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Health
Education
Employment
Social Security
Welfare
Veterans

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Preface

Welcome to the first "downsized" edition of our monthly bibliography of the U.S. General Accounting Office's (GAO) products on health, education, employment, social security, disability, welfare, and veterans issues. As GAO downsizes and does more with less, we thought it appropriate to do all we could to reduce our printing and distribution costs.

One thing, however, is not being downsized: GAO's mission to serve the public interest by providing Members of Congress and other policymakers with accurate information and unbiased analysis. Hence, we continue to have new products to share with you in each edition of this bibliography. As before, key reports are briefly summarized.

A comprehensive list of all products related to our issue areas is still included—now covering the last 4 months instead of the last 12. We find that most of the demand for our products occurs in the first 4 months after they are issued, so we believe that this time frame puts the most useful information at your fingertips. Finding earlier reports is easy. Just call (202) 512-6000 for a customized keyword search or do your own search via the Internet.

Rounding out each edition is a contact list of subject area experts in our division who can answer questions about the contents of particular reports. Flip to the back of this booklet and you will also find forms for ordering publications and signing up to receive future reports and testimonies in areas of particular interest to you.

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New Releases

Health

Medicare: Home Health Utilization Expands While Program Controls Deteriorate (Report, GAO/HEHS-96-16, Mar. 27, 1996). **Contact:** Thomas G. Dowdal, (202) 512-6588

Use of the Medicare home health benefit has grown dramatically, with spending climbing from $2.7 billion in 1989 to $12.7 billion in 1994 while controls over the benefit have remained essentially nonexistent. Changes in the legal and regulatory provisions governing the home health benefit played a key role in the increase of its use. The home health benefit's emphasis has recently shifted from acute care after a hospital stay to more long-term care for chronic conditions. At the same time, the Health Care Financing Administration's ability to manage the program has been severely weakened by coverage changes mandated by court decisions and a decrease in the funds available to review home health agencies and the care they provide.

FDA Laboratories: Magnitude of Benefits Associated With Consolidation Is Questionable (Report, GAO/HEHS-96-30, Mar. 19, 1996). **Contact:** Barry Tice, (202) 512-4552

The 18 field laboratories under the Food and Drug Administration's (FDA) Office of Regulatory Affairs (ORA) test thousands of products annually. Because ORA officials believe that many of the facilities are old, need costly repairs, and do not meet the needs for conducting regulatory science in the future, ORA developed a 20-year plan to consolidate its labs. The plan, which calls for the creation of five multipurpose mega-labs and four special-purpose labs, could yield efficiencies, but the documentation and estimates of the benefits resulting from consolidation are questionable.

Scientific Research: Continued Vigilance Critical to Protecting Human Subjects (Report, GAO/HEHS-96-72, Mar. 8, 1996). Testimony on same topic (GAO/T-HEHS-96-102, Mar. 12, 1996). **Contact:** Bruce D. Layton, (202) 512-6837

Since the 1960s, significant advances in protecting the rights and interests of human subjects in biomedical and behavioral research have occurred. Today's oversight appears to have reduced the likelihood that serious abuses will occur in research funded by the Department of Health and Human Services and drug studies regulated by FDA, although no practical level of oversight can guarantee that each researcher will protect subjects with complete integrity. Various time, resource, and other pressures,

however, have reduced or threaten to reduce the effectiveness of local review board and federal agency oversight. The need for continued vigilance should remain a priority for the research community and agencies charged with oversight.

Medical Device Regulation: Too Early to Assess European System's Value as Model for FDA (Report, GAO/HEHS-96-65, Mar. 6, 1996). **Contact:** Bruce D. Layton, (202) 512-6837

Critics of FDA have suggested that the new European Union (EU) review system for medical devices is a model that could be adopted to allow innovative technology to reach U.S. consumers more quickly without increasing risks to the public's health. The EU system is still evolving, however, with major aspects not yet fully in place. Drawing a meaningful comparison between the two systems is not possible now, although key differences can be pointed out. The roles of public and private sector bodies differ, for example, as do the systems' criteria for device approval and clearance. There are no data documenting review times under the new EU system comparable with data describing FDA's process. Recent trends in FDA review time generally show improvement for applications submitted in fiscal year 1994.

