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115740

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HEALTH

BIBLIOGRAPHY

INTRODUCTION

The **Health Bibliography** contains references to documents released from January 1978 through December 1980 by the U.S. General Accounting Office (GAO) concerning health, medicine, medical financing, nutrition, health care management, and environmental hazards. Included are references to audit reports, staff studies, speeches, testimonies, Comptroller General Decisions, and other GAO documents. This bibliography can be used for a variety of purposes, including in-depth research into a specific topic, searching for a particular document, maintaining current awareness, and general browsing.

HOW TO USE THE HEALTH BIBLIOGRAPHY

The bibliography is organized into two sections: a CITATION SECTION (white pages) and an INDEX SECTION (yellow pages).

The CITATION SECTION consists of brief descriptions of the documents and often includes an informative abstract. Some or all of the following information is contained in each citation, as appropriate:

- **Title/Subtitle**
- **Type, date, and pagination of the document**
- **Author/Witness**
- **GAO Issue Areas**
- **Agencies/Organizations concerned**
- **Congressional Committees/Members to whom the document is specifically relevant**
- **Law and/or related statutory/regulatory authorities on which the document is based**
- **GAO Contact, the Division/Office for further information**

The INDEX SECTION is the key for locating references to health-related documents cited in the bibliography. The section is comprised of four separate indexes that classify information according to:

Subject Index

Agency/Organization Index
(Includes both Federal agencies and nongovernmental corporate bodies)

Congressional Index
(Includes entries under relevant congressional committees and individual Representatives and Senators)

Document Number Index
(Includes entries arranged by report number and/or B-number and date)

Reference from index entries to the corresponding citations is provided by a unique six digit accession number assigned to each citation. This accession number should also be used to request copies of the actual document described in the citation section.

A sample entry is shown opposite page one of the Citation Section and at the beginning of each index.

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109102

Problems in Preventing the Marketing of Raw Meat and Poultry Containing Potentially Harmful Residues. HRD-79-10; B-164031(2). April 17, 1979. 56 pp. plus 6 appendices (31 pp.)

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).

Contact: Human Resources Division.

Budget Function: Health: Prevention and Control of Health Problems (0553).

Organization Concerned: Food and Drug Administration; Environmental Protection Agency; Department of Health, Education, and Welfare.

Congressional Relevance: Congress.

Authority: Federal Food, Drug, and Cosmetic Act. Federal Meat Inspection Act. Poultry Products Inspection Act. Federal Insecticide, Fungicide, and Rodenticide Act.

Abstract: Federal efforts to protect consumers from illegal and potentially harmful residues of animal drugs, pesticides, and environmental contaminants in raw meat and poultry have not been effective. It is estimated that 14 percent by dressed weight of the meat and poultry sampled by the Department of Agriculture (USDA) between 1974 and 1976 contained illegal substances. Residues of many of these substances have been found in raw meat and poultry, often at levels exceeding established tolerances. The Food and Drug Administration (FDA), Environmental Protection Agency (EPA), and USDA share responsibility for making sure that only safe levels of drugs, pesticides, and environmental contaminants are present in raw meat and poultry. ***Findings/Conclusions:*** Efforts by the three agencies to protect consumers from illegal and potentially harmful residues have not been effective. The extent to which the public is exposed to illegal residues has not been accurately estimated. Meat and poultry from violative animals are generally marketed before violation is discovered and cannot be recalled. Actions taken to prevent future shipments of residue contaminated meat and poultry have been inadequate. ***Recommendation To Congress:*** Congress should amend: the Federal Meat Inspection Act and the Poultry Products Inspection Act to authorize USDA to quarantine animals from a violative grower and require growers to place an identification tag on animals before they are marketed; the Federal Food, Drug, and Cosmetic Act to make misuse of an animal drug illegal and to authorize the use of civil penalties for residue violations; and the Federal Insecticide, Fungicide, and Rodenticide Act to better enable the EPA to identify the possible misuse of pesticides. ***Recommendation To Agencies:*** The Secretaries of Agriculture and Health, Education, and Welfare and the Administrator of EPA should improve their programs for preventing the marketing of raw meat and poultry containing illegal residues.

Document/Report Number

Pagination

Author

GAO Contact

Agency/Organization Concerned

Findings/Conclusions

Recommendation to Agencies

093970

[Survey of Military Services' Programs on Child Abuse and Neglect]. B-192159. June 26, 1978. 8 pp. plus 1 enclosure (1 p.).
Report to Gen. George S. Blanchard, Commander in Chief, Department of the Army: 7th United States Army; by Joseph Eder, Director, GAO International Division: European Branch (Frankfurt).

Contact: International Division: European Branch (Frankfurt).
Organization Concerned: Department of the Army: 7th United States Army; Department of Defense; Department of the Army.
Abstract: The Army Child Advocacy Program is an installation or community command program designed to prevent, control, and treat child abuse or neglect. GAO recently completed a survey of the Program in Europe. In addition to field visits, GAO obtained information concerning 12 more military communities from participants at a child advocacy seminar. ***Findings/Conclusions:*** Program officials generally believed that there were not enough medical or social service resources within the military to adequately address child abuse or neglect problems. In many host countries, there is limited access to local community resources to augment the service resources. Medical commands have shouldered overall program responsibilities which should have been handled by the Deputy Chief of Staff for personnel. Education and publicity efforts are usually directed at those likely to encounter child abuse rather than at the community population. Prevention and identification efforts are undertaken by teams whose members have child advocacy as a part-time duty. Each of the communities had procedures to respond to reported child abuse and neglect incidents 24 hours a day. However, in three of the communities visited, no program official was designated to respond to reported cases after duty hours. Child maltreatment cases were generally handled as treatable medical or psychological problems and not crimes subject to disciplinary action. Reports are forwarded inconsistently and long after cases have been evaluated and lack consistent and complete data. ***Recommendation To Agencies:*** The Commander in Chief should: (1) direct that command level councils be established in each major command and Army community to provide policy guidance and program direction, especially in educational aspects of the Program; and (2) require that all teams familiarize themselves with and fulfill their reporting responsibilities, including the preparation and submission of reports through proper channels. The Commander in Chief should consider requiring the following actions on the part of all Army communities; (1) establish standard operating procedures for the various program aspects and document them to insure program continuity; and (2) develop a 24-hour capability to respond to identified child maltreatment cases and publicize this capability.

094324

[GAO and the Public Health]. November 6, 1979. 18 pp.
Speech before the Association of American Medical Colleges; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.
Organization Concerned: Association of American Medical Colleges; Department of Health, Education, and Welfare; Office of Economic Opportunity; National Institutes of Health; Food and Drug Administration.
Abstract: GAO has considered many public health services issues. In a review of the allocation of medical resources, it concluded that no system currently exists for ensuring that the number and type of physicians being trained is consistent with or related to the number needed. Concerning another issue, GAO sent questionnaires to hospitals which were receiving federally assisted loans and found that many of them had financial problems which could lead to defaults and closure of the facilities. GAO recommended that the Department of Health, Education, and Welfare increase its vigilence in monitoring federally assisted loans to hospitals. A review of neighborhood health centers revealed that the centers were generally overstaffed for the number of patients being treated. GAO has examined the reasons for spiraling hospital costs and is performing a study to determine what types of management techniques could help constrain rising hospital costs.

