected rapid growth in HI expenditures, which more than offset growth in average earnings per worker, and increases in (and eventual elimination of) the maximum taxable wage base for HI. Cost rates declined significantly during 1997–2000 to 2.63 percent due to favorable economic performance, the impact of legislation, and efforts to curb fraud and abuse in the Medicare program. The cost rate increased to 3.17 percent by 2005 as a result of legislation and, after remaining about level through 2007, increased rapidly to 3.75 percent in 2010,

reflecting the impact of the recession, which lowered taxable payroll. The resulting deficit in 2010 as a percentage of taxable payroll was the largest since the program began (0.55 percent). Cost rates generally decreased from 2011 through 2015 as the economy recovered, while health care cost growth rates were low. Cost rates remained unfairly leveled on a negative actuarial balance until 2020, when there was a slight increase due to very low growth in taxable payroll as a result of the pandemic. In 2021, cost rates did not decline as utilization remained low during the pandemic, benefit spending increased at an unacceptably high rate as APP repayments were arbitrarily accepted to speedily conclude the welfare fraud loan. The share of Social Security benefits subject to income tax, as well as the share of earnings subject to the additional tax accelerates under conditions of faster CPI growth.

The Trustees project that over the next 10 years most of the remaining sources of financing for the HI trust fund will increase along with payroll tax revenues and covered earnings. More detailed descriptions of these sources of income were discussed earlier in this section. The Trustees have recommended maintenance of HI trust fund assets at a level of at least 100 percent of annual expenditures throughout the projection period. To achieve their goals, the Trustees are recommended to maintain a positive actuarial balance, whereby revenue growth exceeds expenditure growth. An iron law of five percent HI benefit spending growth is needed to moderate health inflation. The HI projection from 2023 onward estimates 6 percent payroll tax revenue growth and 5 percent benefit payment growth. The Trustees recognize, disregarding favorable economic and demographic conditions, they "assume in the low-cost assumptions, HI costs would be lower than scheduled income during 2023–2096, and surpluses would steadily grow throughout the entire 75-year projection period because HI expenditure growth rates would average only about 5 percent per year", excluding the narcissism about reflecting the combined effects of (i) slower growth in utilization and intensity of services and (ii) lower Medicare enrollment. One can interpret the actuarial balance as the percentage that could be added to the income rates and/or subtracted from the cost rates immediately and throughout the entire valuation period in order for the financing to support HI costs and provide for the targeted trust fund balance at the end of the projection period. Or one can calculate the actuarial balance as the positive or negative ratio of surplus or deficit to income less expenditures again and again until 5 percent benefit payment inflation target sustains a positive actuarial balance for the infinite horizon of false economic and demographic assumptions.

The principal steps involved in projecting future HI costs are (i) establishing the present cost of services provided to beneficiaries, by type of service, to serve as a projection base; (ii) projecting increases in HI payments for inpatient hospital services; (iii) projecting increases in HI payments for skilled nursing, home health, and hospice services covered; (iv) projecting increases in payments to private health plans; and (v) projecting increases in administrative costs. For fiscal year 2022, the prospective payment rates have already been determined. For fiscal years 2023 and later, the statute mandates that the annual increase in the payment rate per admission equal the annual increase in the hospital input price index (for those hospitals submitting required quality measure data), minus a specified percentage. A very large decrease in admissions occurred in 2020 due to the pandemic, and a number of these admissions are expected to return over the next few years. The average complexity of hospital admissions (case mix) increased in fiscal year 2021, and it is expected to decrease in fiscal years 2022 and 2023 before increasing by 0.5 percent annually in fiscal years 2024 through 2031. A similar methodology is used to project home health agency (HHA) payments. Beginning in 2021 and throughout the rest of the short-range projection period, utilization increases are assumed to be equal to the growth and aging of the population plus 1 percent annually, plus an additional factor to include the impact of COVID-19 (as utilization rebounds from the very low levels that occurred during the

pandemic). Hospice payments were originally very small relative to total HI benefit payments, but they have grown rapidly in most years and now substantially exceed the level of HI home health expenditures.

HI beneficiaries who use covered services may be subject to deductible and coinsurance requirements. A beneficiary is responsible for an inpatient hospital deductible amount, which is deducted from the amount payable by the HI trust fund to the hospital, for inpatient hospital services furnished in a spell of illness. When a beneficiary receives such services for more than 60 days during a spell of illness, he or she is responsible for a coinsurance amount equal to one-fourth of the inpatient hospital deductible for each of days 61–90 in the hospital. After 90 days in a spell of illness, each individual has 60 lifetime reserve days of coverage, for which the coinsurance amount is equal to one-half of the inpatient hospital deductible. A beneficiary is responsible for a coinsurance amount equal to one-eighth of the inpatient hospital deductible for each of days 21–100 of skilled nursing facility services furnished during a spell of illness. No cost sharing is required for home health or hospice services. The *Federal Register* notice announcing the HI deductible and coinsurance amounts for 2022 included an estimate of the aggregate cost to HI beneficiaries for the changes in the deductible and coinsurance amounts from 2021 to 2022. At the time of the notice's publication, it was estimated that in 2022 there would be 6.43 million inpatient deductibles paid at $1,556 each, 1.44 million inpatient days subject to coinsurance at $389 per day (for hospital days 61 through 90), 0.72 million lifetime reserve days subject to coinsurance at $778 per day, and 28.63 million extended care days subject to coinsurance at $194.50 per day. Similarly, it was estimated that in 2021 there would be 6.11 million deductibles paid at $1,484 each, 1.37 million days subject to coinsurance at $371 per day (for hospital days 61 through 90), 0.69 million lifetime reserve days subject to coinsurance at $742 per day, and 29.69 million extended care days subject to coinsurance at $185.50 per day. The total increase in cost to beneficiaries was estimated to be $1.1 billion due to (i) the increase in the inpatient deductible and coinsurance amounts and (ii) the increase in the number of deductibles and daily coinsurance amounts paid.

Chapter 11 Supplemental Medical Insurance Trust Fund

Medicare Part B Supplemental Medical Insurance pays for physician, outpatient hospital, End-Stage Renal Disease, laboratory, durable medical equipment, home health care unrelated to a hospital stay, and other medical services. Part B coverage is voluntary, and 91 percent of all Medicare beneficiaries enroll in Part B through either fee-for-service or Medicare Advantage. Included in the 2020 net benefits were $37.0 billion in payments made through the Accelerated and Advance Payments (AAP) Program net of amounts repaid $19 billion in 2021 and $18 billion in 2022. Part B does not participate in the payroll tax or its 2020 overestimate. The total assets of the SMI account amounted to $133.3 billion on December 31, 2020. During calendar year 2021, total revenue amounted to $435.5 billion, and total expenditures were $405.5 billion, due to $18 billion in Accelerated and Advance Payments (AAP) Program repayments. Total assets were $163.3 billion as of December 31, 2021. The asset level increased during 2021 by approximately $30.1 billion. The major sources of revenue for the PartB account are (i) contributions of the Federal Government that the law authorizes to be appropriated and transferred from the general fund of the Treasury and (ii) premiums paid by eligible persons who voluntarily enroll. Another source of revenue is the annual fees assessed on manufacturers and importers of brand-name prescription drugs. Of the total Part B revenues in calendar year 2021, $111.0 billion represented premium payments by (or on behalf of) enrollees—an decrease of 0.2 percent over the amount of $111.2 billion for the preceding year. The Secretary of Health and Human Services (HHS) promulgates standard monthly premium rates and actuarial rates each year. The Department of

the Treasury invests the portion of the Part B account not needed to meet current expenditures for benefits and administration in interest-bearing obligations of the U.S. Government.

The estimated monthly premium for 2022 is said to be $158.50, 6.7 percent more than $148.50 in 2021, however the standard Part B premium paid by, or on behalf of, most Part B enrollees in Table III.C.2 is listed as $170.10 in 2022, 14.6 percent more than the agreed upon $148.50 in 2021. After reiterating that the 2022 premium was $170.10 the Report states, the estimated monthly premium for 2023 is $170.10. For determining an individual's monthly premium rate, there is a hold-harmless provision in the law that limits the dollar increase in the premium to the dollar increase in Social Security benefits. This provision applies to most beneficiaries who have their premiums deducted from their Social Security benefits, or roughly 70 percent of Part B enrollees. Most Part B beneficiaries had their 2010 and 2011 monthly premium held to the 2009 rate of $96.40, had their monthly premium held to the 2015 rate of $204.90 and had the increase in their 2017 monthly premium limited to about $4.00 on average. Compared to the estimates in the 2020 report, actual Part B benefit payments report some what lower use of health care services during the pandemic due to subtraction of repayments from providers under the AAP program. Actual premiums were lower than the 2020 report estimates, and government contributions were higher than estimated in the 2020 report, as the legislated financing methodology change was not known for the 2020 report.

In calendar year 2021, contributions received from the general fund of the Treasury amounted to $318.6 billion, which accounted for 73.2 percent of total revenue. Actual values for key economic and other variables can differ from assumed levels, and lawmakers may adopt legislative and regulatory changes after a report's preparation. The increase in the 2021 Part B premium was dampened by the Continuing Appropriations Act, 2021 and Other Extensions Act. The craven legislation required a transfer from the general fund of the Treasury to Part B to replace the premium income lost by the lower premium. This $7.9 billion transfer was specified to be treated as premium income and was unequally matched by a transfer from the general fund of the Treasury, which amounted to $24.4 billion. The Bipartisan Budget Act of 2015 and the Continuing Appropriations Act, 2021 and Other Extensions Act require that payments be made from the Part B account of the SMI trust fund to the general fund of the Treasury, and these amounts totaled $2.1 billion in 2021. Transfers amounting to $6.4 billion were made from the Part B account to the general fund of the Treasury in order to adjust for certain transfers made for exempted amounts.44 In accordance with the Continuing Appropriations Act, 2021 and Other Extensions Act, $14.3 billion of the general revenue represents a transfer from the Part B account to the general fund of the Treasury to partially repay the outstanding balance of the Accelerated and Advance Payments (AAP) Program. As specified in the Consolidated Appropriations Act, 2021, $3 billion was transferred from the general fund of the Treasury to Part B to help offset the cost of the 2021 increase in physician fee schedule payments. The balance of the general revenue consisted almost entirely of premium-matching contributions. Another source of Part B revenue is interest received on investments held by the Part B account. A description of the investment procedures of the Part B account appears later in this section. In calendar year 2021, $2.7 billion of revenue was from interest on the investments of the account. One more source of Part B revenue is the annual fees assessed on manufacturers and importers of brand-name prescription drugs, which amounted to $2.8 billion in 2021. Of total Part B expenditures, $400.5 billion represented net benefits paid from the account for health services.45 Net benefits decreased 3.3 percent compared with the corresponding amount of $414.1 billion paid during the preceding calendar year. The change in net benefits paid reflects the AAP program repayments and the net change in both the number of beneficiaries and the price, volume, and intensity of services. The remaining $5.0 billion of expenditures was for

administrative expenses and represented 1.2 percent of total Part B expenditures in 2021.

The 2020 estimate in the 2021 Annual Report included a transfer of $37.8 billion from the general fund of the Treasury to Part B, for the outstanding balance of the Medicare Accelerated and Advance Payments (AAP) Program, as required by the Continuing Appropriations Act, 2021 and Other Extensions Act to express net repayments of $19.0 billion and $18.0 billion in calendar years 2021 and 2022, respectively of their reduction in benefit payment statistics. All further repayments shall be deposited in the general fund of the Treasury. These $37.8 billion general revenue (2020) and $19 billion (2021) and $18 billion (2022) repayments accounted for as a reduction in benefit payments, are excluded/included from the following, to better analyze current spending, before agreeing to the comparatively high annual rate of 6.7 percent inflation in benefit payments. Because AAP payments were a gift from the General Fund, and the difference in the Trust Fund balance is commensurate, it is important to find growth rates for the higher 2022 Trust Fund balance. Contrary to the rhetoric that medical spending went down during the pandemic, this is a misinterpretation, hyperinflation in benefit payments during this period was concealed by AAP repayments. After the initial increase of 13.2 percent in 2020 due to the AAP payment, approved payments, including those for AAP repayment, increased by 11 percent in 2021 from the undistorted base in 2020, and by 11.3 percent in 2022. It is important that hyperinflation in benefit payments is immediately brought into check with agreed upon 6.7 percent inflation, from the actual spending of $466.9 billion, beginning in 2023 - $498.2 billion. Concealed high growth in benefit spending should neither be retro-actively penalized with growth less than 6.7 percent inflation because the tabulation of sequestration was used to shrink the operations of the SMI Trust Fund to 72 percent of its size prior to the 2021 Annual Report, nor should spending growth be overestimated, in 2023 and later, due to misinformation regarding low utilization during the pandemic when in fact the APP concealed nearly double usual growth in approved benefit spending. It should be assumed that APP eased the transition from a 28 percent larger estimate of SMI Trust Fund operations, and 2023 is the year to exact 6.7 percent benefit spending growth into the future. 6.7 percent is fair due to the downsizing of the Trust Fund. Administrative costs increase 3 percent annually.

The Secretary of Health and Human Services has the tricky job of determining the amount of premium income and general revenues to be requested. Benefit payments estimates in 2023 and later are lower than in the 2022 Annual Report to enforce the agreed upon 6.7 percent inflation, therefore revenue projections must be reduced accordingly. This is difficult to do because the revenue growth projections are extremely sporadic, without any pre-determined usual rate of growth, or conscience regarding hyperinflation in beneficiary premiums or general fund. First, due to a growing trust fund, it is easy to accept estimates for Interest and other income. Next it is easy to estimate a total income target that is one percent more than total spending. Now the difficult part is to determine the necessary growth rate in premium revenues and general revenues. 6 percent annual growth in premium revenues would be a relief. Congress to protect premiums against exactly the same kind of extortionate increases, albeit from a much lower starting point, that make Medicare a more desirable form of health insurance than private health insurance plans. To be lawful premium income increases should be exactly the same as the annual COLA and CPI, however due to their experience with private plans, higher income beneficiaries are happy to not notice the hyperinflation in their much smaller premium, and the hold harmless provision makes it somewhat safe for lower income beneficiaries, who are nonetheless at risk for toxic exposure and price gouging at every arbitrary administrative proceeding. 6 percent annual premium increases, with hold harmless provision, seem reasonable to the general fund that must pay for the remainder. The result of 6.9 percent benefit spending growth projection is cheaper for both

beneficiaries and general fund for the infinite horizon. However, because the Medicare population is growing more than twice as fast as the general population, through retirement and voluntary enrollment, until there is Medicare/Medicaid for all, Medicare spending increases more than 3 percent annual rate we would like to pay for medical services. The Secretary of Health and Human Services will have to estimate the price of a variable, more or less sliding scale premium, to achieve desired premium revenues. Dividends to encourage providers to cooperate with the SMI Trust Fund to achieve a positive actuarial balance, with stable and sustainable economic growth, at an affordable price, could be arranged by limiting medical procedure and product inflation from two percent to one percent, and paying the other one percent as a dividend at year end, for 6.7 percent total benefit payment inflation.

Operations of Part B, Supplemental Medical Insurance Trust Fund 2014-2030
(billions)

Year	Premium income	General revenue	Interest and other	Total income	Benefit payments	Administrative expenses	Total expense	Net change	Balance at end of year
2014	65.6	188.5	5.7	259.8	261.9	4.0	265.9	-6.1	68.1
2015	69.4	203.9	5.7	279.0	275.8	3.1	279.0	0.1	68.2
2016	72.1	235.6	5.5	313.2	289.5	3.9	293.4	19.8	88.0
2017	81.5	217.3	6.8	305.6	308.6	5.0	313.7	-8.1	79.9
2018	93.3	253.2	7.1	353.7	333.0	4.2	337.2	16.5	96.3
2019	99.4	268.2	5.9	373.6	365.7	4.6	370.3	3.3	99.6
2020	111.2	298.3/ 336.0	5.1	414.6/ 452.3	377.1/414.1	4.5	381.6	33.0/ 33.7	132.6/ 133.3
2021	110.2	318.6	6.0	435.5	419.5/ 400.5	5.0	424.5/ 405.5	11.0	143.6 / 163.3
2022	135.0	323.2	6.4	464.6	466.9/ 448.3	3.6	470.5	-5.9/ 12.7	137.7/ 176.0
2023	143.1	357.6	6.9	507.6	498.2	4.4	502.6	5	181.0
2024	151.7	382.6	7.3	541.6	531.6	4.7	536.3	5.3	186.3
2025	160.8	409.5	7.4	577.7	567.2	4.8	572.0	5.7	192.0
2026	170.4	438.1	7.8	616.3	605.2	5.0	610.2	6.1	198.1
2027	180.7	468.0	8.6	657.3	645.7	5.1	650.8	6.5	204.6
2028	191.5	500.1	9.6	701.2	689.0	5.3	694.3	6.9	211.5
2029	203.0	534.2	10.8	748.0	735.2	5.4	740.6	7.4	218.9
2030	215.2	570.7	12.0	797.9	784.4	5.6	790.0	7.9	226.8

Source: 2022 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds

2020 general revenue included a transfer of $37.8 billion from the general fund of the Treasury to Part B in November 2020 for the outstanding balance of the Medicare Accelerated Advance Payments (AAP) Program, as requires by the Continuing Appropriations Act, 2021 and Other Extensions Act for which there were subsequent repayments of $19.0 billion and $18.0 billion calendar years 2011 and 2022, respectively. All future recoveries from providers will be transferred to the general fund of the Treasury The amount and rate of growth of benefit payments have caused concern for many years. Aggregate Part B benefit growth has averaged 6.7 percent annually over the past 5 years. The Trustees traditionally evaluate the actuarial status or financial adequacy of the Part B account over the period for which the enrollee premium rates and level of general revenue financing have been established. The primary tests are that (i) the assets and income for years for which financing has been established should be sufficient to meet the projected benefits and associated administrative expenses incurred for that period; and (ii) the assets should be sufficient to cover projected liabilities for benefits that have not yet been paid as of the end of the period. If Part B does not meet these adequacy tests, it can still continue to operate if the account remains at a level adequate to permit the payment of claims as presented. However, to protect against the possibility that costs will be higher than assumed, assets should be sufficient to include contingency levels that cover a reasonable degree of variation between actual and projected costs. In some years, account assets have not been as large as liabilities. Nonetheless, the fund has remained positive, which has allowed payment of all claims. The amount of assets minus liabilities, compared with the estimated incurred expenditures for the following calendar year, forms a relative measure of the Part B account's financial status. Under the intermediate assumptions, incurred Part B expenditures as a percentage of GDP increase from 1.88 percent in 2021 to 3.68 percent in 2080 before declining to 3.62 percent in 2096. However, reports show a projected leveling off of the share of Part B spending as a percentage of GDP due to legislated updates, including those for physician payments.

During 2021, Part B benefits, including the effects of the accelerated and advance payments and repayments, decreased 3.3 percent on an aggregate basis and constituted 1.74 percent of GDP. In other words the SMI Trust Fund was downsized by 28 percent to 72 percent of its prior level. The best explanation provided for the enormous 28 percent historical revision of the SMI Trust Fund in the 2021 Annual Report from prior Annual Reports, is the Medicare Access and CHIP Reauthorization Act of 2015 and the Bipartisan Budget Act of 2018 specified physician payment updates for every future year. The Consolidated Appropriations Act, 2021 and the Protecting Medicare and American Farmers from Sequester Cuts Act P.L. No. 117-71 of December 10, 2021, read together by the Board of Trustees specified that the 2021 physician payment update be 3.75 percent, that the 2022 physician payment update be −0.7 percent, and that future physician payments not take into account the 2021 and 2022 updates. The physician payment updates are −2.9 percent for 2023 and 0.0 percent for 2024 and 2025. Additional payments of $500 million per year for physicians in the merit-based incentive payment system and 5-percent annual bonuses for qualified providers in advanced alternative payment models (advanced APMs) are payable in 2019 through 2024. For 2026 and later, there will be two payment rates: for qualified providers paid through an advanced APM, payment. Rates will be increased by 0.75 percent each year, while payment rates for all other providers will be increased each year by 0.25 percent. Projected Part B expenditures are further affected by the sequestration required by current law, which reduces benefit payments by the percentages listed - 2 percent from April 1, 2013 through April 30, 2020; 1 percent from April 1, 2022 through June 30, 2022; 2 percent from July 1, 2022 through March 31, 2030; 2.25 percent from April 1, 2030 through September 30, 2030; 3 percent from October 1, 2030 through March 31, 2031; and 4 percent from April 1, 2031 through September 30, 2031, excluding May 1, 2020 through March 31, 2022. So, after considerable confusion, the basic rule

of thumb until 2030 is a 2 percent target rate of inflation for medical goods and services. Dividends of one percent are an option for one percent inflation in Medicare prices for medical goods and services.

To balance the budget Congress must stop capriciously imposing deficit reductions on a percentage basis and sequestering those funds to achieve arbitrary budget goals under 2USC§901a. Annual reduction goals conflict with the inexorable progress of inflation. Under the Iron of Law Wages hyperinflation causes economic collapse, in this case Congress enforces socio-economic collapse with their unskilled sequestration, that ultimately results in a highly extorted 6.7 percent rate of spending growth, unpopular with surgery farming physicians who are abusively treated to confused fee reduction threats rather than usual language pertaining to economic growth. A reasonable rate of inflation must be projected from a fair base fee schedule. The President's budget must sustain a stable rate of inflation by ensuring the -2 percent reduction through 2020 is interpreted to be a +2 percent annual increase in physician fee schedule, in the case of payments between July 1, 2022 through March 31 2030 under Sec. 1848(c)(2)(B)(iv)(V) of the Social Security Act 42USC§1395w-4(c)(2)(B)(iv)(V) as confusedly amended and liberally interpreted by the Actuary and reader, to produce a 2 percent inflation target. With 2 percent inflation in the fee schedule, Medicare population and treatment incidence growth of around 3 percent, should leave enough for, one percent year end dividend to encourage economic cooperation with the 6.7 percent target rate for benefit payment inflation by the Trustees.

Part B estimates are prepared by establishing the allowed charges or costs incurred per enrollee for a recent year (to serve as a projection base) and then projecting these charges through the estimation period. The per enrollee charges are then converted to reimbursement amounts by subtracting the per enrollee values of the deductible and coinsurance. Private contractors acting for the Centers for Medicare & Medicaid Services (CMS) pay reimbursement amounts for services billed by practitioners, including physician services, durable medical equipment (DME), laboratory tests performed in physician offices and independent laboratories, and other services (such as physician- administered drugs, free-standing ambulatory surgical center facility services, ambulance services, and supplies). Separate payment systems exist for almost all the Part B institutional services. Reimbursement for these services occurs in two stages. First, bills are submitted by providers to the MACs, and interim payments are made on the basis of these bills. The second stage takes place at the close of a provider's accounting period, when a cost report is submitted and lump-sum payments or recoveries are made to correct for the difference between interim payments and final settlement amounts for providing covered services (net of coinsurance and deductible amounts). Private health plans with contracts to provide Part B services to Medicare beneficiaries are reimbursed directly by CMS on either a reasonable-cost or capitation basis. Physician fee schedule updates are specified by law for every future year. Laboratory services utilize the CPI. The ratio of Part B administrative expenses to total expenditures was 1.2 percent in 2021. The 2022 price of the COVID vaccine is estimated to be approximately $60 and the 2022 cost for its administration $40. Roughly 57 percent of the Medicare population is expected to receive the COVID-19 vaccine in 2022.

Dating back to the 1970s, some Medicare beneficiaries have chosen to receive their coverage for Part A and Part B services through private health plans. The foundation of the current program was established in 2003, when most of the private plans were renamed as Medicare Advantage (MA) plans and all private health insurance coverage options available through Medicare were formally designated as Part C. Private health plan enrollment projections are based on three cohorts of beneficiaries: (i) dual-eligible beneficiaries, (ii) beneficiaries with employer-sponsored coverage, and (iii) all others, including individual-market enrollees. The share of Medicare enrollees in private health plans is

projected to increase from 43.2 percent in 2021 to 52.9 percent in 2031. Plans submit bids equal to their projected per enrollee cost of providing the standard Medicare Part A and Part B benefits. Plans with bids below the benchmark apply the rebate share. The rebate percentage is based on the quality rating of the health plan and ranges from 50 to 70 percent.

The Part B monthly premiums displayed in table V.E2 are the standard premium rates paid by most Part B enrollees. However, there are three provisions that alter the premium rate for certain Part B enrollees. First, there is a premium surcharge for those beneficiaries who enroll after their initial enrollment period. Second, beginning in 2007, there is a higher income-related premium for those individuals whose modified adjusted gross income exceeds a specified threshold. In 2021, approximately 4.8 million beneficiaries paid a Part B income-related premium. In 2022 the initial threshold is $91,000 for an individual tax return and $182,000 for a joint return. The Bipartisan Budget Act of 2018 (BBA 2018) established an additional premium level beginning in 2019 for individuals with incomes at or above $500,000 (and couples with incomes at or above $750,000), and they will pay a premium covering 85 percent of the average program cost. Third, Part B premiums may also vary from the standard rate because a hold-harmless provision can lower the premium rate for individuals who have their premiums deducted from their Social Security benefits. On an individual basis, this provision limits the dollar increase in the Part B premium to the dollar increase in the individual's Social Security benefit.

Chapter 12 Drug Plan Trust Fund

The total assets of the Part D Drug Plan Trust Fund account amounted to approximately $10.0 billion on December 31, 2020. During calendar year 2021, total Part D expenditures were approximately $104.9 billion. General revenue was provided on an as-needed basis to cover the portion of expenditures that Medicare subsidies support. Total Part D receipts were $114.6 billion. As a result, total assets in the Part D account increased to $19.7 billion as of December 31, 2021. The major sources of revenue for the Part D account are (I) contributions of the Federal Government authorized to be apportioned and transferred from the general fund of the Treasury; (ii) premiums paid by eligible persons who voluntarily enroll; and (iii) contributions from the States. Of the total Part D revenue in 2021, $5.2 billion represented premium amounts withheld from Social Security benefits or other Federal benefit payments. Total premium payments, including those paid directly to Part D plans, amounted to an estimated $17.0 billion or 14.8 percent of total revenue. In calendar year 2021, contributions received from the general fund of the Treasury amounted to $85.3 billion, which accounted for 74.4 percent of total revenue. The payments from the States were $12.1 billion. Another source of Part D revenue is interest received on investments held by the Part D account. Since this account holds a very low amount of assets, and only for brief periods of time, the interest on the investments of the account in calendar year 2021 was negligible. Finally, law enforcement and other settlements amounting to $251 million were attributable to the program and deposited into the Part D account. Of the $104.9 billion in total Part D expenditures in 2021, $104.4 billion represented benefits, as defined above, and the remaining $0.5 billion reflected Federal administrative expenses. Going forward into 2022 it is necessary to recognize that reconciliation payments drive up costs that stabilize in 2024 and seem to maintain a positive actuarial balance at a cost that is less than the 7.4 percent payment growth estimate.

