



441 G St. N.W.
Washington, DC 20548

August 7, 2020

Congressional Requesters

Department of Defense: Eating Disorders in the Military

Eating disorders are complex conditions affecting millions of Americans, which raise the risk of mortality, and which are associated with serious physical and mental health problems. They involve dangerous eating behaviors, such as the restriction of food intake or binge eating, and can have a severe effect on heart, stomach, and brain functionality. Many with eating disorders also experience co-occurring conditions such as anxiety, depression, substance use, or post-traumatic stress disorder. The potential effects that eating disorders can have on the health and combat readiness of servicemembers and their dependents underscores the importance of screening and treating this population.

The Department of Defense (DOD) requires regular health screenings of its servicemembers and provides health care services to approximately 9.5 million eligible beneficiaries, including services to treat those diagnosed with eating disorders.¹ DOD provides its health care services through TRICARE, DOD's regionally structured health care system. Servicemembers can obtain these services at military treatment facilities—referred to as direct care—or receive care purchased from civilian providers. You asked us to review DOD's screening, prevention, and treatment of eating disorders. In this report, we describe

- (1) how DOD screens servicemembers for eating disorders; and
- (2) how DOD provides eating disorder treatment to servicemembers and their dependents.

To describe how DOD screens for eating disorders among servicemembers, we reviewed DOD policies and procedures related to health screening, as well as several health assessment questionnaires used by DOD to screen for health issues. We interviewed officials and behavioral health specialists from the Army, Navy, Air Force, and Marine Corps to determine if specific branch policies or procedures are in place for the screening of health conditions, including eating disorders. We also discussed with these officials whether any prevention programs related to eating disorders have been implemented. Additionally, we interviewed representatives from the Eating Disorder Coalition, Uniformed Services University of Health Sciences, and the University of Kansas to understand approaches to screening for eating

¹Eligible beneficiaries include active duty personnel and their dependents, medically eligible National Guard and Reserve servicemembers and their dependents, and retirees and their dependents and survivors. Active duty personnel include Reserve component members on active duty for at least 30 days.

disorders, potential challenges with implementing screening in a military environment, and any planned or ongoing DOD-sponsored research related to screening or prevention.²

To describe how DOD provides eating disorder treatment to servicemembers and their dependents, we reviewed TRICARE regulations and the TRICARE policy manual to identify the types of eating disorder diagnoses and treatments that are covered through direct and purchased care. To discuss the availability of eating disorder treatment, we interviewed DOD and Defense Health Agency (DHA) officials, TRICARE contractors, and representatives from the Eating Disorder Coalition, Uniformed Services University of Health Sciences, and the University of Kansas.³

We also received data from the two TRICARE contractors that develop regional provider networks related to the availability of eating disorder treatment services as of spring 2020, which included information on the geographic location of eating disorder treatment facilities, the levels of care offered, and the populations served.⁴ Specifically, we received this data from a TRICARE contractor's database and directly from each of the eating disorder treatment facilities. Representatives from one contractor told us they were unable to report on the population to which some facilities provided treatment—that is, whether facilities provided treatment to adults or to children and adolescents—due to the 2020 outbreak of Coronavirus Disease 2019 (COVID-19) in the United States.

We also reviewed data from the military branches on the number of military discharges due to eating disorders from years 2013 through 2017.⁵ We spoke with DHA officials and TRICARE contractors about how these data are collected and documented, as well as the steps taken to ensure that the data are complete, and, on this basis, we determined that these data were sufficiently reliable for the purposes of our audit objective.

We conducted this performance audit from June 2019 to August 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Eating disorders are serious conditions that involve focusing too much on weight, body shape, and food, and which in turn lead to dangerous eating behaviors. Eating disorders frequently

²We selected these organizations through our review of documents (e.g., published research articles) related to eating disorders in the military. Researchers at the University of Kansas received a grant from DOD's Peer Reviewed Medical Research Program to develop an eating disorder screening tool for veterans and active duty servicemembers.

³DHA supports the delivery of health care services to beneficiaries of DOD's Military Health System (MHS) and executes responsibility for shared services, functions, and activities of the MHS and other common clinical and business processes in support of the military services.

⁴We received data from one contractor in March 2020, and we received data from the other contractor in May 2020.

⁵We requested data for years 2013 through 2017 to coincide with the most recent data DOD published on servicemember eating disorder diagnoses during those years.

appear during the teen years or young adulthood but may also develop during childhood or later in life. These disorders affect both genders, although rates among women are higher than among men. The most common eating disorders within the general population are anorexia nervosa, bulimia nervosa, and binge eating disorder.⁶ See table 1 for examples of behaviors associated with these eating disorders.

Table 1: Examples of Behaviors Associated with Eating Disorders

Eating disorder	Examples of associated behaviors
Anorexia nervosa	<ul style="list-style-type: none"> • Persistent restriction of food intake leading to low body weight. • Intense fear of gaining weight or persistent behaviors that interfere with weight gain. • Lack of recognition of the seriousness of low body weight.
Bulimia nervosa	<ul style="list-style-type: none"> • Recurring episodes of binge eating. • Recurrent inappropriate behavior (e.g., self-induced vomiting) to prevent weight gain. • Self-evaluation unduly influenced by body weight and shape.
Binge eating disorder	<ul style="list-style-type: none"> • Eating much more rapidly than normal. • Eating until feeling uncomfortably full. • Eating large amounts of food when not feeling physically hungry. • Eating alone because of feeling embarrassed about how much one eats. • Feeling disgusted with self, depressed, or guilty after eating.

Source: Diagnostic and Statistical Manual of Mental Disorders 5th ed. | GAO-20-611R.

Note: For descriptions, symptoms, and other criteria for diagnosing the eating disorders shown in this table, as well as for other eating disorders, see American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, VA: 2013).

Research has yielded a range of estimates about the number of servicemembers with an eating disorder due to the differences in methods used.⁷ For example, according to a 2018 DOD study that analyzed eating disorder diagnoses data, a total of 1,788 active duty servicemembers received a diagnosis of anorexia nervosa, bulimia nervosa, or “other/unspecified eating disorder” (which included binge eating disorder) from 2013 through 2017.⁸ The DOD study concluded that servicemembers likely experience eating disorders at rates that are comparable to rates in the general population, but that rates of these disorders are potentially rising among

⁶Other types of eating disorders include, for example, pica (eating items that are not typically thought of as food such as hair, dirt, and paint chips), rumination (repeatedly and persistently regurgitating food after eating), and avoidant restrictive food intake disorder (limitations in the amount or types of food consumed without any distress about body size). For descriptions, symptoms, and other criteria for diagnosing eating disorders, see American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, VA: 2013). This handbook is used by health care professionals as the authoritative guide to the diagnosis of mental disorders.

