

GAO

Health, Education, and Human
Services Division

January 1994

**Reports on
Health,
Education,
Employment and
Training, and
Income Security**

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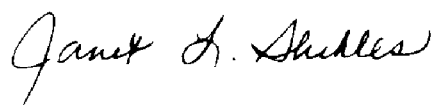
Preface

The General Accounting Office (GAO), an arm of the Congress, was established to independently audit government agencies. GAO's Health, Education, and Human Services (HEHS) Division [formerly the Human Resources Division (HRD)] reviews the government's health, education, employment and training, and income security programs administered in the Departments of Health and Human Services, Labor, Education, Veterans Affairs, and some other agencies.

This booklet lists the GAO products issued on these programs. It is divided into two major sections:

- Most Recent GAO Products: This section identifies reports and testimonies issued during the past 5 months and provides summaries for selected key products.
- Comprehensive 2-Year Listings: This section lists all products published in the last 2 years, organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

You may obtain single copies of the products free of charge, by telephoning your request to (202) 512-6000 or faxing it to (301) 258-4066. Additional ordering details, as well as instructions for getting on our mailing list, appear at the end of this booklet.



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Assistant Comptroller General

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Abbreviations

ADP	automatic data processing
AFDC	Aid to Families With Dependent Children
AIDS	acquired immunodeficiency syndrome
CalPERS	California Public Employees' Retirement System
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CRS	Congressional Research Service, Library of Congress
CPA	Certified Public Accountant
DC	District of Columbia
DDS	disability determination services
DI	Social Security Disability Income
DOD	Department of Defense
DOE	Department of Energy
EDA	Education and Deaf Act of 1986
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
EPA	Environmental Protection Agency

Contents

ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act
FDA	Food and Drug Administration
GAO	General Accounting Office
GSA	General Services Administration
HEAF	Higher Education Assistance Foundation, Department of Education
HEHS	Health, Education, and Human Services Division, GAO
HCFA	Health Care Financing Administration
HealthPASS	Philadelphia Accessible Services System
HHS	Department of Health and Human Services
HIV	human immunodeficiency virus
HMO	health maintenance organization
HRD	Human Resources Division, U.S. General Accounting Office
HUD	Department of Housing and Urban Development
INS	Immigration and Naturalization Service
IHS	Indian Health Service
IRS	Internal Revenue Service
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
NAGB	National Assessment Governing Board, Department of Education
NTID	National Technical Institute for the Deaf
OSHA	Occupational Safety and Health Administration
PBGC	Pension Benefit Guarantee Corporation
PHS	HHS Public Health Service
RBRVS	Medicare Resource-Based Relative Value Scale
RFP	Request for proposals
SSA	Social Security Administration
SSI	Supplemental Security Income
TAA	Trade Adjustment Assistance
TQM	total quality management
UI	unemployment insurance
USDA	United States Department of Agriculture
USPS	United States Postal Service
VA	Department of Veterans Affairs
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products (August - December 1993)

Health

Selected Summaries

Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased (Report, 12/16/93, GAO/HRD-94-13).

State programs under the Supplemental Food Program for Women, Infants, and Children (WIC) have substantially increased their breastfeeding promotional efforts since the 1989 reauthorization of the WIC program. Local WIC sites we visited integrated breastfeeding education into their nutrition education services. Increasing the rate of breastfeeding among WIC participants may not lower total WIC food costs appreciably, even if the total amount of formula purchased is reduced. Between 1989 and 1992, the incidence of breastfeeding in-hospital increased nearly 12 percent among WIC participants, compared to 5 percent among nonparticipants, according to data from the Ross Laboratories' Mothers Survey.

VA Health Care: VA Medical Centers Need to Improve Monitoring of High-Risk Patients (Report, 12/10/93, GAO/HRD-94-27).

High-risk patients leaving a treatment setting without staff authorization is a significant problem at 39 of VA's 158 medical centers. Systemwide, about 7,000 searches were conducted for high-risk patients who were reported as missing from their treatment settings during the two-year period of October 1, 1990, through September 30, 1992. While 99 percent of these patients were ultimately found unharmed, VA officials discovered that 34 others were dead and 19 were injured. Further, 25 remained unaccounted for as of June 1, 1993.