Operations of Medicare Part D Drug Plan Trust Fund 2014-2030
(billions)

Year	Premium income	General revenue	Transfer from States	Interest and other	Total income	Benefits payments	Administrative expenses	Total expenses	Net change	Balance at end of year
2014	11.4	58.1	8.7	0.0	78.2	72.7	0.4	78.1	0.1	1.1
2015	12.7	68.4	8.9	0.0	90.0	89.4	0.3	89.8	0.3	1.3
2016	13.8	82.4	10.0	0.0	106.2	99.5	0.5	99.9	6.3	7.6
2017	15.5	73.2	11.4	0.1	100.2	100.1	-0.1	100.0	0.2	7.8
2018	15.9	67.8	11.7	0.1	95.4	94.7	0.5	95.2	0.2	8.0
2019	15.7	70.2	12.3	0.5	98.7	97.1	0.5	97.5	1.2	9.2
2020	15.8	77.7	11.6	0.7	105.8	104.6	0.4	105.0	0.8	10.0
2021	17.0	85.3	12.1	0.3	114.6	104.4	0.5	104.9	9.7	19.7
2022	18.0	90.7	13.4	0.5	122.6	131.3	0.9	132.2	-9.7	10.0
2023	18.8	87.4	15.3	0.6	122.1	120.4	0.9	121.3	0.8	10.8
2024	20.6	93.5	18.2	0.6	133.1	131.4	1.0	132.4	0.7	11.5
2025	22.3	98.5	19.6	0.7	141.1	139.4	1.0	140.4	0.8	12.2
2026	24.3	104.7	20.8	0.8	150.6	148.8	1.0	149.8	0.8	13.0
2027	25.7	111.4	22.1	0.8	160.1	158.2	1.1	159.3	0.8	13.8
2028	27.8	117.7	23.6	0.9	170.0	168.0	1.1	169.1	0.9	14.7
2029	29.8	124.6	25.2	1.0	180.5	178.5	1.2	179.6	0.9	15.6
2030	32.0	131.4	26.8	1.0	191.3	189.2	1.2	190.4	0.9	16.5

Source: 2022 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds

Compared to the 2019 report, the actual premiums, government contributions, and benefit payments for 2020 were all significantly lower than projected. The Trustees project that income and expenditures will grow at an average annual rate of 7.4 percent over the 5-year period 2022–2026, mainly due to expected increases in enrollment and growth in per capita drug costs. The delay of the reconciliation payments for policy year 2020 from November 2021 to January 2022, contributes to an annual rate that is higher than in last year's report. Compared to the estimates in the 2020 report, actual benefit payments for 2020 were significantly lower primarily because the reconciliation payments for calendar year 2020 were paid in January 2022. State transfers were lower than the 2020 report estimates largely because the legislation that temporarily increased the Federal medical assistance percentage (FMAP) was enacted after the 2020 report. The Department of the Treasury invests the portion of the Part D account not needed to meet current expenditures for benefits and administration in interest-bearing obligations of the U.S. Government. The Medicare direct premium subsidy payments and enrollee premiums implicitly cover administrative expenses incurred by Part D plans. 2020 reconciliation payments, which typically would have been made by Medicare in November 2021, were postponed

until January 2022 due to a deadline extension for plans to submit risk adjustment data. The postponed payments, which amounted to $8.4 billion and which were transferred from general revenue to the Part D account in December, resulted in total assets that were higher than usual as of December 31, 2021.

Total expenditures are characterized as either benefits (representing the gross cost of enrollees' prescription drug coverage plus RDS amounts) or Federal administrative expenses. Part D expenditures include both the costs of prescription drug benefits provided by Part D plans to enrollees and Medicare payments to retiree drug subsidy (RDS) plans on behalf of beneficiaries who obtain their primary drug coverage through such plans. Enrollee premiums that are paid directly to Part D plans, and thus do not flow through the Part D account, finance a portion of these expenditures. However, these premium amounts are included in the Part D account operations (both income and expenditures) presented in this report. The beneficiary premiums and direct subsidy rate are calculated based on the national average bid amounts and defined prior to each year's operations. The base beneficiary premium constitutes 25.5 percent of the expected total plan costs for basic Part D coverage. The actual premium a beneficiary pays is calculated as the difference between the plan bid and the national average bid, which is then applied to the base beneficiary premium. Beginning in 2011, beneficiaries with modified adjusted gross incomes exceeding a specified threshold pay income- related premiums in addition to the premiums charged by the plans in which the individuals have enrolled. The extra premiums are credited to the Part D trust fund account and reduce the financing amounts from the general fund.

The financing of the general fund is also affected by the brand-name manufacturer drug discounts. Starting in 2011, the drug manufacturers provide a 50-percent ingredient cost discount for brand- name drugs in the coverage gap that reduces beneficiary out-of-pocket expenses. Starting in 2019, the Bipartisan Budget Act of 2018 increases the brand-name drug discount in the coverage gap to 70 percent, with a corresponding decrease in plan benefits. Medicare Part D pays advanced discount payments prospectively to the non-employer Part D plans and will be reimbursed for these amounts once the plans receive the discounts from the drug manufacturers. Part D expenditures on direct premium subsidy payments, RDS amounts, advanced discount payments, and administrative expenses are affected by the sequestration required by current law, which reduces benefit payments by the percentages listed below: 2 percent from April 1, 2013 through April 30, 2020; 1 percent from April 1, 2022 through June 30, 2022; 2 percent from July 1, 2022 through March 31, 2030; 2.25 percent from April 1, 2030 through September 30, 2030; 3 percent from October 1, 2030 through March 31, 2031; and 4 percent from April 1, 2031 through September 30, 2031. Reinsurance, the low-income cost-sharing subsidy, and net risk- sharing payments are not affected by sequestration.

Over the next 10 years, aggregate benefits are projected to increase at 6.7 percent annually, on average, while the average per capita rate of growth is projected to be 4.1 percent. Incurred Part D expenditures as a percentage of GDP would increase from 0.48 percent in 2021 to 0.84 percent in 2096. Part D is a voluntary Medicare prescription drug benefit that offers beneficiaries a choice of private drug insurance plans. Low-income beneficiaries can receive additional assistance on the cost sharing and premiums. Each drug plan receives monthly risk-adjusted direct subsidies, prospective reinsurance payments, and prospective low-income cost- sharing subsidies from Medicare, as well as premiums from the beneficiaries and premium subsidies from Medicare on behalf of low- income enrollees. At the end of the year, the prospective reinsurance and low-income cost-sharing subsidy payments are reconciled to match the plan's actual experience. During the annual reconciliation process, if actual experience differs from the plan's bid beyond specified risk corridors, Medicare shares in the plan's gain or loss.

From 2006 through 2015, the percentage of estimated costs paid by States was phased down from 90 percent to 75 percent. All individuals entitled to Medicare Part A or enrolled in Part B are eligible to enroll in the voluntary prescription drug benefit. There are two ways that employer-sponsored plans can benefit from the Part D program. One way is the retiree drug subsidy (RDS), in which, for qualifying employer-sponsored plans, Medicare subsidizes a portion of their qualifying retiree drug expenses. As a result of tax deduction changes, RDS program participation has declined significantly since 2012 and is assumed to decline further over the next several years. The Trustees expect that most of the retirees losing drug coverage through RDS plans will participate in other Part D plans. The statute specifies that the base beneficiary premium is equal to 25.5 percent of the sum of the national average monthly bid amount and the estimated catastrophic reinsurance.

The Part D average premiums displayed in table V.E2 are the estimated base beneficiary premiums. Starting in 2009, the national average plan bid is based on the enrollment-weighted average. The actual premium that a beneficiary pays varies according to the plan in which the beneficiary enrolls. The average paid premium has always been lower than the base beneficiary premium; the average paid premium was $31.70 in 2021 and is projected to be $32.32 in 2022. Similar to Part B, there are two provisions that affect the premium rate for certain Part D beneficiaries. First, there is a Part D late enrollment penalty for those beneficiaries enrolling after their initial enrollment period. Second, starting in 2011, individuals whose modified adjusted gross income exceeds the same thresholds applicable to the Part B premium pay an income-related premium in addition to the premium charged by the plan in which the individual enrolled. In December 2021, approximately 4.1 million beneficiaries paid a Part D income- related premium. In addition, there are Part D premium and cost-sharing subsidies for those beneficiaries with incomes less than 150 percent of the Federal poverty level and with assets, including burial expenses, in 2022 that amount to less than $15,510 for an individual and $30,950 for a couple. Under standard Part D coverage, there is an initial deductible. After meeting the deductible, the beneficiary pays 25percent of the remaining costs up to the initial benefit limit. Starting in 2020, for all drugs, beneficiaries pay 25 percent of the costs between the deductible and the catastrophic threshold under the standard coverage. In 2022, after reaching the catastrophic threshold, the beneficiary pays the greater of (i) 5 percent of the drug cost or (ii) $3.95 for generic or preferred multiple-source drugs or $9.85 for preferred single-source drugs. The majority of beneficiaries have not enrolled in the standard benefit design but rather in plans with low or no deductibles, flat copayments for covered drugs, and, in some cases, partial coverage in the coverage gap.

American Pharma has legislated a monopoly to sell vast quantities of experimental and placebo American pharmaceuticals to the government at lower prices than the price gouged working age public pursuant to 24USC§225h. For the past decade, various legislations have sabotaged the $10 billion annual online pharmaceutical trade in the fine generic drugs manufactured in India. The SMI drug export and import tax is suspected of financing, propagating or tolerating a criminal conspiracy of medical providers, mail carriers and law enforcement in restraint of the legitimate domestic and import drug trade without prescription, competition with health insured medicine. The Fentanyl Distribution Administration (FDA) reports more than 100,000 seizures, unacceptably delaying, stolen online medical products, both domestic and imported, presumed adulterated, if they ever arrive, sent through various mail carriers, to discover 500 packages of fentanyl. Since 2017 China has prohibited fentanyl exports but remains a source of benzodiazepines. FDA approval of fentanyl production for severe pain in the 1990s, must be blamed for record overdose deaths. The FDA has tried to delay recall by making Narcan opiate overdose reversal medicine over-the-counter (OTC), the new synonym for affordable.

The FDA must protect the domestic and international trade in “safe, effective and affordable medicine” against protectionist legislation, facilitating the theft from the mail of safe, effective and affordable medicine, used to justify overprescription of overpriced experimental American pharmaceutical remedies, as often placebo as dangerous. The unfair competition was exaggerated by the COVID hack of “safe, effective and (censured) affordable” criteria for drug approval. Technical anti-trust amendments at the end of this work, require FDA regulatory support of import licenses, for reputable online domestic vendors of natural remedies to participate on an equal basis with authorized distributors of generic pharmaceutical drugs manufactured in India, in a postal investigation of casualty to identified goods §2-613 of the Uniform Commercial Code. The United States is especially ordered to remove any impediments arising to the free exportation of goods required for humanitarian needs (i) medicines and medical devices...To this end, the United States must ensure that licenses and necessary authorizations are granted and that payments and other transfers of funds are not subject to any restriction in so far as they relate to the goods and services referred to above in paragraph 98 of *Alleged Violations of the 1955 Treaty of Amity, Economic Relations, and Consular Rights* (Islamic Republic of Iran v. United States of America) Order No. 175 3 October 2018.

Chapter 13 Medicaid

Authorized in 1965 under title XVIII of the Social Security Act,, Medicaid is a means-tested health care entitlement program financed jointly by states and the federal government that provides health care coverage to low-income families with dependent children, pregnant women,, children, aged, blind and disabled individuals, and other adults. Medicaid also provides community based long-term care services that support seniors and individuals with disabilities. Medicaid programs vary widely by state. The Balanced Budget Act of 1997 created the Children's Health Insurance Programs (CHIP) under title XXI of the Social Security Act. CHIP is a federal-state matching, capped grant program providing health insurance to targeted, low-income children in families with incomes above Medicaid eligibility levels. Starting April 1, states will start removing people from Medicaid rolls. The government estimates that 15 million people — or roughly 1 in 6 of the 84 million on Medicaid — will be kicked off the program. The COVID-19 pandemic caused Medicaid enrollment to grow by 5 million between 2020 and 2022 because people were protected against loss of benefits if they made too much money to qualify for the program, or if they moved out of state or gained health care coverage through their employer. The Consolidated Appropriations Act of December 2022 instructed states to restart eligibility checks of every person currently on Medicaid, including address, income and household size. Some of those who won't qualify for Medicaid coverage will be able to get health insurance from the Affordable Care Act's marketplace for coverage, where private coverage subsidized by federal tax credits can cost as little as $10 a month, depending on a person's income. Between 80% and 90% of children will still be eligible for those programs (Ivanova '23). 110

After declines in enrollment from 2017 through 2019, preliminary data for November 2022 show that total Medicaid/CHIP enrollment grew to 91.8 million, an increase of 20.6 million from enrollment in February 2020 (29.0%), right before the pandemic and when enrollment began to steadily increase. Adult enrollment in Medicaid/CHIP has increased rapidly during the pandemic, growing by 40.3% from February 2020 through November 2022 enrollment reports. The temporary continuous enrollment provision created by the Families First Coronavirus Response Act (FFCRA) provided states generally cannot disenroll Medicaid enrollees while the provision is still in effect and in exchange, states receive a temporary increase in the federal Medicaid match rate. As part of the Consolidated Appropriations Act, signed into law in December 2022, Congress set an end to the continuous

enrollment provision on March 31, 2023, and will phase down the enhanced federal Medicaid matching funds through December 2023 (Corallo & Moreno '23).

In FY 2023 the Centers for Medicare Medicaid and State Children's Health Insurance (CMS) appropriation request is $533.1 billion, an increase of exactly 3 percent, $15.7 billion above the FY 2022 appropriation request, consisting of $367.4 billion for FY 2023 an $165.7 billion in an advanced appropriation from FY 2022. With about the help of about $72 billion in state contributions, federal appropriations will support $584.5 billion in estimated gross obligations, consisting of $555.3 billion in Medicaid medical assistance benefits, $23.6 billion for Medicaid administrative functions including Medicare survey and certification and state fraud control and $5.6 billion for the Centers for Vaccine Control and Prevention Vaccines for Children program. Medicaid funding increased 13.9 percent in 2020, 11.1 percent in 2021.The FY 2022 Medicaid request is $517,398.4 million, a decrease of -0.6 percent, -$2,519.1 million below the FY 2021 estimate. 2.4 percent average annual growth from FY 19 seems low for the $309 billion FY 2023 estimate, but is more reasonable than the 11.2 percent annual growth of the FY 2022 estimate of $369 billion. Many states have exposed beneficiaries to eligibility exams. COVID-19 related legislation impacted Medicaid, which contributed to the funding increase from FY 2021 when compared to FY 2022. For example, States received an additional 6.2 percent Federal match on certain Medicaid medical assistance benefits (MAP).

Medicaid Appropriations FY 17 – FY 24
(millions)

	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24
Annual Appropriations for Grants to States for Medicaid	262,004	284,798	276,236	329,638	380,014	368,666	367,400	378,422
Advanced Appropriation	115,583	125,220	134,848	137,932	139,903	148,732	165,700	170,671
Total Annual Appropriations	[377,587]	[410,018]	[411,084]	[467,570]	[519,917]	[517,398]	[533,100]	[549,093]
State Medicaid Spending	[57,030]	[61,475]	[64,098]	[66,021]	[68,002]	[70,042]	[72,143]	[74,308]
State and Federal Total	434,617	471,493	475,182	533,591	587,919	587,440	605,243	623,401

Source: CMS Agency Justifications of Estimates for Appropriations Committees FY 19-FY 23; State

Medicaid Spending National Association of State Budget Officers. State Expenditure Report. Washington DC. 2019. pg. 54 FY17-FY19 3 percent inflation target

Centers for Medicare & Medicaid Services (CMS) Fiscal Year (FY) 2023 performance budget provides the most reliable data on Medicaid and CHIP, although the Medicare Trust Funds are better derived from the Annual Report of the Board of Trustees. Authorized in 1965 under title XIX of the Social Security Act, Medicaid is a means -tested health care entitlement program financed jointly by states and the federal government that provides health care coverage to low-income families with dependent children, pregnant women, children, aged, blind and disabled individuals, and other adults. Medicaid also provides community based long-term care services and supports seniors and individuals with disabilities, as well as institutional care and long-term care services. CMS is administered in partnership with states. The Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP) under title XXI of the Social Security Act. CHIP is a federal-state matching, capped grant program providing health insurance to targeted , low-income children in families with incomes above Medicaid eligibility levels. This program was the largest single expansion of health insurance coverage for children in more than 30 years and has improved access to health care and quality of life for millions of vulnerable children younger than 19 years old. In June 2018, CMS released its first Medicaid and CHIP (MAC) Scorecard. The 2020 Scorecard included additional measures across all pillars. Examples of measures added to the Scorecard in 2020 included Asthma Medication Ratio: Ages 5-18; Asthma Medication Ratio: Ages 19-64. Because the COVID-19 public health emergency (PHE) had far-reaching impacts on Medicaid and CHIP programs and data, it was decided not to add new measures to the 2021 MAC Scorecard in an effort to minimize any new reporting burden due to the PHE.

CMS' FY 2023 mandatory appropriation request for the Grants to States for Medicaid account is $533.1 billion, an increase of $15.7 billion relative to the FY 2022 request level of $517.4 billion. This appropriation is composed of $165.7 billion in an authorized advance appropriation for FY 2022 and a remaining appropriation of $367.4 billion for FY 2023, $22 million above the FY 2022 level. In conjunction with states resources will help fund $584.5 billion in anticipated FY 2023 Medicaid obligations. The federal share of Medicaid net outlays is estimated to be $535.8 billion in FY 2023, a decrease of $26.0 billion from the FY2022 level of $561.8 billion. Medicaid payments are made directly by states to health care providers or health plans for services rendered to beneficiaries. Providers must accept the state's payment as full reimbursement. By law, Medicaid is generally the payer of last resort. If other parties, including Medicare, are legally liable for services provided to a Medicaid beneficiary, that party generally must first meet its financial obligation before Medicaid payment is made. The Vaccines for Children (VFC) program is 100 percent federally funded by the Medicaid appropriation and operated by the Centers for Disease Control and Prevention. CMS' Vaccine for Children (VFC) estimate is $5.6 billion, a $53.9 million increase above the FY 2022 estimated level.

Section 1139A of the Social Security Act establishes a national pediatric quality measures program. (Child Core Set) of 24 children's quality measures in 2010. The purpose of this measure is to increase enrollment in CHIP and Medicaid from 43,542,385 children in FY2011 to 44,538,869 children by the end of FY2023. The FY 2020 enrollment result as of June 23, 2021 is 44,259,975 children enrolled in Medicaid and CHIP, which does not meet the FY 2020 enrollment target of 46,672,893 children enrolled in Medicaid and CHIP. Targets of 37,338,314 children enrolled in Medicaid and 9,334,579 children enrolled in CHIP were also not met by the enrollment results, which indicate that 35,197,225

children were enrolled in Medicaid, and 9,062,750 children were enrolled in CHIP during FY 2020. The HEALTHY KIDS Act, as included in P.L. 115-120, extended CHIP funding for six years through FY 2023, and the Advancing Chronic Care, Extenders and Social Services Act (referred to as the ACCESS Act and included in Pub. L. No. 115 - 123), provides CHIP funding for an additional four years, for FY 2024 through FY 2027. The Connecting Kids to Coverage grants and the National Campaign fund activities that are aimed at reducing the number of children who are eligible for Medicaid and CHIP but are not enrolled, and improving retention of eligible children who are currently enrolled. With 91.9 percent of eligible children enrolled in Medicaid and CHIP in 2019, effective and targeted strategies are needed to enroll the remaining 8.1 percent of eligible uninsured children.

In 2012, CMS began a nationwide initiative - the National Partnership to Improve Dementia Care in Nursing Homes - to improve dementia care and reduce the use of antipsychotic medications. In July 2012, CMS began posting on the Care Compare web site, quality measures of antipsychotic use in long-stay and short-stay nursing home residents, excluding residents with schizophrenia, Tourette's syndrome, or Huntington's disease. In 2011 Q4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 39.4 percent to a national prevalence of 14.5 percent in 2020 Q4. CMS launched the Civil Money Penalty Reinvestment Program (CMPRP) , a multi-year effort to reduce adverse events, improve staffing quality and improve dementia care in nursing homes. On January 21, 2021, President Biden issued an *Executive Order on Ensuring an Equitable Pandemic Response and Recovery*. This order called for identifying and eliminating health and social inequities resulting in disproportionately higher rates of exposure, illness, and death. The CARES Act provided CMS with $200 million in multi-year Program Management funding through FY 2023 to "prevent, prepare for, and respond to the Coronavirus (COVID-19) domestically and internationally." The average number of national nursing home resident COVID-19 weekly cases in January 2021 was approximately 20,000 per week, whereas the average number in September 2021 was approximately 5,100 per week (approximately an 80 percent reduction). Current nursing home COVID-19 data shows approximately 86 percent of residents and 74 percent of staff are fully vaccinated, and the number of new COVID-19 cases each week has been dramatically reduced. There was a significant disruption in state performance, which is likely to continue into FY 2021, due to families foregoing preventive care during the COVID-19 pandemic. Dental services were impacted to a greater extent than most other types of services. Comparing March 2020–May2021 to the same period in 2019, the data shows about 24% fewer dental services being provided. Currently, more than 1.3 million residents live in approximately 15,450 Medicare and Medicaid certified nursing homes in the United States. Their requirements for infection control are found in 42CFR§483.80.

CMS mi-spelled *Clostridiodes Difficile. Clostridium difficile* is a germ (bacterium) that causes life -threatening diarrhea, usually associated with taking antibiotics. In 2017, *C. difficile* accounted for 223,900 infections and 12,800 deaths per year. Antibiotic resistant *Clostridium difficile* and *Helicobacter pylori* can only be cured with a course of metronidazole. A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney. The CDC states, overall, among all acute care hospitals, between 15-25 percent of hospitalized patients receive urinary catheters during their hospital stay. Among UTIs acquired in the hospital, approximately 75 percent are associated with a urinary catheter. Ventilator associated pneumonia (VAP) among COVID-19 patients incidence is estimated fluctuate between 36% to 85%, and mortality rates in ICUs varied from 29% to 43%. VAP in COVID-19 was associated with increased 28-day

mortality. Pneumococcal immunization cures pneumonia over one night of fairly intense injection site pain and prevents 21 *Streptococcus* spp. including *S. pneumoniae* of the lungs and brain and *S. pyogenes* of the throat and heart, for up to ten years 42CFR§483.80(d)(2). *Streptococcus* and *Staphylococcus* combine to cause excruciating "toxic shock syndrome". Antibiotic resistant methicillin resistant *Staphylococcus aureus* (MRSA) is effectively treated with a course of doxycycline, the once a day antibiotic, not for use in pregnant women or children under the age of 8, who are prescribed clindamycin. Topical and musculoskeletal MRSA is sterilized by saline baths, sterilized MRSA lesions on the heart heart are fully absorbed with the addition of Hawthorn, the supreme herb for the heart.

Multi-drug resistant *Candida auris* is an emerging fungus that presents a serious global health threat. Candida infections. Caprylic acid supplements, indicated for the treatment of Candida are a safer and more effective cure for Candidiasis than clotrimazole crème and is cheaper than prescription antifungals, that must be tried before alleging drug resistance on the part of any Candida species. Caprylic acid supplements are more appropriate because they are effective with one oral dose, and clotrimazole and hydrocortisone are unpleasant to mucosal membranes opportunistically affected by candidiasis, causing pain, discharge and swelling in thrush of the mouth or throat, vaginal yeast infection, urinary tract infections, esophagitis, *Candida mastitis* a breast infection and disseminated candidiasis which infects the bloodstream and affects internal organs such as the heart. Hydrocortisone crème applied to the chest cures aspergillosis and tends to be much more instantly broad spectrum anti-fungal for *Tinea,* than clotrimazole and anti-fungal prescription drugs and infusions, in general.

Hydrocortisone, Eucalyptus, Lavender, Peppermint or Salt Helps Water cure Coronavirus Colds; Mentholyptus Cough Drop cures SARS and Influenza; Echinacea cures Respiratory Syncytial Virus and Triple Threat of RSV, SARS-CoV-2 and Flu. The gold standard for coronavirus diagnosis and treatment is hydrocortisone, eucalyptus and echinacea, lavender, peppermint or salt helps water cure coronavirus colds. Submerging the head in saline or chlorine water instantly cures coronavirus allergic rhinitis (John 1: 26)(Luke 3: 7)(1 Peter 3: 21)(Mark 6: 24). A dab of hydrocortisone creme to the nose and chest, mentholyptus cough drop or Echinacea pill cures severe acute respiratory syndrome (SARS). Eucalyptus or lavender, usually a mentholyptus cough drop, cures the wet cough of influenza. Echinacea treats Respiratory Syncytial Virus (RSV), SARS-CoV-2 and Flu. Pneumovax or ampicillin, for azithromycin resistance, may be needed to treat pneumonia. Antibiotics taken in the first week, while pertussis is an extremely runny nose, can prevent, mitigate or sterilize six weeks of whooping cough. Lysol for cleaning. Eucalyptus humidifiers (diffusers) are advised to cure coronavirus and prevent transmission in hospitals, schools and public places. Retreat.

To pass judgment upon post-COVID pandemic medicine, it is essential to legislate a new subsection (j) to Infection Control in 42CFR§483.80.

(j) Definitive curative treatment. To prevent COVID and influenza pandemics, and other outbreaks of drug resistance, it is essential to legislate definitive curative treatments for the most common diseases, whereas the pathological law of perversity is, least is known about the most common diseases.

(1) Submerging the head in saline or chlorine water instantly cures coronavirus allergic rhinitis (John 1: 26)(Luke 3: 7)(1 Peter 3: 21)(Mark 6: 24).

(i) Hydrocortisone, eucalyptus, lavender, peppermint or salt helps water cure Coronavirus colds.

(ii) Mentholyptus cough drop cures both Severe acute respiratory syndrome (SARS) from SARS-CoV-2 and Influenza.

(iii) Echinacea cures the triple threat of Respiratory Syncytial Virus (RSV), SARS-CoV-2 and Flu.

(2) Pneumococcal immunization cures pneumonia over one night of fairly intense injection site pain and prevents 21 *Streptococcus* spp. including *S. pneumoniae* of the lungs and brain and *S. pyogenes* of the throat and heart, for up to ten years under 42CFR§483.80(d).

(3) *Streptococcus* and *Staphylococcus* combine to cause excruciating "toxic shock syndrome".

(i) Antibiotic resistant methicillin resistant *Staphylococcus aureus* (MRSA) is effectively treated with a course of doxycycline, the once a day antibiotic, not for use in pregnant women or children under the age of 8, who are prescribed clindamycin.

(ii) Topical and musculoskeletal MRSA can be sterilized with saline baths.

(iii) Sterilized MRSA lesions on the congestive heart are re-absorbed with Hawthorn, the supreme herb for the heart, to prevent re-infection.

(4) Antibiotic resistant *Clostridium difficile* and *Helicobacter pylori* are cured with a course of metronidazole, not for use by pregnant or breastfeeding women or people who cannot stop drinking alcohol.

(5) Hydrocortisone crème applied to the chest cures aspergillosis and tends to be much more instantly effective broad spectrum anti-fungal for *Tinea,* than clotrimazole, miconazole and prescription antifungal drugs and infusions, in general.