⁷According to data provided by DOD, there were a total of 19,468 dependents of servicemembers who received an eating disorder diagnosis from fiscal year 2014 through 2018. For context, in 2018, there were approximately 1.3 million active duty servicemembers and 4.8 million dependents of active and non-active duty servicemembers.

⁸Armed Forces Health Surveillance Branch, *Diagnoses of Eating Disorders, Active Component Service Members, U.S. Armed Forces, 2013-2017*, Medical Surveillance Monthly Report, (Silver Spring, MD: June 2018), p. 18. In 2017, there were approximately 1.4 million active duty servicemembers. Binge eating disorder was included as its own category of eating disorder for the first time in the 2013 edition of the Diagnostic and Statistical Manual of Mental Disorders. Studies indicate that many with binge eating disorder were previously captured in the “not otherwise specified” category.

servicemembers. Other survey-based research suggest that the number of servicemembers with an eating disorder may be higher than those with a medical diagnosis of one.⁹ For example, the data from one study indicated that a third or more of their military population sample exhibited behaviors consistent with an eating disorder, while only 2 percent of that population had been clinically diagnosed.¹⁰

TRICARE and Eating Disorder Coverage

Under TRICARE, active duty servicemembers typically receive most of their care in what is known as the direct care component—that is, in military hospitals and clinics referred to as military treatment facilities. The care provided in military treatment facilities is supplemented by services offered through certain civilian providers, and dependents of servicemembers have more options to receive their care from these providers.¹¹ DOD uses two contractors (one for the east region and one for the west region) to develop TRICARE’s regional provider networks. The contractors enter into contracts with providers so that TRICARE beneficiaries may receive treatment from them at an agreed-upon reimbursement rate.¹² Beneficiaries can also receive care from certain non-network providers.¹³ TRICARE beneficiaries are eligible for services after enrolling in a specific plan, which is generally either TRICARE Prime (a managed care plan that active duty servicemembers are required to use) or TRICARE Select (for beneficiaries who primarily obtain care from civilian providers).¹⁴

TRICARE covers a range of treatment services for eating disorders. The TRICARE policy manual lists all of the eating disorder diagnoses found in the current edition of Diagnostic and Statistical Manual of Mental Disorders.¹⁵ The policy manual notes that medically necessary and appropriate eating disorder treatment may be provided on an inpatient and outpatient basis. (See table 2 for a description of the levels of eating disorder treatment and associated

⁹See, for example, L. P. Bodell, et al., “Consequences of Making Weight: A Review of Eating Disorder Symptoms and Diagnoses in the United States Military,” *Clinical Psychology: Science and Practice*, vol. 21, no. 4 (2014): p. 398-409.

¹⁰Janis R Carlton, Gail H Manos, John A Van Slyke, “Anxiety and Abnormal Eating Behaviors Associated with Cyclical Readiness Testing in a Naval Hospital Active Duty Population,” *Military Medicine*, vol. 170, no. 8 (2005): p. 663 – 667.

¹¹TRICARE defines a provider as any person, business, hospital, or pharmacy that provides health care.

¹²Network providers are TRICARE-authorized providers who, under a signed contractual agreement with a TRICARE contractor, agree to provide care to beneficiaries at a negotiated rate, accept copayments or co-shares—the paid percentage of the total cost of a covered health care service—from the beneficiary as payment in full, and file claims with TRICARE for remaining amounts due.

¹³Non-network providers are not under contractual agreement but must be authorized by TRICARE to participate as non-network providers and may not agree to accept TRICARE allowable charges or file beneficiary claims. Beneficiaries visiting these providers may have to pay for the care at the time of the visit and later file a claim for reimbursement. Non-network providers may accept patients on a case-by-case basis.

¹⁴TRICARE offers several other plans, such as TRICARE Reserve Select (for certain Reserve servicemembers and their dependents) and TRICARE Retired Reserve (for certain retired Reserve servicemembers and their families). For more information about TRICARE plans, see <https://www.tricare.mil/Plans/HealthPlans>.

¹⁵American Psychiatric Association, *Manual of Mental Disorders*, 5th ed.

TRICARE coverage). Any eating disorder treatment, either inpatient or outpatient, must be delivered by a network or non-network provider authorized by TRICARE.

Table 2: Levels of Eating Disorder Treatment and Related Department of Defense (DOD) TRICARE Coverage

Treatment level of care (most to least intensive)	Description	TRICARE coverage ^a
Inpatient Hospitalization (IP)	IP is for medically serious cases, such as individuals who have experienced life-threatening complications such as low heart rate. The goal is medical stabilization.	IP is a covered benefit that includes semiprivate rooms, special care units, general nursing, hospital service, inpatient physician and surgical services, meals, drugs and medications, operating and recovery room, anesthesia, laboratory tests, x-rays and other radiology, blood and blood products, and necessary medical supplies.
Residential Treatment Center (RTC)	RTCs are treatment settings that provide living accommodations and 24-hour supervision. RTCs provide intensive therapy to treat eating disorders and are staffed by a multidisciplinary team.	RTCs are a covered benefit for children and adolescents up to age 21 for medical or psychological services. A TRICARE-authorized mental health provider must recommend admission. ^b
Partial Hospitalization Program (PHP)	PHP is a day treatment program that includes more than 6 hours of treatment every day, 5 to 7 days per week. Treatment may include structured eating sessions, group therapy, and individual meetings with the patient's nutritionist, therapist, and psychiatrist.	PHPs are a covered benefit that may include day, evening, night and weekend treatment programs that provide crisis stabilization, treatment of partially stabilized mental disorders, and a transition from an inpatient program when medically necessary.
Intensive Outpatient Program (IOP)	IOP is a treatment program that includes 3 to 5 hours of therapy 2 to 6 days a week. Services can include counseling, group and nutritional therapy.	IOP is a covered benefit that typically consists of 6 to 9 hours of services that includes an assessment, treatment, and rehabilitation for individuals requiring a lower level of care than PHP or RTC.

Source: DOD TRICARE Policy Manual and the National Association of Anorexia Nervosa and Associated Disorders | GAO-20-611R

^aTRICARE is DOD's regionally structured health care system. TRICARE plans vary by, for example, referral and authorization requirements, how appointments are booked, and cost of care (i.e., copayment, cost-share).