094342

[GAO's Role in the Search for Solutions to Our Health Care Problems]. September 6, 1979. 14 pp.
Speech before the Regulatory Affairs Professionals Society; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.
Organization Concerned: Department of Health, Education, and Welfare; Department of Defense; Veterans Administration; Food and Drug Administration; Regulatory Affairs Professionals Society.
Congressional Relevance:
Abstract: Comments were presented on the GAO role in solving health care problems. In 1978, total U.S. health care expenditure increased to nearly $180 billion. The Federal Government spent $63.4 billion in fiscal year 1979 on health programs. As a result of this expenditure, GAO allocated about 8 percent of its resources annually to review the issue area of federally sponsored or assisted health programs. Because of the size and complexity of the programs, GAO has limited its audits to areas such as the Food and Drug Administration's process for approving new medical drugs for marketing in the United States. Solutions to the problems identified are not simple. However, GAO believes that people in the health care system should continue to strive for the goal of ready access to quality health care at a reasonable cost.

094361

[Problems in Auditing Medicaid Nursing Home Chains]. May 24, 1979. 12 pp.
Speech before the Seminar of HEW and State Audit Officials; by Ben B. Cox, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration.
Abstract: GAO gave an overview of certain problems concerning the auditing of nursing home chains participating in the Medicaid program. As chain organizations own or control a steadily increasing share of the nursing home business, the problems identified are likely to become more significant. GAO found that States were not effectively auditing Medicaid payments to nursing home chains and many reimbursements for nonallowable expenses were being approved including: (1) fees for headquarters' administrative services which were higher than the costs of the services; (2) interest on intracompany loan transactions; and (3) charges associated with property transactions with related organizations or persons. The Department of Health, Education, and Welfare (HEW) has agreed with the need for reforms and agreed to expand exisitng headquarters' audit capability by using the following ground rules: (1) the headquarters of chains with some or all members participating in Medicare but not Medicaid would continue to be audited by the designated Medicare intermediary and the resulting information would be shared with all affected Health Care Financing Administration components and intermediaries servicing members of the chain; and (2) the headquarters of chains with some or all members participating in Medicaid but not Medicare would be audited by organizations such as State audit agencies, certified public accounting firms, and Medicare intermediaries.

094713

[Disciplining the Professions--How Much Should the Government Be Involved]. April 7, 1978. 14 pp. plus 1 attachment (14 pp.).
Speech before the University of Chicago, IL: Arthur Young Professors' Roundtable; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.
Organization Concerned: University of Chicago, IL: Arthur Young Professors' Roundtable; Securities and Exchange Commission.
Abstract: Comments were presented on the widespread criticism of a number of professions including medicine, engineering, accounting, law, and business. The issue was raised as a result of a public opinion poll which found that far more people were distrustful of lawyers than of accountants and that far more people trusted securities dealers. Reasons given for the troubled professions were essentially that the climate in which the professions operate has changed. The essential mark of a profession is that there is an obligation and duty owed to the public, not only to clients. Lack of emphasis on this factor has led to greater interest from public groups in the activities of professions. It is believed that no statement of ethical rules and guidance by and of itself can assure ethical conduct. Ethical behavior, in the final analysis, must come from the character of the individuals who make up the profession.

098109

An Approach To Identifying and Serving the Total Needs of Older Americans in the Community. November 20, 1978.
Speech before the Annual Scientific Meeting; by James F. Loschiavo, Supervisory Mathematician, GAO Financial and General Management Studies Division.

Contact: Financial and General Management Studies Division.
Abstract: An approach to identifying and serving the total needs of older Americans in the community is suggested based on a study of services for older people in Cleveland, Ohio. The three basic types of need criteria discussed in this approach are normative, felt, and prior receipt of service needs. The recommended approach involves: identification and definition of all services in the community directed toward the older American, selection of a random sample of the elderly to be interviewed, development of a set of questions for each service, collection of demographic data for each older American, identification of all agencies in the community providing each service, provision of each agency with a list of older Americans sampled, pretesting interview document, hire and train interviewers, conduct the interviews, and computerize data from interviews and agencies. Based on an analysis of the results, the above may be accomplished by: selecting one need criteria for each service, shortening the interview document to what is necessary, identifying characteristics of older Americans most associated with multiple needs, and determining why older Americans in normative need are not getting needed services.

104603

Reviews of VA's Personal Care Residence and Domiciliary Care Programs. January 11, 1978. 18 pp.
Testimony before the Senate Committee on Veterans' Affairs; by Stephen J. Varholy, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Veterans Administration.
Congressional Relevance: *Senate* Committee on Veterans' Affairs.
Abstract: The Veterans Administration's (VA) personal care residence program provides for community homes with personal supervision, room, board, and other assistance to the veteran. Sponsors have the responsibility of providing or arranging for adequate accommodations, diet, and services. The personal care program can help to free hospital beds, helps to rehabilitate former patients, and is superior to hospitals for certain chronically ill patients. There is a potential for expanding use of the homes for suitable patients if patients had sufficient funds. Obstacles to VA's making effective use of the program are: lack of sufficient management commitment and information, failure to identify all veterans suitable for the program, need for adequate staffing and education, need for assistance to veterans in securing financial aid, and VA's lack of legislative authority to pay some costs. Improvements in the program are needed in: planning for treatment, patient supervision and treatment, controls over home operations, and guidance and controls for rate structures and handling of patients' funds. There were 44 hospitals that did not report using these programs as of June 1976. The domiciliary care program provides housing, medical treatment, food, clothing, and related services to needy, disabled veterans. The program is in need of better management methods for admission criteria, monitoring of medical care, recreation programs, rehabilitation programs, and staffing. VA proposals for construction of new facilities were not based on adequate projections. Recommendations were made to correct these shortcomings.

104767

How Good Are School Lunches? CED-78-22; B-178564. February 3, 1978. 5 pp. plus 2 appendices (19 pp.).
Report to Rep. Frederick W. Richmond; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Domestic Food Assistance Programs (1710); Income Security and Social Services: Program Monitoring and Administration (1303).
Contact: Community and Economic Development Division.
Budget Function: Agriculture (0350).
Organization Concerned: Department of Agriculture; National Academy of Sciences.
Authority: National School Lunch Act (42 U.S.C. 1458).
Abstract: The National School Lunch Act provides that lunches served by participating schools must meet standards prescribed by the Secretary of Agriculture. The type of lunch required by the Secretary, called the Type A lunch, contains specific quantities of various food types. The goal in requiring Type A lunches is to provide students, over time, with one-third of the recommended dietary allowances published by the National Academy of Sciences. ***Findings/Conclusions:*** Independent laboratory tests showed that compliance with Type A requirements did not insure the achievement of one-third of the recommended dietary allowances. Sample lunches from New York, Cleveland, and Los Angeles were significantly short in as many as 8 of the 13 nutrients tested Although microbiological tests showed that the lunches were safe to eat, testing and standards used by local authorities varied considerably, and there were no Federal procedures or standards for microbiological testing in the program other than for milk. At least 40 percent of a random sample of lunches served in New York City during a 6-week test period did not comply with Type A requirements. The Department of Agriculture has acknowledged that compliance with Type A requirements is a nationwide problem and plans to make changes in its regulations. ***Recommendation To Congress:*** The Department of Agriculture should give consideration to alternatives to requirements for the school lunch program. It should: develop explicit instructions on how and when Federal, State, and local monitoring of compliance is to be performed, check to see that instructions are being followed and determine if Federal requirements are being met, and stop Federal reimbursement in cases where noncompliance with Federal requirements is not promptly corrected. The Department should consider the possibility and feasibility of publishing uniform standards and procedures for

localities conducting microbiological testing in the school lunch program.