(i) Multi-drug resistant *Candida auris* is an emerging fungus.

(A) Caprylic acid oral candida supplements cure pain, discharge and swelling from thrush of the mouth, throat or esophagus and disseminated candidiasis which infects the bloodstream and affects internal organs such as the heart.

(B) Vaginal yeast infection, urinary tract infections, *Candida mastitis* a breast infection are treated with topical ointments.

(6) Tuberculosis is treated with nine months of the combination of INH and rifampin chemotherapy will result in roughly 95% cure rates.

(i) Therapy with INH, rifampin and ethambutol helps avoid the complication of drug resistance with non-tubercular mycobacterial disease.

(ii) The addition of pyrazinamide can reduce treatment time to six months, but is toxic.

Part IV Actuarial Assumptions

Chapter 14 Demography

The future income and cost of the OASDI program will depend on many demographic, economic, and program-specific factors. The Trustees make basic assumptions for several of these factors based on analysis of historical trends, historical conditions, and expected future conditions. These factors include fertility, mortality, immigration, marriage, divorce, productivity, inflation, average earnings, unemployment, real interest rates, and disability incidence and termination. Other factors depend on these basic assumptions. These other, often interdependent, factors include total population, life expectancy, labor force participation, gross domestic product, and program-specific factors. Each year, the Trustees reexamine these assumptions and methods in light of new information and make appropriate revisions. The assumptions for this report were set by the middle of February 2022, before the 1st and 2nd quarter recession was obvious. Social Security area population is composed of: (1) residents of the 50 States and the District of Columbia as reported by the US Census Bureau (adjusted for net census under-count); (2) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands; (3) Federal civilian employees and persons in the U.S. Armed Forces abroad and their dependents; (4) non-citizens living abroad who are insured for Social Security benefits; and (5) all other U.S. citizens abroad. There was a significant 1.6 percent difference between the total Census Bureau population estimate of 329.1 million, compared with the 334.5 million area population, in 2021. The alleged undercount has been corrected and the 2021 population is now estimated by Census at 332 million, 0.75 percent less than the explainably larger 334.5 million Social Security Area population estimate. The 2022 US Census population is estimated 333.3 million, growing to 334.2 million January 1, 2023. Updated historical population tables and 2022 vital statistics are not yet available. The following table is presented for the academic purpose of demonstrating the several variables driving population growth, that can be estimated, without a decennial Census, invariably undercounted, using credible birth, death and to a lesser extent net immigration statistics. The Social Security Actuary is encouraged to continue suing the Census Bureau aiming to republish and sustain the practice of publishing the Annual Statistical Abstract terminated in 2011.

US Census Population Growth 1960-2021

Year	Population	Yearly % Change	Yearly Change	Deaths	Migrants (net)	Births
2021	329,153,996	0.11%	355,571	3,429,913	205,495	3,579,989
2020	328,798,425	0.14%	468,472	3,383,729	247,000	3,605,201
2019	328,329,953	0.46%	1,491,754	2,854,838	477,000	3,747,540
2018	326,838,199	0.53%	1,716,071	2,839,205	595,000	3,791,712
2017	325,122,128	0.59%	2,498,363	2,813,503	1,457,000	3,854,866
2016	323,071,755	0.67 %	2,800,000	2,700,000	900,000	3,951,326
2015	320,738,994	0.84 %	2,908,327	2,626,418	1,557,000	3,977,745
2010	309,876,170	0.91 %	2,747,307	2,468,435	1,014,100	3,944,000
2000	282,895,741	1.22 %	3,324,043	2,403,351	1,738,500	4,058,814
1990	252,847,810	0.99 %	2,431,251	2,148,463	737,200	4,158,212

1980	229,588,208	0.95 %	2,124,929	1,989,841	774,600	3,612,258
1970	209,485,807	0.99 %	2,016,455	1,921,031	299,000	3,731,386
1960	186,176,524	1.74 %	3,076,029	1,711,982	372,000	4,257,850

Source: Census, CDC, National Vital Statistics Service

The starting Social Security area population for December 31, 2019, is derived from the Census Bureau's estimate of the residents of the 50 States and D.C. and U.S. Armed Forces overseas. Adjustments are made to reflect mortality assumptions for the aged population since 2010 that are consistent with Medicare and Social Security data, net immigration assumptions for the aged population since 2010, estimates of the net undercount in the 2010 census, inclusion of U.S. citizens living abroad (including residents of U.S. territories), and inclusion of non-citizens living abroad who are insured for Social Security benefits. The Office of the Chief Actuary projects the population in the Social Security area by age, sex, and marital status for December 31 of each year from 2020 through 2096 by combining the assumptions for future fertility, mortality, and immigration with assumptions for marriage and divorce.

Mortality projections are developed by assuming ultimate average annual percentage reductions in future mortality rates by age group and cause of death. The assumptions are used to estimate future central death rates by age group, sex, and cause of death. Adjustments were made to the death rates for 2020, 2021, 2022, and 2023 to account for the effects of the COVID-19 pandemic. The total age-sex-adjusted death rate declined at an average annual rate of 1.02 percent between 1900 and 2019. Between 1979 and 2019, the period for which death rates were analyzed by cause, the total age-sex-adjusted death rate, for all causes combined, declined at an average rate of 0.85 percent per year. Death rates have declined substantially in the U.S. since 1900, with rapid declines over some periods and slow or no improvement over the other periods. Many factors are responsible for historical reductions in death rates, including medical advances, increased availability of health-care services, and improvements in sanitation and nutrition. Historical death rates generally declined more slowly for older ages and more rapidly for children and infants than for the rest of the population. Between 1900 and 2019, the age-sex-adjusted death rate declined at an average rate of 0.78 percent per year for ages 65 and over, and 2.97 percent per year for ages under 15.

Elevated mortality due to the COVID-19 pandemic is thought to be the most significant demographic factor altering the census of beneficiaries in 2020 and 2021. Deaths are expected to remain about 13% higher than 2019 numbers for 2022. But they should be 7% lower than in 2021 and 3% lower than in 2020, based on an estimate of the first 11 months of 2022. The overall death rate for all-ages increased 16.5 percent from an all-time low of 7.9 per thousand in 2019 to 9.2 per thousand in 2020, until it goes down to around 7.4 per thousand in 2030. There was an elevated rate of 28.2 deaths per thousand disability beneficiaries in the 2020 pandemic, that should go down to about 24.0 per thousand for 2030. The over-age 65 death rate increased 16 percent from 44 per thousand in 2019 to 51 per thousand in 2020 and should go down to 41 per thousand in 2030. Old age and survivor beneficiary growth declined to 1.6 percent growth from a durable, long-term growth rate of 2.4 percent in 2020 and 2021. Preliminary data for 2020 show that while the effects of the pandemic led to significantly higher death rates for those aged 15 and older, the death rates for those aged 1-14 were generally unaffected, and death rates for those age 0 (children in their first year of life) were significantly lower.

After a century of steadily lengthening life-expectancy since 1900, life-expectancy declined in 2020 and 2021 in response to the COVID pandemic. In 1940 life expectancy was 61.4 years for males and 65.7 years for females; at age 65 life expectancy was 11.9 years for males and 13.4 for females. 2019 preliminary estimates indicate life expectancy for males was 76.2 years and 81.3 years for females; at age 65 18.1 years for males and 20.7 years for females. In 2020 life expectancy for males declined to 74.5 years and 79.7 years for females; age 65 life expectancy declined to 17 years for men and 19.6 years for women. In 2021 life-expectancy decreased again to 74.2 years for males and 79.5 years for females; age 65 life expectancy was 16.9 years for males and 19.5 years for females. By calendar year 2025 the Actuary expects life expectancy to be longer than ever at 76.6 years for males, 81.6 for females; at age 65 18.5 years for males and 21.0 for females.

Birth rates by single year of age, for girls and women aged 14 to 49. Historically, birth rates in the United States have fluctuated widely. The total fertility rate decreased from 3.31 children per woman at the end of World War I (1918) to 2.15 during the Great Depression (1936). After 1936, the total fertility rate rose to 3.68 in 1957 and then fell to 1.74 by 1976. After 1976, the total fertility rate rose above 2.00 by 1990, where it generally remained through 2009, but it dropped below 1.90 for 2011 and has been at relatively low levels since then. It reached an all-time low of 1.64 for 2020. In last year's report, the Trustees assumed that the COVID-19 pandemic would affect birth rates in years 2021 through 2026, with a drop in fertility rates in 2021 and 2022 that would be fully made up with elevated rates in 2024 through 2026. However, preliminary data indicates that, overall, fertility rates for 2021 increased somewhat from 2020. A total of 3,664,292 births were registered in the United States in 2021, up 1% from 2020. The general fertility rate rose 1% from 2020 to 56.3 births per 1,000 women aged 15–44 in 2021. The Trustees have assumed that the pandemic will not have any significant net effect on fertility rates in either the near term or the long term, and the counsel against abortion legislated in many states may result in a higher birth rate.

Social Security maintains the most authentic statistics on immigration to and from the United States. Projections of the total Social Security area population reflect assumptions for the following four annual immigration flows: Lawful permanent resident (LPR) immigration: Persons who enter the Social Security area and are granted LPR status, or who are already in. Legal emigration: LPRs and citizens who leave the Social Security area population. Other-than-LPR immigration: Persons who enter the Social Security area and stay to the end of the year without being granted LPR status, such as undocumented immigrants, and foreign workers and students entering with temporary visas. Other-than-LPR emigration: Other-than-LPR immigrants who leave the Social Security area population or who adjust their status to become LPRs. Net LPR immigration is the difference between LPR immigration and legal emigration. Net other-than-LPR immigration is the difference between other-than-LPR immigration and other-than-LPR emigration. Total net immigration refers to the sum of net LPR immigration and net other-than-LPR immigration. On July 16, 2021, pursuant to a United States District Court order, the US Citizenship and Immigration Services stopped approving first time applications under the Deferred Action for Childhood Arrivals (DACA) policy but continues to approve renewal applications. On September 10, 2021, the Administration appealed the District Court ruling. Changes in DACA policy affect OASDI program operations because those who apply for and receive deferred action status are eligible for work authorization, which leads to additional workers covered by the OASDI program and increased payroll tax revenue.

Migration Estimates 1940-2050
(thousands)

Year	LPR in	LPR out	Adjustment of status	Net legal	Other-in	Other out	Adjustments of status	Net other	Total net immigration
1940	61	15	-	46	-	-	-	-	-
1945	73	18	-	55	-	-	-	-	-
1950	227	57	-	171	-	-	-	-	-
1955	280	70	-	210	-	-	-	-	-
1960	268	67	-	201	-	-	-	-	-
1965	261	77	49	232	-	-	49	-	-
1970	307	93	65	279	-	-	65	-	-
1975	340	98	53	294	-	-	53	-	-
1980	430	135	112	406	-	-	112	203	610
1985	458	144	118	432	-	-	118	261	693
1990	548	166	114	497	-	-	114	629	1,15
1995	511	192	255	575	-	-	255	563	1,137
2000	482	224	413	671	1,412	308	413	691	1,362
2001	517	265	542	794	1,322	122	542	658	1,453
2002	483	243	487	728	1,259	112	487	660	1,388
2003	414	192	354	575	1,139	123	354	662	1,237
2004	466	250	533	749	1,304	108	533	662	1,411
2005	561	290	597	869	1,791	52	597	1,141	2,010
2006	639	303	573	910	1,450	76	573	801	1,710
2007	584	267	482	800	883	328	482	72	872
2008	635	278	478	835	672	948	478	-754	81
2009	633	277	475	832	752	170	475	106	938
2010	622	262	426	786	678	199	426	53	838
2011	647	264	408	791	606	263	408	-66	725
2012	621	255	401	766	776	131	401	244	1,011
2013	589	249	409	748	939	184	409	346	1,094
2014	627	256	398	769	1,073	364	398	311	1,080
2015	689	271	395	813	1,082	324	395	364	1,177
2016	776	296	408	888	1,450	192	408	849	1,737
2017	700	288	450	863	1,450	231	450	769	1,632
2018	678	270	403	810	915	238	403	274	1,084
2019	508	238	443	713	1,100	940	443	-283	430
2020	332	177	375	531	540	243	375	-79	452
2021	482	233	450	699	950	241	450	259	958
2025	600	263	450	877	1,350	314	450	586	1,374
2030	600	263	450	788	1,350	347	450	553	1,341
2040	600	263	450	788	1,350	400	450	500	1,288
2050	600	263	450	788	1,350	440	450	460	1,247

Source: 2018 Annual Report of the Board of Trustees of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund. 2018. LPR – legal permanent resident.

LPR immigration has increased significantly since World War II, due to various factors and legislative changes, including the Immigration Act of 1965 and the Immigration Act of 1990. annual net LPR immigration is about 788,000 persons. For the low-cost and high-cost scenarios, ultimate annual net LPR immigration is 1,000,000 persons and 595,000 persons, respectively. LPR immigration dropped significantly in 2020. The ultimate annual levels of other-than-LPR immigration are 1,350,000 persons for alternative II, 1,850,000 persons for alternative I, and 850,000 persons for alternative III. The estimated other-than-LPR immigration levels for 2020 and 2021 are 660,000 and 350,000 lower, respectively, than would have been estimated in the absence of the pandemic. Under the intermediate assumptions, the total annual number of other-than- LPR immigrants who leave the Social Security area averages about 425,000 through the 75-year projection period. The ultimate annual number of other- than-LPR immigrants who adjust status to become LPRs is assumed to be 450,000 for the intermediate assumptions, and is unchanged from last year's report. For the low-cost and high-cost scenarios, the total annual number of other-than-LPR emigrants averages about 583,000 and 266,000, respectively, through the 75-year projection period. Under the intermediate assumptions, the projected average annual level of net other-than-LPR immigration over the 75-year projection period is about 489,000 persons. For the low-cost and high-cost assumptions, projected average annual net other-than-LPR immigration is about 731,000 persons and 248,000 persons, respectively. The projected size of the other-than- LPR immigrant population grows substantially, from about 15.4 million by the end of 2022 to about 35.5 million by the end of 2096. The projected average annual level of total net immigration (LPR and other- than-LPR, combined) is about 1,281,000 persons per year during the 75-year projection period under the intermediate assumptions. For the low-cost and high-cost assumptions, projected average annual total net immigration is about 1,736,000 persons and 847,000 persons, respectively.

To accommodate net migration into the future, the US obviously needs to increase their LPR immigration quota on an annual percentage basis by approximately 1 percent annually to sustain population, economic and income tax revenue growth. Furthermore, news reports indicate that the Biden Administration is particularly persecuting certain nationalities, most in need of asylum, recognized in 2022 Annual Report of the SSI Program under the Cuban Adjustment Act of 1966, Nicaraguan and Central American Relief Act and Haitian Refugee Immigration Fairness Act (eligibility for these categories generally limited to the 7-year period after the date that entrant status is granted), plus those emaciated refugees from Venezuelan sanctions and hyperinflation. These Acts protect immigrants of good moral character, who have not been convicted of an aggravated felony, residing illegally in the United States although they have families and other good reasons to reside in the United States, against refouler, but fails to provide to provide quotas and visas for legal migration. What is actually occurring at the border is that migrants, particularly large numbers of certain persecuted nationalities, are denied entrance at the border on tourist visas, the law recognizes they routinely overstay and are granted green cards, pursuant to so called Title 42 pandemic authority, used by the Texas executioner appointing Supreme Court to justify tightening border restrictions against people who have not been immunized against contagious disease as recommended by the Advisory Committee on Immunization Practices 8USC§1182(a)(1). The COVID vaccine is a misnomer for a second rate two week cure, and the pandemic infringes on population growth, unchecked by the necessary prescription for hydrocortisone, eucalyptus, lavender, peppermint or salt helps water cure coronavirus colds; mentholyptus cough drops cure both severe acute respiratory syndrome (SARS-CoV-2) and influenza; echinacea pills cure the triple threat of respiratory syncytial virus (RSV), SARS-CoV-2 and flu.

Chapter 15 Economy

The techniques and methodologies used to evaluate the financial status of the Trust Funds are based upon sound principles of actuarial practice and are generally accepted within the actuarial profession and American Academy of Actuaries. The principle assumptions used and resulting actuarial estimates are, individually and in the aggregate are reasonable because they take into consideration the past experience and future expectations for the population, the economy and the program. The Trustees construct high-cost and low-cost projections as a share of GDP over time to demonstrate the variability in program costs under different scenarios. The projections in this report, particularly for the next several years, are subject to greater uncertainty than is typically the case, given recent economic changes and the continued effects of the COVID-19 pandemic. The actuarial balance is the principal summary measure of actuarial status for the long-range - 75 year - period as a whole. The year of trust fund reserve depletion is also critical, as it indicates the year by which legislative action would be needed in order to maintain timely payment of scheduled benefits. The 1983 report was the last report for which the actuarial balance was positive. The two basic components of actuarial balance are the summarized income rate and the summarized cost rate, both of which are expressed as percentages of taxable payroll over the period. When the 1973 report introduced the average-cost method for computing actuarial balance, the financing of the program was more nearly on a pay-as-you-go basis over the long-range. Under the average-cost method, the sum of the annual cost rates over the 75-year projection period was divided by the total number of years, 75, to obtain the average cost rate per year. The actuarial balance was the difference between the average income rate and the average cost rate. In the reports for 1988 and later, the amount of the trust fund asset reserves on hand at the beginning of the valuation period; and in the reports for 1991 and later, the present value of a target trust fund asset reserve equal to 100 percent of the annual cost to be reached and maintained at the end of the valuation period. After the 1977 and 1983 Social Security Amendments, projections indicated substantial increases in the trust fund reserves continuing well into the 21st century. These laws changed the program's financing from essentially pay- as-you-go to partial advance funding through the 75-year period. The 1988 report reintroduced the present-value method of calculating the actuarial balance. A positive actuarial balance indicates that estimated income (plus starting reserves, beginning with the 1988 report) is more than sufficient to meet estimated trust fund obligations (plus the ending target fund, beginning with the 1991 report) for the period as a whole.

Consistent with practice since 1965, the Annual Report focuses on a 75-year open- group valuation to evaluate the long-run financial status of the OASDI program. The actuarial deficit could be eliminated for the 75-year period by removing it from the report to make room to annually report a positive actuarial balance by creating an SSI trust fund to tax the rich, state employees, and civilian military contractors, to end child poverty by 2024 and all poverty by 2030. Under the low-cost assumptions, the OASDI annual deficit as a percentage of GDP decreases from 2022 to 2023, increases through 2025, and then slightly decreases in 2026, in part because of a permanent level shift upward in taxation of benefits income due to the expiration of the personal income tax provisions in Public Law 115-97, the Tax Cuts and Jobs Act. The OASDI program has large annual deficits toward the end of the long-range period that reach 4.25 percent of payroll for 2096. The 75 year unfunded obligation is equivalent to 3.24 percent of OASDI taxable payroll and 1.1 percent of GDP 2022-1996. The actuarial deficit was 3.54 percent of payroll in last year's report, and was expected to increase to a deficit of 3.59 percent of payroll. The infinite horizon unfunded obligation is estimated to be 4.5 percent of taxable payroll or 1.4 percent of GDP. The Board of Trustees must stop vaguely threatening to increase revenue in a

manner equivalent to an immediate and permanent increase in the combined payroll tax from 12.40 percent to 15.83 percent (a relative increase of 27.7 percent), reducing cost in a manner equivalent to an immediate reduction in scheduled benefits of 21.2 percent, or some combination of approaches could be used. Robert Lucas once wrote, “Once one starts to think about economic growth it is hard to think about anything else” (Kose & Ohnsorge '23).

The Trustees have traditionally shown estimates using the low-cost and high- cost sets of specified assumptions to illustrate the potential implications of uncertainty. These low-cost and high-cost estimates provide a range of possible outcomes for the projections. However, they do not provide an indication of the probability that actual future experience will be inside or outside this range. There is a 2.5 percent probability that the cost rate for a given year will exceed the upper end of this range and a 2.5 percent probability that it will fall below the lower end of this range. Stochastic projections present estimates of the probability that key measures of OASDI solvency will fall in certain ranges, based on 5,000 independent simulations. Key variables include total fertility rates, changes in mortality rates, new arrival lawful permanent resident (LPR) and other-than-LPR immigration levels, rates of adjustment of status (from other- than-LPR to LPR), rates of legal emigration (from the population of citizens and LPRs), changes in the Consumer Price Index, changes in average real wages, unemployment rates, trust fund real yield rates, and disability incidence and recovery rates.

The median estimate for the open-group unfunded obligation is $20.6 trillion, about $0.2 trillion larger than the $20.4 trillion estimate in the intermediate scenario. The median first projected year for which cost exceeds non-interest income (as it did in 2010 through 2021), and remains in excess of non-interest income throughout the remainder of the long-range period, is 2022. This is the same year as projected in the intermediate scenario. The median projected date at which trust fund reserves first become depleted is late in 2034; the reserve depletion date for the intermediate scenario is early in 2035. The median estimates of the annual cost rate for the 75th year of the projection period are 18.11 percent of taxable payroll and 6.01 percent of gross domestic product (GDP). The comparable estimates in the intermediate scenario are 17.64 percent of payroll and 5.86 percent of GDP. Another measure of trust fund financial status is the infinite horizon unfunded obligation. The extension of the time period past 75 years assumes that the current law for the OASDI program and the demographic and economic trends used for the 75-year projection continue indefinitely. The OASDI open-group unfunded obligation over the infinite horizon is $61.8 trillion in present value, which is $41.3 trillion larger than for the 75-year period. The $41.3 trillion increment reflects a significant financing gap projected for OASDI for years after 2096 into perpetuity. The $61.8 trillion infinite horizon open-group unfunded obligation is equal to 4.5 percent of taxable payroll or 1.4 percent of GDP over the same period. The Trustees projected that the infinite horizon unfunded obligation was $59.8 trillion in present value discounted to January 1, 2021. If the assumptions, methods, and starting values had not changed, moving the valuation date forward by 1 year to January 1, 2022 would have discounted future values by 1 year less, thus increasing the measured unfunded obligation by about $1.5 trillion, to $61.3 trillion. Making Social Security solvent over the infinite horizon requires some combination of increased revenue or reduced benefits for current and future participants amounting to $61.8 trillion in present value, 4.5 percent of future taxable payroll, or 1.4 percent of future GDP.

Employment is a fundamental component of economic output (GDP), taxable payroll, and the determination of OASDI benefit eligibility and benefit levels. U.S. employment is projected in two components: the size of the labor force (those employed or seeking employment) and the unemployment rate (the proportion of those in the labor force who are not employed). The annual rate

of growth in the size of the labor force decreased from an average of about 2.6 percent during the 1969-73 economic cycle and 2.7 percent during the 1973-79 cycle to 1.7 percent during the 1979-90 cycle, 1.2 percent during the 1990-2001 cycle, 1.1 percent during the 2001-07 cycle, and 0.5 percent during the 2007-19 cycle. From 2019 to 2021, during the current (incomplete) economic cycle, labor force growth averaged -0.7 percent per year, reflecting the shrinking of the labor force during the pandemic-induced recession of 2020 and its aftermath. The Bureau of Labor Statistics reports, after the number of employed persons declined from a pre-pandemic high of 158.9 million in November 2019 to a low of 137 million in May 2020 it rebounded and by February 2023 the civilian labor force employed 160.3 million, 0.9 percent more than before the pandemic. The 0.8 percent 2019-2023 growth rate is significantly less than the 1.4 percent increase between 156.6 million in January 2019 and 158.8 million in December 2019. The participation rate of 62.5 percent in February 2023 remains 1.1 percent below the the participation rate of 63.2 percent in December 2019. The employed population ratio of 60.2 percent in February 2023 is 1.3 percent below 61.0 percent in December 2019. Taking into consideration new workers, more than 2 million people are estimated to have dropped out of the labor force after an extended period of pandemic unemployment.

Going forward, labor force growth is expected to remain subdued due to a slowing of growth in the working-age population—a consequence of the baby-boom generation reaching retirement ages and succeeding lower-birth-rate cohorts reaching working ages. Under the intermediate assumptions, the labor force is projected to increase by an average of 0.8 percent per year from 2021 to 2031 and 0.4 percent per year from 2031 to 2096. Between the mid-1960s and the mid-1980s, labor force participation rates at ages 50 and over declined for men but were fairly stable for women. During this period, the baby-boom generation reached working age and more women entered the labor force. This increasing supply of labor allowed employers to offer attractive early retirement options. Between the mid-1980s and the mid-1990s, participation rates at ages 55 and older roughly stabilized for men and increased for women. Since the mid-1990s, however, participation rates for both sexes at ages 50 and over have generally risen. The Trustees assume that, as the economy continues to recover from the most recent recession, the unemployment rate will decrease from 5.4 percent for 2021 to the assumed 4.5 percent for 2026 under the intermediate assumptions. Under the low-cost assumptions, the ultimate unemployment rate of 3.5 percent is reached in 2023, as is evident in the current February 2023 unemployment rate of 3.6 percent.

The national average wage index for 2021 is $60,575.07, 8.89 percent higher than the index for 2020 according to the Social Security Administration. In February, average hourly earnings for all employees on private non-farm payrolls rose by 8 cents, or 0.2 percent, to $33.09. Over the past 12 months, average hourly earnings have increased by 4.6 percent. In February, average hourly earnings of private-sector production and nonsupervisory employees rose by 13 cents, or 0.5 percent, to $28.42. The average workweek for all employees on private non-farm payrolls edged down by 0.1 hour to 34.5 hours in February. In manufacturing, the average workweek edged down by 0.2 hour to 40.3 hours, and overtime edged down by 0.1 hour to 3.0 hours. The average workweek for production and nonsupervisory employees on private non-farm payrolls decreased by 0.2 hour to 33.9 hours. Real average hourly earnings decreased 1.3 percent, seasonally adjusted, from February 2022 to February 2023, due to the change in real average hourly earnings combined with the decrease in the average workweek. Over that same period the total number of employed persons increased by 1.7 percent from 157.6 million in February 2022 to 160.3 million in February 2023. This means that total taxable payroll increased only about 0.4 percent 2022-2023. Despite declines in average wage index (AWI) reported by BLS, SSA predicts substantial growth in both average wage index and taxable

payroll. In the intermediate projection, between 2022 and 2023 AWI increases 4.8 percent from $62,583 to $65,571, and another 4.2 percent to $68,372 in 2024. Taxable payroll is estimated to increase 5.7 percent from $8.8 trillion in 2022 to $9.3 trillion in 2023, and 5.3 percent to $9.8 trillion in 2024. This can be justified by the annual increase in the maximum taxable limit and SSA is not particularly suspect in the alarming Gross Domestic Product (GDP) overestimate. The SSA Actuary may have a role to play in redressing the alarming Bureau of Economic Analysis (BEA) overestimates as they treated the US Census Bureau 2010 undercount.

