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HEALTH AND HUMAN
SERVICES

Opportunities to Realize
Savings

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Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to testify on issues relevant to potential budget reductions and rescissions at the Department of Health and Human Services (HHS). With estimated outlays of over \$315 billion, HHS is the largest department in the government. Its budget has two major components---entitlements and discretionary spending. The former covers Medicare, Medicaid, Social Security, and Aid to Families with Dependent Children (AFDC). Most of its fiscal year 1995 discretionary budget of \$34.16 billion funds the administration of the entitlement programs and the National Institutes of Health (NIH). The rest covers programs such as drug abuse prevention and treatment, community health centers, and Head Start. (See fig. 1). A list of HHS' agencies and major programs appears in Appendix 1.

Taken together, the numerous reports we have issued in recent years on HHS programs suggest that the Department warrants a comprehensive "scrub" of all its activities, with the goal of eliminating, reducing, or consolidating programs. Today we would like to emphasize three main points. First, opportunities exist to reduce HHS' budget through increased administrative efficiencies and targeting ineffective programs. Second, through targeting, the Congress could preserve funding for essential administrative functions that enable agencies to avoid unnecessary or wasteful expenditures. Third, HHS currently does not have the tools--an adequate program evaluation strategy or modern information systems--to determine whether its programs work.

AREAS FOR SAVINGS

Program Overlap and Fragmentation

The growth in HHS' responsibilities over time has resulted in its having to administer over 250 grant programs. Many of these programs serve the same client populations, share common goals, and provide similar services. Our work has shown that multiple agencies within HHS and other departments are each devoting scarce resources to separately administer and monitor similar programs. This extensive overlap raises efficiency questions while pointing the way to potential savings. Our reports on programs offering services for maternal and child health, substance abuse prevention, at-risk youth, and employment illustrate this point. (See Appendix 2 for a list of programs in these four areas.) Consider the following examples:

- Seven programs fund the delivery of health services for pregnant women and children.¹ Six HHS units share federal administration, 10 regional offices monitor programs, and at least 2 agencies in each state have administrative duties for 5 of these programs. So many institutions and other entities conduct oversight, administration, and service delivery that coordination among the programs is daunting.
- More than 90 federal programs administered by 11 separate federal agencies provide education, child care, and other services to very young children. In a 1994 study, we reported that HHS ran 10 of the 34 preschool and child care programs. In this situation, one disadvantaged child could have been eligible for as many as 13 programs.²
- HHS administers 14 (\$1.9 billion) of the 163 federally funded employment training programs. These programs overlap with programs administered by other agencies. For example, the JOBS program (\$1.3 billion) overlaps extensively with the Department of Labor's Job Training Partnership Act (JTPA) employment training program. Both programs aim at enhancing clients' participation in the work force and reducing welfare dependency. They offer many of the same services, such as counseling and vocational training. Both programs operate extensive bureaucracies at the federal, state, and local levels. At the local level, JTPA administers its services through 630 service delivery areas, and JOBS funnels services through a network of 3,000 state or county-run welfare offices.

In sum, multiple grant programs targeting the same clients and problems cost more to administer and oversee than would consolidated programs. Our work suggests that, within HHS alone, better integration and less duplication could not only reduce federal spending but alleviate the administrative burden on service providers.

Ineffective Programs

Not only are many programs duplicative and fragmented, but some do not meet their objectives. Consider certain education programs for the health professions authorized under Titles VII and VIII of the Public Service Act. In a 1994 report, we concluded that, because certain of these programs did not appear to meet their objectives, the Congress should rethink their role in

¹Federally Funded Health Services: Information on Seven Programs Serving Low-Income Women and Children, (GAO/HRD-92-73FS, May 1992).

²Early Childhood Programs: Multiple Programs and Overlapping Target Groups, (GAO/HEHS-95-4FS, Oct. 1994).

improving access to health care.³ Specifically, these programs showed no evidence of significantly improving the supply of primary health care providers, their distribution to underserved areas, or minority representation of health professionals. In the last 10 years, about \$2 billion has been provided for over 30 of these programs. Although the Congress acted in 1992 to target Title VII and VIII funding more specifically for primary care and underserved areas, we believe that these actions are not likely to have much impact.

