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EBRI
EMPLOYEE BENEFIT RESEARCH INSTITUTE®

Notes

The Future Role of Pensions in Savings and Retirement Income

A Number of Factors Will Affect the Determination of This Relationship

What will government policy be toward pensions and what actions will that policy bring? Action taken in the 1993 budget act to reduce allowable contributions to pension plans will reduce projected pension benefits for some by over 30 percent, resulting in lower contributions to plans and smaller asset accumulations.[1] Senate Finance Committee staff have suggested in past speeches that further cuts in the amount that can be saved through pensions are in the offing. Will individuals offset lower pension savings by saving more outside pension plans?

What types of plans will employers sponsor in the future? Prior to 1984, federal employees had a generous defined benefit pension plan that paid most benefits in annuity form at retirement. Now more than 50 percent of federal employees have a smaller defined benefit plan and a generous defined contribution plan that pays lump-sum distributions. The private sector has followed this federal lead and is placing more emphasis than in the past on defined contribution plans and lump-sum distributions. Changing attitudes of both employees and employers may cause this movement to continue.

What will individuals and employers be able and willing to save through pension arrangements if health costs continue to absorb increasing levels of compensation? Survey data make it clear that individuals worry about health insurance first, pensions second, and other savings last.[2] Small employers have always established health benefits ahead of any pension arrangement. Large employers deal increasingly in terms of total compensation and employee flexibility, which may result in lower pension savings by individual choice, with implications for savings.

What will individuals do with lump-sum distributions? Over $400 billion was paid in distributions between 1987 and

[1] *Employee Benefit Research Institute,* EBRI Issue Brief, *"Analysis of the 1993 Amendments to Sec. 401(a)(17)" (forthcoming).*

[2] *See Sarah Snider, "Public Opinion on Health, Retirement, and Other Employee Benefits,"* EBRI Issue Brief *no. 132 (Employee Benefit Research Institute, December 1992); and Employee Benefit Research Institute/The Gallup Organization, Inc., "Public Attitudes on Benefit Trade Offs, 1993," G-45 and "Public Attitudes on the Value of Benefits, 1994," G-59 (Washington, DC: Employee Benefit Research Institute, 1993 and 1994).*

1990. A total of $219.6 billion was rolled over into rollover individual retirement accounts, leaving $180.4 billion taken into income or directly transferred to a new employer's plan. The most recent data available indicate that more individuals are saving lump sums for retirement—27 percent in 1987–1993 versus 7 percent prior to 1980—and fewer are spending them—23 percent in 1987–1993 versus 50 percent prior to 1980—but there is still a great deal of money not being preserved for retirement.[3] This is not a judgmental statement, but the numbers make clear that the amount that is preserved will make a significant difference for both present savings and retirement savings. This is the case for those leaving private plans as well as those leaving federal and other public employment. Pension savings would be much larger today had individuals never received lump-sum distributions but only rollovers while they were still working and annuity payments once they retired.

A recent study for the American Association of Retired Persons projects that between 81 percent and 84 percent of baby boomers will have pension income during retirement. The projection is based on two crucial assumptions: first, that nearly all lump-sum distributions are rolled over each time a worker changes jobs; second, that all income is paid out as an annuity.[4] Neither of these assumptions can be relied on due to turnover, workers' propensity to spend lump-sum distributions, and the decreasing rate of annuitization. However, the projection does provide a realistic estimate of the proportion of the baby boomers who will earn pension wealth and benefit from it economically. Direct pension income recipiency during retirement is likely to be little higher than the 50 percent of new retirees we see today if rollover rates do not improve, while far more retirees will have asset income that is attributable to pension lump-sum distributions taken in the past. Analysts have recently referred to this as "the pension anomaly."[5] Some comment on the way this anomaly leads to bad data and to misunderstanding of who benefits from the pension system as it functions today.[6]

There is also a significant gap between individual expectations for employer-provided retiree medical benefits and Medicare and what will actually be provided.[7] Were individuals to become more aware of what they will need to provide for themselves, it could serve to increase the saving incentive. Many recent studies assume limited change in the area of health cost for the individual in assessing the future, an assumption that appears unrealistic. As the years pass, this saving need is likely to become more fully understood.