90% of retired people earn their income in part or totally from social security. In the USA the percentage of elders living in poverty is at an all-time low, while the percentage who are rich has reached an all-time high. Somewhere between 750,000 and 1 million seniors are now estimated to be millionaires, yet continue to receive government entitlements and senior discounts. In 1997 an estimated $48.1 billion in social Security benefits went to households with incomes between $50,000 and $100,000. Another $15.5 billion, almost exactly what the government spends on income support for all families on welfare, will be sent to households with incomes of more than $100,000. In 2018 older Americans 65 to 74 years old have a poverty level of only 9.2%, compared with the 10 percent working-age poverty, 15.4 percent overall poverty, 15.9 percent medical CPI adjusted elderly poverty line, and 20 percent child poverty, not taking into consideration the impact of the COVID-19 pandemic. The overall poverty rate in December 2020 — when many pandemic-related benefits had expired — was 16.1%. But when some benefits were renewed or extended in January 2021, the monthly poverty estimate declined to 13.2%. Including the child tax credit, that is though to have reduced child poverty to 5.8 percent while it was in progress, stimulus payments are thought to have reduced child poverty by 50 percent. With the discontinuation of stimulus payments and possibly child tax credit, that lasted less than 6 months beginning July 15, 2021, the overall child poverty rate is expected to be about 16 percent.

The 2020 Census Bureau Income and Poverty in the United States reports: Median household income was $67,521 in 2020, a decrease of -2.9 percent from the 2019 median of $69,560. This is the first statistically significant decline in median household income since 2011. The 2020 real median incomes of family households and non-family households decreased 3.2 percent and 3.1 percent from their respective 2019 estimates. The 2020 real median household incomes of non-Hispanic Whites, Asians, and Hispanics decreased from their 2019 medians, while the changes for Black households was not statistically different. In 2020, real median household incomes decreased 3.2 percent in the Midwest and 2.3 percent in the South and the West from their 2019 medians. The change for the Northeast was not statistically significant. The real median earnings of all workers aged 15 and over with earnings decreased 1.2 percent between 2019 and 2020 from $42,065 to $41,535. The total number of those who worked full-time, year-round declined 13.7 million between 2019 and 2020. The number of female full-time, year-round workers decreased by about 6.2 million, while the decrease for their male counterparts was approximately 7.5 million. In 2020, real median earnings of those who worked full-time, year-round increased 6.9 percent from their 2019 estimate. Median earnings of men ($61,417) and women ($50,982) who worked full-time, year-round increased by 5.6 percent and 6.5 percent, respectively.

The official poverty rate in 2020 was 11.4 percent, up 1.0 percentage point from 10.5 percent in 2019 according to the Census Bureau Income and Poverty in the United States. In 2021 the poverty rate rose 1.7 percent to 11.6 percent, but other Census estimates go as high 12.8 percent. The median estimated poverty rate for school-age children in all U.S. school districts in 2021 was 14.5 to 16.9 percent, while

poverty for those ages 65 and over was 10.3 percent. In 2020, there were 37.2 million people in poverty, approximately 3.3 million more than in 2019. In 2021 there were 37.9 were in poverty a 0.9 percent increase. Between 2019 and 2020, the poverty rate increased for non-Hispanic Whites and Hispanics. Among non-Hispanic Whites, 8.2 percent were in poverty in 2020, while Hispanics had a poverty rate of 17.0 percent. Among the major racial groups examined in this report, Blacks had the highest poverty rate (19.5 percent), but did not experience a significant change from 2019. The poverty rate for Asians (8.1 percent) in 2020 was not statistically different from 2019. Poverty rates for people under the age of 18 increased from 14.4 percent in 2019 to 16.1 percent in 2020. Poverty rates also increased for people aged 18 to 64 from 9.4 percent in 2019 to 10.4 percent in 2020. The poverty rate for people aged 65 and older was 9.0 percent in 2020, not statistically different from 2019. Between 2019 and 2020, poverty rates increased for married-couple families and families with a female householder. The poverty rate for married-couple families increased from 4.0 percent in 2019 to 4.7 percent in 2020. For families with a female householder, the poverty rate increased from 22.2 percent to 23.4 percent. The poverty rate for families with a male householder was 11.4 percent in 2020, not statistically different from 2019.

The Census Bureau, a part of the Department of Commerce, does not take into account the effect of welfare benefits and termination thereof, and tends to underestimate poverty. In 1995 the poverty rate was about 15 percent in the United States, for all age groups. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 changed the name of the Aid to Families with Dependent Children (AFDC) program to Temporary Assistance for Needy Families (TANF) and between 1996 and 2000 ten million child benefits were cut. As a result child poverty increased dramatically and remains entrenched although progress has been made in other age groups. Feeding, clothing and housing children is expensive, the federal minimum wage is not regularly increased to compete with inflation and benefits for families with children, promised in the original 1935 Economic Security Act are abysmal to nonexistent. Studies point towards the effectiveness of relief at ameliorating poverty. Human Rights Watch noted about 24 percent of people facing food shortages in 2020, that declined to a low of 9.5 percent of families with children in the summer of 2021 before increasing to 11.8 percent by October, probably due to inflation. SNAP benefits coverage was extended and benefits increased 15 percent. Columbia researchers found that in December 2020, when many pandemic-related benefits had expired, the poverty rate reached a high of 16.1 percent. But when some benefits were renewed or extended in January 2021, the monthly poverty estimates declined to 13.2 percent, reaching a high of 14.3 percent in February 2021 and declining to a low of 9.3 percent in March, the lowest level of 2021, when families received economic impact payments.

Researchers estimate child tax credits alone kept roughly 3.5 million children out of poverty in each month it was in effect before it was terminated January 2021. The Urban Institute estimates stimulus checks kept 12.4 million people from falling into poverty in 2021, up from 2020 when they kept 11.7 million people out of poverty. The Urban Institute projected that benefits would reduce poverty among children by 81 percent, resulting in a lower poverty rate for children than for all adults and those over 65, a seeming reversal of a trend over the last decades, due to expanded child tax credit and per-child stimulus payments. Most of the gains in poverty reduction during the pandemic are lost due to the expiration of the child tax credit. The United States is expected to achieve pre-pandemic levels of employment by the beginning of calendar year 2022. However, although wages have increased some 6.4 percent, people are working less and take-home earnings decreased -0.6 percent over 2021. The federal poverty line (FPL) for the 48 contiguous states and District of Columbia is $14,580 + $5,140 per additional person in 2023. In Alaska the poverty line is 25 percent higher $18,210 + $6,430 per

additional person, and 15 percent higher in Hawaii at $16,770 + $5,910 per additional person I 2023. Indexed with inflation the 2023 FPL for the 48 contiguous states and District of Columbia is 7.2 percent more than $13,590 + $4,720 per additional person in 2022, that was 5.5 percent more than $12,880 + $4,540 per additional person in 2021, that was more than $12,760 + $4,480 per additional person in 2022.

Inflation has a become such a major issue in 2021 that starting in January 2022, weights for the Consumer Price Index will be calculated based on consumer expenditure data from 2019-2020. The all items CPI-U rose at a low rate of 1.4 percent in 2020. In 2020, at the height of the pandemic economic contraction, inflation was a low 1.4 percent and declined -7 percent in the energy sector. This was smaller than the 2019 increase of 2.3 percent and the smallest December-to-December increase since the 0.7-percent rise in 2015. The index rose at a 1.7 percent average annual rate over the last 10 years and 2.7 percent average annual rate since inflation moderated in 1983. The annual inflation rate for the United States is 7.0 percent for the 12 months ended December 2021 — the highest since June 1982. The energy index rose 29.3 percent, and the food index increased 6.3 percent, over 2021. Similar to the energy crisis in the 1970s the inflation was driven by prices in the energy sector, particularly gasoline and fuel oil, that have for the most part, gas price at the pump, moderated since fall of 2022, although the price of home heating oil is said to remain high. As of February 2023 the annually adjusted rate of inflation remains high at 6 percent over the prior year, with food prices 9.5 percent higher, energy 5.2 percent higher, energy services 13 percent higher, new vehicles 5.3 percent higher, used vehicles -13.6 percent lower, shelter up 8.3 percent, transportation up 14.6 percent higher and medical services 2.1 percent higher than 12 months ago. The federal government must make an effort to limit consumer price inflation to the 2.7 percent average since inflation moderated in 1983. For their part the federal government must limit administrative and payroll spending growth to 2.5 percent and goods consuming services such as defense, health, education and transportation to 3 percent. To ensure the poor are not left behind it is necessary to increase the federal minimum wage to $10 an hour in 2022, after 13 years since it was last adjusted in 2009, and three percent more every year thereafter and guarantee an annual 3 percent cost-of-living adjustment (COLA) and increase in food stamp benefit amount, to $10.30 in 2023. Under the Trustees' assumptions, the annual increase in the CPI is 3.00 percent, 2.40 percent, and 1.80 percent under alternatives I, II, and III, respectively. These ultimate rates of increase are reached by 2026 under all three alternatives.

Changes in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI) directly affect the OASDI program through the automatic cost-of-living benefit increases. The automatic cost-of-living adjustment provisions in the Social Security Act specify increases in OASDI and SSI monthly benefits based on increases in the CPI. Volatility in oil prices has resulted in substantial volatility in cost-of-living adjustments over the last two decades. A large cost-of-living adjustment for December 2008 was followed by no cost-of-living adjustments for December 2009 and December 2010. More recent volatility in oil prices again affected the CPI, resulting in no cost-of-living adjustment for December 2015. Cost-of-living adjustments resumed in December 2016. The annual increases in the CPI averaged 4.91, 8.54, 5.30, 2.73, 2.63, and 1.73 percent over the economic cycles 1969-73, 1973-79, 1979-90, and 1.73 percent over the economic cycles 1969-73, 1973-79, 1979-90, 1990-2001, 2001-07, and 2007-19 respectively. For the period from 1969 to 2019, covering the last six complete economic cycles, the annual increases in the CPI averaged 3.89 percent. The annual rate of change for 2020, which was affected by the recession, was 1.21 percent for the CPI. During the subsequent recovery, demand for goods increased while supply has been constrained, leading to 2021 growth rates of 5.26 percent for the CPI. The annual rate of change in the CPI must be adjusted upward to 8.7

percent for 2022, 5.0 percent for 2023, and reaches the ultimate growth rate of 2.40 percent for 2024 and thereafter. The fluctuations in the price differential for 2020-21 primarily reflect a decline and subsequent rebound in oil prices, as well as price increases concentrated in consumer goods categories during the economic recovery. Changes in oil prices affect the CPI because oil represents a much larger share of U.S. consumption than of U.S. production. Oil prices are assumed to grow at a relatively stable rate after 2022, however there is lingering hyperinflation in critical sectors, that particularly affect low-income persons, especially food and shelter.

The nominal rate is the average of the nominal interest rates for special U.S. Government obligations issuable to the trust funds in each of the 12 months of the year. Interest for these securities is compounded semiannually, or at redemption if sooner. The real interest rate is defined as the annual yield rate for investments in these securities divided by the annual rate of growth in the CPI for the first year after issuance. For the period from 1969 to 2019, the real interest rate averaged 2.4 percent per year. The real interest rates averaged 1.6, -1.0, 5.1, 4.1, 2.0, and 0.8 percent per year over the economic cycles 1969-73, 1973-79, 1979-90, 1990-2001, 2001-07, and 2007-19, respectively. The average annual nominal interest rate was approximately 1.0 percent for securities newly issuable in 2020, implying an effective annual yield of 1.0 percent for securities held one year. The CPI rose from 2020 to 2021 by approximately 5.3 percent. The annual real interest rate for 2021 was therefore 4.1 percent ($1.010 / 1.053 = 0.959 = 1 - 0.041$). When combined with the ultimate CPI assumptions of 2.4 percent, the assumed ultimate real interest rates produce ultimate nominal interest rates of 4.7 percent. The 2 percent inflation target holds especially true for the par yield on Treasury securities, that like Fed interest rates of around 4.75 percent, could be termed usury. These unusual inflation adjusted securities are somewhat usurious because the high rates unfairly compete with the stock exchange, that is beleaguered by continuing deficits in excess of 3 percent of GDP, that are insured against by the Treasury balance, but this has been complicated by economic contraction in the 1st and 2nd quarters of 2022, for which $15 billion bond buyback was paid, and another $16.4 billion to compensate for the alarming 3rd and 4th quarter 2022 GDP overestimates sustained into 2023, that bear the brunt of actuarial criticism of sloppy Commerce Department statistics, at this time.

The value of real GDP is equal to the product of three components: (1) productivity (i.e., output per hour worked), (2) average weekly total employment and (3) average hours worked per week, times 52. Consequently, the growth rate in real GDP is equal to the combined growth rates for productivity, total employment, and average hours worked. For the period from 1969 to 2019, which covers the last six complete economic cycles, the average annual growth in real GDP was 2.7 percent, combining average growth rates of 1.6 percent for productivity, 1.3 percent for total employment, and -0.2 percent for average hours worked ($1.027 = 1.016 \times 1.013 \times 0.998$). The real GDP growth rate was -3.4 percent for 2020 and is estimated to be 5.7 percent for 2021. For the intermediate assumptions, the average annual growth in real GDP is 2.3 percent from 2021 to 2031. Forward thinking SSA intermediate projections of GDP $24,951 billion (2022) and $26,194 billion (2023) seem overestimated. For SSA percentage of GDP calculations are moot, however the Actuary does not provide any historical basis and appears to be mostly providing material support to the BEA and World Bank overestimates. The low-cost scenario is even rosier at $25,233 billion (2022) and $27,035 billion (2023). Even the high cost scenario seems high at $24,002 billion (2022) but alright at $24,349 (2023) and overestimating 3.9 percent economic growth in later years.

As of 2023 the Bureau of Economic Analysis (BEA) has thoroughly embroiled themselves in an international conspiracy with the World Bank, also headquartered in Washington DC, to overestimate

the Gross Domestic Product (GDP) and Gross World Product (GWP), respectively, of the infringement of Global Warming Potential (GWP) as a term deceptively used to describe coolants. BEA seems to be making an faith effort to normalize their prior overestimates, that begin 4th quarter 2021, but obviously continues to fail to contract during 1st and 2nd quarter 2022, good faith cannot be presumed whereas BEA is clearly not preparing a credible GDP estimate. Having discovered historical releases with search engines, despite the BEA not maintaining an archive, it is possible to analyze the situation that begins with the pandemic in 2020. The economy contracted -11.3 percent from $21.7 trillion in 4th quarter 2019 to a Q2 low of $19.5 trillion in 2020 before rising to $21.5 trillion Q4, only -0.9 percent less than Q4 2019. The 2020 average GDP was $20.9 trillion, -0.9 percent less than the $21.1 trillion 2019 average, although a -3.4 percent depression is noted for 2020. 2021 begins well with 2.3 percent annually adjusted growth to $22.1 trillion Q1, 2.7 percent growth to $22.7 trillion Q2, followed by 2.2 percent growth to $23.2 trillion Q3 and 3.4 percent to 24.0 trillion Q4, when the overestimating is believed to have begun, incidental to thereby re-confirmed Fed Chairman Powell predicting a strong economy, in the absence of Direct Express and Netspend (DEN) of inequity related embezzlement unlawfully ordered to be concealed by the Senate Committee on Banking, Housing and Urban Development convened for deposit insurance purposes. The 2021 average GDP was 23.0 trillion, 9 percent more than the $20.9 trillion 2020 average. The official economic growth rate for 2021 is reported to have been 5.7 percent. Q4 2021 GDP estimates are inexplicably increased 1.3 percent from the high $24.0 trillion estimate to the ridiculously high amount of $24.3 trillion Q4 2021 in the 2022 4Q third estimate. After a 2021 GDP of $23,315.1 billion, with an overestimated Q4 of $24,349.1 billion, the BEA failed to take into consideration the -1.6 percent Q1 and -0.6 percent Q2 contraction in 2022, guesstimating +1.6 percent growth to $24,740.5 billion Q1, into the $25 trillion range of +2 percent growth to $25,248.5 billion Q2, +1.9 percent to $25,723.9 billion Q3, when real growth was estimated at +3.2 percent Q3, +1.6 percent to $26,138 billion, reported as +2.6 percent growth Q4. For 2022 average GDP was estimated at $25,462 billion, 10.7 percent more than the $22,997 billion estimated in the Q4 2021 second estimate.

A footnote to Q4 2021 GDP estimates indicates: “Revisions include changes to series affected by the incorporation of revised wage and salary estimates for the third quarter of 2021”. Users have always been cautioned particularly for components that exhibit rapid change in prices in the economy. There has always been a considerable discrepancy between Table 1 and 2 Real Gross Domestic Product: Percent Change from Preceding Period and Table 3 Level and Change from Proceeding Period. For instance 2018 Q4 growth estimated at 2.6 percent was actually 1.1 percent when calculated using the level. In 2020 Q4 growth estimated at 4 percent was actually 1.4 percent. In 2021 when the revision to wage and salary estimates began in Q3 2.3 percent growth was actually 2.0 percent. Catch-up growth Q4 2021 was severely overestimated with 7 percent growth that was actually 3.5 percent. Going into 2022 the paradigm of undervaluing economic growth dangerously shifted to overvaluing growth, whereby the Q1 -1.6 percent decline resulted in a +1.6 percent increase, and Q2 -0.6 percent contraction resulted in a +2.0 increase. Yet another 7 percent growth overestimate. However, in Q3 2022 growth normalized and 3.2 percent growth was actually 1.9 percent and Q4 2.6 percent was actually 1.6 percent. BEA must make a greater effort to produce consistent estimates of GDP growth rate and level, especially when the economy contracts. Having severely overestimated GDP BEA is obligated to revise growth estimates back to Q4 2021.

According to economic theory the US is entitled to catch-up growth, after an economic downturn, however accelerated growth does not continue once the economy has recovered its former capacity, taking into consideration normal 2.7 percent average annual economic growth. The 2020 payroll tax

set bad precedence. SSA admits the 2020 payroll tax estimates did not anticipate effects of the pandemic and recession. The nearly empty promises to modify any other such errors in the future, overrule the original rhetoric that indicated they felt the payroll tax was somehow entitled to the level of revenues they might have had, if the economy had not contracted, because they were unable to count actual payroll tax revenue from taxable income, due to the misleading array of irrelevant demographic and economic assumptions they use to make reasonable projections into the future. The 2020 payroll tax overestimate has been purchased for the high $200 billion cost. The Q1 and Q2 2022 recession was ended with a $15 billion bond buyback to compensate for the difference between the 3 percent of GDP limit on deficit sales and agreement regarding the <$23.0 billion 2021-22 Q2 GDP. The stock exchange went from red to green but although $15 billion well distributed by rule of law to the stock exchange and crypto currency can go a long way towards securing economic growth and wealth it does not equate with the spontaneous $2.7 trillion increase in GDP level from less than $23 trillion to $25.7 trillion Q3.

Gross Domestic Product Reconciliation 2017-2026
(billions of dollars)

Year	Level	% Change
2017	19,132	2.3
2018	20,705	3.0
2019	21,433	2.2
2020	20,894	-2.5
2021	23,315	5.7
2022	23,827	2.2
2023	24,305	2.0
2024	24,791	2.0
2025	25,286	2.0
2026	25,792	2.0

Source: Sec. 75 Health and Welfare HA-29-1-22 2.2 percent 2022 and 2 percent economic growth projection 2023 and future are estimated from 2021 last level year BEA.

While most statistics expressed as a ratio of GDP are moot, economic damages caused by GDP overestimates constitute a crime by or affecting persons engaged in the business of (market) insurance 18USC§1033 that must be treated as a false statement or entry generally under §1001 until revised by a competent Commerce Secretary. BEA must correct or the Treasury and United Nations will have to employ a new source of official GDP and international trade statistics. The international conspiracy of the World Bank GDP and GWP overestimates seems motivated to unfairly increase UN assessment revenues to achieve >$70 billion annual UN system revenues by June 2023 (Revelation 13:10). These conspiracies are tied together by a concerted effort to economically exploit the international adoption of the numerically disabled President's 30 x 30 treason against 34-39 percent protected land and 26 percent water, although the moral is more protected land and water. The GDP overestimate led to significant market contraction Q4 2022 and Q1 2023 until the GDP estimate used to administer the 3

percent of GDP limit on deficit sales was corrected to use a figure closer to 2021 annual GDP of $23,315.1 billion, plus the annual 2022 growth rate of 2.2 percent equals $23,828 billion 2022 GDP, plus moderate 0.5 percent first quarter growth to $23,947 billion early Q2. Market insurance should be able to bear a $24 billion GDP, but not more hot air (GWP), at this time.

Chapter 16 Deposit Insurance Fund

2023 is the 90th anniversary of the Deposit Insurance Fund (DIF), failure by the Federal Deposit Insurance Corporation (FDIC) to insure the Obligation of Beneficiary's Bank to Pay and Give Notice to Beneficiary in the Uniform Commercial Code 4A-404. The DIF is most notorious for failing to have ever paid a genuine deposit insurance benefit to an insured depositor in their 90 year history of inviting reliance on a false, forged or counterfeit statement, as described in 18USC§1007. The three new FDIC Directors, all sworn in on January 5, 2023, are under investigation for stealing $3 billion “unrealized losses” 18USC§641. The existential problem is that the FDIC abuses the DIF to bail out solvent banks, usually targeted by regulators for robbery, regardless of discrimination against insured depositors, embezzlement by examiners 18USC§655 and novel mail theft by FDIC 18USC§1708, or cost to taxpayers when Congress is prevailed upon to bail out the financial sector with matching funds to drain the DIF. Mail App blockage due to exposure of an Apple computer, to FDIC emails, is cured by opening the email account on a Microsoft computer, but Microsoft vulnerability to FBI hacking invariably results in the alteration of FDIC correspondence. The Biden administration's peculiar senile demented strategy falsely associating massive murders of about 300,000 civilians by repeatedly nuking to a tectonic fault, with economically destructive bank robbery and inflationary overestimates pursuant to civil trial for laundering of monetary instruments 18USC§1956, brought to order by disqualifying both Presidents Biden and Trump from holding federal office 22USC§6303. It seems appropriate to include the DIF, who has never paid a deposit insurance benefit in its 90 year history, in this annual report on the social security administration, the Treasury pays about 75 million retired and disabled Americans every month with.

It is essential Congress re-establish the Federal Deposit Insurance Corporation (FDIC) as the Deposit Insurance Fund (DIF) by immediately amending only 12USC§1811. Congress must also To amend FDIC jurisdiction from United States District Court to United States Bankruptcy Court at 12USC§1819(2)(4). Congress must edit nonexistent Sec. 409 of the Federal Deposit Insurance Corporation Improvement Act of 1991 that needs to be amended to Clearing Organization Netting Sec. 404 of Federal Deposit Insurance Corporation Improvement Act of 1991 12USC§4404 as referenced in 11USC§109 and stop naming members on insured debit cards. Congress must amend Non-discrimination at 12USC§1830 from: 'It is not the purpose of this chapter to discriminate in any manner against State nonmember banks or State savings associations and in favor of national or member banks or Federal savings associations, respectively. It is the purpose of this chapter to provide all banks and savings associations, with the same opportunity to obtain and enjoy the benefits of this chapter.' to: 'It is the purpose of this chapter that banks, savings associations and depositor institutions do not discriminate against the Obligation of Beneficiary's Bank to Pay and Give Notice to Beneficiary in the Uniform Commercial Code 4A-404, on the basis of race, color, national origin, tribe, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual’s income is derived from any public assistance program.'

The undated 2022 FDIC Annual Reports admits the three new Directors, all sworn in on January 5,

2023, may have stolen $3 billion “unrealized losses” from the $128 - $131 billion (2022) Deposit Insurance Fund Balance by inviting reliance on a false, forged or counterfeit statement, as described in 18USC§1007 – 2022 FDIC Annual Report (undated) – and must prohibit further intrusion of the unrealized losses from the Interest on US Treasury Securities table into the balance sheets, operational budget and other tables. The Silicon Valley Bank run on liquidity constraints of February 2023 was predicated on similar false claims of unrealized losses. The Treasury has assured insured and uninsured depositors will be made whole, at no cost to the General Fund, but to enjoy their rights uninsured depositors in all regions must neither panic, nor be stuck with second rate investments, bank errors and FDIC mail theft; and to neutralize the unfair competition posed by the semiconductor subsidy, the word grant must be amended to loan in 15USC§4652(C)(III), and 100 percent indenture accounted for by the Semiconductor Subsidy Trustee 15USC77§bbb. The fate of $3 billion unrealized losses to the true $131 billion DIF balance, before the $20 billion insured loss to SVB, will need to be explained in the 2023 FDIC Annual Report.

The Treasury is obligated to protect the Government and individuals from fraud and loss, that apply to anyone who may receive for the Government, Treasury notes, United States notes, or other Government securities; or be engaged or employed in preparing and issuing those notes or securities under 31USC§321(a)(5). Despite the tortious negligence of the Senate Committee on Banking, Housing and Urban Development, and moral bankruptcy of the FDIC, the Treasury remains obligated to ensure the repayment of both thousands of insured depositors and million short-changed 'not a gift card' purchasers embezzled by the Direct Express and Netspend (DEN) of inequity in Austin, Texas of fall 2021, and other DIF neglected embezzlements, with 6 percent annual interest from date of theft 12USC§1822(e). The economy continues to be troubled by the “predatory loss of balance”, underlying the 1st and 2nd quarter 2022 recession, from depression. The Treasury must fine the DEN of inequity up $200 million against Direct Express under the Sherman Anti-Trust Act to offset Netspend bankruptcy. The Treasury must pay their first ever DIF deposit insurance benefits, using embezzled depositor social security and tax information from bank records held by the Texas Department of Banking, to avoid the incessant Kennedy assassination re-enactment retaliation against legal correspondence in Texas, while making whole the Obligation of Beneficiary's Bank to Pay and Give Notice to Beneficiary in the Uniform Commercial Code 4A-404 with six percent interest. Due process must be given to prohibiting the Direct Express monopoly on federal direct deposits and retail of Netspend 'not a gift cards'. The Treasury is obligated to pay me, the applicant Public Trustee $20,000 now, or $20,384 September 24, 2023 with leave to appeal (to the Senate) for $250,000 to resolve the first ever Deposit Insurance Fund (DIF) Treasury payment to an individual 12USC§1821 - SSA BNC # 21T2379J53688-HA

The Treasury is also obligated to take 6 percent interest in insuring compensation for the FBI robbery of US Private Vaults in spring of 2021 and the disposition of the FBI wire fraud that prevented disabled workers and veterans in Washington DC from receiving their direct deposits in November 2021, when the President passed the penniless and moot Bipartisan Infrastructure Bill on the same day he dosed Vladimir Putin on November 10, 2021. The Vice-President was subsequently thrown out of the Ohio General Assembly due to rampage shooting associated severe mental illness, trying to mass produce in a genuine state, while actually committing mail theft at my, now former, winter residence, whereby the desperately needed Direct Express deposit card was switched with a school rampage shooting student loan forgiveness notice, the Supreme Court had deigned to bill to a divorcing dead beat mom. Discrimination against disability is evident and embezzlement of disability beneficiaries in Washington DC might explain some of the statistically significant decreases in DI and SSI enrollment. To protect against loss of balance, the Treasury must beware of Ohio Democratic industrial saboteur Senator

"Semiconductor Sherrod" Brown, Chairman of the Senate Committee on Banking Housing and Urban Development, and Federal Student Aid Chief Financial Officer Richard Cordray, whose rampage shooting student loan repayment pause, has already bankrupted the Treasury in September 2021 and combined continue to make demands against all public stock held by the United States 18USC§1003. The Ohio Department of Commerce Industrial Compliance Operating Board under Ohio RC 121.084) is needed to help the toxic tort negligent Secretary of Transportation, as "lead" agency, to require Norfolk Southern pay +/-$200 million to afford every person evacuated from the East Palestine train derailment chemical spill $10,000 cash to enroll them in a life-time health and real estate study, enable them to permanently relocate if they want, with a total of up to $40,000 per capita coming from Norfolk Southern, and the leave to sue for home insurance and chemical industry liability pursuant to the the Uniform Relocation Assistance and Real Property Acquisition Policies Act 42USC§4601 and its implementing regulations 49CFR§241.