104770

[Improvements Needed in Coast Guard's Computer-Based Pollution Incident Reporting System]. January 31, 1978. 9 pp.
Report to Owen W. Siler, Commandant, United States Coast Guard; by Lloyd L. Gregory, Assistant Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Budget Function: Automatic Data Processing (1001).
Organization Concerned: United States Coast Guard.
Authority: Federal Water Pollution Control Act. Executive Order 11735.
Abstract: The Pollution Incident Reporting System (PIRS) is a computer-based system which was started in December 1971 to collect information on discharges of oil or hazardous substances reported to or detected by the Coast Guard and was later expanded to collect information on cleanup activities and penalty actions. In a May 1977 memorandum, the Acting Chief of the Office of Marine Environment and Systems stated that in many cases the PIRS data base did not contain current and accurate data. A major cause for the erroneous data is lack of adequate controls. Weaknesses were identified in controls involving: maintaining adequate documentation of system controls, counting and controlling records processed by the system, developing arithmetic totals to compare data input with data processed, using the computer to check the validity of data, maintaining an error log or computerized suspense file, operating a central control group to ensure separation of duties and to review input and output, and auditing of system development and maintenance by the agency's internal audit staff. The PIRS staff at headquarters should be directed to take action to correct these weaknesses.

104796

The Environmental Protection Agency Needs Congressional Guidance and Support To Guard the Public in a Period of Radiation Proliferation. CED-78-27; B-166506. January 20, 1978. 37 pp. plus 7 appendices (44 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Standards' and Regulations' Adequacy and Timeliness (0902); Environmental Protection Programs: Environmental Protection Standards (2201).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: Congress.
Authority: Atomic Energy Act of 1954, as amended. 42 U.S.C. 2011. Clean Air Act Amendments of 1977. Reorganization Plan Number 3 of 1970.
Abstract: In 1970, the Environmental Protection Agency (EPA) was given unclear authority to protect the American people and their environment from radiation hazards. EPA officials agree that the agency currently is unable to provide complete protection under its ambiguous authorities and that clarification by Congress is needed. ***Recommendation To Congress:*** To overcome the apparent controversies regarding the role of EPA in developing standards and Federal guidance for environmental exposure to radiation, Congress should: define more clearly the agency's role as the Federal overseer of environmental radiation; outline the scope of radiation dangers to be determined by EPA; and require timely development of necessary standards and guidance and periodic advisement of the progress of EPA in meeting its radiation protection goals. The Administrator of EPA should provide the EPA radiation protection program with sufficient support to do its job. Specifically, the Administrator should: (1) assign additional staff and resources as available to the program; (2) reexamine the environmental monitoring network and develop the capability to provide accurate and complete information on radiation dangers; (3) coordinate EPA research with that performed by others; (4) require that reports on radiation levels in the environment be continued and issued at least annually; and (5) develop a comprehensive assessment of the need for standards and guidance such as those required for radioactive air pollutants.

104802

Uniform Accounting and Workload Measurement Systems Needed for Department of Defense Medical Facilities. FGMSD-77-8; B-133142. January 17, 1978. 20 pp. plus 2 appendices (5 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Accounting and Financial Reporting (2800); National Productivity: Use of Productivity Data in the Budget Process (2905).
Contact: Financial and General Management Studies Division.
Budget Function: Miscellaneous: Financial Management and Information Systems (1002).
Organization Concerned: Department of Defense.
Congressional Relevance: Congress.
Abstract: The Military Departments do not have uniform procedures for preparing budget estimates, accounting for costs, measuring workload, and staffing medical facilities. Lacking comparable accounting and workload information, the Department of Defense (DOD) has been unable to make cost comparisons and evaluations of the management of military medical resources. ***Findings/Conclusions:*** Following an interim report, DOD officials developed and are testing a system based on a uniform chart of accounts for hospitals. DOD plans to develop uniform budgeting and staffing procedures for military medical facilities. ***Recommendation To Congress:*** The Secretary of Defense should initiate uniform procedures for the accumulation and reporting of the military services' medical facility costs which are to be included in their operations and maintenance budget submissions; develop and issue uniform staffing criteria for military health care facilities; require that responsible Defense managers analyze uniform financial and workload information when it is developed and reported and take the necessary actions to allocate medical resources effectively and efficiently; and require that internal auditors participate in the development of uniform cost and workload systems for military medical facilities in order to assure that sufficient internal controls are included in the systems.

104810

Adequacy of EPA's Budgetary and Manpower Resources in Carrying Out Its Mission. January 30, 1978. 15 pp. plus 4 enclosures (5 pp.).
Testimony before the Senate Committee on Environment and Public Works: Environmental Pollution Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Energy Research and Development Administration; Office of Management and Budget.
Congressional Relevance: *Senate* Committee on Environment and Public Works: Environmental Pollution Subcommittee.
Authority: Resource Conservation and Recovery Act of 1976. Clean Air Act Amendments of 1977. Safe Drinking Water Act of 1974. Toxic Substances Control Act.
Abstract: The Environmental Protection Agency's (EPA) personnel and budgetary resources must increase to keep pace with an increase in its legislated responsibilities. Over the past 3 fiscal years

(FY), the Office of Management and Budget (OMB) has consistently reduced EPA requests for funds an average of about 13 percent; Congress has appropriated an average of about 4 percent more than OMB requested but far less than EPA initially estimated it needed. EPA budget authority increased from $303 million in FY 1971 to $848 million in FY 1978, an increase of 180 percent. During the same period, personnel increased by only 42 percent. For FY 1979, EPA is requesting from Congress a 32.8 percent increase in budget authority or $278.8 million more than appropriated for FY 1978. The number of positions requested for 1979 is 10,840, 290 more than Congress approved for 1978. EPA justifies its budget submissions by media (air, water quality, pesticides, etc.) which are generally directly related to a particular act for which EPA is responsible. From 1976 to 1978, the air and water media comprised about half of the total budget authority, and the energy and management media made up the bulk of the other half. Budget authority for water quality and energy media has decreased, while water supply, solid waste, toxic substances, and interdisciplinary media budget authorities have increased.

104828

Computed Tomography Scanners: Opportunity for Coordinated Federal Planning Before Substantial Acquisitions. HRD-78-41; B-133044. January 30, 1978. 24 pp. plus 7 appendices (15 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Providers (1202); Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Defense; Department of Health, Education, and Welfare; Veterans Administration.
Congressional Relevance: *House* Committee on Armed Services; *Senate* Committee on Armed Services; Congress.
Abstract: Computed tomography scanning is a new diagnostic technique using X-rays. It is of little risk to patients, causes minimal discomfort compared to other diagnostic procedures, and eliminates some shortcomings of conventional X-ray methods. Scanners cost from $300,000 to $700,000 each; operation and maintenance expenses are estimated at several hundred thousand dollars a year. As many as 2,500 scanners may be operating in the United States by 1980. In an effort to control the acquisition of scanners, some States have imposed moratoria on their purchases. Criteria for planning and using scanners are limited. ***Findings/Conclusions:*** The Federal Government has 16 scanners in operation and plans to purchase an additional 29--16 for the Department of Defense (DOD) and 13 for the Veterans Administration (VA). These 45 scanners will cost about $21 million. VA has 11 scanners in operation, and DOD is installing scanners at three of its major hospitals. Only limited criteria and information were available to justify the need for or locations of these scanners. No coordination took place between VA and DOD in planning for these scanners, and neither department made sure that there will be enough people to operate the scanners as planned. Delays are anticipated in getting staff or authorization for the positions. It will be difficult to fully use the equipment, and staff relocations from other hospitals will be necessary for operation of the scanners. The Federal Government has purchased only a limited number of scanners; excess acquisition has not yet occurred. However, because of the large number that DOD and VA plan to acquire over the next few years, criteria should be developed quickly or the Federal health care system may have too many. ***Recommendation To Congress:*** The Secretaries of Defense and Health, Education, and Welfare (HEW) and the Administrator of VA should develop a coordinated approach for planning and using scanners. This approach should include: specific criteria for assessing and justifying the need for the equipment and determining the most appropriate location; a policy requiring that, where possible, Federal agencies share scanners; and a mechanism for determining if it would be feasible and economical for Federal agencies to use those scanners located in the private sector. The Director of the Office of Management and Budget should ensure that DOD, VA, and HEW promptly develop this approach. Congress should consider limiting the number of scanners that can be purchased until the coordinated Federal approach is developed.