Hospitals: Chief Executives' Compensation (Testimony, 12/7/93, GAO/T-HRD-94-70).

To obtain nationally representative data on hospital chief executive compensation, GAO surveyed 429 hospitals participating in the federal Medicare health care system. In 1991, hospital chief executives received an average of \$131,000, with a median of \$114,541, in compensation for overseeing hospital operations. Overall, one-fourth of the chief executives earned less than \$63,000, while an equal number earned more than \$178,000. Differences in compensation amounts can largely be explained by differences in hospital characteristics, inpatient data, financial performance, and location. The actual amount of compensation reported

to GAO is understated by the amount of income the chief executives receive for services to related businesses.

Health Insurance: California Public Employees' Alliance Has Reduced Recent Premium Growth (Report, 11/22/93, GAO/HRD-94-40).

The Public Employees' Retirement System (CalPERS) record of controlling the growth of health insurance premiums for participating employers has improved since 1992, outperforming most other employers. The recent trend toward slower growth in premiums, due in part to the weakened California economy, followed several years in which the average CalPERS premium increased at rates near or above nationwide averages. Several factors contributed to the System's success. CalPERS incorporates many features of a "health alliance" as proposed under managed competition in health care reform.

Medicare: Adequate Funding and Better Oversight Needed to Protect Benefit Dollars (Testimony, 11/12/93, GAO/T-HRD-94-59).

In fiscal year 1993 Medicare cost \$146 billion, covered about 35 million beneficiaries, and processed about 700 million claims. Medicare expenditures are expected to increase to \$259 billion by 1998. Due to budgeting and management problems, the government pays too little attention to the activities protecting Medicare benefit dollars and is losing opportunities to save many millions of dollars in Medicare payments. The Health Care Financing Administration (HCFA) faces management challenges that compound funding reduction problems.

Health Insurance: How Health Care Reform May Affect State Regulation (Testimony, 11/5/93, GAO/T-HRD-94-55).

Most health care reform proposals currently being debated look to states to play an active role in implementing and enforcing new requirements on private health insurers. This role may require states to perform new regulatory tasks and regulate new organizations. The health care reform proposals we reviewed provide few details on how various provisions will actually be carried out by states. As a result, state insurance department responsibilities and activities under health reform are uncertain and subject to debate. States will continue to play an important role in protecting health insurance companies under reform. Their responsibilities could become more complex as new requirements are

imposed. A reform plan should clearly specify what states are expected to do to carry out their new responsibilities.

Veterans Affairs: Service Delays at VA Outpatient Facilities (Testimony, 10/27/93, GAO/T-HRD-94-5). Testimony on same topic (7/21/93, GAO/T-HRD-93-29). Report on same topic (10/15/93, GAO/HRD-94-4).

Veterans have experienced lengthy delays when they receive medical care in the more than 200 outpatient facilities operated by the Department of Veterans Affairs (VA). Veterans frequently waited one to three hours before having their nonurgent conditions examined by a physician in VA's screening clinics. Inefficient operating practices are major contributors to veterans' service delays. To be a viable competing provider under health reform as proposed by President Clinton, VA needs to quickly restructure its outpatient delivery system to provide more timely ambulatory services.

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Report, 10/19/93, GAO/HRD-94-3).

Although many employers believe that, in principle, managed care plans save money, little empirical evidence exists on the cost savings of managed care. Most studies that compare firms' health care costs for employees under managed care to those under indemnity plans do not adequately control for key factors affecting cost, such as employees' age or health status. Some managed care plans have a potential for cost savings. Restrictions on employee choice of health care provider is viewed as the major constraint on employee acceptance of network-based managed care plans. Increasingly, employers are taking steps to address the need for adequate information on health plans' costs and quality.

1993 German Health Reforms: Initiatives Tighten Cost Controls (Testimony, 10/13/93, GAO/T-HRD-94-2). Report on same topic (7/7/93, GAO/HRD-93-103).