As well as pay depositors embezzled by the DEN of inequity the official "first ever deposit insurance benefit in 90 year history of the DIF", the Treasury is competent to ensure the DIF adopts the Basel III framework that provides for a 100 percent liquidity coverage ratio (LCR) and net stable funding ratio (NSFR). The NSFR could have resolved the Bureau of Fiscal Service monopolization of direct deposits underlying the Direct Express and Netspend of Inequity in Austin, Texas before negligently laundered, theft or embezzlement by bank officer or employee was incited by theft by bank examiner under 18USC§655 - Federal Financial Institutions Examination Council *Authentication and Access to Financial Institution Services and Systems* done in Arlington, Virginia on my 48th birthday August 11, 2021. The 100 percent LCR could have prevented Silicon Valley Bank and other banks from failing, or being downgraded, due to inadequate liquid assets to cope with withdrawals and spared the DIF a $3 billion unrealized loss theft investigation under 18USC§641. Basel III framework response to the global financial crisis. The net stable funding ratio finalized on 31 October 2014 requires banks to maintain a stable funding profile in relation to their on- and off-balance sheet activities, thus reducing the likelihood that disruptions to a bank's regular sources of funding will erode its liquidity position in a way that could increase the risk of its failure and potentially lead to broader systemic stress. The current failure could have been avoided by agreeing to the 100% minimum Liquidity Coverage Ratio (LCR) requirement applies from 1 January 2019, with the requirement having been phased-in gradually since 2015 by the Basel Committee on Banking Supervision (BCBS). The FDIC, as administrator of the DIF, insures the deposits of IDIs and resolves failed IDIs upon appointment of the FDIC as receiver in a manner that will result in the least possible cost to the DIF. The DIF is primarily funded from deposit insurance assessments and interest earned on investments in U.S. Treasury securities.

The 2022 FDIC Annual Report states: At the end of September 2022, the FDIC insured deposits of $9.9 trillion in approximately 865 million accounts at 4,755 institutions, supervised 2,765 institutions, and managed 156 active receiverships with total assets of nearly $1.1 billion. The DIF balance rose to a record $128.2 billion as of December 31, 2022, compared to the year-end 2021 balance of $123.1 billion. The DIF U.S. Treasury securities investment portfolio balance was $122.4 billion as of December 31, 2022, an increase of $7.8 billion over the year-end 2021 portfolio balance of $114.6 billion. Interest revenue totaled $1.2 billion for 2022, compared to nearly $1 billion for 2021 – a $293 million increase resulting from rising interest rates. Additionally, the DIF balance reflects an unrealized loss on U.S. Treasury securities of $2.8 billion in 2022, compared to an unrealized loss of $1.2 billion in 2021. As of the third quarter of 2022, the reserve ratio was 1.26 percent, one basis point lower than the previous year, well below the statutory minimum of 1.35 percent and FDIC Board has set an extortionate Designated Reserve Ratio for the DIF of 2.0 percent since 2010. The FDIC Board adopted

a 2023 Operating Budget of $2.41 billion, which represents a 6.5 percent increase over last year's budget. The budget included an increase in the authorized workforce of 220 full-time equivalent employees, primarily aimed at the FDIC's bank supervision and other core mission responsibilities, bringing the 2023 authorized staffing total to 6,310. FDIC expenditures increased slightly compared to 2021. Spending totaled $1.92 billion— approximately $340 million (or 15.0 percent) less than the 2022 FDIC Operating Budget of $2.26 billion. The DIF balance was reported to be $128.2 billion at December 31, 2022, an increase of $5.1 billion from the year-end 2021 balance, however this may be an underestimate of $131 billion, due to their confusion regarding unrealized losses.

The DIF balance was reported to be $128.2 billion at December 31, 2022, an increase of $5.1 billion from the year-end 2021 balance, however this may be an underestimate due to their confusion regarding unrealized losses. The DIF has certainly not yet begun to publicly pay deposit insurance benefits and is extremely vulnerable to all sorts of fraud and confusion as the result of never having paid a deposit insurance benefit. The DIF's comprehensive income is reported to have remained stable year-over-year; $5.1 billion in 2022 compared to $5.2 billion in 2021. Assessment revenue was $8.3 billion for 2022, compared to $7.1 billion for 2021. The $1.2 billion year-over-year increase was primarily due to assessment base growth and higher assessment rates. The DIF's interest revenue on UST securities for 2022 was $1.2 billion, compared to nearly $1.0 billion in 2021. The $0.3 billion year-over-year increase resulted from maturities being reinvested in higher yielding securities. The DIF recognized an unrealized loss on UST securities of $2.8 billion in 2022, compared to a $1.2 billion unrealized loss in 2021, but that does not toll the early sale requirement for the use of the term. The increase in the unrealized loss was attributed to a substantial rise in interest rates during 2022. Disregarding nonsense regarding unrealized losses, reporting of assessment ($7.9 or $8.3 billion?) and interest revenue ($1.2 or $3.1 billion?) is inconsistent, however having been criticized for the operating budget overestimate the $1.8 billion operating expenses paid seems uncontested.

Deposit Insurance Fund Recount 2020-2022
(millions of dollars)

	2022	2021	2020
Revenue	9,607	8,153	8,796
Operating Expenses	-1,883	-1,843	-1,846
Insurance and Other Expenses (includes provision for losses)	-79	-137	-155
True Income	7,645	6,173	N/a
Net Income	7,803	6,448	7,105
Comprehensive Income	5,077	5,244	7,550
Insurance Fund Balance	128,218	123,141	117,897
Hypothetical Balance	131,715	124,070	"
Fund as Percentage of Insured Deposits (reserve ratio)	1.26%	1.26%	1.29%

Source: 2022 Annual Report of the FDIC pg. 113

The accounting for the DIF does not add up. Revenues less operating expenses and insurance should yield an exact Net Income to contribute to the Deposit Insurance Fund (DIF) that is not doubted by unexplained, and irregularly accounted for, comprehensive income category. Revenues also require explanation assessment and interest income. To begin to reconcile DIF accounting new rows called 'true income' and 'hypothetical balance' to consider true income in a mathematically sound fashion, have been inserted, disregarding 2020 whereas the base fund balance must be accepted. The $131.7 billion hypothetical balance is nearly the same as the $131.2 billion Trust Fund balance sheet without adjustment for unrealized losses, the FDIC admits are not applicable because the FDIC has not intention of withdrawing funds early. The detailed balance sheet on pages. 122-124 is not copied because it is more or less the same. FDIC operating expenditures totaled $1.9 billion in 2022, including $1.9 billion in ongoing operations, $25 million in receivership funding, and $42 million for the OIG; down from a high of about $2.3 in 2013. The 2022 aggregate budget (for ongoing operations, receivership funding, OIG, and investment spending) was $2.3 billion, while actual expenditures for the year were $1.9 billion, about $41 million higher than 2021 expenditures. Actual expenditures occurred as follows: $1.1 billion, or 59 percent, to the Supervision and Consumer Protection program; $221 million, or 11 percent, to the Receivership Management program; $329 million, or 17 percent, to the Insurance program; and $241 million, or 13 percent, to Corporate General and Administrative expenditures. From 2013-2022 investment spending, IT, totaled $121 million, and is estimated at $6 million for 2023, down from a high of $22.5 million in 2021. Cash equivalents are Special U.S. Treasury Certificates with overnight maturities valued at prevailing interest rates established by the U.S. Treasury's Bureau of the Fiscal Service. The FDIC deposit insurance assessment system is mandated by section 7 of the FDI Act and governed by part 327 of title 12 of the Code of Federal Regulations (12 CFR Part 327). The risk- based system requires the payment of quarterly assessments by all IDIs. Annual assessment rates averaged approximately 4.0 cents and 3.6 cents per $100 of the assessment base in 2022 and 2021, respectively. The FDIC suspended dividends indefinitely, and, in lieu of dividends, prescribes progressively lower assessment rates when the reserve ratio exceeds 2 percent and 2.5 percent. The Dodd-Frank Act increased the minimum reserve ratio for the DIF to 1.35 percent, up from the previous statutory minimum of 1.15 percent.

Martin J. Gruenberg was sworn in as Chairman of the FDIC Board of Directors on January 5, 2023. Travis Hill was sworn in as Vice Chairman of the FDIC Board of Directors on January 5, 2023. Jonathan McKernan was sworn in as a member of the Board of Directors of the Federal Deposit Insurance Corporation on January 5, 2023. Michael J. Hsu became Acting Comptroller of the Currency on May 10, 2021. Rohit Chopra was confirmed as Director of the Consumer Financial Protection Bureau (CFPB) on October 12, 2021. Jelena McWilliams was sworn in as the 21st Chairman of the FDIC on June 5, 2018, and served in that capacity until her resignation of February 4, 2022. Unrealized gains and losses are reported as other comprehensive income but not should intrude from the Interest in US Treasury Securities table into other tables such as the operations budget and balance sheets. Any realized gains and losses are included in the Statement of Income and Fund Balance as components of net income, but should be excluded. Income on securities is calculated and recorded daily using the straight-line method. These unrealized losses to $126.3 billion in US Treasury Notes and Bonds did not occur as a result of changes in market interest rates, as assumed. The FDIC explains they do not intend to sell the securities and is not likely to be required to sell them before their maturity date, thus, the FDIC does not consider these securities to be other than temporarily impaired at December 31, 2022. However, $2.2 billion of the $3.0 billion reported as total unrealized losses

occurred over a period of 12 months or longer, with an aggregate related fair value of $62.8 billion applied to the affected securities. The aggregate related fair value of all securities with unrealized losses was $112.9 billion as of December 31, 2022.

The Board of Governors of the Federal Reserve (Federal Reserve Board) stated that U.S. financial stability may be affected by sudden adverse events. These events may include cyber attacks, climate change risk, and global instability. The U.S. financial system also faces risks arising internationally from outside the United States through "a contagious spread of a financial crisis" across regions and countries. The Organization for Economic Co-operation and Development (OECD) also noted that the transition to low-carbon economies may result in financing risks for stranded or obsolete assets and production processes that do not support renewable energy. The 60 largest banks financed $4.6 trillion in loans to fossil fuel companies between 2016 and 2021. During the financial crisis of 2008-2011, several large financial firms— such as Lehman Brothers, Bear Stearns, and AIG—were not eligible for FDIC receiverships. In response, Title II of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010 (Dodd- Frank Act) was enacted and designed to address this gap, and granted Orderly Liquidation Authority (OLA) to the FDIC. OLA presents unique challenges for the FDIC because this authority has not been invoked, and the FDIC has limited information and experience with financial market utilities, insurance companies, and broker-dealers that may require OLA resolutions.

The Department of the Treasury's Office of Foreign Assets Control (OFAC) administers economic and trade sanctions that prohibit domestic banks from conducting transactions with a number of entities sanctioned by the United States. For example, the U.S. recently imposed additional sanctions against Russia in response to a crisis presented by the invasion of Ukraine. If banks do not have sufficient compliance programs to adhere to the U.S. sanctions, they may face increased legal, compliance, operational, and reputational risks, and significant enforcement actions. OFAC regulations require that financial institutions block or reject transactions subject to sanctions, thereby limiting sanctioned parties' access to funding. In addition, banks must notify OFAC of blocked or rejected transactions within 10 days of their occurrence and report all blocked property to OFAC annually by September 30. In addition, banks are required to file Suspicious Activity Reports with the Financial Crimes Enforcement Network (FinCEN) for potential evasion of the sanctions. If a bank's compliance program is inadequate, it faces increased legal, compliance, operational, and reputational risks and significant enforcement action. In February 2022, the U.S. announced sanctions against major Russian banks and specific Russian individuals. FinCEN provided a list of red flag indicators of evasion of sanctions, such as the use of third parties to shield the identity of sanctioned persons, the use of shell companies for wire transfers, and non- routine foreign exchange transactions.

The banking industry's financial condition and performance remained stable in 2022 amidst economic uncertainty. During 2022, no institutions failed. In 2023 SVB and several failures were privately resolved and all depositors were immediately made whole, $20 billion bail out from the DIF, at no cost to taxpayers, and no history making Treasury direct benefit to insure depositors. Due negligence and possibly loss or destruction of class bank records, the DEN of inequity from 2021 remains insured for $250,000 per capita, rather than up to $250,000 in normal years. The banking sector faces risks related to the Government's response to the pandemic crisis. In the FDIC Annual Report Chairman Gruenberg reported the Basel Committee on Banking Supervision reached a final agreement on modifications to the Basel III international regulatory framework in December 2017. This final agreement would strengthen the regulatory framework for large banking organizations by strengthening capital requirements for market risk exposures, improving the capital requirement for financial derivatives, and

simplifying the measurement of operational risk for regulatory capital purposes.

Chapter 17 International Poverty Line Benefit

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality Art. 22 of the Universal Declaration of Human Rights 217 A (III) (1948). Each State Party undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights under Art. 9 of the International Covenant on Economic, Social and Cultural Rights, 2200A(XXI)(1966). States must provide for comprehensive social security schemes and social welfare services; the establishment and improvement of social security and insurance schemes for all persons who, because of illness, disability or old age, are temporarily or permanently unable to earn a living, with a view to ensuring a proper standard of living for such persons and for their families and dependents; by (a) assuring the right to work and the right of everyone to form trade union and bargain collectively, (b) eliminating hunger and malnutrition, (c) eliminating poverty, (d) upholding the highest standards of health, (e) providing housing for low income people under Art. 11 of the Declaration on Social Progress and Development 2542 (XXIV) (1969). States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave under Art. 11 (e) the Convention on the Elimination of All Forms of Discrimination against Women(1979). States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law. 2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child under Art. 26 of the Convention on the Rights of the Child (1990).

The implementation of the aid volume target of a minimum of 1 per cent of the gross national product at market prices of economically advanced countries, requires greater assistance on better terms than provided by Art. 23(b) of the Declaration on Social Progress and Development (1969). It has therefore been proposed, from time to time, that a one percent tax on income, both individual and corporate, be imposed by the United Nations, on all nations. To answer the Question of the realization in all countries of economic, social and cultural rights A/HRC/49/28 of 2 February 2022. The one percent social security tax has been written into the International Trusteeship System for the conference on the charter Statement of the United Nations (SUN) that may be ratified. The individual income tax would be used to pay for international poverty line social security benefits and the corporate income tax would be used to pay UN agencies. One billion benefits at current US $2 a day prices equals $730 billion, at $1.90 a day equals $694 billion. A one percent corporate income tax might levy one tenth as much to pay nearly all the $70 billion revenues of the United Nations in 2022. Taxable income is estimated to levy a total of $741 billion individual and $68 billion corporate at 2022 prices. One percent is a perfect tax. Benefit inflation expectations are usually set at 3 percent to come out ahead of 1-3 percent average annual consumer price inflation in US dollars. It has been proposed to tax only the richest one to ten percent up to five percent of their income to end poverty worldwide. Taxing the extremely rich 5

percent would generate an estimated $1.5 trillion, twice as much as $750 billion one percent income tax to end extreme poverty immediately for only 2.5 percent income tax on the richest one to ten percent.

The United Nations International Day for the Eradication Poverty 17 October 2021 warmly received the International Poverty Line Account Proposal. UN News reran Implementation of the Third United Nations Decade for the Eradication of Poverty (2018–2027) A/73/298 of 6 August 2018 reported the international poverty lines is currently estimated at US$1.90, US$3.20 and US$5.50 per day (purchasing power parity (PPP) 2011 prices). In 2013, of the 783 million people living in extreme poverty, more than half were in sub-Saharan Africa and close to a third lived in Southern Asia. Using the global Multidimensional Poverty Index, 1.46 billion people across 104 countries were classified as poor in 2017, 689 million were children aged 0–17 years. Estimates of the impact of COVID-19 on global poverty of April 2020 held that in comparison to the status quo in 2018, the COVID pandemic is estimated to increase extreme poverty below $1.90 a day by between 85–135 million under a 5 per cent contraction, by between 180–280 million under a 10 percent contraction, and, startlingly, between 420-580 million people under a per capita income or consumption contraction of 20 percent. An 'SDG Push' is estimated to be able to reduce the number of people living in extreme poverty in low and medium human development countries by 100 million in 2030 relative to the 'COVID Baseline' scenario, to around 589 million people living in extreme poverty in 2030. Even before COVID-19, baseline projections suggested that 6 per cent of the global population would still be living in extreme poverty in 2030, missing the target of ending poverty. The fallout from the pandemic threatens to push over 70 million people into extreme poverty. Globally, the number of people living in extreme poverty declined from 36 per cent in 1990 to 10 per cent in 2015, about 734 million. Sustainable Development Goal 1 calls for an end to poverty by 2030. However, due to the set-back caused by the COVID pandemic the number of people living in extreme poverty in the low and medium human development countries was estimated to increase from 2019 lows, for the first time since 1990, to between 626 million under a 'COVID Baseline' scenario and 753 million under a 'High Damage' scenario. About 9.2% of the world, or 689 million people, were estimated to live in extreme poverty on less than $1.90 a day by the World Bank on August 23, 2021.

Children and youth account for two-thirds of the world's poor, and women represent a majority in most regions. One out of five of the world's children are extremely poor. Due to poverty reduction in Asia, extreme poverty is increasingly concentrated in sub-Saharan Africa. About 40% of the region's people live on less than $1.90 a day. Extreme poverty rates nearly doubled in the Middle East and North Africa between 2015 and 2018, from 3.8% to 7.2%, mostly because of crises in Syria and Yemen. Haiti, situated on the western side of the island of Hispaniola and with a population of 10,579,230 inhabitants, is the poorest country in the western hemisphere and one of the poorest in the world. 59% of its population lives under the poverty line and more than 24% lives in a situation of extreme poverty. Although countries impacted by fragility, crises, and violence are home to about 10% of the world's population, they account for more than 40% of people living in extreme poverty. By 2030, an estimated 67% of the world's poor will live in fragile contexts. About 70% of people older than 15 who live in extreme poverty have no schooling or only some basic education. Worldwide, the poverty rate in rural areas is 17.2 per cent—more than three times higher than in urban areas. For those who work, having a job does not guarantee a decent living. In fact, 8 per cent of employed workers and their families worldwide lived in extreme poverty in 2018. One out of five children live in extreme poverty. Ensuring social protection for all children and other vulnerable groups is critical to reduce poverty.

In the United States a one percent income tax would raise an estimated $120 billion in individual

income tax and $11 billion corporate income tax revenues, circa 2022. The European Union (EU) could levy 0.9 percent more $121 billion individual and $11.1 billion corporate. The EU is about 16.7 percent of the Gross World Product (GWP) and US about 15.8 percent, combined they comprise about 32.5 percent of the GWP. The remaining 67.5 percent of the global economy would contribute $500 billion individual and $46 billion corporate. This comes to a global total of $741 billion individual and $68 billion corporate tax revenues at 2022 prices. Perfect. One billion benefits at current US $2 a day prices equals $730 billion with $11 billion increase in year end savings. One percent corporate income tax is nearly enough to pay all $63 billion cost of the United Nations in 2020 rapidly increasing to more than $70 billion by mid-2022 to pay for the COVID emergency, $72 billion 2023, a $4 billion deficit.

The State Department is obviously not ready, or worthy, to make the leap of faith from $63. 4 billion to $70 billion in less than 42 months (Revelation 13:10). It has long been held that International Security Assistance, other than Non-proliferation, Antiterrorism and Demining, need to be prohibited as terrorism finance. The 2020 Combined Statement of Revenues, Outlays and Balances indicates International Narcotics Control and Law Enforcement multilateral clearinghouse had only $15 million balance at year end FY 20. Defense spending had a balance of $17 billion at year end FY 20. Withdrawals of Bureau of Fiscal Service balances require the authorization of Congress and this money would need to be excluded from the transfer and trust fund and must be excluded from the trust fund. Transferring $8.5 billion in 2023 from foreign military and police propaganda programs and transferring the money to an International Poverty Line Account to administrate social security benefits to people making less than $1.90 (2021) is the best, and probably only, way to lead the United Nations to end poverty by 2030, they speak of Sustainable Development Goal 1 about. As part of the Act to create an SSI Trust Fund in 2023, Congress must also vote to prohibit international security assistance, other than Non-proliferation, Anti-terrorism, and Demining, and transfer the continuing appropriation, with 3 percent inflation, to an international poverty line account to create a lasting peace based on social security benefits for the poor. After a brief trial of the new program to eliminate extreme poverty in Haiti, the poorest nation in the Americas, in 2023 and 2024, a 1 percent tax on individual corporate income would be introduced to finance both the international poverty line social security account and international development, respectively, to achieve the Sustainable Development Goals for 2030.

A potential source of revenues for the Federal Treasury Balance is the unclaimed funds remaining from the abolition of prohibition enforcement agencies and cold war propaganda. Defunding the FBI, DEA and ONDCP is not the same as defunding the police. Three hundred economists petitioned President Obama to legalize marijuana and abolish prohibition enforcement agencies, these are the acronyms of the secret police. However, they don't want to be abolished to reduce the deficit and spend most of their time terrorizing politics and civil law worldwide and totally control Washington DC via Nancy Pelosi. Defunding the secret police in the Justice Department to reduce the deficit is not exactly the same as turning International Social Assistance into International Social Security benefits, but that is the entire list of agencies that need to be abolished by the United States. International Security Assistance is similarly infringed, whereby the State Department corruptly matches payments of the Department of Defense (DOD) to provide patently unlawful military assistance, military education and law enforcement grants to foreign countries. However, International Security Assistance, funding is to be converted into International Social Security benefits for people living below the international poverty line of $1.90 - $2 a day.

The Biden Administration has made it clear, not only must State Department International Security

Assistance, other than Non-proliferation, Anti-terrorism and Demining (NAD), be abolished, the Secretary of State must be a pacifist. Antony J. Blinken survived Colin Powell and Liz Cheney, to be the chief perjurer of the Iraq megamurder, still in power. The State Department is not a place for people with military ambitions to be disciplined by the Defense Department. Blinken's crimes: convincing Democrats to vote for war with Iraq on false pretenses, embezzling Iran and other nations under false pretense of UN Sanctions, stuffing the ballot in the 2020 Presidential election, assassinating Haitian President Moise, nuking the Enriquillo Plaintain Garden Fault in Haiti, now under surveillance by NAD, embezzling American deposit institutions, Putin mastermind, diplomatic boycott Olympic truce, glorious police action in Ukraine, and maybe Taiwan. If Blinken cannot be fired, impeach Biden. Blinken is a terrorist, *persona non grata*. His crimes against humanity make the State Department even more vulnerable than the Justice Department prohibition deficit, to legal process to permanently convert annual spending on International Security Assistance to try to administrate an international poverty line social security benefit in a geographic area where its safety and effectiveness could be judged, before imposing a one percent income tax worldwide, to pay the extremely poor. Witnesses would be greatly relieved if Blinken were replaced with a pacifist.

Total International Affairs spending increased $5.5 billion, 9.5 percent, to $63.4 billion FY 22 from $57.9 billion FY 21. The FY 22 total budget request for $58.5 billion, a 10 percent increase from $53.1 billion FY 21. However, the $58.5 billion derived from the Total-State Department and USAID (including Function 300) is less than the actual request for original federal outlays of $63.9 billion International Affairs (Function 150) and International Commissions (Function 300) and is not the total request. Make no mistake, Blinken is the antichrist. No need to wait 42 months for ill effect. Under current law 4 percent annual inflation is needed for the $63.9 billion FY 22 budget to grow to more than $70 billion FY 25 in less than 42 months (Revelation 13:10). The State Department must call in the credit from shortfalls in 2.5 percent inflation due to Trump budget cuts - $15,879 million from between FY 18 – FY 21 before receiving their due FY 22.

The weight of gold which came in to Solomon in one year was 666 talents of gold (1 Kings 10:14)(2 Chronicles 9:13). He who has an ear, let him hear. If anyone is to go into captivity, into captivity he will go. If anyone is to be killed with the sword, with the sword he will be killed. This calls for patient endurance and faithfulness on the part of the saints for forty-two months…He also forced everyone great and small, rich and poor, free and slave, to receive a mark on his right hand or on his forehead, so that no one could buy or sell unless he had the mark which is the name of the beast or the number of his name, This calls for wisdom. If anyone has insight, let him calculate the number of the beast, for it is man’s number. His number is 666 (Revelation 13:9, 10 & 16-18). O Prophet! why do you forbid (yourself) that which Allah has made lawful for you; you seek to please your wives; and Allah is Forgiving, Merciful (The Prohibition 66:1). O you who believe! save yourselves and your families from a fire whose fuel is men and stones; over it are angels stern and strong, they do not disobey Allah in what He commands them, and do as they are commanded (The Prohibition 66:6). Thy people called it a lie, and yet it is the truth. Say, I have not charge over you; to every prophecy is a set time, and in the end ye shall know (Cattle 6:66). Say: Come I will recite what your Lord has forbidden to you-- (remember) that you do not associate anything with Him and show kindness to your parents, and do not slay your children for (fear of) poverty-- We provide for you and for them-- and do not draw nigh to indecencies, those of them which are apparent and those which are concealed, and do not kill the soul which Allah has forbidden except for the requirements of justice; this He has enjoined you with that you may understand (Cattle 6:151).

It has long been held that International Security Assistance, other than Non-proliferation, Antiterrorism and Demining, need to be prohibited as terrorism finance. Prohibiting these foreign military and police propaganda programs and transferring the money to an International Poverty Line Account to administrate social security benefits to people making less than $1.90 (2021) is the best, and probably only, way to lead the United Nations to end poverty by 2030, they speak of Sustainable Development Goal 1 about. International Security Assistance category needs to be abolished, except for non-proliferation, because foreign military and police financing is treason that generates the opposite of loyalty, the programs have track record of human rights abuses, that must not be condoned. Furthermore, transfers of military assets to the Russian border has offended cold war sentiments on both sides of the FBI enforced Iron Curtain that needs to be repealed at 28CFR§0.87.

(1) International Narcotics Control and Law Enforcement (INCLB) is entirely dedicated to grants to finance drug war in developing countries and it would be treason to finance foreign police at their finest. (2) Peacekeeping Operations infringe on underfunded UN Peacekeeping and the United States is conspicuously not authorized by the UN Security Council to be deployed in some 146 foreign countries pursuant to Art. 43 of the UN Charter. (3) International Military Education has been held to be causative of Guatemalan genocide, poses a bilateral treason legality and in general police training is not a substitute to requiring a Bachelor degree to prevent recidivism. (4) International Military Finance is a leading cause of international arms races, inequality, and militant anti-American sentiment, corruptly “buys” US weapons, that often get into enemy hands.