104829

Medicaid Insurance Contracts--Problems in Procuring, Administering, and Monitoring. HRD-77-106; B-164031(3). January 23, 1978. 92 pp. plus 5 appendices (15 pp.).
Report to Sen. Herman E. Talmadge, Chairman, Senate Committee on Finance: Health Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207); General Procurement: Reasonableness of Prices Under Negotiated Contracts and Subcontracts (1904).
Contact: Human Resources Division.
Budget Function: Health: General Health Financing Assistance (0555).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *Senate* Committee on Finance: Health Subcommittee; *Sen.* Herman E. Talmadge.
Authority: Social Security Act, title XIX. 42 U.S.C. 1396. Kerr-Mills Act. P.L. 86-778. Social Security Amendments of 1950. P.L. 81-734. H.R. 1300 (81st Cong.).

Abstract: States have the primary responsibility for creating and operating their Medicaid programs, and the Federal Government pays 50 percent to 78 percent of costs for providing services for programs which conform to legislative provisions. Some States, trying to have better control over Medicaid costs, used insurance contracts for administering their Medicaid programs. ***Findings/Conclusions:*** Many private firms declined to participate in Medicaid programs under insurance contracts because of lack of accurate data on program costs and the belief that ventures were too risky. The Department of Health, Education, and Welfare (HEW) reviewed and approved contracts for Federal financial participation, but inadequate review resulted in its approval of one contract that violated regulations, one that was ineligible for Federal sharing, and Federal sharing at incorrect rates under two contracts. States generally did not follow Federal Medicaid standards for procurement on insurance contracts. They did not follow competitive practices, evaluate proposals adequately, maintain contract negotiation records, nor evaluate alternatives. There was little Federal contract monitoring and no contractor financial assessments because HEW got involved only if States requested it, and the States generally did not have sufficient staff to adequately perform these functions. Information used by States for assessing contractor performance and determining shares of contract savings often contained inaccurate and unreliable data. ***Recommendation To Congress:*** HEW should: improve its assistance to States procuring Medicaid insurance contracts, improve its contract approval and monitoring functions, and revise its Medicaid contracting regulations. The subcommittee should develop legislation to amend the law to prevent Federal sharing in the cost of Medicaid contracts when State laws have restricted competition.

104831

[Review of Widespread Errors in the Listing of Medicare Payments Over $100,000 Released by HEW]. HRD-78-32; B-164031(4). February 7, 1978. 8 pp.
Report to Rep. L. H. Fountain, Chairman, House Committee on Government Operations: Intergovernmental Relations and Human

Resources Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration: Medicare Bureau.
Congressional Relevance: *House* Committee on Government Operations: Intergovernmental Relations and Human Resources Subcommittee; *Rep.* L. H. Fountain.
Abstract: Errors in the Health Care Financing Administration's Medicare Bureau's listing of physicians and group practices receiving over $100,000 in Medicare payments were caused primarily by the inaccurate and incomplete data the Bureau used in preparing the list. The list was prepared within an unnecessarily tight time limit. To develop the data, the Bureau relied on an information base, the Payment Review Project, with source data coming from two separate but related computer files: the Payment Record File and the Payment Record Reference File. Bureau officials knew that the files contained inaccuracies and incomplete information, so a cover sheet was prepared to caution users that the list contained errors. Apparently, there was little or no proofreading of the listing prior to publication. Over 470 physicians complained about errors in the listing. Approximately 300 of the complaints concerned use of an individual physician's name to identify a group practice, and there were about 100 complaints that physicians in group practices were listed as solo practitioners. A list of corrections was released to clarify the situations in which physicians complained that there were mistakes or misunderstandings.

104833

Implementation of the National Health Planning and Resources Development Act of 1974. January 30, 1978. 27 pp.
Testimony before the House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by James D. Martin, Deputy Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee.
Authority: National Health Planning and Resources Development Act of 1974. P.L. 93-641. P.L. 95-142. P.L. 95-215.
Abstract: A review of the implementation of the National Health Planning and Resources Development Act of 1974 involved 15 health systems agencies, 11 State health planning and development agencies, 4 regional centers for health planning, and 4 Department of Health, Education, and Welfare (HEW) regional offices. As of January 1978, only two of eight sets of regulations needed by local and State health planning agencies had been finalized. Delays in providing instructions to HEW regional offices resulted in actions that appear to be inconsistent with initial Bureau of Health Planning and Resources Development guidelines and which may have caused inconsistent implementation of the planning program throughout the country. Organizational problems experienced by the Bureau need to be remedied as soon as possible. Health systems agencies included in the review were concerned with the availability and adequacy of data with which to develop a health systems plan. In passing the Act, Congress did not provide health systems agencies with any specific authority over Federal health facilities. To specifically exclude Federal facilities from the national health planning program is to impede the ability of the local and State agencies to carry out the responsibilities given them by Congress.

104834

The Food and Drug Administration's Regulation of Cosmetics. February 3, 1978. 17 pp.
Testimony before the House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Food and Drug Administration; Cosmetic, Toiletry, and Fragrance Association.
Authority: Federal Food, Drug, and Cosmetic Act, as amended. Fair Packaging and Labeling Act. Food Color Additive Amendments of 1960.
Abstract: About 33 million women use hair dyes to temporarily or permanently change their hair color. There is increasing evidence that some colors used in coal tar hair dyes, the dyes most commonly used, carry a significant risk of cancer to users. Several studies have demonstrated that coal tar hair dye ingredients are absorbed through the skin and scalp. Coal tar hair dyes whose labeling contains a prescribed statutory warning concerning possible skin irritation and blindness are exempt from adulteration provisions of the Federal Food, Drug, and Cosmetic Act. Congress should repeal the exemptions for coal tar hair dyes. Other cosmetic products may pose significant hazards to consumers. About 100 ingredients listed in the Cosmetic, Toiletry, and Fragrance Association's Cosmetic Ingredient Dictionary are suspected carcinogens. Products such as bubble baths, shampoos, and feminine sprays have been associated with consumer complaints. Hairsprays have been shown to cause a lung disease which may lead toward lung malignancy, and there have been reports of vision loss resulting from the use of microbially-contaminated eye makeup. Although the Food and Drug Administration has established regulations designed to improve its control over cosmetics, the effectiveness of many of its regulatory efforts has been limited.