REDUCTIONS IN ADMINISTRATIVE
ACCOUNTS NEED TO BE TARGETED

Although savings are possible in administrative expenses by reducing program overlap and duplication, cutting certain administrative expenditures can sometimes be counterproductive. In the entitlement programs, the savings resulting from reduced administrative budgets are much more than offset by waste and abuse in payments that would otherwise be avoided. We have reported over the years that cutting administrative costs in entitlement programs--specifically, cutting that portion used to safeguard a program against fraud, overcharges, and abuse--can be pennywise but pound foolish. Preserving funds for Medicare program safeguard activities and for reviewing eligibility for Social Security disability payments is an investment with proven results. In fact, we believe that insufficient resources are dedicated to these activities in both programs.

- Only about 2 percent of Medicare's total expenditures (\$156 billion in fiscal year 1993) is for administrative costs, covering, among other things, antifraud and abuse activities. However, government funding of these and other payment control activities has declined relative to the growing number of Medicare claims. At this funding level, physicians, supply companies, or diagnostic laboratories have about 3 chances out of 1,000 of having Medicare audit their billing practices in any given year.
- Similarly, in SSA's Disability Insurance (DI) and Supplemental Security Income (SSI) programs, laws require periodic reviews

³Health Professions Education: Role of Title VII/VIII Programs in Improving Access to Care is Unclear (HEHS-94-164, July 1994). Titles VII and VIII of the Public Health Service Act authorize 30 different programs for dealing with the supply and distribution of health professionals and the recruitment and retention of minorities in health professions schools. Title VII focuses mainly on physicians, dentists, physician assistants, and allied health personnel, while Title VIII programs focus on nurses. Both titles include programs for direct student assistance as well as grants to institutions.

of eligibility status. SSA has not met this requirement in its DI program because it has diverted eligibility review resources to process initial claims, which in recent years were submitted in unprecedented numbers. SSA estimates that social security trust funds will pay unnecessary benefits of almost \$2.5 billion through 1997 as a result of SSA's not performing all required reviews from 1990 to 1993. Accounting for the \$1.1 billion cost of doing these reviews, the trust funds would have realized a net savings of \$1.4 billion had the reviews been done. The SSI program faces a similar situation of not performing eligibility reviews.

MANAGEMENT IMPROVEMENTS NEEDED FOR LONGER TERM SAVINGS

In the long run, HHS needs to have program evaluations and information systems to ensure that resources are used efficiently, effectively, and as intended. Currently, however, because of deficiencies in these areas, the Department often does not know if particular programs are effective--that is, if they effect a positive change that would not happen without federal dollars.

One of the largest programs that concerns us is the JOBS program, a federal employment training program designed specifically to provide parents receiving Aid to Families with Dependent Children (AFDC) the help they need to find jobs and avoid long-term welfare dependence. Since JOBS began in 1989, the federal and state governments have spent almost \$8 billion to provide AFDC recipients with education, training, and support services, including child care. Today, however, more than 5 years after JOBS' implementation, we do not know whether the program actually helps welfare recipients get jobs. Data are available on dollars spent, services provided, and the number and type of participants served. These data tell us nothing about whether the program is getting people jobs. HHS does not track the number of JOBS participants who get or retain jobs or leave AFDC each year.

Overall, the Department's evaluation strategy is deficient. For example, since 1970 PHS has been authorized to use up to 1 percent, currently about \$220 million, of its appropriations for evaluating programs authorized by the Public Health Service Act. Yet, in our review of this evaluation set-aside in fiscal years 1988-1992, we found that the agency had not effectively used it to develop information about the effectiveness of federal health programs and provide such information to the Congress.⁴ HHS did not have a system for summarizing what is known about the effects of PHS programs, and thus no body of knowledge pulls together what studies have reported over the years. Similarly, a recent report

⁴Public Health Service: Evaluation Set-Aside Has Not Realized Its Potential to Inform the Congress (PEMD-93-13, Apr. 1993).

by the HHS Inspector General could not find any evidence of how well PHS agencies were integrating current evaluations into program planning and budgeting.⁵

In addition to program evaluation deficiencies, our current work shows that HHS has information system problems that threaten to keep the Department and its subagencies from achieving efficiencies. Computer modernization efforts could enable the Department to save millions of dollars in improved operations and fraud and abuse detection.