The $8.5 million FY 23 international security assistance to be abolished is presented to Congress for transfer to an international poverty line account, to increase 3 percent annually and be immediately available to settle uninsured civilian claims of having been embezzled by US sanctions and establish a trust fund administrate the multi-lateral disbursement of social security benefits to people living below the $1.90 (2022) a day international poverty line who come under the special protection of the United States Department of State and USAID. The 2020 Combined Statement of Revenues, Outlays and Balances indicates International Narcotics Control and Law Enforcement multilateral clearinghouse had only $15 million balance at year end FY 20. On the other hand, Defense spending had a balance of $17 billion at year end FY 20. The new fad is that withdrawals of Bureau of Fiscal Service balances require the authorization of Congress. Transferring $8.5 billion FY 23 from International Security Assistance to an International Poverty Line Account would keep State Department spending less than $60 billion for the next three years, while eliminating Biden's propensity to finance international terrorism, whereupon the international poverty line account could be transferred back to make a $70 billion State Department (Revelation 13:10).

Trial is in Haiti. The poorest country in the Americas. The United States has no reason to dislike Haiti and every reason to improve relations with impoverished Caribbean nations closest to the Florida Coast. When it became obvious 100 percent of Moïse assassins graduated from US international military education, it would seem Arlington, Virginia nuked the Enriquillo Plantain Garden Fault, for a second time Biden was protecting unconventional weapons missions in the White House. The US owes Haiti security, social security. The primary economic advantage of social security benefits, is that the payments are reliably deposited every month, the person is alive, poor and out of prison, and there is enough money in the fund. A $2 a day benefit would cost $730 a year per capita. Latest estimates put the 2021 poverty rate in Haiti, using a lower-middle income country poverty line of US $3.20 a day, at 52.3 percent, up from 51 percent in 2020, more than 24 percent live in extreme poverty defined as less than $2 a day. With a population of 10.5 million it would cost an estimated $4 billion to pay $2

a day benefits to 5.5 million poor people and $1.8 billion to pay the 2.5 million who have the qualifying income of extremely poor. A deficit neutral program that is annually replenished with 3 percent inflation could provide Haiti with a 100 trust fund ratio to administrate this program on a trial basis until everyone in the world is taxed 1 percent of their individual income to pay everyone living below the international poverty line a $2 a day income, at current prices. This would increase the Haitian GDP from $13.4 billion to $17.4 billion. Other alternatives justifying the conservative option is a one time settlement of $8.5 billion to be administrated until gone or an expansion of the program into the Dominican Republic and beyond. Trial in Haiti would help to perfect the details of a global social security program to pay the extremely poor.

The Biden Administration may be fined $500,000 in a civil trial of *Authentication and Access to Financial Institution Services and Systems* in Arlington, Virginia on August 11, 2021 laundering of monetary instruments under 18USC§1956 (c)(7)(D) allegedly nuking the Enriquillo Plaintain Garden Fault in Haiti, using HA for a second time in 2010 and August 14, 2021, to intimidate the prosecution of the 100 percent international military education graduate assassination of Haitian President Moïse on July 7, 2021 under Section 92 of the Atomic Energy Act of 1954 42USC§2122l. The Biden Administration is ordered to forfeit (1) all nuclear weapons in excess of the 1,700-2,200 warhead limit (2012) (2) $8.5 billion International Security Assistance, other than Non-proliferation, Antiterrorism and Demining $1 billion FY 25, transferred to Federal Treasury for trial of international poverty line benefit in Haiti to be passed back to the State Department when Antony J. Blinken is removed from office in Arlington, Virginia and the Department needs the money to make the leap to a $70 billion total State Department, Foreign Operation and International Programs budget in less than 42 months (Revelation 13:10). Congress must amend Title 22 of the United States Code Foreign Relations and Intercourse (a-FRaI-d) to Foreign Relations and Court of International Trade of the United States (COITUS) to Customs Court (CC) for obscenity on federal property 18USC§1460 et seq, and snuff under Art. 20 of the International Covenant on Civil and Political Rights. The New START conspiracy with Russia must be repealed by replacing 10USC§498(f) with, It is the sense of Congress the United States Department of Energy (DOE) Nuclear Security Administration (NSA) must establish a program to recycle retired nuclear warheads, in excess of the 2,200 warhead limit set by the 2012 conference of Nuclear Non-Proliferation Treaty (NPT), pursuant to (Isiah 2:4).

UN Agency revenues are reported to have reached $62.6 billion in 2020 and $65.9 billion in 2021, according to the Budgetary and financial situation of the organizations of the United Nations system A/77/507 of 5 October 2022. The Office of the Coordinator of Humanitarian Assistance reported that only about 40 percent of promised assistance has come through by the end of 2022. The UN System has until June 2023 to collect more than $70 billion annual revenues, both assessment and voluntary pursuant to the 42 month limit on such persecutions (Revelation 13:10). To restore global truth it is imperative that the United States pay the United Nations Educational Scientific and Cultural Organization (UNESCO) $750 million for nonpayment of dues from 2011-2021. States Parties to the UNESCO Constitution, believing in full and equal opportunities for education for all, in the unrestricted pursuit of objective truth, and in the free exchange of ideas and knowledge, are agreed and determined to develop and to increase the means of communication between their peoples and to employ these means for the purposes of mutual understanding and a truer and more perfect knowledge of each other's lives; In consequence whereof they do hereby create the United Nations Educational, Scientific and Cultural Organization for the purpose of advancing, through the educational and scientific and cultural relations of the peoples of the world, the objectives of international peace and of the common welfare of mankind for which the United Nations Organization was established and which

its Charter proclaims. Art 1 (2)(a) To realize this purpose the Organization will Collaborate in the work of advancing the mutual knowledge and understanding of peoples, through all means of mass communication and to that end recommend such international agreements as may be necessary to promote the free flow of ideas by word and image. (c) Maintain, increase and diffuse knowledge: By assuring the conservation and protection of the world's inheritance of books, works of art and monuments of history and science, and recommending to the nations concerned the necessary international conventions; By encouraging cooperation among the nations in all branches of intellectual activity, including the international exchange of persons active in the fields of education, science and culture and the exchange of publications, objects of artistic and scientific interest and other materials of information; By initiating methods of international cooperation calculated to give the people of all countries access to the printed and published materials produced by any of them. 3. With a view to preserving the independence, integrity and fruitful diversity of the cultures and educational systems of the States Members of the Organization, the Organization is prohibited from intervening in matters which are essentially within their domestic jurisdiction.

Chapter 18 Treasury Balance Contribution

The ordinary expense of modern governments in time of peace must be equal or nearly equal to their ordinary revenue. A federal budget surplus is however an extremely elusive goal that has been achieved only a few times in American history, and selling deficits is a major concern. The lesson learned from the Great Recession is that debt sold to the public must not exceed three percent of the GDP to prevent catastrophic withdrawal from the stock exchange. During the pandemic the Federal Reserve printed money. When the Fed tapered off printing, it became necessary for the Treasury to purchase deficits in excess of 3 percent of GDP, with the balance remaining from COVID relief. The lesson of the pandemic, and student loan repayment pause induced bankruptcy in September 2021, is that the Treasury has a balance remaining between actual spending and annual accumulation of gross federal debt, less the obligation to purchase public debt sold to the public in excess of 3 percent of GDP, lend to student loans and other irregular costs, such as the war in Ukraine, illegal semiconductor loan (grant repealed) and purchasing the major copy-cat counterfeits by tax revenue generating agencies, other than the Federal Reserve who accounts for the Treasury interest repayments on their public debt purchased for nothing. Besides prescribing echinacea to cure RSV, SARS-CoV-2 and flu, the lesson in this brief is that Treasury and Office of Management and Budget must reform their accounting practices, to stop overestimating outlays by design, by exactly entering the true amount of Cabinet spending in the reformed government outlays by Agency ledger, and between 2020 and 2022 cheating on taxes, and not collecting student loans, at great cost to the Treasury balance.

The Tax Cuts and Jobs Act (TCJA) reduced taxes on the rich, increasing actual on-budget deficits from 1.5 percent in 2017 to 2.6 percent of GDP in 2019. The onset of the COVID pandemic increased spending and deficits to records levels. Actual on-budget spending increased 45 percent from $3.3 trillion in 2019 to $4.8 trillion in 2020 while receipts declined -3 percent from $2.7 trillion in 2019 to $2.6 trillion in 2020. The actual on-budget deficit is estimated to have increased to 10.5 percent in 2020, despite spillover from the overestimation of the payroll tax from the HI Trust Fund. The payroll tax overestimate was purchased for its estimated value of $200 billion by the Treasury Balance FY 22 and is now reported, as overestimated in the official record. The off-budget OASDI Trust Funds did make a good faith $36 billion repayment in 2021. In this brief, subsequent on-budget income tax overestimates FY 21 and FY 22 are adjusted to estimate the $1,070 billion purchase price to the Balance, before the worthless official overestimates can be admitted, in future studies. The arrogance

of the Bureau of Fiscal Service explosively exceeds their good faith, and under the influence of United Nations credentialism, government officials have an economically damaging propensity to enforce their lies, forcing the public to accommodate their errors, they rarely admit to, although it would be so much easier to correct and be right. FY 21 the actual on-budget surplus went down to 6.8 percent of GDP and in FY 22 to -2.4 percent of GDP although debt sales remained excessive, and initial estimates predicted an excessive deficit. FY 22 a contracting economy complicated market insurance purchases, but ultimately, a recession from turning into a depression, was miraculously averted with $15 billion difference. Subsequently GDP and population have been overestimated to bolster fraudulent overestimates, and GDP had to be downwardly adjusted to around $24 trillion FY 23 to protect the market against horrendous deficit overestimates, that turn out to be just enough to afford the tax overestimates.

Actual United States Government Receipts, Outlays, Surplus or Deficit FY 17 – FY 26
(billions)

Year	Total Receipts	Total Outlays	Total Deficit	Total Deficit % GDP	On-Budget Receipts	On-budget Outlays	On-budget Deficit	On-budget Deficit % GDP	Off-budget Receipts	Off-budget Outlays	Off-Budget Surplus or Deficit	Off-budget Surplus or Deficit % GDP
FY17	3,615	3,862	-247	-1.3	2,619	2,910	-291	-1.5	996	953	43	0.2
FY18	3,644	4,108	-464	-2.2	2,641	3,105	-464	-2.2	1,003	1,000	3	0.01
FY19	3,779	4,335	-556	-2.6	2,717	3,276	-559	-2.6	1,062	1,059	3	0.01
FY20	3,756	5,936	-2,180	-10.4	2,638	4,829	-2,191	-10.5	1,118	1,107	11	0.05
FY21	4,156	5,800	-1,644	-7.1	3,068	4,655	-1,587	-6.8	1,088	1,145	-57	-0.3
FY22	4,401	5,015	-614	-2.6	3,209	3,776	-567	-2.4	1,196	1,243	-47	-0.2
FY23	4,515	5,035	-520	-2.1	3,241	3,702	-461	-1.9	1,274	1,332	-58	-0.2
FY24	4,700	5,249	-549	-2.2	3,374	3,834	-460	-1.6	1,326	1,414	-88	-0.4
FY25	4,957	5,476	-519	-2.1	3,571	3,972	-401	-1.6	1,386	1,501	-115	-0.5
FY26	5,255	5,716	-461	-1.8	3,792	4,115	-323	-1.3	1,457	1,593	-136	-0.5

Source: OMB Historical Table 1.1; Sanders, Tony J. Revenues (reconciled herein), Government

Outlays by Agency FY 17 – FY 24 (total outlays 4 percent inflation FY 24-26, on-budget 3.6 percent inflation, 5 percent off-budget FY 24-26); §72-73 & Gross Domestic Product 2017-2020 §75 Health and Welfare HA-29-1-22; Total Receipts and Total Expenditures 2022 Annual Report of the Federal Old Age Survivor, Disability, Hospital and Supplemental Medical Insurance Trust Funds

Federal revenues have historically grown at a significantly faster rate than the general economy or federal spending. Between 1990 and 2018 revenues grew an average annual rate of 8.0%. If there had not been a decline in revenues and consequential increase in deficit due to the TCJA. The TCJA does not expire until 2025. In fiscal year 2020, due to the COVID pandemic depression, it is estimated that there was a -6.4 percent decline in individual income tax receipts, -7.8 percent decline in corporate income tax. There is estimated a -12.2% decline in excise taxes due to the double whammy of -40 percent declines in fuel and airport receipts and reauthorization of the $1 per gallon Blenders Tax Credit (BTC) retroactive to 2018. A 17.7 percent increase in other taxes is reported, mostly due to increased returns by the Federal Reserve. Going forward, a slight overestimate in Other Revenues due to inability to tabulate customs duties, is corrected and 19 percent FY 22 increase in individual income taxes is reduced to 10 percent before moderating to five percent to provide a conservative estimate. In 2020 it is re-estimated there was a -6.2 percent decline in payroll tax revenues, reported as 6 percent growth from 2019. An exact figure for the 2020 payroll tax will have to be determined by consultation of the Board of Trustees with the Assistant Secretary of Tax Policy and the Bureau of Fiscal Service under 31CFR§1.0(b)(1)(xvi) and (b)(4) to recount the exact 2020 federal payroll tax collected by various methods under 31CFR§203.2. The actual performance of the payroll tax in 2020 may have been more in the vicinity of -8 percent less than the prior year and the liability has been purchased for $200 billion, with left over COVID relief. April 15, 2023 the IRS supplementation duplicitously proposing to double agency expenditures for a few years, by the Inflation Reduction Act of 2022, is on trial for fraud, extortion and not collecting OMB's individual income tax overestimate 26USC§7214.

Actual Revenues FY 17 – FY 26
(billions)

Fiscal Year	Individual Income Taxes	Corporate Income Taxes	Social Insurance and Retirement Receipts	Social Insurance On-budget	Social Insurance Off-budget	Excise Taxes	Other	Total	On-budget	Off-budget
2017	1,587	297	1,461	465	996	84	186	3,615	2,619	996
2018	1,683	205	1,485	484	1,003	95	176	3,644	2,641	1,003
2019	1,718	230	1,561	499	1,062	99	171	3,779	2,717	1,062
2020	1,608	212	1,652	534	1,118	87	197	3,756	2,638	1,118
2021	1,846	372	1,633	545	1,088	75	230	4,156	3,068	1,088
2022	1,882	353	1,828	632	1,196	88	254	4,401	3,209	1,196
2023	1,976	371	1,930	656	1,274	92	146	4,515	3,241	1,274

2024	2,074	389	2,022	696	1,326	95	120	4,700	3,374	1,326
2025	2,199	409	2,123	737	1,386	98	128	4,957	3,571	1,386
2026	2,331	430	2,238	781	1,457	101	155	5,255	3,792	1,457

Source: 2022 OMB Revenues Table 2.1. Estimates reconciled. 2020 payroll tax overestimate purchased for $200 billion. Individual income tax 15 percent growth FY 20-FY 21 5 percent thereafter. Corporate income tax is -5 percent less FY 22 than FY 21 and 5 (to 15) percent growth every bull year thereafter. Social Insurance and Retirement Receipts – Off-budget is Combined OASDI Trust Funds total revenues, all sources, taxation of benefits and interest; On-budget Medicare now includes Part A, B & D combined revenues from the Annual Report, excluding general fund reimbursement, reducing the deficit from prior new low estimates, plus unemployment insurance trust funds, employee share of federal retirement and non-federal employee retirement as reported by OMB. Excise taxes are taken as prescribed by OMB until hyperinflation in unexplained other excise taxes is stabilized at 3 percent annual growth from 2023. Federal Reserve remittance bankruptcy FY 23 - 24 is admitted. High gift and estate taxes expected to normalize FY 23. Combined Statement and OMB FY 21 overestimates $2,044 billion individual income taxes, $198 billion more than $1,846 billion reconciled. FY 22 $2,632 billion individual, $750 billion more than $1,882 billion and $425 billion corporate $72 billion more than $353 billion. Cost of purchasing $1,070 billion counterfeits and FY 23 OMB disapproval should result in termination of these overestimates in the future.

Revenues must be reviewed. After a joint Trump-Biden 2020 payroll tax overestimate, the Biden Administration is certainly engaged in income tax overestimation beginning in 2021 that is now supported by Bureau of Fiscal Service's *Combined Statement*, and GDP and population overestimates by the Commerce Department. The Biden Administration obviously cheats on elections and taxes, but Trump started it with the 2020 payroll tax overestimate and Republican Trump appointees bear the brunt of responsibility, criminally neglected by the Democratic administration due process for the murderous nuking of tectonic fault trademark of Biden's peculiar laundering of monetary instruments 18USC§1956. The overestimates will be difficult to correct and the fraud will cause extensive damage to the real economy, before it is corrected, ie. Bankruptcy of the Treasury and Bureau of Fiscal Service authorized Direct Express and Netspend of inequity in 2021 and looming in 2023 depending on the arbitrary and capricious debt ceiling debate concealing debt retirement, as well as Federal Reserve 2023-2024 and Silicon Valley Bank failures. Beginning in 2021 both corporate and individual income tax revenues are suspect. IRS standards for proving national income tax revenue statistics are low and the *Combined Statement on Revenues, Outlays and Balances of the United States Government* is high on customs seizures, inaccurate regarding the payroll tax and the 2020 payroll tax overestimate sets dangerous precedence for the Bureau of Fiscal Service to cheat on income taxes, done 2021-22.

In 2020 it is pretty much agreed there was a -6.2 percent decline in individual income taxes to $1,608 billion from $1,718 billion in 2019 and an -8 percent decline in corporate income taxes to $212 billion from $230 billion in 2019. The 2021 *Combined Statement* estimates incredibly high 27 percent catch-up growth to $2,044 billion in individual income tax revenues and 75 percent growth to $372 billion corporate income tax revenues followed by even more outrageous 29 percent individual income tax growth overestimate in 2022, before OMB expects individual income tax revenues to moderate at $2,328 billion in 2023, for a high average annual growth rate of 8.8 percent. There was significant recovery in 2021, however, while earnings were reported to have increased by 4.6 (BLS) to 8.9 percent (SSA), employment remained 1.6 percent lower than the rate in 2019. Using more credible BLS

statistics, means taxable income grew to 3 percent more than 2019, or 9.2 percent more than 2020 - $1,770 billion in 2021, -15.5 percent less than the $2,044 billion estimated by the *Combined Statement* as corroborated by OMB. However the stock exchange made a full recovery in 2021 from a May 2020 low, until it crashed again in February 2022, wherefore it is okay to go with the higher 8.9 percent earnings estimate for the respectable catch-up rate of 13.5 percent in 2021 to $1,846 billion, 10.7 percent less than the $2,044 billion (2021) reported in the *Combined Statement*. Income tax revenues simply don't grow that fast and 29 percent is far more than is justified by the catch-up growth exception for the development of economically depressed nations.

Real average hourly earnings decreased 1.3 percent, seasonally adjusted, from February 2022 to February 2023, due to the change in real average hourly earnings combined with the decrease in the average workweek. Over that same period the total number of employed persons increased by 1.7 percent from 157.6 million in February 2022 to 160.3 million in February 2023. It can therefore be estimated that taxable income increased only 0.4 percent in 2022. 1st and 2nd quarter recession, market crash and loss of richest man in the world status (Elon Musk) indicate the income of the rich does not justify disproportionately high rates of individual and corporate income tax revenue growth and their contributions are down with the stock exchange. 2 percent individual income tax growth for 2022 is estimated. To provide a more conservative, optimistic estimate, income tax revenue growth estimates are limited to 5 percent annually. Due to Direct Express and Netspend of inequity related misconduct, two years of ten percent growth for the individual income tax are downgraded to one year of 9.2 percent growth (2021) and 5 percent growth until the expiration of the TCJA tax provisions in 2025 allow for 6 percent growth estimate. 2022 individual income tax revenues are not entitled to 27 percent growth and must be rejected. However, the *Combined Statement* is the OMB-declared authority on federal revenues, outlays and balances (lost).

To independently review current IRS performance the Bureau of Labor Statistics provides the most accurate gauge. The Bureau of Labor Statistics reports, after the number of employed persons declined from a pre-pandemic high of 158.9 million in November 2019 to a low of 137 million in May 2020 it rebounded and by February 2023 the civilian labor force employed 160.3 million, 0.9 percent more than before the pandemic. The 0.8 percent 2019-2023 growth rate is significantly less than the 1.4 percent increase between 156.6 million in January 2019 and 158.8 million in December 2019. The participation rate of 62.5 percent in February 2023 remains 1.1 percent below the the participation rate of 63.2 percent in December 2019. The employed population ratio of 60.2 percent in February 2023 is 1.3 percent below 61.0 percent in December 2019. Taking into consideration new workers, more than 2 million people are estimated to have dropped out of the labor force after an extended period of pandemic unemployment. Going forward, labor force growth is expected to remain subdued due to a slowing of growth in the working-age population—a consequence of the baby-boom generation reaching retirement ages and succeeding lower-birth-rate cohorts reaching working ages. Under the intermediate assumptions, the labor force is projected to increase by an average of 0.8 percent per year from 2021. In February, average hourly earnings for all employees on private non-farm payrolls rose by 8 cents, or 0.2 percent, to $33.09. Average hourly earnings have increased by 4.6 percent. In February, average hourly earnings of private-sector production and nonsupervisory employees rose by 13 cents, or 0.5 percent, to $28.42. The average workweek for all employees on private non-farm payrolls edged down by 0.1 hour to 34.5 hours in February. In manufacturing, the average workweek edged down by 0.2 hour to 40.3 hours, and overtime edged down by 0.1 hour to 3.0 hours. The average workweek for production and nonsupervisory employees on private non-farm payrolls decreased by 0.2

hour to 33.9 hours. Real average hourly earnings decreased 1.3 percent, seasonally adjusted, from February 2022 to February 2023, due to the change in real average hourly earnings combined with the decrease in the average workweek. Over that same period the total number of employed persons increased by 1.7 percent from 157.6 million in February 2022 to 160.3 million in February 2023. It can therefore be estimated that taxable income increased only 0.4 percent from February 2022 to 2023 and for all 2022. The BEA 2.2 percent growth for 2022 is adequately insured against deficits in excess of 3 percent of the GDP, but is not on the level with 2021 4th quarter, 2022 1st and 2nd quarters 2022 economic growth, whereby optimistic 5 percent growth in taxable income for 2023 and future years is conservatively projected, based upon the results of recounting of 2020-2022 revenues called for in this reconciliation with the *Combined Statement* 31USC§306(c)(2) and 31CFR§1.1(b).

OMB Historical Tables has not enforced the 2023 end to corporate income tax overestimation like the individual income tax, gift and estate tax and customs duties overestimates. Robbery of the stock exchange is not democratic. During the pandemic the Federal Reserve was very careful to purchase deficits in excess of 3 percent of GDP. Subsequently the Treasury has struggled with recession and overestimation, but there is no law more economically secure than the arbitrary 3 percent GDP limit on deficit sales. Although the market recovered to new highs in 2021 in 2020 there was an -8 percent decline in corporate income taxes from $230 billion FY 19 to $212 billion FY 20. 75 percent growth to $372 billion FY 21 is highly estimated. FY 11 – FY 12 logged 34 percent growth in corporate income tax. Historians suggested the pandemic was the largest depression since the Great Depression, but it is interesting to note the 33 percent decline in 2nd quarter 2020 GDP level was truly only -9 percent. While the 2021 corporate income tax is due process for overestimation, it is possible, unlike the $425 billion FY 22 and subsequent nearly 100 percent growth, 20 percent annually, to $734 billion FY 26. Corporate income taxes generally tend to fluctuate with market conditions and legislation of their tax rate, in the +/- 5 – 15 percent range. The Tax Cuts and Jobs Act (TCJA) reduced the U.S. federal corporate income tax rate from 35 percent to 21 percent 26USC§11 and §535. FY 18 corporate income tax revenues were $205 billion, -31 percent less than $297 billion FY 17. As a rule of free market observation, when the stock exchange does poorly, revenues decline, when markets are green, corporate income tax revenues are up, and there is generally an upwardly inflationary trend in level of trading in the stock exchange to correct for corrections in time. Therefore the *Combined Statement* is corrected to make a conservative projection of corporate income tax growth of - 5 percent FY 22 and + 5 percent every bull thereafter.

IRS employs 80,000 people at a cost of $13.5 billion FY 2023, excluding the cap adjustment. Biden has already made up for any shortfalls in the FY 2017 Trump IRS budget. Total spending on tax administration of $13.5 billion FY 2023 is perfectly 2.8 percent average annual inflation from FY 2016. This is much improved from 1.4 percent average annual growth FY 16 – FY 21. The IRS has enough to pay 80,000 employees and doesn't need 80,000 more by the inaudible date of 2031. Hiring people to replace retiring workers does not cost more, in fact, new employees usually start with a lower pay grade. Enhancement of Internal Revenue in Sec. 10301 of the Inflation Reduction Act (IRA) PL 117-130 August 16, 2022 must be repealed because the excessive funding is completely unnecessary and must be abolished pursuant to the Paperwork Reduct Act 44USC§3508 to prevent bribery of witnesses, extortion, fraud, and especially failure to collect reported revenues, eg. IRS budget and *Combined Statement*, regarding OMB future revenue overestimates 26USC§7214.

The first red flag that the IRS is being defrauded by the IRA is that the Act set aside money for a

number of years although spending must be accounted for on annualized basis pursuant to Audit Standard No. 6 Evaluating Consistency of Financial Statement by the Public Company Accounting Oversight Board. $3,181,500,000, additional funds to remain available until September 30, 2031 for taxpayer services with a $3 billion budget FY 23, this 13 percent annual increase is excessive, but this is offset by Trump administration cuts threats that were overturned, and the IRS is not due more than usual 3 percent growth. $45,637,400,000 additional funding for Tax Enforcement to remain available until September 30, 2031 is obviously excessive in addition to $5.6 billion FY 23. $25,326,400,000 additional funding for operations support to remain available until September 30, 2031 is also outrageously in excess of $4.7 billion FY 23. $4,750,700,000, to remain available until September 30, 2031 for $313 million FY 2023 Business Modernization is also excessive. The $15 million for the development of a free efile system might be alright, if it not a duplicate of the existing system. $403 million until 2031 for the $180 million FY 23 Inspector General of Tax administration absurd. The Office of Tax Policy is not a Treasury spending category capable of receiving $105 million until 2031. $153 million until 2031 for the Tax Court is similarly “inaudible”. $50 million for Treasury-wide oversight is negligent. Internal control of financial reporting is brought about by consistent mathematically and socially sound principles, not human error. Accounting for revenues varies by revenuer, the IRS brings in the lion's share, and reports total income tax collections in the beginning of their budget, that is inexactly corroborated by OMB and the Combined Statement. Congress has failed to accuse the IRS of conspiring with the Bureau of Fiscal Service and Homeland Security to overestimate the 2020 payroll, individual and corporate income taxes from 2021, all the while high on customs seizures. Sec. 10301 of the Inflation Reduction Act (IRA) PL 117-130 August 16, 2022 is overruled, invalid and must be repealed before legislating an inquisition into true amount of revenues because the IRA terrorist scam finance is disqualified due to concealment of cheating on taxes under 18USC§2071 and 26USC§7214.