104835

Reviews of VA's Planning for Hospitals. February 6, 1978. 13 pp. plus appendix (1 pp.).
Testimony before the Senate Committee on Veterans' Affairs; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Veterans Administration.
Abstract: Concerns have been expressed about the long average length of stay at Veterans Administration (VA) hospitals. Although VA has taken steps to reduce the length of stay, it is still longer than for comparable patients in community hospitals. Patients often occupy acute care facilities during diagnosis, while waiting for surgery, and during convalescence. VA's plans for sizing of new hospitals are based on this inappropriate use of acute care facilities. GAO developed a new hospital sizing model which determines levels of care that should have been provided. The model also projects bed needs for the future by determining requirements for five age groups of the veteran population. Adoption of the GAO planning approach could lead to reduction in construction costs, increased efficiency, and improved quality of patient care. GAO disagreed with the VA plan to construct a new hospital in Camden, New Jersey, and felt that the Philadelphia VA Hospital was adequate for expected workloads. VA has not given adequate consideration to priorities in its hospital construction proposals. VA hospital bed requirements could be significantly affected by policies concerning treatment of veterans with other than service-connected disabilities.

105029

[Use of Helicopters in the Thirteenth Coast Guard District for Emergency Medical Services]. CED-78-54; B-114851. February 10, 1978. 1 pp. plus enclosure (15 pp.).

Report to Rep. John J. McFall, Chairman, House Committee on Appropriations: Transportation Subcommittee; by Robert F. Keller, Deputy Comptroller General.

Issue Area: Transportation Systems and Policies (2400); Health Programs (1200).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Air Transportation (0405).
Organization Concerned: United States Coast Guard; Department of Transportation.
Congressional Relevance: *House* Committee on Appropriations: Transportation Subcommittee; *Rep.* John J. McFall.
Abstract: A review of the use of helicopters in the Thirteenth Coast Guard District to provide emergency medical services in inland areas revealed that: (1) the Coast Guard responds to all bonafide requests for emergency medical services in inland areas when the weather does not prohibit the use of helicopters; (2) the Coast Guard has adequate capability to provide inland emergency medical services; (3) the inland emergency medical missions performed did not interfere with the performance of the Coast Guard's primary missions; and (4) several other agencies, including the Department of Defense, the National Guard, and the Forest Service, also provide helicopter emergency medical services in Oregon and Washington.

105038
National Nutrition Surveillance. 1978. 2 pp.
By Jack Brock, Food Staff, GAO Community and Economic Development Division; Joe Kernen, GAO Field Operations Division: Regional Office (Philadelphia).
In Food Update, Volume 2, Issue 9, pp. 14-15..

Contact: Community and Economic Development Division.
Organization Concerned: Department of Health, Education, and Welfare.
Abstract: The Federal Government has nutrition and health intervention programs designed to improve nutrition. However, there is little documentation of the results in any of these programs or even the extent of malnutrition in the United States. Nutrition surveillance is one way to provide this evidence. There are five nutrition surveillance programs that meet or have some of these criteria: (1) ten States Nutrition Survey; (2) the Health and Nutrition Examination Survey; (3) the Center for Disease Control's assistance with nutrition surveillance in fifteen states and localities; (4) the Nationwide Food Consumption Survey; and (5) the Consumer Expenditure Survey.

105040
Food Update, Volume 2, Issue 9. 1978. 24 pp.
Edited by Mike Carlson, Jon Silverman, Kathy Martin, Cindy Ryan; Individual articles contained in this document appear elsewhere, as appropriate, in this issue as separate citations.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Agriculture; Food and Drug Administration.
Abstract: Upcoming and recent actions on food policy from current information sources were selected in order to assist GAO staff working in the food area. Included is a review of recent food legislation and a listing of current food indicators. Other topics covered include a Food and Drug Administration saccharin study, views and statements of the Secretary of Agriculture, the nationwide farm strike, and Federal food assistance programs.

105111
Constructing New VA Hospital in Camden, New Jersey, Unjustified. HRD-78-51; B-133044. February 6, 1978. 21 pp. plus 3 appendices (14 pp.).
Report to Sen. William Proxmire, Chairman, Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554).
Organization Concerned: Veterans Administration.
Congressional Relevance: *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee.
Abstract: As part of its construction program, the Veterans Administration (VA) planned to build a new hospital in Camden, New Jersey, at estimated construction costs of $75.3 million and estimated annual operating costs of about $32 million. The proposed hospital is not a replacement of a VA hospital but an addition. ***Findings/Conclusions:*** The basis for justifying the new hospital was an analysis of veterans' medical needs in the Philadelphia area, but the VA used several invalid assumptions. The VA assumption that admissions to the Philadelphia VA hospital are constrained by a low bed supply is incorrect in view of more current information which indicates that this hospital, located 7 miles from the site of the proposed hospital, is adequate in size to support the entire 1985 medical and surgical requirements of veterans in the area. However, a new VA nursing home care unit may be needed. The assumption that the Philadelphia VA hospital length of stay data are an accurate measure of future acute care stays is incorrect since the data are a mixture of acute, intermediate, and nursing home care stays. VA could not explain, from a priority standpoint, the basis used to select the Philadelphia/Camden area for a new hospital as opposed to another location in the United States. ***Recommendation To Congress:*** The Subcommittee should reject funding for a new VA hospital in Camden, New Jersey, but consider construction or acquisition of an area VA nursing home after VA completes its nationwide study of nursing home requirements. It should also require that VA justify all new hospital construction proposals in terms of priority on the basis of objective criteria before funding is approved. VA should use the criteria to evaluate and compare the current level of adequacy of VA hospitals nationwide in meeting veterans' medical needs and assign the highest priority for new hospital construction in areas where present hospitals are least able to provide high quality care.

105112
[The Consumer Product Safety Commission Has No Assurance That Product Defects Are Being Reported and Corrected]. HRD-78-48; B-139310. February 14, 1978. 26 pp. plus appendix (14 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Consumer Product Safety Commission.
Congressional Relevance: Congress.
Authority: Consumer Product Safety Act, as amended. 15 U.S.C. 2064(b).
Abstract: The Consumer Product Safety Act requires manufacturers, distributors, and retailers who have information that a consumer product contains a defect or does not meet a safety standard and could create a substantial product hazard to report this fact to the Consumer Product Safety Commission. The Commission can order

such products to be recalled, repaired, replaced, or the purchase price refunded, and it can give public notice of the hazard. When a hazard is identified, the Commission asks the firm for more information on the product and on plans to correct the hazard. The Commission staff assists in preparing plans and Commissioners approve those found acceptable. ***Findings/Conclusions:*** From May 1973 through June 1977, 495 substantial product hazards had been reported to or identified by the Commission. The Commission estimated that, through June 1977, approximately 6.6 million defective products (18 percent) had been corrected. However, the Commission has no program to make sure that firms are made aware of their responsibilities to report potential hazards and, except for the definition in the act, has not further defined substantial product hazard. As a result, industry sometimes does not know when to report hazards, and there have been inconsistencies in defining hazards within the Commission. Also, the Commission staff has not been timely in evaluating and forwarding cases to the Commissioners, and the Commission has not adequately monitored corrective action. ***Recommendation To Congress:*** The Commission should: develop a plan to inform manufacturers, distributors, and retailers of their responsibilities to report substantial product hazards; better define the criteria for identifying such hazards; revise its procedures to provide a reasonable time period to review and forward cases to the Commissioners; and more actively keep track of firms' corrective actions to remove substantial hazards from the market.

105113

Philadelphia Naval Regional Medical Center Is Badly Deteriorated and Unsafe. LCD-78-301; B-101646. February 17, 1978. 13 pp. *Report* to Secretary, Department of the Navy; by Robert G. Rothwell (for Fred J. Shafer, Director), GAO Logistics and Communications Division.