On another front, the Social Security Administration has just begun test mailings of annual "expected benefit" statements to taxpayers. Some fear that the statements will lull Americans into thinking there is no need to save. Yet, could the statements have the opposite effect on the maximum wage base worker, who will receive 24 percent replacement, or the

[3] *Employee Benefit Research Institute tabulations of the employee benefits supplement to the April 1993 Current Population Survey;* and *U.S. Department of Labor, U.S. Social Security Administration, U.S. Small Business Administration, and Pension Benefit Guaranty Corporation,* Pension and Health Benefits of American Workers: New Findings from the April 1993 Current Population Survey *(Washington, DC: U.S. Department of Labor, U.S. Social Security Administration, U.S. Small Business Administration, and Pension Benefit Guaranty Corporation, 1994).*

[4] *Lewin-VHI, Inc.,* Aging Baby Boomers: How Secure Is Their Economic Future? *(Washington, DC: American Association of Retired Persons, 1994).*

[5] *Gordon P. Goodfellow and Sylvester J. Schieber, "The Role of Tax Expenditures in the Provision of Retirement Income Security," in Employee Benefit Research Institute,* Pensions in a Changing Economy *(Washington, DC: Employee Benefit Research Institute, 1994).*

[6] *See Employee Benefit Research Institute,* Pension Funding & Taxation: Implications for Tomorrow *(Washington, DC: Employee Benefit Research Institute, 1994).*

[7] *See Employee Benefit Research Institute / The Gallup Organization, Inc., "Public Attitudes on Retiree Health and Medicare, 1993," G-51 (Washington, DC: Employee Benefit Research Institute, 1993); and Sarah Boyce, "Questions and Answers on Employee Benefit Issues,"* EBRI Issue Brief *no. 150 (Employee Benefit Research Institute, June 1994).*

average worker, who will receive just over 40 percent? Could this information serve to let people know that they need to save? That they need an IRA? That they should contribute to a 401(k), 403(b), or 457 plan when they have the opportunity?

Finally, employers are increasingly combining the growing emphasis on "partnership" and "empowerment" with employee savings and financial education. The data show that the education is beginning to work, leading to higher participation levels *and* higher contribution rates.

Taken together, I interpret the above as a set of positive signs for the future: a growing role for savings and pensions and enhanced economic security for tomorrow's retirees.

—Dallas L. Salisbury, EBRI

National Health Expenditures Reached $884.2 Billion in 1993

National spending on health care reached $884.2 billion in 1993, or 13.9 percent of gross domestic product (GDP), according to data recently released by the Health Care Financing Administration (HCFA) (table 1). This is an increase of 7.8 percent over the 1992 spending of $820.3 billion. The growth rate of national health expenditures appears to be slowing in the 1990s. From 1980 through 1990 national health expenditures grew at an average annual rate of 10.7 percent, while from 1990 through 1993 the rate was 8.3 percent (calculated from table 1). In 1994, HCFA revised its methodology and recalculated all of the national health expenditure data back to 1965. Therefore, the data presented in this article are not comparable with those in earlier reports.

Public Expenditures

While public- and private-sector expenditures grew at similar rates through the 1980s, in the 1990s the private-sector expenditure growth rate slowed compared with that for public-sector expenditures. From 1980 to 1990, private-sector expenditures grew at an average annual rate of 10.9 percent, and public-sector expenditures grew at an average annual rate of 10.5 percent. From 1990 to 1993, private-sector expenditure growth slowed to an average annual rate of 6.6 percent, while the rate for public-sector expenditures was 10.6 percent.

Continuing a trend from the past three years, public sources of payment grew at a faster rate than private sources in 1993. Public sources grew 8.5 percent, to $387.8 billion from $357.5 billion in 1992. Private sources grew 7.2 percent, to $496.4 billion from $462.9 billion in 1992 (table 1). In 1965, 24.7 percent of all national health expenditures came from government sources; by 1993, that percentage had increased to 43.9 percent (table 1).

Medicare, the health insurance program for the elderly and disabled, and Medicaid, the health insurance program for the poor, are the two largest government health care financing programs. In 1993, Medicare expenditures totaled $151.1 billion, and Medicaid totaled $112.8 billion. Together the two programs accounted for 68.0 percent of all government health expenditures and 33.7 percent of all personal health care expenditures in 1993 (table 1). With both programs growing at an average annual rate of 14.0 percent since 1970, and the Medicare Hospital Insurance trust fund projected to be bankrupt in 2001, the future of these two programs will continue to be a key policy issue.