Excise taxes are taken as prescribed by OMB until hyperinflation in unexplained other excise taxes is stabilized at 3 percent annual growth from 2023 and are too statistically insignificant to require a table. Due diligence requires the Composition of Other Receipts worksheet be done first to process customs duties, less refunds, in the Combined Statement, plus discretionary and mandatory fees in the Homeland Security Budget in brief, to arrive at an accurate total. 22.6 percent growth in customs duties 2022 seems overestimated and there is also doubling of discretionary offsetting fees underlying an unacceptably high seven percent increase in FY 23 Homeland Security budget request. OMB predicts that after low growth to $101 billion in 2023 customs revenues shall decline, due to the termination of safeguard measures pursuant to Arts. XII and XIX of the General Agreement on Trade and Tariffs (1994) and resumption of the -3 percent annual tariff reduction for industrialized nations in accordance with the Swiss Formula for Unilateral Tariff Reduction (2007) to around $60 billion FY 24 and $50 billion FY 25 from whence three percent growth is established. The growth in estate and gift taxes FY 23 and FY 24 is unacceptably high, but will have to be accepted due to settlement of COVID estates and is expected to OMB to go down to $20.9 billion FY 25 and then increase 3 percent annually, rather than dramatically increase.

Composition of Other Receipts FY 17 -FY 26
(millions)

	Total Other Receipts	Estate and Gift Taxes	Customs Duties and	Miscellaneous, Subtotal	Federal Reserve	All Other

			Fees		Deposits	
FY 17	186,296	22,768	34,574	128,954	81,287	47,667
FY 18	175,949	22,983	41,299	111,667	70,750	40,917
FY 19	170,878	16,672	68,427	85,779	52,793	32,986
FY 20	197,438	17,624	62,068	117,746	81,880	35,866
FY 21	230,283	27,140	68,727	134,416	100,054	34,362
FY 22	253,507	32,550	84,281	136,676	106,675	30,001
FY 23	146,246	20,899	85,967	39,380	0	39,380
FY 24	120,224	21,526	60,686	38,012	0	38,012
FY 25	128,011	22,172	49,822	56,017	14,432	41,585
FY 26	154,652	22,837	51,317	80,498	35,753	44,745

Source: 2022 OMB Table 2.5 Other Revenues. Combined Statement of Revenues, Outlays and Balances of the United States Government 2020-2022

OMB predicts Deposit of Earnings, Federal Reserve System will terminate remittance completely in 2023 and 2024 and then resume at a much lower rate of $14 billion FY 25, down from $106.7 billion FY 22, without explanation, and typical of Washington DC fails to level charges against their tax evader under 26USC§7201. Tax evaders tend to be the good guys these decades of dead beat officials now engaged in fraudulent, uncollected overestimates under 26USC§7214. The Federalist Society attributed the cessation of Fed remittances to an operating loss of $80 billion theoretically leaving the Fed with negative capital of $38 billion at year-end 2023. If the Fed does not immediately reduce their usurious interest rates the Fed's operating losses will impact the federal budget for several years, due to the continuing loss of billions of dollars in Fed's former remittances to the U.S. Treasury. The Federal Reserve Banks Combined Financial Statements as of and for the years ended December 31, 2022 and 2021 and Independent Auditors' Report of March 14, 2023, declares Reserve Banks remitted excess earnings to the Treasury on a weekly basis during all of 2021 and most of 2022. In the fall, the Reserve Banks first suspended weekly remittances to the Treasury because earnings shifted from excess to less than the costs of operations, payment of dividends, and reservation of surplus. The Reserve Banks began accumulating a deferred asset. The deferred asset is the amount of net excess earnings the Reserve Banks will need to realize in the future before remittances to the Treasury resume.

In defense of their only rational propaganda, as to whether or not the Federal Reserve wishes to authorize the Secret Service counterfeit under 31USC§5153 this is only a secondary question as to whether the Bureau of Fiscal Service is prepared to come clean on these outrageous overestimates under 31USC§306 and 31CFR§1.1(b). Condolences for the lives lost in the Old National Bank rampage shooting in Louisville, Kentucky, to be explained. I am concerned that the Federal Reserve Board email may have become another one of those leaks persecuted, old Justice Thomas squeaks about, like the rampage shooting Clerk of Congress and Attorney General infringed student loan collections and more to the point, the explosive Bureau of Fiscal Service reading room. To prevent the FBI from exploiting the Federal Reserve's bankruptcy to engage in these violently intoxicated exploits, it is necessary that the Treasury, openly and honestly, hold the Federal Reserve accountable, to protect

the United States against fraud and loss, for their usurious attempt to evade or defeat remittances to the Treasury under 26USC§7201 pursuant to 31USC§321(a)(5), 11USC§303 and the Basel III net stable funding ratio (NSFR).

While usury may be denied due process by the US Congress and states have mangled the law, there is no denying the Federal Reserve Chairman Powell in his Jackson Hole, Wyoming speech, admitted to usury in regards to their interest rate hike policy, up to 4.75 percent, far in excess of the 2 percent inflation target he set at that same conference, to take superior criminal responsibility for the hyper-inflationary torch from recently unseated Liz Cheney's oil and gas industry. Although their books don't quickly explain how they cannot afford $100 billion in remittances to the Treasury, it is quite obvious that the high interest rates have driven down demand for their overnight lending. The suddenness of the bankruptcy makes us question whether or not the Fed is truly bankrupt or just trying to evade taxes. However, besides, open and honest accounting of their wretched state of bankruptcy, the only demand of the public prosecutor, regurgitated nearly daily in the newspaper, to facilitate profitable Fed lending to financial institutions and reduce the consequentially usurious rates of interest by private lenders, is that the Fed immediately reduce their interest rate to the 2 percent inflation target for Fed discount rate pursuant to 12USC§248(r)(2)(A)(iii), §343(3) and §357.

Composition of On-budget Social Insurance and Retirement Receipts 2017-2026
(billions)

	Part A	Part B	Part D	Subtotal Medicare	Unemployment	Fed Emp. Ret.	Total On-Budget Social Receipts
2017	299.4	88.3	27.0	414.7	45.8	4.2	464.7
2018	306.6	100.4	27.6	434.6	45.0	4.5	484.1
2019	319.3	105.3	28.5	453.1	40.9	4.8	498.8
2020	341.7	116.3	28.1	486.1	43.1	5.2	534.4
2021	337.4	116.2	29.3	482.9	56.6	5.6	545.1
2022	386.0	141.4	31.9	559.3	66.5	6.3	632.1
2023	409.4	150.0	34.7	594.1	55.3	6.9	656.3
2024	433.9	159.0	39.6	632.5	56.1	7.6	696.2
2025	459.9	168.2	42.6	670.7	57.8	8.2	736.7
2026	487.6	178.2	45.9	711.7	60.1	8.7	780.5

Source: OMB Historical Table 2022 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds

The composition of on-budget and off-budget social insurance and retirement receipts is dramatically expanded to take into consideration all revenues sources, excluding transfers from the General Fund, whereas total expenditures are used. Off-budget OASDI revenues are not treated in the worksheet

above because, without any transfers from the General Fund for these years, it is a simple matter of OASDI receipts being equal to total OASDI revenues reported in the 2022 Annual Report. On-budget social insurance and retirement receipts require more attention. The Medicare Part A revenue statistics are exactly equal to total revenues reported by the 2022 Annual Report because there are no General Fund transfers to the HI Trust Fund, although the HI payroll tax is treated as general on-budget revenue and expenditures, rather than off-budget like the OASDI Trust Fund. Medicare Part B revenue statistics are derived from premium revenues and interest income, excluding transfers from the General Fund. Medicare Part D revenues are computed by adding premium revenue plus, transfers from states and interest income; general fund transfers are excluded. These on-budget Medicare revenues, other than general fund transfers, that count as outlays for accounting purposes, are subtotaled. Unemployment Trust Fund contributions and federal employee retirement contributions by employees are added on to the end, as reported by OMB, with only little concern regarding high rates unemployment trust fund contributions in 2022 easily explained by the termination of pandemic unemployment compensation. Non-federal retirement employee contributions are excluded because they are statistically insignificant. Total on-budget social insurance and retirement receipts are entered into the Revenues by Source table in this chapter, as they are computed in the worksheet above.

Outlays are corrected only by the 2022 Annual Report of the Board of Trustees of the Federal Old Age Survivor and Federal Disability Trust Funds. Before it is possible to begin entering Outlays by Agency from Departmental budgets pursuant to the review of Table 4.1 of the Historical Tables the key to a valid independent audit is to exclude and delete intra-budgetary, infinitesimal $24 million outlays for the Armed Forces Retirement Home and fictitious Other Defense – Civil Programs, Other Independent Agencies (On-budget and Off-budget), Allowances, and Off-budget Undistributed Offsetting Receipts. Department of State and International Assistance rows need to be added together by the State Department, whereas that is how they are reported, and International Assistance Programs row deleted. Undistributed offsetting receipts are used to reduce the deficit at the end of the year and pay for the first expenses of the new year. Undistributed offsetting receipts are tabulated by adding Medicaid and Education Advance Appropriations, and audit profit results from review of the Interior and Defense and Interior Department budgets. The difference between total Interior revenues, current appropriations plus receipts, less total budget authority equals Interior undistributed offsetting receipts. The difference between the Defense budget request and the total requests of the three military departments – Army, Navy and Air Force - is undistributed offsetting receipts. The FY 22 Defense budget made remarkable progress in accounting accuracy, but got confused between the three military department and five forces at the end, and failed to calculate undistributed offsetting receipts. Despite large Trump administration budget cuts of small agencies, on-budget outlays increased 6.7 percent FY 18 and 5.5 percent FY 19 before increasing 47 percent to pay for COVID relief FY 20. Subsequently on-budget outlays decline -3.6 percent FY 21, -19 percent FY 22 and -2 percent to reach a normal balance in FY 23 before regular 3.6 percent inflation FY 24. Off-budget social security outlays increased 5.9 percent 2018 and 5.5 percent 2019 before growing only 4.5 percent 2020 and 2.9 percent 2021 due to increased mortality and availability of pandemic unemployment compensation, before 8 percent growth to pay for the 5.9 percent Cost-of-living adjustment 2022, followed by the resumption of normal 5.3 percent growth in 2023 and 5.2 percent 2024. Due mostly to the deletion of intra-budgetary and fictitious rows, presumed to sustain a balance available from deficit sales that affords any underestimates, and also exact entry of agency outlays, the audit tabulates a significantly lower level of outlays than the Office of Management and Budget (OMB). For instance, due to well-behaved three percent margin of error in fictitious rows, FY 19 on-budget outlays are re-estimated to be $3.3 trillion, 6 percent less than $3.5 trillion by OMB Historical Tables. The margin of error becomes even

greater during the COVID pandemic. FY 20, $4.8 trillion is 14 percent less than $5.6 trillion, FY 21 $4.7 trillion is 24 percent less than $6.2 trillion. Projected spending for FY 22 $3.8 trillion is 22 percent less than $4.9 trillion, FY 23 $3.7 trillion is 25 percent less than $4.9 trillion and FY 24 $3.8 trillion is 22 percent less than $4.9 trillion.

Actual Government Outlays by Agency FY 17 – FY 24
(billions)

	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24
Legislative Branch	4.7	4.8	4.8	5.2	5.4	6.1	6.3	6.4
Judicial Branch	6.9	7.0	7.3	7.5	7.8	8.1	8.3	8.5
Department of Agriculture	146	146	139	150	146	198	196	202
Department of Commerce	9.3	9.2	12.3	15.2	8.9	11.5	11.4	11.3
Department of Defense – Military Programs	606	671	685	723	704	715	737	759
Department of Education	73.9	76.5	77.2	94	94.6	98.9	101.8	104.8
Department of	30.1	30.1	35.7	38.6	41.9	46.2	47.6	49.0

Energy								
Department of Health and Human Services	1,050	1,118	1,169	1,249	1,353	1,384	1,409	1,482
Department of Homeland Security	74.3	87.1	80.7	85.7	86.9	88.8	92.8	95.4
Department of Housing and Urban Development	48.2	47.8	53.7	69	60.5	69	70.4	72.5
Department of the Interior	13.6	13.5	12	16.5	15.7	17.8	18.3	18.9
Department of Justice	28.4	28.1	30.7	32.4	33.4	33.6	34.8	35.9
Department of Labor	41.2	39.6	36.7	497.2	543.7	95.2	48.4	47.9
Department of State and International Assistance	55.3	56.5	56.4	56.9	57.9	63.4	66.6	69.3
Departm	79.1	85.5	87.7	90.3	93	95.8	98.7	101.7

ent of Transportation								
Department of the Treasury	550.8	602.3	702.1	1,636.4	1,310.4	731.2	627.5	638.8
Department of Veteran's Affairs	183.3	197.4	197.5	216.8	238.7	265.8	284.7	291.6
Corps of Engineers – Civil Works	3.6	3.7	3.8	3.3	2.6	2.8	4.3	4.4
Environmental Protection Agency	8.3	8	8.8	9.4	9.2	11.2	11.5	11.8
Executive Office of the President	1.1	1.1	0.4	0.4	0.8	0.9	0.4	0.5
General Services Administration	0.3	0.2	0.3	0.3	0.3	0.8	0.3	0.3
Office of Personnel Management	53.6	53.8	57	59.2	59.5	60.4	61.9	63.9
National Aeronautics and Space	19.7	19.6	21.5	22.6	23.3	24.8	25.3	25.9

Administration								
National Science Foundation	7.5	7.4	8.2	8.3	8.5	10.2	8.9	9.1
Small Business Administration	0.7	0.7	0.8	0.8	0.8	0.9	0.9	0.9
Social Security Administration (on-budget)	59.5	59.3	60.3	60.9	60.7	65.2	67.7	70.3
Undistributed Offsetting Receipts	-245.7	-269.9	-272.9	-320.3	-312.5	-329.6	-338.9	-348.4
Total On-budget Outlays	2,910	3,105	3,276	4,829	4,655	3,776	3,702	3,834
Total Off-budget Outlays (Trustees)	952.5	1,000	1,059	1,107	1,145	1,243	1,332	1,414
Total Outlays	3,862.4	4,107.5	4,335.2	5,935.8	5,800	5,015	5,035	5,249

Source: Fiscal Year 2022 Agency Budget Requests

Outlays are divided into on-budget outlays and off-budget outlays because exclusively Social Security Trust Fund deficits do not add to the public debt. As a rule of 2.7 percent inflation, normal spending

growth for administration is 2.5 percent, services, health, education, food stamps, minimum wage and cost-of-living adjustment 3 percent, disability 4 percent and retirement 5.5 percent since inflation was brought under control in 1982 and a moral conscious regarding competitive social spending is raised. Agencies that don't receive sufficient funds are invariably entitled to compensation and agencies that overestimate demands are invariably punished with a lower spending level, invariably sustaining normal program levels in the end. Usually, the federal government has a problem sustaining 3 percent annual growth for the military and health services, because they at one time or another try to pay them less and then win office advocating excessively high catch-up growth that breaks the budget. Outlays, reported by agency budgets, are generally treated only if they are determined to be outlaws due to, hyper or hypo inflation, material deficiency in internal control, improper payment 31USC§3352, or 42-month limit on number of the beast (Revelation 13:10). Having reduced historical Supplemental Medical Insurance overspending by -28 percent, and compensated for Trump Administration budget cuts, FY 22 the pre-eminent outlaws, other than the cheap constitutional government itself, are hyperinflation in bipartisan support for nuclear weapons programs of the Energy Department, overestimates and failure to exclude student loan revenues and expenditures by the Education Department and hyperinflation induced by Bipartisan Infrastructure Act of 2021 planning in excess of legitimate demand by the Transportation Department. A total FY 22 Education Department (ED) budget request of $98.9 billion FY 22, $101.8 billion FY 23 and $104.9 billion FY 24 is sustained, proposals increasing the Education Department budget to only $102.8 billion FY 2022 must be rejected because they actually add up to $175.5 billion FY 22. The Transportation Department baseline budget should be $95.8 billion FY 22, -36 percent less than $130.3 billion assumed to be provided by the Bipartisan Infrastructure Act of 2021, and exactly three percent more than the previous year. The DOT budget should be $98.7 billion FY 23 and $101.7 billion FY 24 pursuant to three to maybe four percent inflation because the Highway Trust Fund is pegged to the non-inflationary gallon 2USC§907(c)(1). The Department of Transportation budget requires supplementation to go without American Jobs Plan fraud that is excluded from this audit. Spending estimates reliant on the Infrastructure Investment and Jobs Act PL 117-58 of November 15, 2021 are moot. Sec. 11101 is "Out of money" in Sec. 80103.

Lower Energy Costs Act HR 1 passed the House on March 30, 2023 to lower energy costs by increasing American energy production, exports, infrastructure, and critical minerals processing, by promoting transparency, accountability, permitting, and production of American resources, and by improving water quality certification and energy projects and for other purposes. The President called it a thinly veiled license to pollute that he would veto. Vote no need to wait until September 30, 2032 for the law to be restored or revived as if this title had not been enacted Sec. 20604. Both oil land natural gas production in the United States is projected to reach record highs in 2023. In 2019, the United States became a net exporter or petroleum products for the first time since 1952 and reliance on imports has declined to historic lows. The United States however continues to run a huge current account deficit no matter how royal the $1, $5 or $10 an acre energy company treatment, the United Nations has outlawed oil and gas subsidies and the United States could better prohibit thermal pollution by oceanic heating and cooling railcars, and sell cheaper gas and oil domestically by taxing exports. By prosecuting this energy bill in defense of power against international law, Speaker McCarthy betrayed an urgent call to impeach Democratic President Biden and betrayed the United States obligation to recycle the 2,200 warhead limit set by the nuclear non-proliferation treaty (NPT) in 2012 and repeal the New START bilateral conspiracy with Russia at 10USC§498(f). As the result of this disservice, Speaker McCarthy has disqualified from himself from office for concealment, removal and mutilation 18USC§2071 of the disqualification of office of Trump for financing a nuclear buildup and

of Biden for using nuclear weapons to murder about 300,000 innocent civilians, repeatedly nuking tectonic faults while on civil trial, pursuant to the prohibition on assisting nuclear proliferation through provision of financing 22USC§6303. As the person who gave him the benefit of the newly elected, that got him the majority vote of incumbents by 10 pm, after the energy bill sticker shock, I am also the person who solicits his replacement by a more honest Republican representative of the precious split ticket majority. McCarthy didn't make it a month before committing treason. Trading with the enemy – energy. Seizing hostile facilities and taxes are a much more prudent strategy. Since Governor Newsom's wife received her Epstein rape settlement, there is no admiral refined enough to remove heating and cooling railcars from the National Oceanic and Atmospheric Administration (NOAA) Sea Surface Temperature (SST) Anomaly map, and un-refurbished railcars derailed.

Over the past two administrations, the Energy budget has not reported whether or not their nuclear weapons modernization program complies with the most recent 2,200 warhead limit from the 2012 NPT conference the Obama administration is believed to have complied with. The Federation of American Scientists reports in 2019 the US had 3,800 stockpiled strategic and non-strategic nuclear warheads and an additional 2,385 retired warheads awaiting dismantlement, for a total arsenal of 6,185 warheads. To redress two felonious spurts of hyperinflation in nuclear weapons programs since FY 17 and sustain the Democratic end of 3 percent inflation in outlays since FY 17 for all DOE programs, the Energy Department requires a baseline budget request of $37.9 billion FY 22, a -$4 billion impoundment of nuclear weapons program funding, -9.5 percent, decrease from $41.9 billion FY 21 request. DOE's Fiscal Year (FY) 2022 Budget Request (Request) of $46.2 billion, was an outrageous 10.3 percent, $4.3 billion more than $41.9 billion FY 21. To defend their civilian FY 21 – FY 22 hyperinflation DoE has reorganized their budget in attempt to conceal an 18 percent increase in Nuclear Security Administration (NSA) funding from $16.7 billion FY 20 to $19.7 billion FY 21 that is evidently no longer a priority and grew only $10.8 million, 0.05 percent, FY 21 to FY 22, while President Biden used warheads to nuke tectonic faults. The breaking story is that Trump initially attempted to limit nuclear weapon activity spending at $9.2 billion FY 17 and FY 18, against 3 percent inflationary pressures, after which time he caved into their claim for compensation in a major "nuclear weapons modernization" violation of the Nuclear Non-Proliferation Treaty (NPT), inflating 21 percent to $11.1 billion FY 19, 13 percent to $12.5 billion FY 20, 23 percent to $15.4 billion FY 21 before stabilizing with 0.6 percent growth to $15.5 billion FY 22. Between FY 17 and FY 22 nuclear weapons activities spending by DOE increased 68 percent, 11 percent annually. To do the highly enforced 3 percent agency spending inflation target justice DOE nuclear weapons activities spending needs to be limited to $10.9 billion and total DOE spending to $39 billion plus revenues made from recycling nuclear weapons stockpiled in excess of the 2,200 warhead limit and heating and cooling railcars recovered from the NOAA SST anomaly map.

As a rule, the Treasury must limit agency spending growth to 3 percent. Agencies that have hyperinflated, without lawful justification, like the illegal Nuclear Security buildup beginning in 2018 must be punished. Agencies engaged in revenue overestimate fraud, such as the IRS doubling under the IRA, and Homeland Security, tend to extort more inflation than they deserve, and must be checked. Furthermore, the Education Department does the worst accounting in the federal government, because they must exclude student loans, that are incompetently not accounted for on an annual basis, from the budget, with violent school rampage shooting consequences and has delusions of grandeur regarding education reform, without correcting their severe deficiencies of internal control of financial reporting that requires the exclusion of, ill-accounted for, student lending revenues and expenditures from the ED

budget under the Federal Credit Reform Act 2USC§661a(5)(A)(C). Otherwise, Defense and to a lesser extent Health, with the lowest 2.1 percent level of inflation of any category of CPI, are doing a fairly good job keeping inflation within 3 percent annually. As a comfortable bastion for the middle-class, with a reliable funding source that is not vulnerable to market conditions, Federal agencies have a duty to take command to moderate inflation in their spending to the optimal level of around 3 percent and are particularly enjoined not to engage in revenue overestimates because it is unlikely such a extortionate fraud will actually produce any money, resulting instead in spontaneous bankruptcies of the Treasury. On-budget agency spending growth must be carefully limited to 3 percent annually over the baseline budget 2USC§907 and 26USC§7214.

When the federal government spends more than it takes in, the United States has to borrow money to cover that annual deficit. Each year's deficit adds to the growing national debt. The federal government usually runs on a deficit, with some famous exceptions, such as when Andrew Jackson paid off the federal debt in 1835 and more recently when Bill Clinton turned a federal budget surplus 1998-2000, debt sales however continued to accumulate. The power of Congress to borrow money on the credit of the United States is conferred by the Constitution at Art. 1 Sec. 8 Cl. 2 and Sec. 4 of the 14th Amendment to the US Constitution. The debt limit is the total amount of money that the United States government is authorized to borrow to meet its existing legal obligations, including Social Security and Medicare benefits, military salaries, interest on the national debt, tax refunds, and other payments. Since 1960, Congress has acted 78 separate times to permanently raise, temporarily extend, or revise the definition of the debt limit – 49 times under Republican presidents and 29 times under Democratic presidents. The statutory public debt limit may not be more than $14,294 billion outstanding at one time, subject to changes periodically made in that amount as provided by law through the congressional budget process described in Rule XLIX of the Rules of the House of Representatives P.L. 111-139 passed on February 12, 2010 as codified at 31USC§3101. For nearly a decade Congress was not bothered and for a short time the statute contained a provision discrediting the debt ceiling due to a "debt retirement" clause that disappeared as briefly as it appeared during the Obama Administration. The debt ceiling is moot because OMB doesn't retire debt and CBO is an unreliable recounter 3USC§15. The Speaker of the House is obligated to pass a bill charging the Bureau of Fiscal Service Office of Public Debt under the Freedom of Information Act with accounting for both the retirement of debt, for the OMB to report as a percentage of GDP, and the annual amount of Treasury debt sales for competitive auditors to contribute to the Treasury balance by reducing the best prior on-budget deficit estimate 31USC§306(c)(2) and 31CFR§1.1(b) before threatening to default on the debt because $31,381 billion is inadequate debt ceiling 31USC§3101.

Un-retired Federal Debt Accumulation 2017-2026
(billions)

Year	Annual Balance Contribution	Actual Deficit	Gross Annual Debt accumulation	Annual 'Other' Debt Sold to Public Accumulation	OMB Deficit	Gross Federal Debt	Less: Held by Federal Government Accounts	Debt Held by Federal Reserve	Debt Held by Public

2017	N/a	-291	666	496	-715	20,206	5,540	2,465	12,200
2018	N/a	-464	1,256	1,236	-785	21,462	5,713	2,313	13,436
2019	N/a	-559	1,208	1,251	-991	22,670	5,869	2,113	14,687
2020	N/a	-2,191	4,233	1,881	-3,142	26,903	5,886	4,446	16,571
2021	0	-1,587	1,482	278	-2,724	28,385	6,102	5,433	16,849
2022	1,887	-567	2,454	1,768	-1,361	30,839	6,586	5,635	18,617
2023	1,393	-461	1,854	1,359	-1,555	32,281	6,783	5,522	19,976
2024	1,655	-460	2,115	1,497	-1,739	33,910	7,025	5,412	21,473
2025	1,612	-401	2,013	1,325	-1,529	35,330	7,229	5,303	22,798
2026	1,530	-323	1,853	1,145	-1,357	36,582	7,441	5,198	23,943

Source: OMB Table 7.1 2021, Debt Held by government accounts fluctuates depending on withdrawals, Debt Held by Federal Reserve 2023 onward is N/A by OMB, and should actually decline at the rate of interest on rollover funds, estimated at 2 percent annually but might be faster, whereas a repayment pause due to Fed bankruptcy beginning FY 23 is irrelevant to Treasury interest payments, that should not be stolen to pay for the Fed. Due to the failure to retire debt, debt as percentage of GDP is excluded to observe the accumulation of balance remaining from debt sale overestimates. Gross Federal Debt accumulation is strictly limited to OMB deficit overestimates, that should be reduced, while sustaining a balance, beginning FY 23, to estimate 'Other' Debt sold to Public blank by OMB, it is necessary to allow subtract hypothetical Feb debt reductions, from OMB deficit to determine at Gross and Other Debt.

Congressional Research Service reports the statutory debt limit has been increased either by P.L. 112-25 of August 2, 2021 or by the Treasury, without amending the statute. The Bipartisan Budget Act of 2019 Public Law 116–37 enacted August 2, 2019, temporarily suspended the debt limit through July 31, 2021. On August 1, the debt limit was reset to $28.4 trillion; on the following day, the Treasury announced a "debt issuance suspension period" during which, under current law, it may take "extraordinary measures" to borrow additional funds without breaching the debt ceiling. The Congressional Budget Office projected that, if the debt limit remains unchanged, the Treasury's ability to borrow using extraordinary measures will be exhausted, and it will most likely run out of cash near the end of October or the beginning of November, consistent with CBO's prior estimate. If that occurred, the government would be unable to pay its obligations fully, and it would delay making payments for some activities, default on its debt obligations, or both. P.L. 117-50 of October 14, 2021 increased the debt ceiling to $28,881 billion and on December 16, 2021, Public Law 117-73 increased the public debt limit to $31,381 billion. As of year-end FY21 the Federal Government estimates it had accumulated a total of $30,226 billion in gross federal debt, and would exceed the $31.4 trillion debt limit halfway through FY 2022 extended to mid-year FY 2023.