In 1993, Germany instituted reforms to tighten existing cost-control measures. Before 1993, Germany had budget caps for the physician and hospital sectors that were negotiated between the associations representing providers and the sickness funds. These funds provide health insurance to most Germans. The initial thrust of the 1993 reforms was government-imposed mandatory global budgets for three years. These generally limit the growth of expenditures in the physician and hospital sectors to the rate of increase of the revenues of the sickness funds.

Global budgets were also instituted for the first time on the pharmaceutical and dental sectors. The government's goal is to stabilize contribution rates and save over \$6 billion the first year. Additional cost-containment measures are in various stages of development and are expected to reduce continued reliance on global budgets. Early indications are that expenditures are being reduced. Some critics, however, assert that the quality of care will be compromised as costs are squeezed.

Psychiatric Fraud and Abuse: Increased Scrutiny of Hospital Stays is Needed for Federal Health Programs (Report, 9/17/93, GAO/HRD-93-92).

Investigations to date have revealed that federal health programs have been subjected to fraudulent and abusive psychiatric hospital practices, but apparently to a lesser extent than private insurers. Federal programs have many controls in place to guard against unnecessary or poor quality care. However, some control weaknesses exist that render federal programs vulnerable to fraudulent and abusive psychiatric hospital practices, resulting in some unnecessary hospital admissions, excessive lengths of stay, poor quality care, and unauthorized or duplicate payments.

Preventive Health Care for Children: Experience From Selected Foreign Countries (Report, 8/4/93, GAO/HRD-93-62).

Although England, France, Germany, Japan, and the Netherlands provide universal access to health care for all children, they do not rely solely on systems of universal coverage to ensure that all children receive preventive services. Instead, these countries do one or more of the following: (1) notify health authorities of new births, (2) target new parents for home visits, (3) provide booklets for maintaining a child's health record, (4) provide physical exams and immunizations in schools, and (5) facilitate the continuity of care through computerized tracking systems.

Other Health Products

Operation Desert Storm: Problems With Air Force Medical Readiness (Report, 12/30/93, GAO/NSIAD-94-58).

Management Reform: GAO's Comments on the National Performance Review's Recommendations, Sections 4, 10, and 22 (Report, 12/3/93, GAO/OCG-94-1).

Nuclear Health and Safety: Examples of Post World War II Radiation Releases at U.S. Nuclear Sites (Report, 11/24/93, GAO/RCED-94-51FS).

Medicare/Medicaid Data Bank Issues (Letter, 11/15/93, GAO/HRD-94-63R).

Department of Veterans Affairs Appropriation (Letter, 11/12/93, GAO/HRD-94-57R).

VA Health Care: Tuberculosis Control Receiving Greater Emphasis at VA Medical Centers (Report, 11/9/93, GAO/HRD-94-5).

Health Care Reform: Supplemental and Long-Term Care Insurance (Testimony, 11/9/93, GAO/T-HRD-94-58).

Medical Malpractice: Maine's Use of Practice Guidelines to Reduce Costs (Report, 10/25/93, GAO/HRD-94-8).

Automating Medical Information (Letter, 10/22/93, GAO/AIMD-94-47R).

VA Health Care: Restructuring Ambulatory Care System Would Improve Services to Veterans (Report, 10/15/93, GAO/HRD-94-4).

Medicare: Better Guidance Is Needed To Preclude Inappropriate General and Administrative Charges (Report, 10/15/93, GAO/NSIAD-94-13).

HCFA Payment Rate for Erythropoietin (Letter, 10/13/93, GAO/HRD-94-1R).

VA Health Care: Medical Care Cost Recovery Activities Improperly Funded (Report, 10/12/93, GAO/HRD-94-2)

Drug Control: Reauthorization of the Office of National Drug Control Policy (Report, 9/29/93, GAO/GGD-93-144).

Medical Malpractice: Estimated Savings and Costs of Federal Insurance at Health Centers (Report, 9/24/93, GAO/HRD-93-130).

VA Health Care: Labor Management and Quality-of-Care Issues at the Salem VA Medical Center (Report, 9/23/93, GAO/HRD-93-108).