In our September 1994 report to your Subcommittee, we reported our concern that SSA is starting to modernize systems nationwide--including about 1,300 field offices--without first determining operational requirements and resource needs. Specifically, the implementation is not focused on how and where new technology can best be used to handle increasing workloads and improve public service, either in the short or long term. Although SSA is taking steps to better define its requirements and needs through reengineering and planning initiatives, systems implementation is proceeding independently of these initiatives. Meanwhile, SSA has been appropriated \$317 million in no-year funding (that is, \$220 million in 1994 and \$97 million in 1995) to implement this systems modernization. We have recommended to SSA that it accelerate planning and reengineering efforts and, if necessary, delay the installation of its new technology until these efforts substantiate the number, locations, and capabilities of the equipment required to support their needs.⁶

Lack of adequate management information systems can hamper the Congress's ability to provide timely oversight of HHS programs. For example, the law requires HHS, on an annual basis, to report to the Congress specific programmatic and fiscal information about its National Health Service Corps programs, but it has not done so for the last 5 years. HHS does not have an adequate system for collecting and compiling this information. To illustrate, the Corps does not know how many doctors remain in their locations for more than a year after their obligations end.

CONCLUSION

As the largest federal department, HHS has been entrusted with billions of dollars to manage hundreds of programs that are important to the American public. With this responsibility,

⁵HHS Office of Inspector General, Review of Public Health Service Systems for Assuring that Programs are Necessary, Productive, and Nonduplicative, A-01-93-01514 (Sept. 1994).

⁶Social Security Administration: Risks Associated With Information Technology Investment Continue (GAO/AIMD-94-143, Sept. 1994)