^bDOD officials told us that active duty servicemembers, older than 21 years of age, may qualify for a TRICARE supplemental health care waiver to receive coverage for treatment at a residential treatment center.

DOD Servicemember Screening for Eating Disorders and Related DOD Research Efforts

For all applicants entering into the military, DOD specifically screens for eating disorders. Applicants are screened at a Military Entrance Processing Station (MEPS) to determine if they meet DOD's medical qualification standards. This process involves a prescreening report with questions about the applicant's medical history (one of which includes a question about a history of eating disorders), a physical exam, and lab work.¹⁶ Among other things, a MEPS physician uses this information to determine whether the applicant has any disqualifying conditions for entrance into the military, including a history or current diagnosis of an eating

¹⁶Department of Defense, *Qualification Standards for Enlistment, Appointment, and Induction*, Instruction 1304.26 (March 23, 2015) (incorporating change 3, Oct. 26, 2018).

disorder.¹⁷ A MEPS physician makes the final determination as to whether an applicant does or does not meet entrance medical standards based on the applicant's medical history, a physical examination, and test results.

After joining the military, servicemembers receive annual health screenings; these screenings do not include any questions to help identify servicemembers with eating disorders. DOD conducts these universal screenings for medical readiness throughout a servicemember's career. For example, the DOD requires an annual screening called the Periodic Health Assessment (PHA) that servicemembers must complete every 12 months.¹⁸ DOD uses the PHA to assess each servicemember's overall health and medical readiness. The behavioral health section of the PHA includes questions on prescription drugs, alcohol consumption, and post-traumatic stress, but no questions that specifically screen for eating disorders.

Although DOD does not specifically screen for eating disorders during PHAs, medical personnel may be able to diagnose an eating disorder during an in-person physical exam. Behavioral health specialists from the four service branches told us that indications of an eating disorder may arise in servicemembers' answers to PHA questions, such as those related to depression and appetite, and certain answers to these questions may trigger individual follow-up exams. For example, one PHA question designed to elicit information about depression asks about "poor appetite or overeating." One behavioral health specialist noted that, although this question is not specific to eating disorders, it can identify disordered eating behaviors that medical staff would examine more closely.¹⁹ All four service branch behavioral health specialists noted that DOD medical personnel are trained to notice signs of eating disorders, such as changes in vital signs over time, emaciated appearance, ruptured blood vessels in the whites of the eye, low body mass index, loss of periods in females, or abrasions on the backs of hands or fingers that are signs of an individual inducing vomiting.

DOD officials noted several reasons why the PHA does not include questions that specifically screen for eating disorders, including that the prevalence of eating disorders is lower in servicemembers relative to other conditions, and that it is not feasible to conduct structured screening for all conditions continuously. The behavioral health specialists from the four military branches noted that individuals with eating disorders often try to hide their condition, so methods relying on self-reporting symptoms (e.g., screening questionnaires) may not be as effective as individual medical examinations.

¹⁷According to DOD policy, a history of an eating disorder is medically disqualifying for entrance into service because individuals under consideration for enlistment need to be free of medical conditions that may interfere with the completion of required training or may require excessive time lost from duty for necessary treatment of hospitalization, among other things.

¹⁸Department of Defense, *Individual Medical Readiness*, Instruction 6025.19 (June 9, 2014). DOD also conducts Pre-Deployment Health Assessments, Post-Deployment Health Assessments, and Post-Deployment Health Re-Assessments. Each of these assessments includes a mental health screening but does not include questions about eating disorders. Unlike the PHA, these deployment assessments are not universal and are only for those servicemembers who are being deployed, currently in-theater, or have returned from deployment.

¹⁹Servicemembers who are determined to have an eating disorder and are unresponsive to treatment, or for whom eating disorders have interfered with the satisfactory performance of their military duties, may be referred to a medical evaluation board and may possibly be separated from service. According to DOD data, from 2013 through 2017, 124 active duty servicemembers were discharged from the military as a result of their eating disorder diagnosis and unsuccessful treatment.

DOD is examining ways to improve its screening of eating disorders in the military as well as to identify possible ways to prevent such conditions in the military. DOD officials we interviewed noted, that as of June 2020, DOD did not have ongoing efforts specifically aimed at preventing eating disorders among active duty servicemembers due, in part, to low prevalence of eating disorders relative to other conditions.²⁰ However, DOD recently expanded the available research funding for eating disorders in its Peer-Reviewed Medical Research Program (PRMRP) with the goal of obtaining more comprehensive information on prevalence of eating disorders in the military and exploring ways to improve diagnosis of and treatment for the condition.²¹ In addition, the PRMRP is funding opportunities for research identifying biological and environmental risk factors associated with eating disorders, which could inform efforts to prevent or reduce the prevalence of these conditions. For example, one recently sponsored PRMRP project is developing an eating disorder screening tool for use with veterans and the military population.

DOD Generally Relies on Purchased Care to Provide Eating Disorder Treatment for Servicemembers and Their Dependents

DOD officials told us that the specialized level of care necessary to treat eating disorders is available to TRICARE beneficiaries through purchased care, rather than direct care. According to DOD officials, while DOD's direct care component includes the types of practitioners needed to treat eating disorders—such as child and adult psychologists, nutritionists, and pediatricians—DOD typically does not have the specialized facilities (such as a residential treatment center) or staffing resources that focus exclusively on eating disorders. For example, DOD officials told us that most DOD behavioral health specialists are trained as generalists so they can address a variety of more prevalent mental health issues such as PTSD, depression, and anxiety. DOD officials noted that these behavioral health specialists can provide some less intense forms of eating disorder care (e.g., therapeutic techniques to reduce obsessive thinking related to eating) through outpatient therapy sessions at military treatment facilities for minor cases of eating disorders. DOD officials also noted that DOD has not taken steps to provide the full range of eating disorder treatment through direct care because of the relatively low number of servicemembers diagnosed with an eating disorder and the current ability to provide treatment for eating disorders through purchased care.

The two TRICARE contractors' data for purchased care we reviewed show that, as of spring 2020, there were 166 eating disorder facilities (network and non-network) where eating disorder treatment is covered under TRICARE.²² These facilities were located in 32 states throughout

²⁰According to DOD behavioral health specialists, the prevalence rates for other conditions—such as depression, anxiety or PTSD—are higher than eating disorders. DOD has crafted prevention programs around these mental health conditions. For example, The Real Warriors Campaign provides resources such as online articles, print materials, videos and podcasts for those with concerns about depression, anxiety, or PTSD.