Table 1
National Health Expenditures by Source of Funds and Percentage Composition of Total Expenditures by Source, Selected Years, 1965–1993

Source of Funds	1965	1970	1975	1980	1985	1990	1991	1992	1993
					($ billions)				
National Health Expenditures	$41.6	$74.3	$132.6	$251.1	$422.6	$696.6	$755.6	$820.3	$884.2
Private	31.3	46.6	77.5	145.8	247.9	410.0	432.9	462.9	496.4
consumer	29.0	42.2	71.1	133.4	228.5	375.2	396.1	423.3	453.6
direct payments (out of pocket)	19.0	25.4	39.1	61.3	94.4	138.3	143.3	150.6	157.5
private health insurance	10.0	16.9	32.0	72.1	134.1	237.0	252.8	272.7	296.1
other private	2.3	4.4	6.3	12.4	19.4	34.8	36.8	39.5	42.8
Government	10.3	27.7	55.1	105.3	174.8	286.5	322.6	357.5	387.8
federal	4.8	17.8	36.4	72.0	123.6	195.8	224.7	254.3	280.6
state and local	5.5	9.9	18.7	33.3	51.2	90.7	98.0	103.2	107.3
Personal health care expenditures[a]	35.6	64.8	116.2	220.1	380.5	612.4	670.8	729.7	782.5
Medicare[b]	c	7.3	15.7	36.4	70.3	109.6	120.5	135.4	151.1
Medicaid[d]	c	5.1	12.9	24.8	39.2	71.7	89.9	103.6	112.8
					(as a percentage of total national health expenditures)				
National Health Expenditures	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	75.3	62.7	58.4	58.1	58.7	58.9	57.3	56.4	56.1
consumer	69.7	56.8	53.6	53.1	54.1	53.9	52.4	51.6	51.3
direct payments (out of pocket)	45.6	34.1	29.5	24.4	22.3	19.9	19.0	18.4	17.8
private health insurance	24.1	22.7	24.2	28.7	31.7	34.0	33.5	33.2	33.5
other private	5.5	5.9	4.8	4.9	5.0	4.6	4.9	4.8	4.8
Government	24.7	37.3	41.6	41.9	41.1	42.4	42.7	43.6	43.9
federal	11.6	24.0	27.5	28.7	28.1	29.3	29.7	31.0	31.7
state and local	13.2	13.4	14.1	13.3	13.0	13.1	13.0	12.6	12.1
Personal health care expenditures[a]	85.6	87.2	87.6	87.7	90.0	87.9	88.8	90.0	88.5
Medicare[b]	c	11.3	13.5	16.5	18.5	17.9	18.0	18.6	19.3
Medicaid[d]	c	7.8	11.1	11.3	10.3	11.7	13.4	14.2	14.4
National Health Expenditures as a Percentage of GDP	5.9	7.4	8.4	9.3	10.8	12.6	13.2	13.6	13.9

Source: Katharine R. Levit, et al., "National Health Expenditures, 1993," *Health Care Financing Review* (Fall 1994): 247–294.
[a]Personal health care expenditures exclude spending for goods and services not received directly by patients such as medical research and construction of facilities.
[b]Data for the Medicare program are subset of federal funds. Data shown for the Medicare program are for personal health care expenses only.
[c]The Medicare and Medicaid programs were enacted in 1965. No data are available for these programs for 1965.
[d]The data for the Medicaid program are subset of both federal and state and local government funds. Data shown for the Medicaid program are for personal health care expenses only.

Private Expenditures

Private sources accounted for 56.1 percent of health care expenditures in 1993, down from 75.3 percent in 1965 (table 1). Among private sources, private insurance accounts for an increasing share of all private-sector expenditures. From 1965 through 1993, private health insurance expenditures increased at an average annual rate of 12.9 percent, compared with direct out-of-pocket expenditures of 7.8 percent. In 1965, 31.9 percent of all private-sector expenditures came from private insurance, 60.7 percent from out-of-pocket, or direct consumer, payments. In 1993, private insurance accounted for 59.6 percent of all private-sector expenditures.

Public Policy Implications

Despite inaction by the 103rd Congress, health care issues such as cost and access have not gone away. In the absence of federal reform effort, some states have begun to pursue their own reform initiatives. Two key health policy areas to watch will be states' requests for waivers to the Employee Retirement Income Security Act's (ERISA) preemption of state laws governing health and welfare plans and sec. 1115 demonstration waivers, which allow states to experiment with innovative financing and delivery options for their Medicaid populations. ERISA waivers can only be approved through an act of Congress, with the President's signature. Medicaid waivers are approved by the administration through the U.S. Department of Health and Human Services.

—Ken McDonnell, EBRI

Americans Say They Support Tax Increases to Preserve Social Security, According to New EBRI/Gallup Survey

A majority of Americans say they support tax increases now in order to preserve Social Security benefits for future recipients, according to a new public opinion survey conducted by EBRI and The Gallup Organization, Inc.