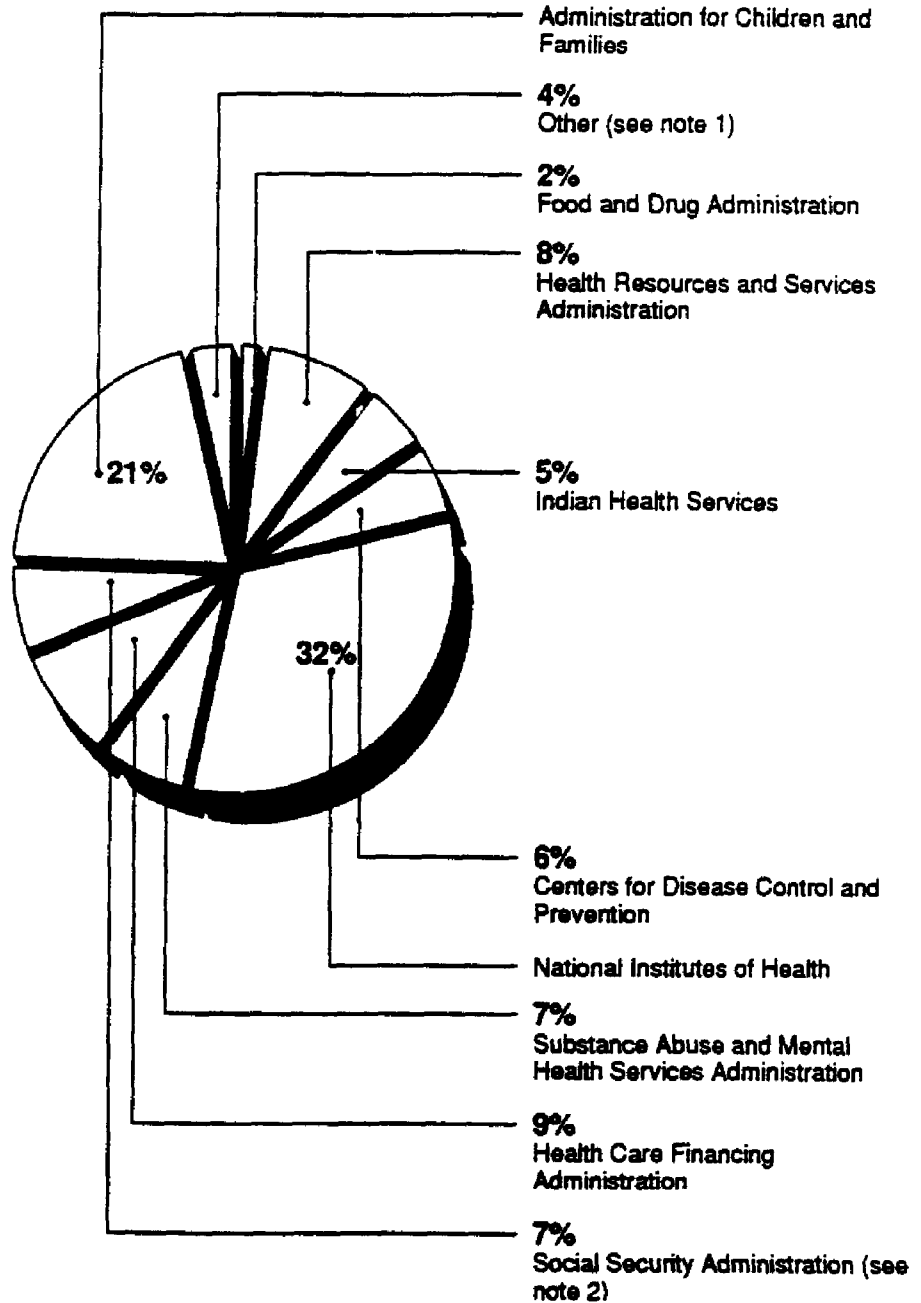
however, has come significant administrative inefficiencies and questionable program results. Our work clearly points to opportunities to streamline, consolidate, or reconsider various HHS programs and the need to target cuts so that essential administrative activities remain. Finally, top management needs the information tools necessary to reallocate resources to areas where they can be used most effectively.

As this subcommittee continues to seek areas for savings, we are committed to assisting you in any way we can.

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Mr. Chairman, this concludes our prepared remarks. We would be pleased to respond to any questions from you and the subcommittee.

Figure 1: Estimated Major Discretionary 1995 Outlays of HHS (excluding the Social Security Administration)



1. "Other" includes the Agency for Health Care Policy and Research, the Administration on Aging, the Office of the Secretary, and the Office of the Assistant Secretary for Health (including other Public Health Service programs).

2. The Office of Management and Budget regards these outlays as part of the HHS budget.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAJOR PROGRAM ACTIVITIES

ADMINISTRATION FOR CHILDREN AND FAMILIES

Entitlement Programs

Family support payments to states
Job opportunities and basic skills training
State legalization impact assistance grants
Payments to states for foster care and adoption assistance
Social services block grant
Family preservation and support

Discretionary Programs

Low Income Home Energy Assistance

Community Services

Community Service Block Grants
Emergency Community Homeless Grant
Demonstration Partnership
Discretionary Activities
Community Food and Nutrition
Community Initiative

Child Care and Development

Child Development Associate Scholarships
Temporary Child Care and Crisis Nurseries
Dependent Care Planning and Development Grants

Children and Family Services

Head Start

Comprehensive Child Development Center
Comprehensive Runaway and Homeless Youth
Runaway and Homeless Youth Program
Transitional Living Program for Homeless Youth
Drug Education and Prevention Program for Runaway Youth
Youth Initiative/Youth Gang Drug Prevention Program

Family Violence

Child Abuse State Grants

Child Abuse Discretionary Activities

Child Abuse Community Based Prevention

Emergency Protection Grants-Substance Abuse

Advisory Board on Child Abuse and Neglect

Child Welfare Services

Child Welfare Training

Child Welfare Research and Demonstration

Adoption Opportunities

Abandoned Infants

Developmental Disabilities Basic State Grants

Developmental Disabilities Protection and Advocacy

APPENDIX I

APPENDIX I

Developmental Disabilities Projects of National Significance
Developmental Disabilities University Affiliated Programs
Native American Programs
Social Services Research and Demonstration
Family Resource Centers
Family Support Centers
Federal Administration