Defense Health Care: Expansion of the CHAMPUS Reform Initiative Into Washington and Oregon (Report, 9/20/93, GAO/HRD-93-149).

Medicaid Managed Care: Healthy Moms, Healthy Kids—A New Program for Chicago (Report, 9/7/93, GAO/HRD-93-121).

CDC's Mission and Duplication in PHS (Letter, 8/30/93, GAO/HRD-93-32R).

Health Care Access: Innovative Programs Using Nonphysicians (Report, 8/27/93, GAO/HRD-93-128).

Medicaid: Alternatives for Improving the Distribution of Funds to States (Report, 8/20/93, GAO/HRD-93-112FS).

Medical Technology: Quality Assurance Systems and Global Markets (Report, 8/18/93, GAO/PEMD-93-15).

Medical Malpractice: Medicare/Medicaid Beneficiaries Account for a Relatively Small Percentage of Malpractice Losses (Report, 8/11/93, GAO/HRD-93-126).

Medicare Part B: Reliability of Claims Processing Across Four Carriers (Report, 8/11/93, GAO/PEMD-93-27).

Operation Desert Storm: Army Medical Supply Issues (Report, 8/11/93, GAO/NSIAD-93-206).

Medicaid Drug Fraud: Federal Leadership Needed to Reduce Program Vulnerabilities (Report, 8/2/93, GAO/HRD-93-118). Testimony on same topic (8/2/93, GAO/T-HRD-93-28).

Education

Selected Summaries

School-Linked Human Services: A Comprehensive Strategy for Aiding Students at Risk of School Failure (Report, 12/30/93, GAO/HRD-94-21).

Many different models exist for coordinating human services in schools, and no two are exactly alike. Despite the variety of program models, we found that strong leadership was one of several common characteristics of the comprehensive school-linked programs we reviewed. Some programs increase the likelihood that at-risk students will stay in school; however, few impact evaluations of these programs are available. The federal

government could play an important role in promoting effective comprehensive programs for school-age children by providing support and guidance for the development of impact and cost effectiveness evaluations of these programs.

Deaf Education: Improved Oversight Needed for National Technical Institute for the Deaf (Report, 12/16/93, GAO/HRD-94-23).

The National Technical Institute for the Deaf (NTID) has not adequately accounted for its expenditure of federal funds, has inappropriately carried over federal funds from one year to the next, and may have used federal funds improperly. However, because NTID commingled its federal funds with its nonfederal funds, it is impossible to determine how federal funds were spent. Financial audits of NTID have been limited in scope and review of NTID's programs and operations has been minimal. NTID has taken action to ensure that its federal funds are used properly. The Education of the Deaf Act Amendments of 1992 and 1993 include provisions to enhance the Department of Education's monitoring of NTID's spending and use of federal funds.

Transition From School to Work: S. 1361 Addresses Components of Comprehensive Strategy (Testimony, 9/28/93, GAO/T-HRD-93-31). Report on same topic (9/7/93, GAO/HRD-93-139).

Although American high schools direct most of their resources toward preparing students for college, only about 15 percent of the incoming college freshmen go on to graduate. A substantial number of the remaining 85 percent wander between different educational and employment experiences, many seemingly ill prepared for the workplace. Some public officials and educators are considering comprehensive school-to-work transition strategies to better prepare high school students for workplace requirements.

School Age Demographics: Recent Trends Pose New Educational Challenges (Report, 8/5/93, GAO/HRD-93-105BR).

GAO's analysis identified demographic changes that may have important implications for Chapter 1 of Title I of the Elementary and Secondary Education Act (ESEA) and other education programs targeted toward populations with special needs. During the 1980s as the school age population—aged 5 to 17—declined by 2.3 million, the poor school age

population increased by about 6 percent. This population grew and became more concentrated in the West and Southwest and in our nation's largest cities. These patterns will substantially affect the distribution of program funds to states and counties. Other trends we identified have consequences for federal education programs like the Bilingual Education Act, that support services to other specially targeted child populations.

Other Education Products

Management Reform: GAO's Comments on the National Performance Review's Recommendations, Section 5 (Report, 12/3/93, GAO/OCG-94-1).