According to the survey, when given the choice, 64 percent of Americans said they would prefer to implement some tax increases now to lessen tax increases on future workers, while 28 percent said they would prefer to postpone tax increases until after 2010.

In addition, a majority of Americans are against—38 percent strongly oppose and 15 percent oppose—an additional 10 percent to 20 percent decrease in Social Security benefits for individuals born after 1960 in order to avoid a Social Security tax increase.

"It appears that Americans may be willing to support some of the changes many believe are needed to protect the Social Security system so that it can be an economically viable program into the 21st century," said EBRI President Dallas Salisbury.

Other survey results show that a majority of Americans continue to support paying into the Social Security program. Sixty percent of Americans said they support the fact that a part of every working person's income goes to support the Social Security program, while 17 percent said they oppose this fact and 19 percent were neutral in their opinion.

However, 82 percent of Americans said they believe working Americans are beginning to lose faith that Social Security benefits will be available when they retire, and 67 percent of Americans believe fraud and waste in the Social Security system will reduce their retirement benefit. In addition, 55 percent said they believe the Social Security system is poorly managed.

"As the Social Security Administration begins to mail out six million statements on what benefit amount the over 60 population can expect to get from the program when they retire, political interest may rise. For the first time, millions of Americans may focus on the limited lifestyle that Social Security will provide, leading to higher savings rates and changes in attitudes," stated Salisbury.

The survey also showed that Americans are evenly split in their knowledge about Social Security—50 percent said they know very little (43 percent) or nothing (7 percent), and 50 percent said they know a fair amount (42 percent) or a lot (8 percent).

The two most frequently mentioned sources of information about Social Security in the past year are television or radio programs (65 percent) and newspapers (57 percent). Twenty-two percent of Americans cited employers as a source, and 27 percent said information provided by the Social Security Administration. (Respondents were asked about 7 separate sources, so the total is more than 100 percent.)

Other opinions about the Social Security system that Americans were asked about included whether or not retirees with earnings greater than $100,000 should receive benefits; whether or not the program is a good one for younger workers; if most people now receiving benefits really need the assistance Social Security provides; if people expect to get less money out of Social Security than the amount they or their spouse put into the system; if most people could make more money by investing their retirement funds in the private sector than they could with Social Security; and if people believe that retired Americans are overly interested in expanding their Social Security benefits.

The survey also asked Americans their opinions about what they expect will happen to Social Security benefits and what they believe should happen to Social Security benefits.

Copies of the survey report, *Public Attitudes on Social Security, 1995* (G-62), may be ordered from Cheri Meyer, (202) 775-6351, for the following prices: EBRI member prices: summary—$25; full report—$50; nonmember prices: summary—$50; full report—$100.

—Carolyn Pemberton, EBRI

Washington Update

Health Reform—Rep. Harris Fawell (R-IL) Feb. 21 introduced the ERISA Targeted Health Insurance Reform Act of 1995 (H.R. 995). The bill would require annual open enrollment; limit exclusions based on age, service, and income criteria; and require insurance plans and multiple employer plans to guarantee renewal of health coverage. The plan would allow employers to voluntarily form fully insured or self-insured multiple employer health plans. It would also limit state benefit mandates for group health plans, preempt state "anti-managed care" laws, preempt "restrictive" state laws relating to provider networks, and encourage medical savings accounts. Participant remedies under ERISA would be improved, and in some cases self-insured plans would be required to maintain unpaid claims reserves. Rep. Fawell is chairman of the House Employer-Employee Relations Subcommittee of the Economic and Educational Opportunities Committee. The subcommittee held a hearing on ERISA Feb. 14 during which some witnesses urged amendments to the law to offer greater protections to covered individuals, while others urged that preemption be maintained in order to allow self-insured plans to continue to voluntarily deliver "efficient, cost-effective" health care coverage.

In other health reform activity, House Ways and Means Health Subcommittee Chairman Bill Thomas (R-CA) introduced a reform bill (H.R. 1234) Feb. 14 that would generally require insurers to offer coverage to every individual or small employer who requests it, limit preexisting condition exclusions, encourage the establishment of medical savings accounts, and establish voluntary coverage guidelines. It would also limit self-insurance to companies with 50 or more employees and preempt state law restrictions on managed care arrangements. Also, on Feb. 27 Rep. Jim McDermott (D-WA), the leading House advocate of single-payer legislation, reintroduced the American Health Security Act of 1995 (H.R. 1200). The legislation mirrors last year's single-payer bill, with some modifications to the financing package.