²¹The PRMRP is a Congressionally Directed Medical Research Program to support medical research projects of scientific merit and direct relevance to military health. Congress first made eating disorders eligible for PRMRP funding in fiscal year 2017. It has been included as a topic area within the PRMRP since with funding levels of \$5.4 million in fiscal year 2017 and \$8.4 million in 2018.

²²Facilities where beneficiaries can receive eating disorder treatment include hospitals and clinics, such as certified freestanding clinics (clinics that are not affiliated with another institution) that are focused on eating disorder treatment. According to DOD officials and TRICARE policy, TRICARE can cover services delivered in certified freestanding clinics unless they fail to meet the certification requirements for institutional providers (e.g., accredited by a national organization). Until March 2020, DHA's website incorrectly stated that services provided in certified

the country and the District of Columbia. The facilities vary by geographic location, population served, and level of treatment provided:²³

- **Geographic location:** Of the 166 eating disorder facilities, the TRICARE east region has 119 facilities, the west region has 40, and seven facilities are contracted to participate in both regions. About half of the 166 facilities (79)—are located in the following five states: California (24), Florida (18), Illinois (15), Texas (13), and Virginia (nine).
- **Population served:** Of the 166 eating disorder facilities, over three-quarters provide treatment to adult (132 facilities) and child and adolescent (132 facilities) populations.²⁴
- **Level of Treatment:** The level of treatment provided by the 166 eating disorder facilities varies, and a facility can provide one or more levels of treatment. Most facilities provide inpatient hospitalization programs (81 facilities), partial hospitalization (133); or intensive outpatient programs (107). About one-fifth of the facilities (35) provide residential treatment services.²⁵

(See fig. 1 for the location of each of the 166 facilities where eating disorder treatment is covered under TRICARE and enclosure I for more detailed information about facility population served and level of care provided.)

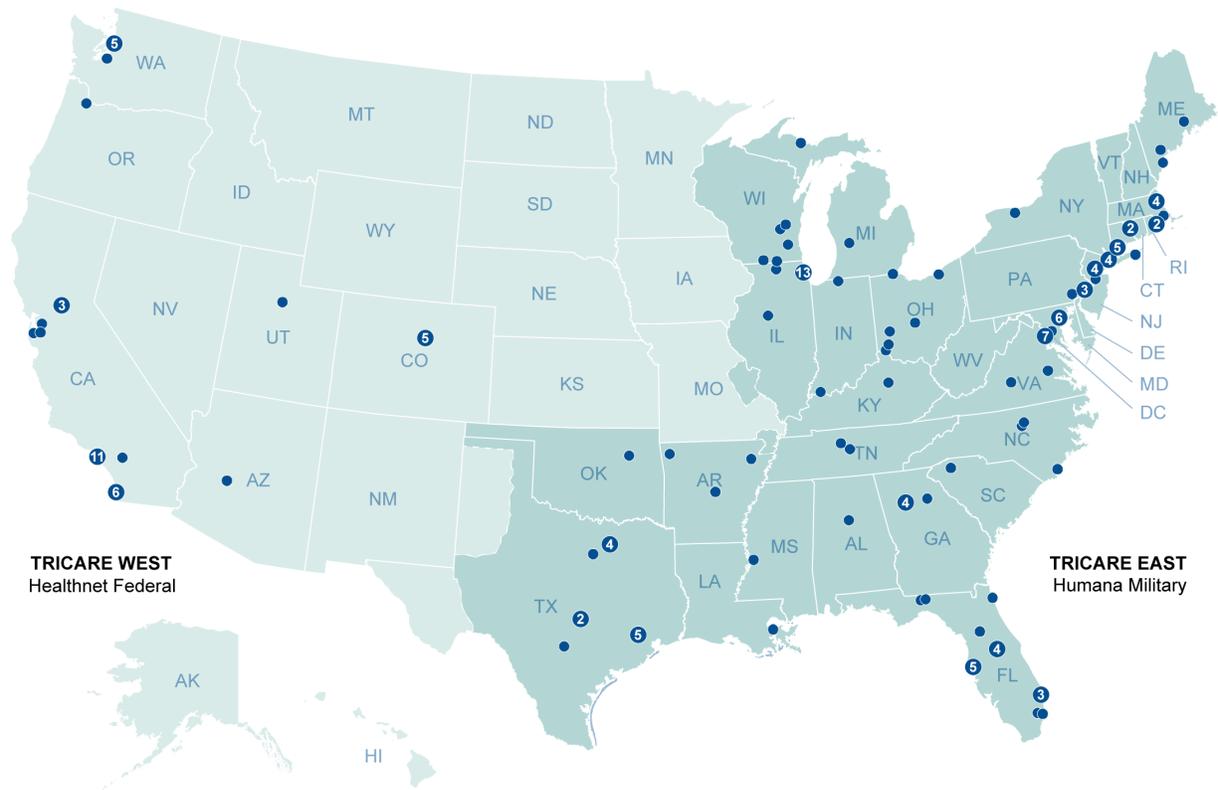
freestanding clinics that focus on eating disorder treatment were not covered by TRICARE. DHA has since updated the website, and, as of April 2020, it had accurately noted that services provided in certified freestanding clinics can be covered.

²³Each facility can provide more than one level of eating disorder treatment to one or more populations.

²⁴Due to the 2020 outbreak of COVID-19 in the United States, one of the DOD contractors was unable to report on the population served for 15 facilities.

²⁵One contractor reported that four of the 166 facilities provide outpatient counseling services and do not provide any of the four levels of treatment.

Figure 1: Geographic Distribution of Facilities Where Eating Disorder Treatment Is Covered under the Department of Defense Health System, TRICARE, as of Spring 2020



All 166 TRICARE eating disorder treatment facilities by state

24 California	7 Connecticut	5 Colorado	4 Pennsylvania	2 Michigan	1 District of Columbia	1 Oregon
18 Florida	6 Maryland	5 Georgia	3 Arkansas	2 Rhode Island	1 Kentucky	1 South Carolina
15 Illinois	6 New York	5 Massachusetts	3 Maine	2 Tennessee	1 Louisiana	1 Utah
13 Texas	6 Ohio	5 New Jersey	3 North Carolina	1 Alabama	1 Mississippi	
9 Virginia	6 Washington	5 Wisconsin	2 Indiana	1 Arizona	1 Oklahoma	

Source: GAO analysis of Healthnet Federal and Humana Military data; Map Resources (map). | GAO-20-611R

Notes: The 166 sites represented in this figure were based on data provided by the two TRICARE regional contractors (one for the west region and one for the east). We received data from one contractor in March 2020 and we received data from the other contractor in May 2020. They include both network and non-network facilities authorized by TRICARE to provide eating disorder treatment to TRICARE beneficiaries, including hospitals and clinics such as certified freestanding clinics (clinics that are not affiliated with another institution) that are focused on eating disorder treatment. Seven facilities are covered by both east and west region networks. These facilities are located in Southport, CT; Fairfield, CT; Montverde, FL; East Quogue, NY; Fairfax, VA; and Alexandria, VA.