Food Assistance: Schools That Left the National School Lunch Program (Report, 12/3/93, GAO/RCED-94-36BR).

Air Force Training: Delaying Pilot Training Could Avert Unnecessary Costs (Report, 11/3/93, GAO/NSIAD-94-40).

States' Regulatory Reform Efforts (Letter, 11/3/93, GAO/HRD-94-51R).

Student Financial Aid Programs: Pell Grant Program Abuse (Testimony, 10/27/93, GAO/T-OSI-94-8).

Academy Preparatory Schools (Letter, 10/5/93, GAO/NSIAD-94-56R).

Air Force Academy: Gender and Racial Disparities (Report, 9/24/93, GAO/NSIAD-93-244).

Military Education: Information on Service Academies and Schools (Report, 9/22/93, GAO/NSIAD-93-264BR).

Army Training: Prioritizing and Following Up on Lessons Learned Should Minimize Recurring Weaknesses (Report, 9/16/93, GAO/NSIAD-93-231).

Financial Management: Education's Student Loan Program Controls Over Lenders Need Improvement (Report, 9/9/93, GAO/AIMD-93-33).

Vocational Rehabilitation: Evidence for Federal Program's Effectiveness Is Mixed (Report, 8/27/93, GAO/PEMD-93-19).

Army Training: Commanders Lack Guidance and Training for Effective Use of Simulations (Report, 8/23/93, GAO/NSIAD-93-211).

**Most Recent GAO Products
(August - December 1993)**

Student Loans: Default Rates at Historically Black Colleges and Universities (Report, 8/19/93, GAO/HRD-93-117FS).

Vocational Education: Status in 2-Year Colleges in 1990-91 and Early Signs of Change (Report, 8/16/93, GAO/HRD-93-89).

Employment and Training

Selected Summaries

Dislocated Workers: A Look Back at the Redwood Employment Training Programs (Report, 12/13/93, GAO/HRD-94-16BR).

The assistance provided to workers dislocated by the 1978 expansion of Redwood National Park was quite extensive, but few workers enrolled in retraining programs. Many workers received generous wage replacement benefits or severance payments, but these benefits were not tied to retraining. Humbolt and Del Norte were the two California counties most affected by the park expansion. Economically, Humbolt County remained relatively stable during the transition, while the Del Norte County experienced more fluctuations. Del Norte's economy did not stabilize until Pelican Bay state prison was built in the county in 1989.

Occupational Safety and Health: Differences Between Programs in the United States and Canada (Report, 12/6/93, GAO/HRD-94-15FS).

Programs to ensure occupational safety and health in the United States compared with those in Canada differ in three major areas: (1) the governmental entity responsible for operating and funding the programs, (2) the extent of worker involvement, and (3) the type of enforcement action taken. Several state-operated programs in the United States use program elements similar to those used in Canada. These states provide some information on how these programs might work in the United States. Little information is available on the effectiveness of the programs in Canada, although employer and worker representatives with whom we spoke expressed general satisfaction.

Occupational Safety and Health: Changes Needed in the Combined Federal-State Approach (Testimony, 10/20/93, GAO/T-HRD-94-3).

The Occupational Safety and Health Administration (OSHA) is responsible for overseeing states' safety and health programs to ensure they are as effective as OSHA's program. OSHA's oversight continues to have substantial weaknesses like those identified 5 years ago by GAO and the Office of the Inspector General. OSHA focuses primarily on measures of program activities (e.g. number of inspections conducted) rather than program outcome measures (e.g. reductions in workplace injuries. GAO also found

other OSHA oversight problems. OSHA corrected some of these problems in special evaluations conducted after a serious industrial accident in 1991, but it has not incorporated those changes in its procedures since that time.

Dislocated Workers: Trade Adjustment Assistance Program Flawed
(Testimony, 10/19/93, GAO/T-HRD-94-4).

Each year, approximately 1 million experienced workers lose their jobs due to business closures and permanent layoffs. Many of these workers are dislocated because of increased imports. Some workers receive assistance from the Trade Adjustment Assistance (TAA) program to help them re-enter the workforce. GAO, Department of Labor, and Mathematica studies conclude that the TAA program falls short of its goal of assisting dislocated workers to re-enter the workforce.