Outlook: The Economic and Educational Opportunities Committee was expected at press time to hold its first hearing on H.R. 995 Mar. 10. A senior committee aide has suggested that Chairman Fawell expects H.R. 995 to be enacted by September of this year. The bill could move relatively quickly through the House, but as of this writing there is no significant support for it in the Senate. It should be noted that Rep. Fawell also introduced Feb. 21 a bill (H.R. 996) targeted at reforming the individual health insurance market. With regard to H.R. 1234, Rep. Thomas has referred to it as a "beginning place" for health reform. No hearings have yet been scheduled on that legislation or on Rep. McDermott's bill. In the Senate, Labor and Human Resources Committee Chair Nancy Kassebaum (R-KS) has scheduled hearings Mar. 14 and 15 to conduct an overview of the health care system.

Fiscal Year 1996 (FY '96) Budget Request—President Clinton submitted his FY '96 budget proposal to Congress Feb. 6. The proposal contains no changes to the tax treatment of employee benefits and discusses the goals of health care reform but lays out no specific plan. The budget requests an extension of expiring Medicare provisions, which would reduce Medicare spending by $9.8 billion over five years. These provisions include extending Medicare secondary payer protections (which allow the Medicare program to collect payments from primary insurance sources), maintaining the Part B premium at 25 percent of program costs, and assuring that the Medicare program does not reimburse excessive costs in skilled nursing facilities or with regard to home health agency services. The request also includes a proposal to expand individual retirement accounts (see related section).

The top two major tax expenditures in the federal budget for FY '96, ranked by revenue loss to the federal government, are health and pension benefits exclusions. The tax exclusion of employer contributions for medical insurance premiums and medical care is estimated to cost the federal government $66.6 billion, while the net exclusion of employer pension contributions and earnings is slated to cost the government $59.0 billion. The pension exclusion figure includes defined benefit and defined contribution plans in both the private and public sectors. According to the Joint Committee on Taxation, the estimated total pension tax expenditure for the five-year period 1995–1999 is $391.6 billion. Fifty-seven percent is attributable to federal, state, and local pensions, while 28.5 percent is attributable to private pensions. The military pension system makes up 14.5 percent of the estimated expenditure.

Outlook: Congress will likely release its FY '96 budget resolution in April, which is expected to include $600 billion in deficit reduction to move toward a balanced budget. The plan is expected to include a proposal to cap entitlement spending.

Individual Retirement Accounts—The administration has proposed in its budget request an expansion of individual retirement accounts (IRAs). The proposal was later introduced as S. 452 in the Senate and H.R. 980 in the House. The plan would increase the income limit at which the IRA deduction is phased out for active participants in employment-based retirement plans and index those limits and maximum contributions to inflation. The amount an individual would be eligible to contribute to an IRA would be coordinated with the elective deferral limit for 401(k), 403(b), and similar plans. The proposal would allow individuals eligible for IRAs the option of making nondeductible contributions to a "Special IRA." Individuals with adjusted gross income below the eligibility levels could convert an existing IRA to a Special IRA. The amount transferred to the Special IRA would be taxable in the year of the transfer. However, for transfers made prior to 1997, the tax payment would be spread over 4 years. Funds from a Special IRA could be withdrawn if on deposit at least five years without penalty for post-secondary education, purchase of a first home, unemployment lasting 12 or more weeks, "financially devastating" medical expenses, and qualified long-term care services. Penalty-free withdrawals from the traditional type of IRA would also be permitted for the same purposes provided the funds have been on deposit for at least five years.

Outlook: The administration's proposal is one of several IRA expansion bills that have gained increasing attention on Capitol Hill this year. Despite their popularity, such initiatives carry a significant price tag to the federal government. Under current budget rules, the cost is required to be fully offset, posing a potentially difficult political challenge to lawmakers. EBRI's April *Notes* feature article will detail the predominant IRA proposals and discuss policy implications.

Health Benefits Taxation—The House passed Feb. 21 a bill (H.R. 831) to restore and permanently extend the 25 percent deduction of health costs for the self-employed. The House had been expected to take up legislation narrowly targeted at reinstating the deduction for 1994 (H.R. 697), with a permanent extension expected to be taken up later in the year (*Notes,* 2/95). The administration supports extending the deduction but did not include it as part of its FY '96 budget request.

H.R. 831, introduced Feb. 7 by House Ways and Means Committee Chairman Bill Archer (R-TX), would be paid for by repealing a provision under Federal Communications Commission (FCC) law aimed at encouraging minority ownership of broadcast facilities and by modifying the earned income tax credit.