Refugee Resettlement
Transitional and Medical Services
Social Services
Preventive Health
Targeted Assistance

ADMINISTRATION ON AGING

Supportive Services and Centers
Preventive Health Services
Aging Ombudsman Activities
Elder Abuse
Nutrition
Congregate Meals
Home Delivered Meals
In-Home Services for the Frail Elderly
Outreach, Public Benefit and Insurance Counseling
Grants to Indian Tribes
Evaluation of the Older Americans Act of 1965
Aging, Training, Research and Discretionary Programs
Federal Council on Aging
Program Direction/Federal Administration
Volunteer Senior Aid Demonstration

HEALTH CARE FINANCING ADMINISTRATION

Payments to Health Care Trust Funds
Grants to States for Medicaid
Program Management
Health Maintenance Organization Loan and Loan Guarantee Fund
Medicare and Medicaid Coverage Data Bank

PUBLIC HEALTH SERVICE

Office of the Assistant Secretary of Health

Adolescent family life
Adolescent health
Disease prevention/health promotion
Physical fitness and sports
Minority health
HIV program coordination

APPENDIX I

APPENDIX I

Vaccine program
Research integrity
Women's health
Emergency preparedness
Health care reform

Agency for Health Care Policy and Research

Research on health care costs, quality and access
Medical treatment effectiveness program
Alzheimer's disease
HIV/AIDS
National Medical Expenditure Survey

Agency for Toxic Substances and Disease Registry

Public health assessments
Health investigations
Toxicological profiles
Applied research
Mandates registries
Emergency response and consultations
Health education

Substance Abuse and Mental Health Services Administration

Mental health
Substance abuse prevention
Substance abuse treatment
Block grants to states

Centers for Disease Control AND Prevention

Preventive health block grants
Prevention centers
Sexually transmitted diseases
Immunization
Infectious diseases
Chronic and environmental diseases
Occupational health
Epidemic Services
Health statistics
HIV
Research
Training

Health Resources and Services Administration

Community Health Centers
Migrant Health Centers

APPENDIX I

APPENDIX I

Black lung clinics
Health care for the homeless
National Health Service Corps
National Health Service Corp Recruitment
Hansen's Disease Center
Pacific basin initiative
Payment to Hawaii for the treatment of Hansen's disease
Public housing health services
Alzheimer's demonstration grants
Health professions curriculum assistance
Native Hawaiian health care
Nursing loan repayment
Maternal and child health block grant
Health start
Pediatric EMS
Health teaching facilities
Organ transplantation
Trauma care demonstration
Family planning
Health services outreach demonstration
Rural health research
State offices of rural health
HIV
Minority male grant

National Institutes of Health (Priority areas)

Patient care information systems
HIV/AIDS research
Breast cancer research
Vaccine development
Women's health initiative
Minority health initiative
Tuberculosis research
High performance computing

SOCIAL SECURITY ADMINISTRATION

Payments to Social Security Trust Fund
Special Benefits for Disabled Coal Miners
Supplemental Security Income Program

HHS GRANT PROGRAMS IN FOUR AREASMATERNAL AND CHILD HEALTH PROGRAMS

These programs were sorted by keywords in the 1994 Catalog of Domestic Federal Assistance. The program list does not include all programs that might be considered in the category of maternal and child programs. For example, Childhood Lead Poisoning Prevention Projects - State and Community-Based Childhood Lead Poisoning Prevention Program (93.197) was not keyed to maternal and child health and so does not appear on this list. Programs may be listed under more than one keyword. For example, Head Start is considered a child welfare program and a maternal and child health program and appears on both lists.