Education

At-Risk and Delinquent Youth: Multiple Federal Programs Raise Efficiency Questions (Report, GAO/HEHS-96-34, Mar. 6, 1996). **Contact:** Cornelia M. Blanchette, (202) 512-7014

Currently, 131 federal programs administered by 16 different departments and other agencies exist to benefit at-risk or delinquent youth. Many of the programs are authorized to fund multiple services and are targeted toward multiple youth groups, creating the potential for program overlap and duplication of services. Covering a service/target-group combination with a single program administered by one federal office, rather than several programs administered by several different offices, might be more efficient. In deciding what reforms, if any, should be made, however, how individual programs currently operate needs to be considered with special attention to how consolidation could reduce overall administrative costs.

Employment

Job Corps: Comparison of Federal Program With State Youth Training Initiatives (Report, GAO/HEHS-96-92, Mar. 28, 1996). **Contact:** Sigurd Nilsen, (202) 512-7003

While many state and local programs share individual characteristics with the federal Job Corps program, they differ in key ways. The vocational training offered by state programs, for instance, was limited to preemployment preparation and did not include training in a specific occupation as Job Corps training does. Also, state residential programs generally targeted a specific segment of the population—such as youths who had been involved in the court system—whereas Job Corps targets youths with multiple barriers to employment, such as school dropouts, recipients of public assistance, and youths with limited English proficiency. State and local youth corps programs most nearly replicate Job Corps. Two programs, located in California and Texas, contained all four basic features of Job Corps, though they differed in the way they operated their programs.

Job Training Partnership Act: Long-Term Earnings and Employment Outcomes (Report, GAO/HEHS-96-40, Mar. 4, 1996). **Contact:** Wayne B. Upshaw, (202) 512-7006.

Although participating in programs funded under title II of the Job Training Partnership Act (JTPA) improved the participants' earnings and employment rates in the years immediately following training, statistical analysis showed no significant effect after 5 years. In the first few years after their training, adult men and women had earnings or employment rates significantly higher than those of the control group, although male and female youths did not. By the fifth year, each of the four treatment groups' earnings and employment rates were nominally higher than those of the control group. But because the fifth-year differences were not statistically significant, they could not be attributed to JTPA training rather than to chance alone.

Social Security, Disability, and Welfare

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1995 (Report, GAO/HEHS-96-82, Mar. 6, 1996). **Contact:** Ben Ross, (202) 512-7260

This report summarizes all of GAO's fiscal year 1995 products and all ongoing work on programs and issues affecting older Americans and their families, including employment, health care, housing, income security, and veterans issues.

Public Pensions: State and Local Government Contributions to Underfunded Plans (Report, GAO/HEHS-96-56, Mar. 14, 1996). **Contact:** Donald C. Snyder, (202) 512-7204

The funding status of state and local government pension funds has improved substantially in the past 15 years. More than half of underfunded pension plan sponsors are contributing enough to reduce their unfunded liability; however, the other plans' sponsors are not. Most significantly, one-third of state and local pension plans were both underfunded in 1992 and receiving less than the actuarially required sponsor contributions. Sponsors of underfunded plans who consistently undercontribute will leave their plans with little buffer against possible deterioration in the plans' financial status. These sponsors create the potential for difficult budget choices in the future and may implicitly shift to future taxpayers part of the burden for paying today's government workers.

Veterans Affairs and Military Health

Veterans' Health Care: VA's Approaches to Meeting Veterans' Home Health Care Needs (Report, GAO/HEHS-96-68, Mar. 15, 1996). **Contact:** Robert Dee, (617) 565-7470

The Department of Veterans Affairs (VA) provides or arranges home health care so that veterans can continue living at home rather than being treated in institutional settings for chronic or shorter term conditions. In fiscal year 1994, more than 40,000 veterans received these services at a cost of $64 million. Through its Hospital-Based Home Care programs, VA's staff provide direct care, usually to the chronically ill in need of long-term care. But most veterans receive home care from community-based providers through either VA's fee-based program or Medicare. Because cost data are reported differently for these different programs, VA administrators' decisions about which approach to use are based on perceptions rather than on comparable data.

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