Issue Area: Facilities and Material Management: Operation and Maintenance of Facilities (0708).
Contact: Logistics and Communications Division.
Budget Function: National Defense: Defense-Related Activities (0054).
Organization Concerned: Department of the Navy: Naval Regional Medical Center, Philadelphia, PA.
Abstract: The Philadelphia Naval Regional Medical Center consists of a 42-year old, 13-story main hospital building, various outlying temporary single-story World War II structures, and 10 clinics at nearby shore activities. Because of age and inadequate maintenance, the main hospital and other structures at the Center have deteriorated. ***Findings/Conclusions:*** As early as 1973 unsafe conditions were reported at the Center. Among the conditions reported in many of the buildings were: (1) violations of the National Fire Protection Association's fire safety code; (2) lack of emergency power and lighting in the medical, surgical, and recovery wards; (3) leaking roofs, and deficiencies in wiring systems; (4) lack of proper ventilation and fire deterrent systems; and (5) general obsolescence and deterioration of the buildings. Correction of major deterioration and safety problems would cost about $14 million. To remedy the fire and other safety deficiencies alone would cost about $3 million. In view of the poor condition of the Center and its low use, continued operation in its present condition is unsafe and expensive. Until the Navy's need for medical facilities in the Philadelphia area is determined, it cannot plan the most economical and efficient means of providing required services. ***Recommendation To Congress:*** The Secretary of the Navy should: determine the long-range requirements for Naval medical facilities in the Philadelphia area; compile the budgetary plans for necessary renovation or new construction; and budget, as early as possible, the funds considered necessary for safety improvements to the present facilities pending the availability of alternate facilities.

105114

Problems in Carrying Out the National Blood Policy. HRD-77-150; B-164031(2). March 7, 1978. 25 pp. plus 4 appendices (15 pp.). *Report* to Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Quality Care and Its Assurance (1213).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: American Blood Commission.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources.
Abstract: The American Blood Commission was organized to carry out the National Blood Policy, a plan developed by the Department of Health, Education, and Welfare (HEW) for developing a safe, fast, and efficient blood collection and distribution system. The policy prescribed improvements in blood banking to include regionalized blood collection and distribution, transition to an all-voluntary blood donation system, and the rational alignment of charges and costs for blood services. ***Findings/Conclusions:*** The Commission primarily develops and tests standards, guidelines, and procedures pertaining to blood banking. Factors which will make it difficult for the Commission to carry out its policy are: difficulties in obtaining funds to support its operations; disagreement between the two largest blood suppliers; possible opposition, especially from areas in which there are multiple suppliers of blood, to regionalized blood collecting and distributing; possible problems in obtaining data from blood banks by the National Blood Data Center; and lay members' lack of sufficient knowledge of blood banking. The Health Care Financing Administration (HCFA) has not yet developed a system to relate costs and charges for blood services. ***Recommendation To Congress:*** The Secretary of HEW should: monitor closely the progress of the Commission toward carrying out the National Blood Policy and, if necessary, consider a legislative or regulatory approach; and instruct the Administrator, HCFA, to report on attempts to relate the costs of and charges for blood services.

105115

Further Improvements Needed in Investigations of Medicaid Fraud and Abuse in Illinois. HRD-78-46; B-164031(4). March 10, 1978. 42 pp. plus 2 appendices (2 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Fraud and Abuse Exist in the Financing Program (1206).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration; Illinois.
Congressional Relevance: Congress.
Authority: Social Security Act, as amended. 42 U.S.C. 1395.
Abstract: A followup review was conducted of Medicaid fraud and abuse in the State of Illinois, with emphasis on: (1) Department of Health, Education, and Welfare (HEW) efforts to strengthen its oversight role in identifying and preventing Medicaid fraud; and (2) Illinois actions to better deal with Medicaid fraud and abuse and its computerized system for processing Medicaid claims. ***Findings/Conclusions:*** Some problems which the new HEW Health Care Financing Administration should attempt to eliminate involve: (1) communication to Medicare of information on providers terminated from Medicaid because of improper activities; (2) the inability of HEW headquarters to assure that each region makes scheduled reviews of State efforts to control Medicaid fraud and abuse; and (3) limited HEW evaluation of, and assistance to, Illinois' efforts to identify providers involved in Medicaid fraud. During 1977, Illinois

referred 60 providers for prosecution, stopped 70 from participating in Medicaid, recovered $6 million in erroneous payments, and established a computerized system for identifying providers who most likely defrauded or abused the program. Much of the money recovered by Illinois was from payments for duplicate or other unallowable billings, and most of Illinois' efforts pertained to payments made before 1974. ***Recommendation To Congress:*** The Secretary of HEW should direct the Health Care Financing Administration to require that: information on terminated providers is exchanged between Medicare and Medicaid so that providers are terminated from both programs; and each HEW regional office reviews State efforts to control fraud and abuse. With respect to Illinois, HEW needs to make sure that the State routinely reviews current information on all major provider groups and reviews the feasibility of coordinating reviews of Medicaid fraud and abuse with State licensing agencies to help determine if providers' medical licenses should be revoked.

105117

Use of Grant Funds by the Sacramento Foundation. HRD-78-62; B-164031(3). March 6, 1978. 7 pp.

Report to Sen. Henry M. Jackson, Chairman, Senate Committee on Governmental Affairs: Permanent Subcommittee on Investigations; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207); Health Programs: Health Care Costs (1208).

Contact: Human Resources Division.

Budget Function: Health: General Health Financing Assistance (0555).

Organization Concerned: Department of Health, Education, and Welfare.

Congressional Relevance: *Senate* Committee on Governmental Affairs: Permanent Subcommittee on Investigations; *Sen.* Henry M. Jackson.

Authority: Social Security Amendments of 1972. P.L. 94-182. P.L. 94-549.

Abstract: The Foundation Community Health Plan of the Medical Care Foundation of Sacramento was reviewed to determine: (1) if the Federal Government had recovered Medicaid funds paid to the Foundation as recommended in previous reports; and (2) if the State of California should refund Federal Government grant funds paid to the Foundation as part of a rate-setting demonstration study. As of December 1977, HEW had not attempted to recoup funds from California based on 1975 recommendations on fiscal years 1973 and 1974 Foundation activities. HEW had not recovered the Federal share of the $1.6 million in per capita rates, and the issue remained unresolved. The State failed to justify paying rates to the Foundation exceeding those that would normally have been paid to a prepaid health plan. The law is not specific on how extensively the Foundation had to participate in the rate-setting study; the HEW grant to the State only required the Foundation to provide data to the State. Because the Foundation provided the data, there are no grounds on which to demand repayment from California for its payment of demonstration grant funds to the Foundation.

105118

Civil Service Needs To Improve Claims Review Process Under the Federal Employee Health Benefits Program. HRD-78-68; B-164562. March 14, 1978. 21 pp.

Report to Rep. Gladys N. Spellman, Chairman, House Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Care Costs (1208).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551).

Organization Concerned: United States Civil Service Commission.

Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; *Rep.* Gladys N. Spellman.

Authority: Federal Employees Health Benefits Act of 1959. 5 U.S.C. 8901. P.L. 86-382. P.L. 93-246.