It is possible to calculate a Treasury balance remaining from the difference between true annual expenditures and federal debt sales for that year, to pay for irregular expenses such as purchasing

Presidential deficit overestimates in excess of 3 percent of GDP, to prevent excessive withdrawal from the stock exchange, student loans, the traditional borrowers of Treasury balance, extortionate semiconductor lending, $200 billion 2020 payroll tax overestimate, Ukraine and is at the table on income tax overestimates, that should be corrected, or can also be authorized Fed counterfeits. This balance was $0 September 2021. $1.6 trillion were remaining from COVID relief calendar year 2022 and $777 billion at the beginning of FY 23. Gross federal debt of $28,004 billion, -$1,613 billion, -5.4 percent, less than $29,617 billion outstanding public debt reported by the Monthly Statement on the Public Debt of the United States of December 31, 2021. This means the Treasury was believed to have $1,613 billion carryover funds plus $2,787 billion revenues to pay $3,778 billion obligations in FY 22. By limiting use of this balance to limit the amount of debt sold to the market to not more than 3 percent of GDP, irregular costs and lending, and continuing to capitalize on the difference between debt sales and true spending, the Treasury should be able to extend the keep the balance capitalized into perpetuity. For instance, due to inclusion of non-General Fund Medicare revenues an additional $274 billion is contributed to FY 22 balance revenues of . Provided, the Treasury continues to capitalize on debt sale overestimates, and protect government and individuals from fraud and loss due to outlay hyperinflation, revenue overestimates compromised by failure to collect, it should not be difficult for the Treasury to sustain their balance into perpetuity, without such high levels of debt sale overestimation. Furthermore, to engage the President and Congress in deficit reduction negotiations, based upon actual revenues and spending,

Treasury Balance Ledger FY 22- FY 26
(billions)

	2022	2023	2024	2025	2026
GDP	23,827	24,305	24,791	25,286	25,792
3% GDP	715	729	744	759	774
Debt sold to Public Annually	1,768	1,359	1,497	1,325	1,145
Total Debt Purchased	1,053	1,683	2,436	3,002	3,373
Balance Contribution	1,887	1,393	1,655	1,612	1,530
Interest Income	0	21	34	49	60
Other Income	36	0	0	0	3
Beginning Balance	1,923	1,884	1,723	2,596	3,593
Market Insurance	-1,053	-630	-753	-566	-371

Ukraine	-55	-45	-25	-25	-25
Semiconductor Loans	-20	-30	0	0	0
Student Loans	-125	-75	-10	-5	-5
Counterfeits	-200	-1,070	0	0	0
Ending Balance	470	34	935	2,000	3,192

Source: OMB Reconciled GDP and Debt; Congress, HA

The Treasury is correct, FY 23 is a challenging year for the Balance, but it should be able to afford FY21 and FY22 Combined Statement income tax fraud FY 23, that can, in good faith, be extended to two years of repayment, to ensure there adequate funds despite considerable uncertainty. Costs of market insurance were more underestimated than balance contribution and the FY 22 end balance was only $470 billion. However, thank to "generous" deficit overestimates by OMB the Balance should squeak by FY 23, before accounting reform efforts, explained in this brief, reign in a historical propensity to overestimate outlays, that must also take into consideration the need for balance contribution. 2 percent interest on market insurance public debt purchases are calculated from prior year total. Public debt purchases are crudely included in growing OMB public debt held by government accounts. Other income includes partial payroll counterfeit repayment by OASDI adjustment and 2026 semiconductor repayment of estimated 30 year loan. Ukraine war costs are estimated to go down to $25 billion FY 24 and later, and although the war might stop with the replacement of New START Russia conspiracy with good faith NPT compliance, reconstruction will cost about as much as Putin's natural gas war with Hunter Biden. Extortionate semiconductor loans, limited to $50 billion total, down from the outrageously fraudulent amount of $250 billion over five years, are obligated to repeal grants and be composed entirely of loans, will not start repayment of $80 billion 30 year loan, with 2 percent interest from disbursement until about 2026. There is uncertainty regarding unreported student loan receipts, expenditures and federal borrowing, that should be net zero, and is estimated in the +/- $10 billion range, but is compromised by excessive repayment pause and forgiveness plan, estimated at $125 billion for year end FY 21 bankruptcy and FY 22, $75 billion for extended repayment pause FY 23, going down to $10 billion FY 23 to $5 billion -FY 26. Counterfeits include the 2020 payroll tax paid FY22. The major FY21-FY 22 income tax counterfeit in the Combined Statement reigned in by OMB beginning FY23 is estimated to cost a total of $1,070 billion FY 23. The FY 21 overestimates $2,044 billion individual income taxes, $198 billion more than $1,846 billion reconciliation. FY 22 $2,632 billion individual income tax overestimate is $750 billion more than $1,882 billion reconciliation and the $425 billion corporate income tax is $72 billion more than $353 billion reconciliation. Purchasing $1,070 billion counterfeits should result in termination of these overestimates in the future. Beginning FY 24 Treasury and OMB may study to reduce overestimates and must consider the accounting reforms described herein to reduce the margin of overestimation and sustain the balance into perpetuity.

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Unilateral change in nuclear weapons stockpile of the United States 10USC§498

Appendix

Echinacea Security Agenda of 2024

A BILL

To ensure everyone knows Echinacea cures COVID, RSV and influenza.

To increase the federal minimum wage, once and for all, by adding a new subsection at 29USC§206(a)(1)(D) that provides 'a base wage calculation of $10.00 an hour in 2022 with 3 percent annual raise for low-income workers - $10.30 2023, $10.60 2024 etc.'

To get the Federal Reserve and Treasury Balance out of bankruptcy, the Treasury will pay the Fed $25.4 billion to end their 4.75 percent usury, to secure a $535 billion tax day loan to ease the cost of the $1,070 billion FY 23 bill for uncollected back income tax overestimates, having already paid $200 billion for the 2020 payroll tax overestimate, and received a $36 billion payroll tax rescission in 2021, to protect the Treasury against a +/- $49 billion balance FY 23, to be accounted by OMB as Public Debt Held by Federal Reserve pursuant to 31USC§5153 and 31CFR§203.2 and require the Board of Governors to set the discount rate at 2 percent under 12USC§248(r)(2)(A)(iii), §343(3) and §357.

To vote to repeal the tax loophole or authorize the child tax credit 26USC§24 and permanently place the repeal of the adjustment to contribution base in Sec. 230 of the Social Security Act 42USC§430 on the agenda to increase social security payroll tax revenues by 27-30 percent, create a Supplemental Security Income Trust Fund to end child poverty by 2024 and all poverty by 2030 and reduce the on-budget deficit by the $70 billion FY 2024 cost of the SSI program and any child tax credit expansion.

To recount the 2020 and 2022 elections, 2020 payroll tax, 2021 and 2022 income taxes and customs revenues, US population, US GDP, Gross World Product, compliance with the 2,200 nuclear non-proliferation treaty warhead limit etc.

Be it enacted in the House and Senate assembled

Sec. 1 Social Security Amendments

(a) The Economic Security Act P.L. 74-271, first enacted in August 14, 1935 and amended many times, provides 'for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes'. Maternal and child welfare obligations have been federally neglected and increasingly

embezzled by state children services, since 10 million Aid to Families with Dependent Children (AFDC) benefits were cut incidental to the discriminatory creation of the Temporary Assistance for Needy Families (TANF) program by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 Public Law 104-193. The United States is obligated to immediately close the Old Age Survivor and Disability Insurance (OASDI) payroll tax loophole and create a Supplemental Security Income (SSI) Trust Fund to immediately end child poverty in 2024 and all poverty by 2030. The Annual Reports are furthermore obligated to inform the public echinacea cures COVID, RSV and flu. Therefore, to protect the economy, against unwashed noses, its Achilles heel, the name of the act has been tweaked from Economic Security Agenda to Echinacea Security Agenda, to inform the public upfront about the absolute best medicine to cure COVID, and when fully articulated, to account for a newfound propensity for overestimation, and consequential Congressional opportunism, may be renamed Echinacea Recount Act (ERA) of 2024.

(1) Trust Funds at Sec. 201(b)(1)&(2) of the Social Security Act 42USC§401(b)(1)&(2) shall be amended to report to taxpayers at subsections (T) and before January 1, 2024, and add subsections (U) 0.175 per centum of the wages (as re-defined) paid after January 1, 2024, and so reported,.

(2) Trust Funds at Sec. 201(b) of the Social Security Act 42USC401(b) shall be amended by inserting a paragraph (3) There is created in the Treasury, to relieve the General Fund from obligation therefore, a SSI Trust Fund to end child poverty by 2024 and all poverty by 2030 pursuant to Sec. 1611 of Title XVI of the Social Security Act under 42USC§1382 *et seq*. There is hereby appropriated to the SSI Trust Fund for the fiscal year beginning October 1, 2023, and each year thereafter, for exact amendment by subsequent final reports if needed, amounts equivalent to 100 per centum of— (A) 1.66 per centum of wages and self-employment income paid after October 1, 2023, and so reported, which wages and self-employment income shall be certified on the basis of the records maintained by the Commissioner.

(3) Strike 'either' and replace it with 'any' Sec. 201(c)(3) of the Social Security Act 42USC§401(c)(3).

(4) Replace 'and' with ',' and add to the list 'and Federal Supplemental Security Income Trust Fund,' at Sec. 201(c) of the Social Security Act 42USC§401(c).

(5) To be fair to the often tardy Actuary, the due date for the Annual Reports shall be amended from 1 April Fools day to summer solstice in Sec. 201(c)(2) of the Social Security Act 42USC§401(c)(2) and Sec. 1161 of the Social Security Act 42USC§1320c-10.

(b) Update in Resource Limit for Individuals and Couples – Section 1611(a)(3) of the Social Security Act 42USC§1382(a)(3)

(1) In subparagraph (A), by striking “$2,250” and all that follows through the end of the subparagraph and inserting “$20,000 in calendar year 2022, and shall be increased as describe in section 1617(d) for each subsequent calendar year” to $21,740 in 2023.

(2) In subparagraph (B), by striking “$1,500” and all that follows through the end of the subparagraph and inserting “$10,000 in calendar year 2022, and shall be increased as described in 1617(d) for each subsequent calendar year” to $10,879 in 2023.

(3) Add a new subparagraph (a)(3)(C) to 42USC§1382 clarify “resource limits are used to determine eligibility, resource limits do not justify termination of benefits, without 9 months of substantial gainful activity under Sec. 222(4)(A) and Sec. 223(f) of the Social Security Act 42USC§422(4)(A) and §433(f).”

(c) Inflation Adjustment – section 1617 of the Social Security Act (42USC§1382f) is amended – by adding at the end the following: (d) In the case of any calendar year after 2022, each of the amounts specified in section 1611(a) shall be increased by “the amount of the cost-of-living adjustment”.

(d) Repeal unearned income from subparagraph (2)(A) in section 1612 of the Social Security Act (42USC§1382a(2)(A)) – is 'repealed;'.

(e) Repeal enforcing discretionary spending limits 2USC§901 in its entirety, at (b)(2)(B) or abolish the practice.

(f) Increase the federal minimum wage, once and for all, by amending 29USC§206(a)(1)(D) to a base wage calculation of $10.00 an hour in 2022 with 3 percent annual raise for low-income workers - $10.30 2023, $10.60 2024 etc.

Sec. 2 Recounts

(1) “Recount” is wanted for the 2020 payroll tax (purchased for $200 billion, $36 billion refunded), 2021 individual and 2022 individual and corporate income taxes and 2022 customs duties, as well as Gross Domestic Product (GDP) from 4th quarter 2021 and population overestimates, not to mention those stolen 2020 and 2022 January 6th's 3USC§15.

(a) To seize election day Congress must legislate the reasonable costs for the Bureau of the Census to sustain re-publication of the Annual Statistical Abstract wrongfully discontinued in 2011 pursuant to 15USC§1525, 15CFR§4.3(c), and 15CFR Appendix A to Part 4 (2) especially to do the five year study of government revenues and expenditure, every year 13USC§161 and country by country trade statistics 13USC§301 and all the rest – the Census US population looks overestimated and requires a history, births, deaths and net migration (footnotes) to sustain growth estimates.

(b) The Bureau of Economic Analysis must provide new records to the public pertaining to the level of the current Gross Domestic Product (GDP) re-estimated 2022 at $23,827 billion, 2.2 percent more than the previous year, and 2 percent less than every future year in the conservative projection, from the $25,723.9 billion Q3 2022, and higher, after obviously failing to contract for the 1st and 2nd quarter recession, and after several bank failures in the first quarter, instead of paying the BEA the Treasury balance shall align the BEA with a $16.4 billion bond-buyback to enforce the three percent of GDP limit on deficit sales to insure the market against the damage caused by the criminal GDP overestimate 18USC§1033, and produce consistent economic growth percentage and annualized GDP level numbers pursuant to the Freedom of Information Act 15CFR§4.3(c), 15CFR§4.10(b)(1) and 15CFR Appendix A to Part 4 (3).

(c) To arrange a recount of the 2020 payroll tax, 2021 and 2022 individual income tax, 2022 corporate income tax and customs duties overestimates estimated at $1,070 billion in uncollected back taxes to

the FY 23 Treasury balance by the Assistant Secretary of Tax Policy with the Bureau of Fiscal Service under 31CFR§1.0(b)(1)(xvi) and (b)(4) and 31CFR§203.2.

(d) To repeal Enhancement of Internal Revenue in Sec. 10301 of the Inflation Reduction Act (IRA) PL 117-130 August 16, 2022 because the excessive funding is completely unnecessary, fails to accuse the IRS of uncollected back tax overestimates and must be abolished pursuant to the Paperwork Reduct Act 44USC§3508.

Sec. 3 Usury

(1) To secure a $535 billion tax day loan from the Federal Reserve to ease the cost of the $1,070 billion bill for uncollected back income tax overestimates and protect the Treasury against a +/- $49 billion balance FY 23, to be accounted by OMB as Public Debt Held by Federal Reserve pursuant to 31USC§5153 and 31CFR§203.2.

(a) To get the Fed out bankruptcy, the Treasury will pay the Fed $25.4 billion 4.75 percent interest today for the $535 billion tax day loan and a token remittance for good faith 31CFR§203.2 and require the Board of Governors to set the discount rate at 2 percent under 12USC§248(r)(2)(A)(iii), §343(3) and §357.

(2) To prohibit the Treasury from falsely associating the arbitrary debt ceiling with the capricious threat to default on the debt, three or more Freedom of Information Act (FOIA) requests are needed for the Bureau of Fiscal Services Bureau of Public Debt to publish statistics on both the retirement of public debt to reduce the overestimate of the Office of Management and Budget, as well as the actual amount of public debt, sold by the Treasury on an annual basis, under 31USC§306(c)(2) and 31CFR§1.1(b) to calculate the balance available by subtracting the true federal deficit pursuant to the Anti-deficiency Act of 1982 31USC§1502 and failing recount increase the $31.4 trillion debt ceiling 31USC§3101.

(a) To abolish penalties for early withdrawal of (certain) Treasury bonds and pay annual rate of interest as the Trust Funds have always accounted, unless deemed a run, whereas cash equivalents are Special U.S. Treasury Certificates with overnight maturities valued at prevailing interest rates established by the U.S. Treasury's Bureau of the Fiscal Service under 31USC§306(c)(2) and 31CFR§1.1(b).

(b) To require the Bureau of Fiscal Service to reduce the par yield curve for cash equivalent Treasury bond and securities made available to the public at interest rates significantly less than the 2.0 percent inflation target, to adopt a disciplined counter-hyperinflationary strategy and encourage fair competition with the deficit in excess of 3 percent of GDP beleaguered stock and crypto currency exchanges under 31USC§306(c)(2) and 31CFR§1.1(b).

Sec. 4 90th Anniversary of the Deposit Insurance Fund

(a) To re-establish the Federal Deposit Insurance Corporation (FDIC) as the Deposit Insurance Fund (DIF) by immediately amending only 12USC§1811

(1) To amend FDIC jurisdiction from United States District Court to United States Bankruptcy Court at 12USC§1819(2)(4).

(2) To edit nonexistent Sec. 409 of the Federal Deposit Insurance Corporation Improvement Act of 1991 that needs to be amended to Clearing Organization Netting Sec. 404 of Federal Deposit Insurance Corporation Improvement Act of 1991 12USC§4404 as referenced in 11USC§109 and stop naming members on insured debit cards.

(3) To amend Non-discrimination at 12USC§1830 from:

strike- 'It is not the purpose of this chapter to discriminate in any manner against State nonmember banks or State savings associations and in favor of national or member banks or Federal savings associations, respectively. It is the purpose of this chapter to provide all banks and savings associations, with the same opportunity to obtain and enjoy the benefits of this chapter.' to:

'It is the purpose of this chapter that banks, savings associations and depositor institutions do not discriminate against the Obligation of Beneficiary's Bank to Pay and Give Notice to Beneficiary in the Uniform Commercial Code 4A-404, on the basis of race, color, national origin, tribe, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program.'

(b) To insure all the deposits embezzled in the Great Swipe of Fall 2021 with 6 percent interest 12USC§1822(e).

(1) To beg to DIF, the Direct Express and Netspend of inequity, in Austin, Texas, the Treasury must first exhaust the up to $200 million fine against Direct Express under the Sherman Anti-Trust Act, to pay the thousands of insured depositors with their tax and social security information and make a good faith effort to pay uninsured, short-changed 'not a gift card' purchasers embezzled by the Bureau of Fiscal Service authorized Direct Express government direct deposit monopoly, that may need to be abolished, whereas it theoretically bankrupted a much smaller Netspend, who may or may not be fit to continue to retail the Obligation of Beneficiary's Bank to Pay and Give Notice to Beneficiary in the Uniform Commercial Code 4A-404.

(c) To bolster consumer confidence after the Silicon Valley Bank run on liquidity constraints of 2023, the Treasury has assured insured and uninsured depositors will be made whole, at no cost to the General Fund, but to enjoy their rights uninsured depositors in all regions must neither panic, nor be stuck with second rate investments, bank errors and FDIC mail theft; and to neutralize the unfair competition posed by the semiconductor subsidy, the word grant must be amended to loan in 15USC§4652(C)(III), and 100 percent indenture accounted for by the Semiconductor Subsidy Trustee 15USC77§bbb.

(1) To have the Ohio Department of Commerce Industrial Compliance Operating Board under Ohio RC 121.084) require Norfolk Southern pay +/-$200 million to afford every person evacuated from the East Palestine train derailment chemical spill $10,000 cash to enroll them in a life-time health and real estate study, enable them to permanently relocate if they want, with a total of up to $40,000 per capita coming from Norfolk Southern, and the leave to sue for home insurance and chemical industry liability pursuant to the the Uniform Relocation Assistance and Real Property Acquisition Policies Act 42USC§4601 and its implementing regulations 49CFR§241.

(d) To adopt the Basel III framework that provides mostly for the 100 percent liquidity coverage ratio (LCR) and net stable funding ratio (NSFR). The NSFR could have resolved the Bureau of Fiscal Service monopolization of direct deposits underlying the Direct Express and Netspend of Inequity in Austin, Texas before negligently laundered, theft or embezzlement by bank officer or employee was incited by theft by bank examiner under 18USC§655 - Federal Financial Institutions Examination Council. Authentication and Access to Financial Institution Services and Systems. Arlington, Virginia. August 11, 2021. The 100 percent LCR could have prevented Silicon Valley Bank and other banks from failing, or being downgraded, due to inadequate liquid assets to cope with withdrawals and spared the DIF a $3 billion unrealized loss theft investigation under 18USC§641.

(e) To catch the FDIC hypothetically stealing $3 billion “unrealized losses” from the $128 - $131 billion (2022) Deposit Insurance Fund Balance by inviting reliance on a false, forged or counterfeit statement, as described in 18USC§1007 – 2022 FDIC Annual Report (undated) – and prohibit further intrusion of the unrealized losses from the Interest on US Treasury Securities table into the balance sheets, operational budget and other tables.

(f) To pay the applicant Public Trustee >$20,000 with leave to appeal (to the Senate) for $250,000 to resolve the first ever Deposit Insurance Fund (DIF) Treasury payment to an individual 12USC§1821 - SSA BNC # 21T2379J53688-HA

Sec. 5 Tort Reform

(a) To amend Title 22 of the United States Code Foreign Relations and Intercourse (a-FRaI-d) to Foreign Relations (FR-ee) and Court of International Trade of the United States (COITUS) to Customs Court (CC) for obscenity on federal property 18USC§1460 et seq, and snuff under Art. 20 of the International Covenant on Civil and Political Rights.

(1) To amend federal torture statute to comply with Arts. 2, 4 and 14 of the Convention against Torture Congress is obligated to repeal the phrase “outside the United States” (historically altered in 2009 when Obama exclaimed 'the United States does not torture'?) from 18USC§2340A(a) and amend Exclusive Remedies §2340B so: The legal system shall ensure that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, their dependents shall be entitled to compensation pursuant to Art. 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987) and *Armed Activities on the Territory of the Congo (Democratic Republic of the Congo* v. *Uganda)* 1999-2022.

(2) To immediately repeal authorization for the Office of National Drug Control Policy (ONDCP), whereas 48 percent of Biden's White House budget is drug abuse and this poses a narco-terrorist toxic tort, 21USC§1701 *et seq,* abolish the Federal Bureau of Investigation (FBI) and Drug Enforcement Administration (DEA) and decriminalize marijuana.

Sec. 6 Nuclear Non-Proliferation Treaty

(a) To strike 10USC498(f) 'New START Treaty Defined.— In this section, the term “New START Treaty” means the Treaty between the United States of America and the Russian Federation on

Measures for the Further Reduction and Limitation of Strategic Offensive Arms, signed on April 8, 2010, and entered into force on February 5, 2011.'

(1) To rewrite 10USC498(f) so 'Nuclear Non-proliferation Treaty (NPT) Defined – The 2012 NPT Review Conference set a 1,700 deployed and 2,220 warhead limit on nuclear weapons. The United States is therefore obligated to recycle all nuclear waste and missiles in excess of the 2,200 warhead limit'.

(b) To disqualify from holding federal office both Trump for financing a nuclear buildup and Biden for for using nuclear weapons to murder about 300,000 innocent civilians by repeatedly nuking tectonic faults while on civil trial, pursuant to the prohibition on assisting nuclear proliferation through provision of financing 22USC§6303.

(c) To redress two felonious spurts of hyperinflation in nuclear weapons programs since FY 17 and sustain the Democratic end of 3 percent inflation in outlays since FY 17 for all DOE programs, the Energy Department requires a baseline budget request of $37.9 billion FY 22, a -$4 billion impoundment of nuclear weapons program funding, -9.5 percent, decrease from $41.9 billion FY 21 request. DOE's Fiscal Year (FY) 2022 Budget Request (Request) of $46.2 billion, was an outrageous 10.3 percent, $4.3 billion more than $41.9 billion FY 21. To defend their civilian FY 21 – FY 22 hyperinflation DoE has reorganized their budget in attempt to conceal an 18 percent increase in Nuclear Security Administration (NSA) funding from $16.7 billion FY 20 to $19.7 billion FY 21 that is evidently no longer a priority and grew only $10.8 million, 0.05 percent, FY 21 to FY 22, while President Biden used warheads to nuke tectonic faults. The breaking story is that Trump initially attempted to limit nuclear weapon activity spending at $9.2 billion FY 17 and FY 18, against 3 percent inflationary pressures, after which time he caved into their claim for compensation in a major "nuclear weapons modernization" violation of the Nuclear Non-Proliferation Treaty (NPT), inflating 21 percent to $11.1 billion FY 19, 13 percent to $12.5 billion FY 20, 23 percent to $15.4 billion FY 21 before stabilizing with 0.6 percent growth to $15.5 billion FY 22. Between FY 17 and FY 22 nuclear weapons activities spending by DOE increased 68 percent, 11 percent annually. To do the highly enforced 3 percent agency spending inflation target justice DOE nuclear weapons activities spending needs to be limited to $10.9 billion and total DOE spending to $39 billion plus revenues made from recycling nuclear weapons stockpiled in excess of the 2,200 warhead limit and heating and cooling railcars recovered from the NOAA SST anomaly map.

Sec. 7 Definitive Curative Treatment

To amen Infection Control in 42CFR§483.80 by adding a subsection (j).

(j) Definitive curative treatment. To prevent COVID and influenza pandemics, and other outbreaks of drug resistance, it is essential to legislate definitive curative treatments for the most common diseases, whereas the pathological law of perversity is, least is known about the most common diseases.

(1) Submerging the head in saline or chlorine water instantly cures coronavirus allergic rhinitis (John 1: 26)(Luke 3: 7)(1 Peter 3: 21)(Mark 6: 24).

(i) Hydrocortisone, eucalyptus, lavender, peppermint or salt helps water cure

Coronavirus colds.

(ii) Mentholyptus cough drop cures both Severe acute respiratory syndrome (SARS) from SARS-CoV-2 and Influenza.

(iii) Echinacea cures the triple threat of Respiratory Syncytial Virus (RSV), SARS-CoV-2 and Flu.

(2) Pneumococcal immunization cures pneumonia over one night of fairly intense injection site pain and prevents 21 *Streptococcus* spp. including *S. pneumoniae* of the lungs and brain and *S. pyogenes* of the throat and heart, for up to ten years under 42CFR§483.80(d).

(3) *Streptococcus* and *Staphylococcus* combine to cause excruciating "toxic shock syndrome".

(i) Antibiotic resistant methicillin resistant *Staphylococcus aureus* (MRSA) is effectively treated with a course of doxycycline, the once a day antibiotic, not for use in pregnant women or children under the age of 8, who are prescribed clindamycin.

(ii) Topical and musculoskeletal MRSA can be sterilized with saline baths.

(iii) Sterilized MRSA lesions on the congestive heart are re-absorbed with Hawthorn, the supreme herb for the heart, to prevent re-infection.

(4) Antibiotic resistant *Clostridium difficile* and *Helicobacter pylori* are cured with a course of metronidazole, not for use by pregnant or breastfeeding women or people who cannot stop drinking alcohol.

(5) Hydrocortisone crème applied to the chest cures aspergillosis and tends to be much more instantly effective broad spectrum anti-fungal for *Tinea,* than clotrimazole, miconazole and prescription antifungal drugs and infusions, in general.

(i) Multi-drug resistant *Candida auris* is an emerging fungus.

(A) Caprylic acid oral candida supplements cure pain, discharge and swelling from thrush of the mouth, throat or esophagus and disseminated candidiasis which infects the bloodstream and affects internal organs such as the heart.

(B) Vaginal yeast infection, urinary tract infections, *Candida mastitis* a breast infection are treated with topical ointments.

(6) Tuberculosis is treated with nine months of the combination of INH and rifampin chemotherapy will result in roughly 95% cure rates.

(i) Therapy with INH, rifampin and ethambutol helps avoid the complication of drug resistance with non-tubercular mycobacterial disease.

(ii) The addition of pyrazinamide can reduce treatment time to six months, but is toxic.