Other Employment and
Training Products

Dairy Industry: Potential for and Barriers to Market Development (Report, 12/21/93, GAO/RCED-94-19).

Legislative Employment: Operations in the Office of Fair Employment Practices Could Be Improved (Report, 12/9/93, GAO/GGD-94-36).

Aviation Safety: FAA Can Better Prepare General Aviation Pilots for Mountain Flying Risks (Report, 12/9/93, GAO/RCED-94-15).

Management Reform: GAO's Comments on the National Performance Review's Recommendations, Section 15 (Report, 12/3/93, GAO/OCG-94-1).

Whistleblower Protection: Reasons for Whistleblower Complaints' Dissatisfaction Need To Be Explored (Report, 11/15/93, GAO/GGD-94-21).

Dislocated Workers: Proposed Re-employment Assistance Program (Report, 11/12/93, GAO/HRD-94-61).

Mexican Trucking Wages (Letter, 11/12/93, GAO/RCED-94-78R).

U.S.-Mexico Trade: The Work Environment at Eight U.S.-Owned Maquiladora Auto Parts Plants (Report, 11/1/93, GAO/GGD-94-22).

Occupational Safety and Health: Changes Needed in the Combined Federal-State Approach (Testimony, 10/20/93, GAO/T-HRD-94-3).

Federal Contractor Hiring: Effect of Veteran Hiring Legislation is Unknown (Report, 10/18/93, GAO/GGD-94-6).

Transition From School to Work: S. 1361 Addresses Components of Comprehensive Strategy (Testimony, 9/28/93, GAO/T-HRD-93-31). Report on same topic (9/7/93, GAO/HRD-93-139).

Unemployment Insurance: Program's Ability to Meet Objectives Jeopardized (Report, 9/28/93, GAO/HRD-93-107).

Federal Personnel: Employment Policy Challenges Created by an Aging Workforce (Report, 9/23/93, GAO/GGD-93-138).

North American Free Trade Agreement: A Focus on the Substantive Issues (Testimony, 9/21/93, GAO/T-GGD-93-44). Report on same topic (9/9/93, GGD-93-137).

Toxic Substances: Information on Lead Hazards in Child Care Facilities and Schools is Limited (Testimony, 9/15/93, GAO/T-RCED-93-48).

Personnel Practices: Retroactive Appointments and Pay Adjustments in the Executive Office of the President (Report, 9/9/93, GAO/GGD-93-148).

Hispanic Employment at USPS (Letter, 9/3/93, GAO/GGD-93-58R).

Employee Background Checks (Letter, 9/2/93, GAO/GGD-93-62R).

Vocational Rehabilitation: Evidence for Federal Programs Effectiveness is Mixed (Report, 8/27/93, GAO/PEMD-93-19).

Income Security

Selected Summaries

Grant Administration: CDC Oversight of Grantees' Activities Needs Improvement (Report, 12/10/93, GAO/HRD-94-12).

CDC's monitoring efforts did not find misuse of federal funds for lobbying activity. CDC lacked adequate controls to support the reimbursement of membership dues paid by grantees. CDC has adopted requirements from the Public Health Service Act, which prohibit grantees from using federal

funds to provide HIV-prevention information that may be considered "obscene" or "designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse." CDC has not performed adequate oversight to ensure that its required reviews of AIDS-related materials were being performed.

Refugee Resettlement: Unused Federal Funds in 1991 and 1992 (Report, 12/7/93, GAO/HRD-94-44).

Under the refugee resettlement program, unused funds for cash and medical assistance largely result from HHS' desire not to overspend appropriated funds. HHS has proposed a regulation that would allow for changing the cash and medical aid eligibility period without having to follow rule making procedures and would also establish the methodology for determining the length of the eligibility period. For 1991, unused funds totaled about \$11 million, or approximately 26 percent of the available matching funds. For 1992, the unused amount was about \$10 million, or about 19 percent of the available matching funds.