Outlook: The repeal of the FCC provision is controversial and could create problems for the bill's passage in the Senate. A narrow bill to restore the deduction for 1994 holds strong prospects for ultimate passage; the broader bill may have a more difficult time because of the need for a much larger offset—$2.9 billion over five years, according to the Joint Committee on Taxation. As of this writing, the Senate Finance Committee was scheduled to take up the legislation Mar. 7.

Pension Reform—Rep. Barbara Kennelly (D-CT) introduced Feb. 27 a pension reform bill (H.R. 1048) that would phase out and eventually eliminate employers' ability to integrate Social Security earnings with pension plan benefits. Rep. Kennelly contends that integration in some cases can effectively eliminate an employee's private pension. The bill would allow pension benefits not divided at the time of divorce to be divided currently by court order and would eliminate a provision in the Retirement Protection Act that suspends a divorced spouse's annuity when the age-eligible employee chooses not to receive an annuity. Also included is a provision to extend the five-year vesting requirement to multiemployer plans.

Outlook: Much of H.R. 1048 is aimed at improving the long-term economic security of divorced women. Rep. Kennelly has introduced this bill in previous congresses, but no substantive action has been taken.

Balanced Budget Amendment—
The Senate Mar. 2 failed to pass the constitutional balanced budget amendment (HJRes 1)—a key component of the House Republican Contract with America. The House had overwhelmingly approved the measure Jan. 26 (*Notes,* 2/95). The measure failed in the Senate despite an amendment to assure that the courts would not have the power to impose taxes and direct spending cuts and promises to pass future legislation to remove the Social Security trust fund from budget calculations. The trust fund, it is argued, is used to mask the true size of the federal deficit.

Outlook: Senate Majority Leader Bob Dole (R-KS) has threatened to turn the vote into a political weapon against the Democrats. The balanced budget amendment will likely be brought back to the Senate floor either later this year or during the 1996 election season. The debate over the amendment will likely heat up for the 1996 presidential elections.

—Kathy Stokes Murray, EBRI

Keeping on Track

The following items are listed to keep you up-to-date on issues that were not specifically addressed in Washington Update.

Annuities—The Department of Labor's Pension and Welfare Benefits Administration Mar. 3 released an interpretive bulletin (95-1) requiring employers to purchase the safest available annuity contract for retirement benefits. The bulletin requires fiduciaries to take steps to find the safest available annuity unless it is in the interest of the participants and beneficiaries to do otherwise.

Dependent Care Credit—A contingent of House Democrats has introduced a welfare reform bill (H.R. 982) that includes a provision to phase out the dependent care tax credit in order to provide a refundable credit to low-income families. The credit would be phased out beginning when a family's annual income reaches $70,000 and ending when it reaches $90,000.

Educational Assistance—House Ways and Means Chairman Bill Archer (R-TX) has indicated his willingness to consider extending the tax exclusion for employer-provided educational assistance for five years. The provision expired Dec. 31, 1994. Such a provision is not expected to see action until April at the earliest. Sources indicate the administration supports an extension but did not include it in its FY '96 budget request.

ERISA/Pensions—The House Economic and Educational Opportunities Committee plans on beginning a review of the private pension system after completing work on the Contract with America. A senior committee aide suggested the panel will look for ways to decrease regulations, increase coverage, and meet the needs of a changing work force.

Medicare/Medicaid Data Bank—Rep. Tillie Fowler (R-FL) introduced a bill Feb. 15 (H.R. 952) to repeal the Medicare/Medicaid Coverage Data Bank that became law as part of the passage of the Omnibus Budget Reconciliation Act of 1993. The bill is companion legislation to S. 194, introduced in January by Sen. John McCain (R-AZ).

PBGC—The Pension Benefit Guaranty Corporation (PBGC) on Feb. 17 issued a technical update (95-3) that clarifies new requirements under the Retirement Protection Act (passed last year as part of the GATT package) for reporting significant corporate and pension plan events. PBGC will waive penalties for noncompliance for plans that have no unfunded vested benefits as of the end of the preceding plan year. The update also clarifies that multiemployer plans are not subject to the reporting requirements.

Regulatory Moratorium—The House Feb. 24 passed legislation (H.R. 450) that would impose a moratorium on new government regulations through 1995 (retroactive to Nov. 20, 1994). H.R. 450 includes a specific exemption for regulations promulgated by the Internal Revenue Service. The bill now moves to the Senate. President Clinton opposes the moratorium but supports improving the regulatory process and has tasked federal agencies with seeking out and improving "burdensome" regulations by June.