Representatives from both TRICARE network contractors told us that, while their contracts with DHA do not specify a number of facilities required to provide eating disorder treatment and other forms of subspecialty care in an area, contractors generally determine the need for such facilities by using information on the number and location of beneficiaries in Prime Service Areas (geographic areas usually within an approximate 40-mile radius of a military treatment facility).²⁶

²⁶Contractors told us they use various methods to determine the need for facilities that provide subspecialty care and to locate these facilities. These methods include proprietary sizing models and information from DHA, military treatment facilities, and beneficiaries.

However, according to DHA officials and representatives from both contractors, some challenges have made it difficult for TRICARE contractors to enter into contracts with eating disorder treatment facilities in certain areas of the country. For example, DHA officials told us most eating disorder facilities—like many civilian facilities—are located in urban areas, with few facilities available in rural locations to include in provider networks.²⁷ Representatives from one of the TRICARE contractors also told us some facilities are more willing to accept the level of reimbursement set by TRICARE policy than others.²⁸ Representatives from the other contractor told us it is difficult for their networks to include facilities that provide in-patient hospitalization for adults who have eating disorders, as these are less common in some parts of the country than facilities that serve adolescents. For example, contractor data show that of the 40 facilities in the TRICARE west region, only two are inpatient hospitalization programs accessible to adults over 21 years of age. The other inpatient option—residential treatment centers—can only be accessed by individuals who are 21 years of age or younger, per TRICARE policy.²⁹

Representatives from both contractors told us they consider it their responsibility to ensure beneficiaries receive the care they need, including eating disorder treatment, regardless of the location of the facility.³⁰ If there are no in-network eating disorder treatment facilities in a beneficiary's area, for example, the contractor will look for a non-network provider within a 40 to 60 minute drive from the beneficiary. If there are no such providers within the allocated drive time, the contractor looks for the closest provider to which the patient can travel.³¹ DHA officials and representatives from both TRICARE contractors told us if a provider at a military treatment facility identifies an eating disorder facility not under contract with TRICARE, contractors will work to add this facility to the network.

²⁷For more related information on access to rural health services, see GAO, *VA Health Care: Services for Substance Use Disorders, and Efforts to Address Access Issues in Rural Areas*, [GAO-20-35](#) (Washington, D.C.: Dec. 2, 2019); *Rural Hospital Closures: Number and Characteristics of Affected Hospitals and Contributing Factors*, [GAO-18-634](#) (Washington, D.C.: Aug. 28, 2018); *Health Care: Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Programs*, [GAO-17-365](#) (Washington, D.C.: Apr. 14, 2017); and *Medicare Value-Based Payment Models: Participation Challenges and Available Assistance for Small and Rural Practices*, [GAO-17-55](#) (Washington, D.C.: Dec. 9, 2016).

²⁸For more information on TRICARE reimbursement, see GAO, *Defense Health Care: DOD Surveys Indicate Beneficiary Experience Generally Unchanged in First Year of TRICARE Select*, [GAO-20-318](#) (Washington, D.C.: Feb. 27, 2020), and *Defense Health Care: TRICARE Surveys Indicate Nonenrolled Beneficiaries' Access to Care Has Generally Improved*, [GAO-18-361](#) (Washington, D.C.: Mar. 29, 2018).

²⁹See Department of Defense, *TRICARE Policy Manual, Residential Treatment Center Standards*, (April 2015), 6010.60-M, Chapter 11, Section 2.9.

³⁰On May 1, 2020, DOD implemented a TRICARE Select navigator program that provides Select beneficiaries with access to a live person who will help them find the best quality care that is closest to their residence as well as an estimate of the cost of care.

³¹Military units arrange travel for all active duty servicemembers. Non-active duty servicemembers and beneficiaries enrolled in TRICARE Prime receive a travel benefit for themselves, and, if necessary, for one non-medical attendant (i.e., parent or spouse) for specialty care at a location more than 100 miles away from their primary care manager's office. TRICARE Select does not offer a travel benefit to its beneficiaries.

According to DHA data for years 2018 through 2019, no access to care complaints related to eating disorder treatment were reported by TRICARE beneficiaries.³² Representatives from both contractors told us if an access issue occurs, they report it to DHA. For example, one contractor uses an action tracker to follow patients who are receiving care from behavioral health specialists and meets bi-weekly with DHA to discuss these cases.³³ The other contractor provides DHA with monthly reports on access to care and meets monthly with DHA to discuss contract performance. DHA officials and both contractors told us that while it may be challenging at times to add eating disorder treatment facilities to the network, issues with beneficiaries accessing eating disorder treatment are rare.

Agency Comments

We provided a copy of this draft report to DOD for review and comment. DOD told us they had no comments on the draft report.

We are sending copies of this report to the appropriate congressional requesters and the Secretary of Defense. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or Silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in enclosure II.



Sharon Silas
Director, Health Care

³²TRICARE Prime and Select beneficiaries can submit complaints to TRICARE contractors if they have difficulty finding, or accessing, a TRICARE provider. Complaints are submitted to DHA monthly.

³³Cases included in these meeting are not specific to eating disorders and include all behavioral health services.

List of Requesters

The Honorable Kyrsten Sinema
United States Senate

The Honorable Don Beyer
House of Representatives

The Honorable G. K. Butterfield
House of Representatives

The Honorable Kathy Castor
House of Representatives

The Honorable Judy Chu
House of Representatives

The Honorable Paul Cook
House of Representatives

The Honorable Peter A. DeFazio
House of Representatives

The Honorable Ted Deutch
House of Representatives

The Honorable Debbie Dingell
House of Representatives

The Honorable Marcia L. Fudge
House of Representatives

The Honorable Ruben Gallego
House of Representatives

The Honorable Vicky Hartzler
House of Representatives

The Honorable Denny Heck
House of Representatives

The Honorable Jim Himes
House of Representatives

The Honorable Pramila Jayapal
House of Representatives

The Honorable John Katko

House of Representatives

The Honorable Derek Kilmer
House of Representatives

The Honorable Dave Loebsack
House of Representatives

The Honorable Zoe Lofgren
House of Representatives

The Honorable Alan Lowenthal
House of Representatives

The Honorable Doris Matsui
House of Representatives

The Honorable Betty McCollum
House of Representatives

The Honorable James P. McGovern
House of Representatives

The Honorable Seth Moulton
House of Representatives

The Honorable Grace F. Napolitano
House of Representatives

The Honorable Collin Peterson
House of Representatives

The Honorable Chellie Pingree
House of Representatives

The Honorable Mark Pocan
House of Representatives

The Honorable David E. Price
House of Representatives

The Honorable Don Young
House of Representatives

Enclosure I:

The table is based on data we obtained from the two TRICARE contractors and represents civilian treatment facilities at which TRICARE beneficiaries can access treatment services for eating disorders through the Department of Defense’s purchased care system.