ADMINISTRATION FOR CHILDREN AND FAMILIES

93.575 Payments to States for Child Care Assistance
 93.600 Head Start
 93.608 Child Welfare Research and Demonstration
 93.614 Child Development Associate Scholarships
 93.666 Comprehensive Child Development Centers
 93.554 Emergency Protection Grants - Substance Abuse

PUBLIC HEALTH SERVICE

Centers for Disease Control and Prevention

93.268 Childhood Immunization Grants
 93.946 Cooperative Agreements to Support State-Based Infant Health Initiative Programs

Health Resources and Services Administration

93.917 HIV Care Formula Grants
 93.151 Project Grants for Health Services to the Homeless
 93.110 Maternal and Child Health Federal Consolidated Programs
 93.127 Emergency Medical Services for Children
 93.153 HIV Demonstration Program for Children, Adolescents, and Women
 93.288 National Health Service Corps Scholarship Program
 93.926 Healthy Start Initiative
 93.927 Residents of Public Housing Primary Care Program
 93.994 Maternal and Child Health Services Block Grant to the States

Substance Abuse and Mental Health Services Administration

93.101 Grants for Residential Treatment Programs for Pregnant and Postpartum Women

- 93.102 Demonstration Grants for Residential Treatment for Women and Their Children
- 93.104 Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances
- 93.169 Demonstration Grants on Model Projects for Pregnant and Postpartum Women and Their Infants (Substance Abuse)
- 93.937 Comprehensive Residential Drug Prevention and Treatment Projects for Substance-Using Women and Their Children

CHILD WELFARE PROGRAMS

These programs were sorted by keywords in the 1994 Catalog of Domestic Federal Assistance. The program list does not include all programs that might be considered in the category of child welfare programs. Programs may be listed under more than one keyword. For example, Head Start is considered a child welfare program and a maternal and child health program, and appears on both lists.

ADMINISTRATION FOR CHILDREN AND FAMILIES

- 93.551 Abandoned Infants
- 93.574 Child Care for Families At-Risk of Welfare Dependency
- 93.575 Payments to States for Child Care Assistance
- 93.600 Head Start
- 93.608 Child Welfare Research and Demonstration
- 93.614 Child Development Associate Scholarships
- 93.623 Runaway and Homeless Youth
- 93.643 Children's Justice Grants to States
- 93.645 Child Welfare Services - State grants
- 93.648 Child Welfare Services Training Grants
- 93.652 Adoption Opportunities
- 93.656 Temporary Child Care and Crisis Nurseries
- 93.658 Foster Care-Title IV-E
- 93.659 Adoption Assistance
- 93.666 Comprehensive Child Development Centers
- 93.667 Social Services Block Grant
- 93.669 Child Abuse and Neglect State Grants
- 93.670 Child Abuse and Neglect Discretionary Activities
- 93.672 Community-Based Prevention Program
- 93.673 Grants to States for Planning and Development of Dependent Care Programs
- 93.674 Independent Living
- 93.657 Drug Education and Prevention for Homeless Youth
- 93.586 State Court Improvement Program
- 93.554 Emergency Protection Grants - Substance Abuse
- 93.563 Child Support Enforcement
- 93.564 Child Support Enforcement Research
- 93.572 Emergency Community Services for the Homeless
- 93.578 Family Support Center and Gateway Demonstration Program
- 93.585 Empowerment Zones Program

HEALTH CARE FINANCING ADMINISTRATION

93.779 Health Care Financing Research, Demonstrations and Evaluations

PUBLIC HEALTH SERVICE

Centers for Disease Control and Prevention

93.197 Childhood Lead Poisoning Prevention Projects - State and Community-Based Childhood Lead Poisoning Prevention Program

Health Resources and Services Administration

93.127 Emergency Medical Services for Children

Office of the Assistant Secretary for Health

93.910 Community Coalition Demonstration Projects to Support Health and Human Services Needs for Minority Males

Substance Abuse and Mental Health Services Administration

93.104 Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

93.937 Comprehensive Residential Drug Prevention and Treatment Projects for Substance-Using Women and Their Children

NARCOTICS/DRUG PROGRAM

These programs were sorted by keywords in the 1994 Catalog of Federal Domestic Assistance. Programs such as Grants for Residential Treatment Programs for Pregnant and Postpartum Women (93.101) and Demonstration and Residential Treatment for Women and Their Children (93.102) are listed under "Maternal and Child Health" rather than "Narcotics/Drug Abuse." Therefore, although they deal with drug abuse issues, these programs are not included in this list. Similarly, HIV/AIDS and Related Diseases Among Substance Abusers: Community-Based Outreach and Intervention Demonstration Program (93.949) is categorized under "AIDS," "Communicable diseases," and "Health planning" rather than "Narcotics/Drug Abuse."