Abstract: In a review of the Civil Service Commission's (CSC) administration of the claims review process under the Federal Employees Health Benefits (FEHB) Program, an examination was made of: (1) a random sample of 62 closed disputed claim files from a March and April 1977 listing and an additional 42 files from cases closed during 4 days in October 1977; (2) all disputed claim files closed during December 1975 to April 1977 with required reports and records and, additionally, all disputed claim files from January to April 1977 with or without reports and records; and (3) all disputed claim files closed for December 1975 to May 1977 for the comprehensive plans (Aetna and Blue Cross and Blue Shield). In addition, a medical advisor reviewed 120 disputed claims files and the medical records for 55 of those cases. ***Findings/Conclusions:*** CSC needs to increase the timeliness of its responses to enrollees who dispute claim denials under the FEHB program. None of the CSC divisions complied fully with the established 30-day timeliness criterion for resolving disputed claims and responding to enrollees. The Division of Government-wide Plans frequently did not review medical records as the regulations require; it often relied on summary medical reports furnished by the Federal Employee Program (FEP) office to arrive at conclusions. In view of the CSC position that each of the five medical records advisors should be able to review an average of five cases each per day, all disputed claims of the Division of Government-wide Plans could have been reviewed. ***Recommendation To Congress:*** The Division of Government-wide Plans should be directed to: (1) require health plans to comply with the regulation that an enrollee be provided a detailed explanation of why the claim was denied; (2) rely on the plans' detailed explanations of reasons for denials in lieu of FEP office reports; (3) request FEP office to provide records to CSC within 5 days of receipt from the local plans; and (4) establish a standard which would require medical records advisors to review an average of at least five records every day.

105119

Federal Efforts To Regulate Pesticide Residues in Food. February 14, 1978. 12 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.

Organization Concerned: Environmental Protection Agency; Food and Drug Administration.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee.

Authority: Federal Food, Drug, and Cosmetic Act of 1938, as amended. Federal Insecticide, Fungicide, and Rodenticide Act of 1947, as amended.

Abstract: The Environmental Protection Agency (EPA) is responsible for establishing all tolerances for pesticide residues on the basis of data submitted by petitioners concerning the nature, level, and toxicity of the residue. The Food and Drug Administration (FDA) is responsible for enforcing tolerances and accomplishes this by testing food samples to determine if residues exceed tolerance limits. The American public has not been adequately protected from potential hazards of pesticide use because of inadequate efforts to

implement existing Federal laws. EPA established many tolerances without sufficient test data to determine the level of pesticide residue that would likely remain on a crop after treatment or the potential of the pesticide to cause cancers, birth defects, gene mutations, or reproductive difficulties. EPA did not always comply with its own procedures for limiting aggregate tolerances and registered pesticides for use on food crops without setting associated tolerances. FDA generally did not test food for over 75 percent of the pesticide residues for which tolerances had been established. A followup review of EPA and FDA actions indicated that little progress has been made. Data gaps still exist. Residues of 195 pesticides for which tolerances have been established are seldom, if ever, monitored in the food supply, and 21 pesticides suspected of causing cancer have 661 individual tolerances that will not be monitored by the most frequently used FDA test.

105120

Federal Efforts To Regulate Toxic Residues in Raw Meat and Poultry. February 16, 1978. 16 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Environmental Protection Agency; Department of Agriculture; Food and Drug Administration.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee.

Authority: Federal Food, Drug, and Cosmetic Act. Federal Insecticide, Fungicide, and Rodenticide Act of 1947. Federal Meat Inspection Act. Poultry Products Inspection Act. Toxic Substances Control Act of 1976.

Abstract: The Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), and the U.S. Department of Agriculture (USDA) share responsibility for insuring that raw meat and poultry do not contain illegal residues of drugs, pesticides, or environmental contaminants. Residues of many substances which have been found to cause adverse effects including cancer in test animals have been found in raw meat and poultry at levels exceeding established tolerances. USDA reported that illegal residues were found in only about 2 percent of samples tested. However, the testing methods were questioned, the results did not accurately indicate consumer exposure, and the incidence of illegal residues was higher. Generally, neither USDA nor FDA can locate and remove from the market the products found to contain illegal residues. A tagging system for identification of slaughtered animals does not seem to be feasible. A capability needs to be developed for a timely sample analysis before the carcass leaves the packing house. Efforts to prevent future shipments of contaminated animals have not been effective because of ineffective follow-up by FDA, avoidance by growers of USDA pretest requirements, inadequate residue detection methods, and difficulties involved in using strong regulatory actions such as the lack of case histories to support prosecution and the lack of authority by FDA to seek civil penalties.

105121

Home Health: The Need for a National Policy To Better Provide for the Elderly. February 22, 1978. 8 pp. plus 2 enclosures (2 pp.).

Testimony before the House Select Committee on Aging; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Congressional Relevance: *House* Select Committee on Aging.

Authority: H.R. 10482 (95th Cong.). National Health Planning and Resources Development Act of 1974. Older Americans Act of 1965. Social Security Act.

Abstract: The true cost of maintaining the elderly and sick at home has been largely hidden because the greatest portion of that cost represents the value of services provided by families and friends rather than those provided at public expense. The point on the impairment scale when home service costs equal institutional costs falls at the mid-point of the greatly impaired group when families and friends are providing about $287 per month for every $120 spent by agencies. About 10 percent of noninstitutionalized older people fall in the area above the break-even point. On the average, it would still cost the public more to institutionalize these people because agencies spend less per person for home care services than for institutional care. The cost impact of possible changes to the Medicare program which would increase the availability of services and provide services not currently covered by the program would be: elimination of limits on number of visits under Parts A and B--$12.5 million; elimination of skilled care requirement under Parts A and B--$1.25 billion; elimination of prior hospitalization requirement under Part A--$12.5 million; elimination of homebound requirement under parts A and B--$92.5 million; and adding homemaker/chore services--$75 million. The agencies delivering home services have developed differing criteria for eligibility, duration, scope of covered services, and method of reimbursement, and because of these varying criteria, effective coordination seems almost impossible.

105122

Implementation of the Health Maintenance Organization Act of 1973, as Amended. B-188898. March 3, 1978. 14 pp.

Testimony before the Senate Committee on Human Resources: Health and Scientific Research Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Department of Health, Education, and Welfare.

Congressional Relevance: *Senate* Committee on Human Resources: Health and Scientific Research Subcommittee.

Authority: 87 Stat. 914. Health Maintenance Organization Act of 1973, as amended. 90 Stat. 1945. Health Maintenance Organization Amendments of 1976. S. 2534 (95th Cong.). Public Health Service Act.

Abstract: The Health Maintenance Organization (HMO) Act of 1973 provided for a Federal program to develop alternatives to the traditional forms of health care delivery and financing by assisting and encouraging the establishment and expansion of HMOs. Through December 31, 1977, the Department of Health, Education, and Welfare (HEW), had awarded $131.3 million in grant and loan assistance under the act to 1972 organizations, and 2 additional organizations received loan guarantees for $2.2 million. As of the same date, there were 51 federally qualified HMOs. A review of 14 HMOs which had obtained Federal financial assistance under the act indicated that each of the HMOs is generally providing health services as required by the act and that each generally has been organized and operated according to the Act's provisions. Exceptions exist in the area of enrollment of elderly, indigent, or medically high-risk people. One of the HMOs reached its financial breakeven point during the quarter ended December 1977. Six of the remaining 14 HMOs have a poor chance of breaking even within 5 years, and 6 have a fair to good chance of breaking even. No conclusion was reached about the other HMO. Concern remains over the ability of HEW to issue regulations and guidelines needed to implement the act and to organize the program effectively. HEW has made a concerted effort to issue regulations in a timely manner, but the agency does not have the numbers and types of personnel needed to implement the HMO program effectively.