Social Security Advisory Council—The Advisory Council on Social Security met Mar. 10–11 to discuss trends and issues in retirement saving, assumptions and methods used in projecting the financial status of the Social Security trust funds, alternative measures for taxing Social Security, and tax policy issues affecting voluntary retirement saving. The Council held public hearings Mar. 8–9 on long-term financing of Social Security, adequacy and equity of Social Security benefits, and public and private provision of retirement income.

At EBRI

New EBRI Members

The following organizations have joined EBRI as members since January 1995: Full Members—MetraHealth and Travelers; Associate Members—Hewlett Packard and Ernst and Young; and Contributing Members—SYNAPSE and ICMA Retirement Fund.

1995 Lillywhite Award Call for Nominations

Nominations are currently being sought for the 1995 Lillywhite Award, which was established in 1992 through EBRI's Education and Research Fund to honor "outstanding lifetime contributions to Americans' economic security." The award is designed to celebrate contributions by persons who have had distinguished careers in the investment management and employee benefits fields and whose outstanding service enhances Americans' economic security. The award was named after Ray Lillywhite, a pioneer in the pension field who for decades worked to enhance the funded status of public employee pension plans.

Previous recipients of the award are John W. English, of AT&T and The Ford Foundation, in 1994 and Robert Kirby, of The Capital Group, in 1993.

Nominations for the 1995 award are open until Mar. 31, 1995. Contact EBRI President Dallas Salisbury or Nora Super Jones at 202-659-0670 with nominations or any questions about the award.

Defined Contribution Plan Project Advisory Board Met Mar. 10

The advisory board for EBRI's defined contribution project met for the second time on Friday, Mar. 10. At the meeting Olena Berg, assistant secretary, pension and welfare benefits, made a presentation about the U.S. Department of Labor's public awareness campaign on the importance of saving. The meeting also included an update on the status of the project survey effort as well as other progress on the project. The newest organization to sign on as a project sponsor is State Street Bank, joining the following organizations that are helping EBRI members to fund the project: American Express Institutional Services, AT&T, Diversified Investment Advisors, Ernst and Young, Fidelity Investments, Hewitt Associates, Hewlett Packard, Investment Company Institute, Massachusetts Mutual Life Insurance, Merrill Lynch, New York Life, Principal Financial Corporation, Prudential Defined Contribution Services, Securities & Exchange Commission, TIAA/CREF, and U.S. Department of Labor. For more information about sponsoring this project, call EBRI Research Analyst Deborah Milne at 202-775-6361.

1995 Retirement Confidence Survey Under Way

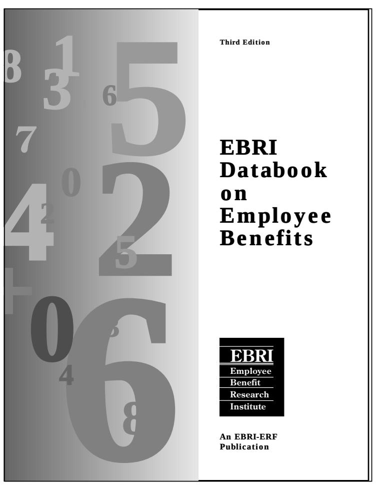
EBRI and Greenwald & Associates, Inc., are now enlisting the support of organizations to sponsor the 1995 Retirement Confidence Survey. This annual effort seeks to understand, and track over time, one of the most important factors affecting Americans' financial preparation for retirement: the confidence that people have in government, employer-sponsored retirement systems, and their own level of saving. For more information on sponsoring this survey, call EBRI Research Associate Paul Yakoboski at 202-775-6329.

Research Regarding Hybrid Approaches to Employment-Based Retirement Plans

EBRI is preparing a future *Issue Brief* on new forms of retirement plans. In particular, the focus will be on hybrid plans, i.e., defined benefit plans that have defined contribution plan characteristics and vice versa, an example of which is the cash balance plan. In preparation, we are seeking information from EBRI members on their current retirement plans. If you would like to offer input on your organization's experiences with hybrid plans (including, but not limited to, cash balance, age-weighted profit-sharing, target benefit, and floor offset) such as what influenced your decision to offer or not offer such a plan, the level of satisfaction with the plan, or other general information, please contact EBRI Research Analyst Sharyn Campbell at 202-775-6330.

Long-Term Care Issue Brief

In preparation for an update of the August 1991 *EBRI Issue Brief* about long-term care and the long-term care insurance market, EBRI is collecting information from members regarding their own experience with long-term care. If you would like to offer input on issues such as sample insurance policies, communications to employees, related literature, or other general information, please contact EBRI Research Analyst Sarah Snider at 202-775-6356.