Table 3: Level of Treatment Provided and Population Served at 166 Network and Non-Network Facilities Where Eating Disorder Treatment Is Covered under the Department of Defense Health System, TRICARE, as of Spring 2020

State	Facility	City	In-Network ^a	Level of treatment			Population	
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent
Alabama								
	Children’s Hospital of Alabama	Birmingham	✓	✓				✓
Arkansas								
	Springwood Behavioral Health ^b	Fayetteville	✓	✓		✓	✓	unknown
	Center for Eating Disorders ^c	Jonesboro	✓					✓
	Eugene J. Towbin Healthcare Center ^b	North Little Rock	✓	✓		✓	✓	unknown
Arizona								
	The Meadows Ranch	Wickenburg	✓	✓				✓
California								
	Center for Discovery, Beverly Hills	Beverly Hills	✓			✓	✓	✓
	Center for Discovery, Danville	Danville	✓		✓	✓		✓
	Center for Discovery, Downey	Downey	✓		✓	✓		✓
	Center for Discovery, Fremont	Fremont	✓		✓	✓		✓
	Center for Discovery, Glendale	Glendale	✓			✓	✓	✓

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Center for Discovery, Sacramento	Granite Bay	✓		✓	✓		✓	✓
	Center for Discovery, Granite Bay	Granite Bay	✓		✓	✓		✓	✓
	Center for Discovery, La Habra	La Habra	✓		✓	✓		✓	✓
	Center for Discovery, La Jolla	La Jolla	✓		✓	✓		✓	✓
	Center for Discovery, Lakewood	Lakewood	✓		✓	✓		✓	✓
	Advances In Mental Health & Addiction Eating Disorders	Long Beach	✓			✓	✓	✓	✓
	Resnick Neuropsychiatric Hospital at UCLA	Los Angeles	✓	✓		✓		✓	
	Center for Discover, Menlo Park	Menlo Park	✓		✓	✓		✓	✓
	Center for Discovery, Newport Beach	Newport Beach	✓			✓	✓	✓	✓
	Loma Linda University Behavioral Medicine Center	Redlands	✓			✓	✓	✓	✓
	Alhambra Hospital Eating Disorders	Rosemead	✓	✓		✓	✓	✓	✓
	Eating Recovery Center, Sacramento	Sacramento	✓			✓	✓	✓	✓
	Center for Discovery, Del Mar	San Diego	✓		✓	✓		✓	✓

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Center for Discovery, Del Mar	San Diego	✓			✓	✓	✓	
	Center for Discovery, San Diego	San Diego	✓			✓	✓	✓	
	Sharp Mesa Vista Hospital	San Diego	✓			✓	✓	✓	
	University of California San Diego Eating Disorder Center for Treatment and Research	San Diego	✓			✓	✓	✓	
	Center for Discovery, Torrance	Torrance	✓			✓	✓	✓	
	Center for Discovery, Woodland Hills	Woodland Hills	✓			✓	✓	✓	
Colorado									
	Eating Recovery Center	Denver	✓		✓	✓	✓	✓	
	Eating Recovery Center	Denver	✓			✓	✓	✓	
	Eating Recovery Center	Denver	✓		✓			✓	
	Eating Recovery Center	Denver	✓			✓	✓	✓	
	Eating Recovery Center	Denver	✓		✓	✓		✓	
Connecticut									
	Center for Discovery, Fairfield	Fairfield			✓	✓		✓	
	Center for Discovery, Wellington	Fairfield	✓		✓	✓	✓	✓	

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Center for Discovery, Greenwich	Greenwich	✓	✓		✓	✓	✓	✓
	Silver Hill Hospital	New Canaan	✓			✓	✓	✓	✓
	Walden Behavioral Care	South Windsor		✓		✓	✓	✓	✓
	Center for Discovery, Southport	Southport			✓	✓		✓	
	Prospect Rockville Hospital	Vernon Rockville		✓					✓
District of Columbia									
	The Body Image Therapy Center	Washington		✓		✓	✓		✓
Florida									
	Fairwinds Treatment Center	Clearwater	✓	✓	✓	✓	✓	✓	
	Florida Recovery Group	Delray Beach	✓	✓		✓	✓		
	Memorial Regional Hospital	Hollywood		✓		✓	✓		✓
	Turning Tides Eating Disorder Treatment Center	Jacksonville Beach	✓	✓		✓	✓	✓	✓
	Center For Discovery	Maitland	✓			✓	✓	✓	✓
	Center For Discovery, Orlando	Montverde	✓		✓	✓		✓	
	The Vines Hospital	Ocala	✓			✓	✓		✓
	Orlando Recovery Center	Orlando		✓		✓	✓		✓
	Orlando VA Medical Center	Orlando		✓					✓
	Center For Discovery, Palm Beach	Palm Beach Gardens	✓	✓		✓	✓	✓	✓

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Johns Hopkins All Children's Hospital	Saint Petersburg	✓	✓				✓	✓
	Refresh Canopy	Tallahassee		✓		✓	✓	✓	✓
	Refresh Canopy Cove	Tallahassee			✓	✓		✓	✓
	Center For Discovery	Tampa		✓		✓	✓	✓	✓
	Rogers Behavioral Health	Tampa		✓		✓	✓	✓	✓
	Turning Point of Tampa	Tampa	✓	✓		✓	✓		✓
	Viamar Health Institutes Of The Palm Beaches	West Palm Beach		✓		✓	✓	✓	✓
	Cleveland Clinic Weston Hospital	Weston	✓	✓				✓	✓
Georgia									
	Walden Behavioral Care, Alpharetta	Alpharetta		✓		✓	✓	✓	✓
	Eating Disorders Recovery Center Of Athens ^c	Athens	✓					✓	✓
	Center for Discovery, Atlanta	Dunwoody	✓		✓	✓		✓	✓
	Veritas Collaborative	Dunwoody				✓		✓	
	Walden Behavioral Care, Dunwoody	Dunwoody		✓		✓	✓		✓
Illinois									
	Eating Recovery Center Of Illinois	Chicago			✓	✓	✓		✓
	Eating Recovery Center Of Illinois	Chicago				✓		✓	✓
	Rush University Medical ^b	Chicago		✓		✓	✓	unknown	unknown
	SunCloud Health ^b	Chicago		✓		✓	✓	unknown	unknown

