
March 1996

**Health
Education
Employment
Social Security
Welfare
Veterans**

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 reviews the government's health, education, employment, social security, disability, welfare, and veterans 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 month and provides summaries for selected key products.
- **Comprehensive 1-Year Listings:** This section lists all products published in the last year, organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

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Contents

Preface		1
Most Recent GAO Products (February 1996)	Health Education Social Security, Disability, and Welfare Veterans Affairs and Military Health	4 4 5 5 6
Internet Instructions		8

Abbreviations

FHA	Federal Housing Administration
HEHS	Health, Education, and Human Services Division, GAO
HUD	Department of Housing and Urban Development
PASS	plan for achieving self-sufficiency
SSA	Social Security Administration
VA	Department of Veterans Affairs

Most Recent GAO Products (February 1996)

Health

Selected Summaries

FHA Hospital Mortgage Insurance Program: Health Care Trends and Portfolio Concentration Could Affect Program Stability (Report, 2/27/96, GAO/HEHS-96-29).

The Hospital Mortgage Insurance Program administered by the Federal Housing Administration (FHA) in the Department of Housing and Urban Development (HUD) insures loans to finance the renovation or construction of hospitals that meet certain criteria. Although the program has had financial losses in several years, HUD data show an overall net positive cash flow from operations during the past 25 years. The program now faces potential financial risks, however, that could affect the future stability of its loan insurance portfolio. In addition, flaws in the methodology for estimating loan losses limit the reliability of FHA's loan loss reserve estimate, which, as a result, may be under- or overstated. GAO made specific recommendations to the Secretary of HUD that would (1) improve the reliability of FHA's loan loss reserve estimate, (2) ensure future compliance with federal performance measurement requirements, and (3) minimize potential financial losses from future projects.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact James O. McClyde, (202) 512-7152.

Other Health Products

Status of Federal Hospital Insurance Trust Fund (Testimony, 2/29/96, GAO/T-HEHS-96-94).

FDA Review and Approval Times (Testimony, 2/21/96, GAO/T-PEMD-96-6).

Medicare: Millions Can Be Saved by Screening Claims for Overused Services (Testimony, 2/8/96, GAO/T-HEHS-96-86). Report on same topic (1/30/96, GAO/HEHS-96-49).

Pharmacy Benefit Managers: Early Results on Ventures With Drug Manufacturers (Testimony, 2/7/96, GAO/T-HEHS-96-85). Report on same topic (11/9/95, GAO/HEHS-96-45).

Education

Education Products

Financial Audit: Federal Family Education Loan Program's Financial Statements (Report, 2/26/96, GAO/AIMD-96-22).

Social Security, Disability, and Welfare

Selected Summaries

PASS Program: SSA Work Incentive for Disabled Beneficiaries Poorly Managed (Report, 2/28/96, GAO/HEHS-96-51).

The Social Security Administration (SSA) has done a poor job implementing and managing the plan for achieving self-support (PASS) program, which helps disabled beneficiaries invest in skills and resources to undertake gainful employment. The PASS program, which served about 10,000 participants at a cost of approximately \$30 million in 1995, has not been designed or managed to provide the staff who administer it with the expertise, guidance, or data to evaluate participants' proposed employment plans. Program goals are unclear, and the impact of the PASS program on employment is unknown, although almost no former participants left the Supplemental Security Income or Disability Insurance rolls. Furthermore, a lack of safeguards on participation and expenditures has left the PASS program vulnerable to abuse.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Cynthia Bascetta, (202) 512-7207.

Social Security: Telephone Access Enhanced at Field Offices Under Demonstration Project (Report, 2/23/96, GAO/HEHS-96-70).

A demonstration project at 30 SSA field offices suggests that automated telephone attendant and voice mail equipment can help SSA better serve the public. For example, with one of the equipment configurations tested, the proportion of calls not put on hold at all or put on hold for less than 2 minutes improved 23 percentage points, and busy-signal rates dropped by more than 55 percentage points. Because staffing did not increase,

however, many callers still spent some time on hold before speaking with SSA staff. Field office staff strongly believed the equipment improved efficiency and public service.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Roland H. Miller III, (202) 512-7246.

Other Social Security, Disability, and Welfare Products

Food Stamp Program: Achieving Cost Neutrality in Minnesota's Family Investment Program (Report, 2/12/96, GAO/RCED-96-54).

Supplemental Security Income: Noncitizens Have Been a Major Source of Caseload Growth (Testimony, 2/6/96, GAO/T-HEHS-96-88).

Veterans Affairs and Military Health

Selected Summaries

Veterans' Health Care: Facilities' Resource Allocations Could Be More Equitable (Report, 2/7/96, GAO/HEHS-96-48).

The Department of Veterans Affairs (VA) has chosen to make limited use of the data from its resource allocation system to redistribute funding among its facilities to reflect changes in patient workload. While some facilities' workloads rose by as much as 15 percent and others' fell by as much as 8 percent between 1993 and 1995, VA increased or decreased facilities' budgets only by about 1 percent. Facilities at which the growth in patient workload has outpaced funding increases have rationed care. As a result, similar veterans in different parts of the country do not have the same access to care. The report recommends ways VA can eliminate some of the barriers that prevent it from using the allocation system to allocate funds more equitably.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Frank C. Pasquier, (206) 287-4861.

VA Health Care: Exploring Options to Improve Veterans' Access to VA Facilities (Report, 2/6/96, GAO/HEHS-96-52).

In its efforts to improve access to VA health care, VA faces two basic decisions: where to locate new facilities and how to deliver care. For instance, VA could locate new facilities to improve convenience for existing users, improve access for all veterans, or improve access for specific veteran groups or eligibility categories. In deciding how to deliver care, VA could compare the costs and other factors involved in providing care in VA-operated facilities with those involved in contracting with private providers. For example, although VA-operated facilities typically are more expensive in the short run, they give VA more control over resources. The report concludes that if VA medical centers used all means at their disposal to expand access, they could significantly improve veterans' access to care.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Paul R. Reynolds, (202) 512-7109.

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