ADMINISTRATION FOR CHILDREN AND FAMILIES

93.657 Drug Education and Prevention for Homeless Youth

93.660 Youth Initiative/Youth Gangs

93.554 Emergency Protection Grants-Substance Abuse

PUBLIC HEALTH SERVICE

Health Resources and Services Administration

93.177 Integrated Community-Based Primary Care and Drug Abuse Treatment Services

Office of Minority Health, Office of the Assistant Secretary for Health

93.910 Community Coalition Demonstration Projects to Support Health and Human Services Needs for Minority Males

Substance Abuse and Mental Health Administration

93.109 Linking Community-Based Primary Care, Substance Abuse, HIV/AIDS, and Mental Health Treatment Services

93.122 Cooperative Agreements for Substance Abuse Treatment and Recovery

93.131 Cooperative Agreements for Addiction Treatment Training Centers

93.132 Managed Care Demonstration Models for SSI Beneficiaries Disabled Due to Addiction to Alcohol and Other Drugs

93.144 Demonstration Grants for the Prevention of Alcohol and Other Drug Abuse Among High-Risk Youth

93.150 Projects for Assistance in Transition from Homelessness (PATH)

93.169 Demonstration Grants on Model Projects for Pregnant and Postpartum Women and Their Infants (Substance Abuse)

93.174 Conference Grant (Substance Abuse)

93.194 Community Partnership Demonstration Grant

93.196 Cooperative Agreements for Drug Abuse Treatment Improvement Projects in Target Cities

93.218 Substance Abuse Treatment Conference Grants

93.274 Clinical Training Grant for Faculty Development in Alcohol and Other Drug Abuses

93.901 Communications Programs Aimed Toward the Prevention of Alcohol, Tobacco, and Other Drug Problems

93.902 Model Comprehensive Drug Abuse Treatment Programs for Critical Populations

93.903 Model Criminal Justice Drug Abuse Treatment for Incarcerated Populations, Non-Incarcerated Populations and Juvenile Justice Populations

93.911 Cooperative Agreements for Drug Abuse Campus Treatment Demonstration Projects

93.937 Comprehensive Residential Drug Prevention and Treatment Projects for Substance-Using Women and Their Children

93.950 Capacity Expansion Program

93.959 Block Grants for Prevention and Treatment of Substance Abuse

EMPLOYMENT GRANT PROGRAMS

This list was developed by GAO on the basis of information from the 1994 Catalog of Federal Domestic Assistance, a review of federal statutes and regulations and a review of agency documents.

ADMINISTRATION FOR CHILDREN AND FAMILIES

- 93.561 Job Opportunities and Basic Skills Training
- 93.569 Community Services Block Grant
- 93.570 Community Services Block Grant-Discretionary Award
- 93.573 Community Services Block Grant Discretionary Awards-Demonstration Partnership
- 93.576 Refugee and Entrant Assistance-Discretionary Grants
- 93.566 Refugee and Entrant Assistance-State Administered Programs
- 93.567 Refugee and Entrant Assistance-Voluntary Agency Programs
- 93.578 Family Support Centers and Gateway Demonstration Program
- 93.565 State Legalization Impact Assistance Grants
- 93.550 Transitional Living for Runaway and Homeless Youth
- 93.674 Independent Living

PUBLIC HEALTH SERVICE

Health Resources and Services Administration

- 93.925 Scholarships for Health Professions Students From Disadvantaged Backgrounds
- 93.822 Health Careers Opportunity Program

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