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Center For Discovery	Des Plaines	✓	✓		✓	✓	✓	✓
	Eating Recovery Center Of Illinois	Evanston				✓	✓		✓
	Center for Discovery, Glenview	Glenview	✓		✓	✓		✓	
	Alexian Brothers Behavioral Health Hospital	Hoffman Estates	✓			✓	✓	✓	✓
	Timberline Knolls Residential Treatment Center	Lemont	✓		✓			✓	✓
	SunCloud Health ^b	Naperville		✓		✓	✓	unknown	unknown
	Eating Recovery Center Of Illinois	Northbrook				✓	✓	✓	✓
	SunCloud Health ^b	Northbrook		✓		✓	✓	unknown	unknown
	Eating Recovery Center Of Illinois	Oak Brook				✓	✓	✓	✓
	Saint Francis Medical Center	Peoria		✓				✓	✓
	Swedish American Hospital ^b	Rockford		✓		✓	✓	unknown	unknown
Indiana									
	St. Mary's Medical Center ^b	Evansville	✓	✓		✓	✓	unknown	unknown
	Memorial Hospital South Bend ^b	South Bend		✓		✓	✓	unknown	unknown
Kentucky									
	Good Samaritan Hospital	Lexington	✓	✓		✓	✓	✓	✓
Louisiana									
	River Oaks Hospital	New Orleans	✓			✓	✓	✓	✓
Massachusetts									
	McLean Hospital	Belmont	✓			✓		✓	✓

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Children's Hospital	Boston		✓				✓	
	Bayridge Hospital	Lynn	✓	✓		✓	✓	✓	
	McLean Hospital At Brockton	Middleboro	✓			✓	✓	✓	
	Walden Behavioral Care	Waltham	✓			✓	✓	✓	
Maryland									
	Johns Hopkins Hospital	Baltimore	✓	✓		✓	✓	✓	
	Kennedy Krieger Institute	Baltimore	✓	✓		✓		✓	
	Sheppard Pratt—Towson Campus	Baltimore	✓			✓	✓	✓	
	The Body Image Therapy Center	Baltimore					✓	✓	
	Sheppard Pratt at Ellicott City	Ellicott City	✓			✓	✓	✓	
	Center For Eating Disorders ^c	Towson	✓					✓	
Maine									
	Northern Light Acadia Hospital	Bangor		✓		✓	✓	✓	
	Central Maine Medical Center	Lewiston		✓		✓	✓	✓	
	Northern light Mercy Hospital	Portland				✓	✓	✓	
Michigan									
	Forest View Hospital	Grand Rapids	✓	✓		✓	✓	✓	
	UP Health System Marquette	Marquette	✓	✓		✓		unknown	
Mississippi									
	Merit Health River Region	Vicksburg	✓	✓		✓	✓	✓	
North Carolina									
	University of North Carolina Hospital	Chapel Hill		✓		✓	✓	✓	

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Veritas Collaborative	Durham				✓	✓	✓	✓
	Chrysalis Center for Counseling	Wilmington		✓		✓	✓	✓	✓
New Jersey									
	Center for Discovery	Bridgewater	✓	✓		✓	✓	✓	✓
	Center For Discovery	Paramus	✓	✓		✓	✓	✓	✓
	University Medical Center of Princeton	Plainsboro	✓	✓				✓	✓
	Robert Wood Johnson University Hospital	Somerville		✓		✓	✓	✓	✓
	Atlantic Medical Group	Summit		✓		✓	✓	✓	
New York									
	Coney Island Hospital	Brooklyn		✓		✓	✓	✓	✓
	Center For Discovery, Hamptons	East Quogue			✓	✓		✓	✓
	New York Presbyterian - Weill Cornell Medical Center	New York		✓				✓	✓
	New York Presbyterian - Columbia University Medical Center	New York		✓				✓	✓
	University Of Rochester Strong Memorial Hospital ^b	Rochester	✓	✓		✓	✓	unknown	unknown
	New York Presbyterian Westchester	White Plains		✓				✓	✓

State	Facility	City	In-Network ^a	Level of treatment			Population	
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent
	Behavioral Health Center ^c							
Ohio								
	Eating Recovery Center of Ohio	Cincinnati				✓	✓	✓
	Cleveland Clinic Children's Hospital	Cleveland	✓	✓				✓
	Nationwide Children's Hospital	Columbus	✓	✓				✓
	Dayton Children's Hospital	Dayton	✓	✓				✓
	Lindner Center of Hope	Mason		✓		✓	✓	✓
	Toledo Center for Eating Disorders	Sylvania			✓			✓
Oklahoma								
	Laureate Psychiatric Clinic and Hospital	Tulsa		✓		✓	✓	✓
Oregon								
	Providence Adult/Adolescent Eating Disorders Treatment Program	Portland	✓			✓	✓	✓
Pennsylvania								
	Brandywine Hospital	Coatesville	✓	✓				✓
	Belmont Behavioral Hospital	Philadelphia	✓	✓		✓	✓	✓
	Friends Hospital	Philadelphia	✓			✓	✓	✓
	The Renfrew Center Of Philadelphia	Philadelphia		✓		✓	✓	✓
Rhode Island								
	Rhode Island Hospital	Providence	✓			✓	✓	✓

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Emma Pendleton Bradley Hospital	Riverside	✓			✓	✓	✓	
South Carolina									
	Eating Recovery Center The Carolinas	Greenville				✓	✓	✓	
Tennessee									
	JourneyPure At The River	Murfreesboro	✓	✓		✓	✓	✓	
	JourneyPure Nashville Outpatient Clinic	Nashville	✓				✓	✓	
Texas									
	Center For Discovery Austin	Austin	✓	✓		✓	✓	✓	
	Eating Recovery Center Of Austin	Austin				✓	✓	✓	
	Carrollton Springs ^b	Carrollton	✓	✓		✓	✓	unknown	
	Center For Discovery	Cypress	✓		✓			✓	
	Eating Recovery Center Fort Worth	Fort Worth				✓	✓	✓	
	Center For Discovery	Houston	✓	✓		✓	✓	✓	
	Eating Recovery Center Of Houston	Houston				✓	✓	✓	
	Texas Children's Hospital	Houston	✓	✓				✓	
	Center For Discovery	Plano	✓		✓	✓		✓	
	Children's Medical Center Plano	Plano		✓				✓	
	Eating Recovery Center Of Texas	Plano				✓	✓	✓	
	Eating Recovery Center Of San Antonio	San Antonio				✓	✓	✓	