Upcoming EBRI Books

The third edition of the *EBRI Databook on Employee Benefits* will be released in March 1995. This expanded version will contain more than 350 tables and charts, with added emphasis on time series. Prepublication discounts for bulk order purchases are available. For more information, contact Cheri Meyer, 202-775-6351.

New Publications

[*Note: To order publications from the U.S. Government Printing Office (GPO), call (202) 783-3238; to order congressional publications, call (202) 512-2470. To order U.S. General Accounting Office (GAO) publications, call (202) 512-6000; to order from the Congressional Budget Office (CBO), call (202) 226-2809*].

American Council of Life Insurance. **1994 Life Insurance Fact Book**. $2. American Council of Life Insurance, 1001 Pennsylvania Ave., NW, Washington, DC 20004-2599, (202) 624-2000.

Buck Consultants, Inc. **1993 Economic Pension Actuarial Assumptions Survey.** $50. Buck Consultants, Inc., Two Pennsylvania Plaza, New York, NY 10121-0047, (212) 330-1000.

Donlan, Thomas G. **Don't Count on It! Why Your Pension May Be in Jeopardy and How to Protect Yourself.** $23. Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020, (212) 698-7541.

Franz, Steven J., et al. **401(k) Answer Book.** $116. Panel Publishers, 36 West 44th St., New York, NY 10036, (212) 790-2000.

Gardner, Jonathan et al. **Cost Drivers in Missouri.** $40. Workers Compensation Research Institute, 101 Main St., Cambridge, MA 02142, FAX order to (617) 494-5240.

Hunt-Scanlon Publishing Co., Inc. **Select Guide to Human Resource Executives.** $149. Hunt-Scanlon Publishing Co., 2 Pickwick Plaza, Greenwich, CT 06830, (203) 629-3629.

Hay Group. **The Hay Report: Compensation and Benefits for 1995 and Beyond.** $375. Susan Hale, Report Coordinator, Center for Management Research, 55 William St., Wellesley, MA 02181, (617) 239-1111.

LTC Incorporated. **The Perils of Medicaid: A New Perspective on Public and Private Long-Term Care Financing.** $35. LTC Incorporated, 2 Union Square, 22nd Floor, 601 Union Street, Kirkland WA 98101, (206) 223-0938.

Meyer, Jack A. **The Evolution of Managed Care: A Comparative Regional Analysis**. $12. New Directions for Policy, 1015 18th St., NW, Washington, DC 20036, (202) 833-8877.

Monk, Abraham, ed. **The Columbia Retirement Handbook.** $60. Columbia University Press, 562 West 113th St., New York, NY 10025, (212) 666-1000.

Nelson Publications, Inc. **TechResources 1995.** $95. Nelson Publications, Inc., One Gateway Plaza, Port Chester, NY 10573, (914) 937–8400.

Razin, Assaf. **Resisting Migration: The Problem of Wage Rigidity and the Social Burden**. $5. Working Paper no. 4903. National Bureau of Economic Research, 1050 Massachusetts Ave., Cambridge, MA 02138. (Written requests only.)

Research Institute of America. **Pension and Benefits Law:**

1994 Edition. $55. Research Institute of America, Attention: Order Processing, 117 East Stevens Ave., Valhalla, NY 10595-9900, (800) 431-9025.

Russell, John J., et al., eds. **National Trade & Professional Associations of the United States.** 1995 Annual Edition. $75. Columbia Books, Inc., 1212 New York Ave., NW, Suite 330, Washington, DC 20005, (202) 898-0662.

U.S. Congress. House. Committee on Small Business. **The Privatization Experience: Strategies and Implications for Small Business Development.** Order from GPO.

U.S. Congress. House. Committee on Ways and Means. (1) **A Proposal to Restructure the Social Security Administration's Disability Determination Process.** (2) **Florida's Efforts to Reform Welfare.** (3) **Health Outcomes: An International Comparison.** (4) **Unemployment Compensation Reform and the President's Reemployment Assistance Proposal.** Order from GPO.

U.S. Congress. Senate. Committee on Appropriations. **Heath Care Fraud**. Order from GPO.

U.S. Congress. Senate. Committee on Labor and Human Resources. **Employment Nondiscrimination Act of 1994.** Order from GPO.

U.S. Congress. Senate. Special Committee on Aging. **Improving Income Security for Older Women in Retirement: Current Issues and Legislative Reform Proposals.** Order from GPO.

U.S. Department of Health and Human Services. National Institute of Mental Health. Center for Mental Health Services. **Mental Health, United States, 1994.** Order from GPO.

U.S. General Accounting Office. **Health Care: Employers Urge Hospitals to Battle Costs Using Performance Data Systems.**

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