Social Security: Increasing Number of Disability Claims and Deteriorating Service (Report, 11/10/93, GAO/HRD-94-11). Testimony on same topic (3/25/93, GAO/T-HRD-93-11).

Claim backlogs and processing times for Social Security Disability Income (DI) and Supplemental Security Income (SSI) programs reached an all-time high in fiscal year 1992. GAO found that between 1990 and 1992 these backlogs and processing times increased nearly 50 percent. Some states take more than five months to process claims. The Social Security Administration (SSA) and the states' disability determination services (DDS) have not been able to keep up with the high rate of claims submitted for benefits. Problems resulting from increased workloads include increased workforce stress and use of overtime, employees not performing their normal duties, a decline in workforce morale, an increase in claims being set aside, and a decline in automated systems support.

Health Care Reform: Supplemental and Long-Term Care Insurance (Testimony, 11/9/93, GAO/T-HRD-94-58).

Provisions of the Clinton administration's Health Security Act that deal with private long-term care insurance and supplemental health insurance addresses many of the problems that GAO has pointed out in the past. In general, GAO believes that the administration's proposal contains the kinds

of consumer protections that GAO has long advocated. Some problems, however, are not addressed. Specifically, the act will not protect consumers from the sale of duplicate policies or high-pressure sales techniques. The act also does not address other kinds of supplemental insurance that cover specific diseases or conditions requiring hospitalization. Because of their limited, narrow coverage, such insurance may be unnecessary for many consumers.

Social Security: Sustained Effort Needed to Improve Management and Prepare for the Future (Report, 10/27/93, GAO/HRD-94-22). Testimony on same topic (10/28/93, GAO/T-HRD-94-46).

This is the third in a series of GAO reports assessing SSA's effectiveness in preparing for the future and managing current operations. This report assesses SSA's progress in making improvements to its strategic management, information resource management, human resource management, and financial management systems. Failure to meet SSA's management challenges could have serious consequences. SSA currently provides benefits to about 47 million people, and the agency will have to provide benefits and services to many more people in the future.

State and Local Finances: Some Jurisdictions Confronted by Short- and Long-Term Problems (Report, 10/6/93, GAO/HRD-94-1). Testimony on same topic (10/6/93, GAO/T-HRD-94-1).

From 1985 to 1991, state and local governments faced a challenge in responding to varied spending and revenue pressures. This led jurisdictions to reevaluate their spending priorities, control program growth, cut some services, and increase revenues. GAO identified several large cities that faced not only a short-term problem of budget deficits, but also a long-term deterioration in the public services they provide.

Benefits for Illegal Aliens: Some Program Costs Increasing, But Total Costs Unknown (Testimony, 9/29/93, GAO/T-HRD-93-33).

Recent events involving illegal aliens have raised concerns about their use of public benefits and overall costs to society. Illegal aliens and their U.S. children are eligible to receive emergency Medicaid services, primary and secondary education, school nutrition services, and Aid to Families with Dependent Children (AFDC) and food stamp benefits. The estimated cost of providing AFDC benefits to children of illegal aliens was \$479 million in 1992. Although many barriers were found to obtaining cost data, GAO

obtained estimates from the five states that account for about 80 percent of the illegal immigrant population. The complete fiscal impact of providing benefits to illegal aliens cannot be determined, since government revenues attributable to illegal aliens are unknown.

Other Income Security
Products

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1993
(Report, 12/22/93, GAO/HRD-94-73).

Veterans Benefits: Redirected Modernization Shows Promise (Report, 12/9/93, GAO/AIMD-94-26).

Management Reform: GAO's Comments on the National Performance Review's Recommendations, Sections 10 and 22 (Report, 12/3/93, GAO/OCG-94-1).

Disabled Veterans Programs: U.S. Eligibility and Benefit Types Compared With Five Other Countries (Report, 11/24/93, GAO/HRD-94-6).

D.C. Pension Benefits (Report, 11/4/93, GAO/HRD-94-18).

Armed Forces Retirement Home (Letter, 11/3/93, GAO/HRD-94-49R).

DOD Military Disability Retirement (Report, 11/3/93, GAO/HRD-94-50R).

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