State	Facility	City	In-Network ^a	Level of treatment			Population		
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent	Adult
	Eating Recovery Center The Woodlands	The Woodlands				✓	✓	✓	✓
Utah	Center For Change	Orem	✓		✓	✓	✓	✓	✓
Virginia	Center For Discovery	Alexandria	✓	✓		✓	✓	✓	✓
	Center For Discovery	Alexandria	✓		✓	✓	✓	✓	✓
	Center For Discovery	Fairfax	✓	✓		✓	✓	✓	✓
	Center For Discovery Fairfax	Fairfax	✓		✓			✓	✓
	Dominion Hospital	Falls Church	✓			✓	✓	✓	✓
	Prosperity Eating Disorders And Wellness ^c	Herndon						✓	✓
	Virginia Baptist Hospital	Lynchburg	✓	✓		✓	✓		✓
	Center For Discovery Mclean	McLean	✓		✓				✓
	Veritas Collaborative	Richmond		✓		✓	✓	✓	✓
Washington	Center for Discovery, Bellevue	Bellevue	✓			✓	✓	✓	✓
	Center for Discovery, Bellevue	Bellevue	✓		✓	✓		✓	✓
	Eating Recovery Center of Washington	Bellevue	✓		✓	✓	✓	✓	✓
	Center for Discovery, Edmonds	Edmonds	✓		✓	✓		✓	✓
	Seattle Children's Hospital	Seattle	✓	✓				✓	

State	Facility	City	In-Network ^a	Level of treatment			Population	
				Inpatient hospitalization	Residential treatment facility	Partial hospitalization program	Intensive outpatient program	Child and adolescent
	Center for Discovery, Tacoma	Tacoma	✓			✓	✓	✓
Wisconsin								
	Beloit Memorial Hospital	Beloit		✓			✓	✓
	St. Agnes Hospital ^b	Fond Du Lac		✓		✓	✓	unknown
	Monroe Clinic ^b	Monroe		✓		✓	✓	unknown
	Rogers Memorial Hospital	Oconomowoc		✓	✓	✓	✓	✓
	Waupun Memorial Hospital	Waupun		✓			✓	✓

Source: GAO analysis of DOD contractor data | GAO-20-611R

Notes: The 166 sites represented in this table were based on data provided by the two TRICARE regional contractors (one for the west region and one for the east). We received data from one contractor in March 2020, and we received data from the other contractor in May 2020. The sites include 103 in-network facilities and 63 non-network facilities authorized by TRICARE to provide eating disorder treatment to TRICARE beneficiaries, including hospitals and clinics such as certified freestanding clinics (clinics that are not affiliated with another institution) that are focused on eating disorder treatment. Seven facilities are covered by both the east and west region networks. These facilities are located in Southport, CT; Fairfield, CT; Montverde, FL; East Quogue, NY; Fairfax, VA; and Alexandria, VA. Each facility can provide more than one level of eating disorder treatment to one or more populations. The child/adolescent category includes patients 18 years of age or younger. Ages for children and adolescents vary by facility and each facility can provide treatment to children or adolescents or both children and adolescents. Residential Treatment Centers are treatment settings that provide living accommodations and 24-hour supervision for children and adolescents with medical or psychological disorders covering individuals up to age 21.

^aAll facilities are authorized to provide care. Facilities without a check mark are non-network and may not agree to accept TRICARE allowable charges or file beneficiary claims. Beneficiaries visiting these providers may have to pay for the care at the time of the visit and later file a claim for reimbursement. Non-network providers may accept patients on a case-by-case basis.

^bDuring the time of data retrieval, 15 of the 166 facilities were unable to report on certain aspects of these data, such as the population served, due to the 2020 outbreak of Coronavirus Disease 2019 in the United States.

^cFacility provides outpatient counseling services and does not provide one of the four levels of treatment.

Enclosure II: GAO Contact and Staff Acknowledgements

GAO Contact: Sharon Silas, (202) 512-7114, Silass@gao.gov.

Staff Acknowledgments: In addition to the contact above, Hernán Bozzolo (Assistant Director), Sonia Chakrabarty, Keith Haddock, Daniel Klabunde (Analyst-in-Charge), Courtney Liesener, and Laurie Pachter made key contributions to this report.

(103731)

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through GAO's website (<https://www.gao.gov>). Each weekday afternoon, GAO posts on its website newly released reports, testimony, and correspondence. To have GAO e-mail you a list of newly posted products, go to <https://www.gao.gov> and select "E-mail Updates."

Order by Phone

The price of each GAO publication reflects GAO's actual cost of production and distribution and depends on the number of pages in the publication and whether the publication is printed in color or black and white. Pricing and ordering information is posted on GAO's website, <https://www.gao.gov/ordering.htm>.

Place orders by calling (202) 512-6000, toll free (866) 801-7077, or TDD (202) 512-2537.

Orders may be paid for using American Express, Discover Card, MasterCard, Visa, check, or money order. Call for additional information.

Connect with GAO

Connect with GAO on [Facebook](#), [Flickr](#), [Twitter](#), and [YouTube](#).
Subscribe to our [RSS Feeds](#) or [E-mail Updates](#). Listen to our [Podcasts](#).
Visit GAO on the web at <https://www.gao.gov>.

To Report Fraud, Waste, and Abuse in Federal Programs

Contact:

Website: <https://www.gao.gov/fraudnet/fraudnet.htm>

Automated answering system: (800) 424-5454 or (202) 512-7470

Congressional Relations

Orice Williams Brown, Managing Director, WilliamsO@gao.gov, (202) 512-4400, U.S. Government Accountability Office, 441 G Street NW, Room 7125, Washington, DC 20548

Public Affairs

Chuck Young, Managing Director, youngc1@gao.gov, (202) 512-4800 U.S. Government Accountability Office, 441 G Street NW, Room 7149 Washington, DC 20548

Strategic Planning and External Liaison

James-Christian Blockwood, Managing Director, spel@gao.gov, (202) 512-4707 U.S. Government Accountability Office, 441 G Street NW, Room 7814, Washington, DC 20548



Please Print on Recycled Paper.