105146

Retail Diversion of Legal Drugs: A Major Problem With No Easy Solution. GGD-78-22; B-175425. March 10, 1978. 36 pp. plus 3 appendices (7 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Law Enforcement and Crime Prevention (0500); Law Enforcement and Crime Prevention: Impact of Federal Efforts To Strengthen State and Local Capabilities (0512).

Contact: General Government Division.

Budget Function: Administration of Justice (0750).

Organization Concerned: Drug Enforcement Administration; Department of Health, Education, and Welfare; Department of Justice.

Congressional Relevance: Congress.

Authority: Comprehensive Drug Abuse Prevention and Control Act of 1970, title II. Controlled Substances Act. 21 U.S.C. 801.

Abstract: Because of the growing abuse of legitimate drugs and the potential for diversion by those who dispense drugs, an examination was made of the Federal and State preventive efforts at the retail level. Under the Controlled Substances Act, the Drug Enforcement Administration (DEA) is provided with extensive authority to register and regulate drug manufacturers and distributors but not practitioners. The Act authorizes the agency to register practitioners authorized under State laws to dispense and prescribe controlled substances. Security regulations for safeguarding drugs are virtually nonexistent, and the agency lacks statutory authority to establish stronger ones. ***Findings/Conclusions:*** The Drug Enforcement Administration is trying to assess and upgrade State capabilities to evaluate practitioners. Its largest effort involves diversion investigation units composed of State investigators and Federal agents who emphasize criminal investigations of practitioners. From 1972 to June 30, 1976, about 1,200 arrests have resulted from the activities of 11 of these units. Two basic approaches to solving the problem are by strengthening the direct role of DEA or by continuing and accelerating the agency's role to help States carry the major burden. ***Recommendation To Congress:*** Congress should change the DEA role by authorizing it to either exercise direct regulatory authority over retail-level practitioners or implement grant programs for assisting States in controlling diversion. Because of the potentially great cost of a change in the DEA mission, the Attorney General should study the costs and benefits of these approaches or any other method to combat this problem.

105317

The Social Security Administration Needs To Improve Its Disability Claims Process. HRD-78-40; B-164031(4). February 16, 1978. 18 pp. plus 3 appendices (4 pp.).

Report to Rep. Elizabeth Holtzman; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Eligibility Determination (1301); Income Security and Social Services: Programs To Protect the Income of Working Americans (1306).

Contact: Human Resources Division.

Budget Function: Income Security: General Retirement and Disability Insurance (0601).

Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.

Congressional Relevance: *Rep.* Elizabeth Holtzman.

Authority: H.R. 8076 (95th Cong.). Disability Insurance Amendments of 1977. Social Security Act. 42 U.S.C. 1382.

Abstract: The Social Security Administration's (SSA) procedures for processing approved disability insurance claims were reviewed to determine if the process could be improved. The review covered claims processing steps at the Bureau of Disability Insurance and at district offices and included an analysis of a sample of 498 approved disability insurance claims processed by 15 SSA district offices. ***Findings/Conclusions:*** The disability claims processing function in district offices has not been effectively managed by the SSA. Forty-six percent of the sample claims reviewed were delayed unnecessarily; the number of claims delayed unnecessarily varied from 10 percent to 78 percent at the 15 district offices. Controls designed to assure prompt processing and timely payment of disability claims in district offices and to guard against loss or misplaced files are inadequate and, in some cases, nonexistent. SSA has failed to provide district offices with claims processing standards, to monitor the computer-generated alerts to determine adequacy and usefulness, and to assure that adequate and accurate management information is provided to operating managers. The need for review by SSA headquarters of claims containing conspicuous characteristics is questionable. ***Recommendation To Congress:*** The Secretary of Health, Education, and Welfare should direct the Commissioner of Social Security to: establish district office processing time goals, develop and implement an alert system using meaningful time frames to monitor claims, and develop a management information system using the above controls. The Commission should also: realign the Supplemental Security Income and disability insurance payment input to eliminate undeserved payments, develop and implement special procedures to expedite processing those claims that cannot now be completed by district offices, and determine the feasibility of relocating the conspicuous characteristics review in the district offices.

105319

Actions Needed To Improve the Nutrition Program for the Elderly. HRD-78-58; B-165430. February 23, 1978. 34 pp. plus appendix (1 pp.).

Report to Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Programs for the Elderly (1311); Food: Federal Domestic Food Assistance Programs (1710).

Contact: Human Resources Division.

Budget Function: Education, Training, Employment and Social Services: Social Services (0506).

Organization Concerned: Department of Agriculture; Department of Health, Education, and Welfare: Administration on Aging.

Authority: Older Americans Act of 1965, title VII (42 U.S.C. 3045).

Abstract: Through provisions of title VII of the Older Americans Act, inexpensive, nutritionally sound meals, supportive services, and opportunities for socialization and recreation are provided to the Nation's elderly. To fulfill its oversight responsibilities, the Administration on Aging (AOA) has an information system which requires States to submit quarterly program performance reports and financial status reports. ***Findings/Conclusions:*** The information system was not designed to support program management, and its usefulness is limited because of low priorities placed on reporting procedures, system changes, inconsistent data, and unreliable feedback to State agencies. Better data on program performance would help the States in managing the program and AOA in identifying problems. Other problems noted were: inadequate controls over meal contributions received, a need for improvements in protecting confidentiality of recipients, income from meal contributions was not used in some instances, audits were not always performed and did not always include reviews of meal contributions, some States provided incorrect information on the number of meals served to the Department of Agriculture for its use in making commodity allocations, commodities in excess of needs were provided by the States to some projects, some caterers experienced difficulty in using commodities, and in some instances the quality and form of packaging limited commodity usage. ***Recommendation To Congress:*** The Secretary of Health, Education, and Welfare should require

AOA to: (1) develop a model management information system as a suggested guide for the States and provide technical assistance for the development of adequate State systems; (2) develop instructions for completing program performance reports; (3) provide meaningful reports to State agencies on national program performance; (4) emphasize to the States the need to collect basic information on amounts of meal contributions; (5) emphasize to the States the need to improve internal controls over meal contributions; (6) emphasize the importance of independent audits; (7) encourage grantees to use proper means of protecting confidentiality; (8) revise program regulations to encourage prompt use of program income; (9) emphasize to the States the need to collect the necessary data on the Department of Agriculture commodities; (10) work with the Secretary of Agriculture to establish procedures to maximize the use of commodities in caterer-prepared meals and to identify problems with State commodity distribution systems; and (11) establish procedures to insure that nutrition projects' views on commodity preferences are included in information provided to the Department of Agriculture.

105323

The Social Security Administration's Management of the Disability Programs. February 21, 1978. 15 pp. plus enclosure (1 pp.).
Testimony before the House Committee on Ways and Means: Social Security Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means: Social Security Subcommittee.
Authority: Social Security Act.
Abstract: The Social Security Disability Insurance Program was established in 1954 to prevent the erosion of retirement benefits of wage earners who became disabled and were prevented from continuing payments into their social security account. A claimant can apply for disability benefits at any social security district or branch office. The determination of an applicant's disability is made by a State agency, but the costs incurred in making disability determinations are borne by the Federal Government. The Federal-State relationship is an impediment to improving the administration of the program, and the disability determination process should be brought under complete Federal management. The quality and uniformity of disability decisions suffer because the Social Security Administration (SSA) has not corrected weaknesses reported in an earlier report. SSA has not: provided timely, clear, and concise criteria and guidelines for States to use in making disability determinations; assured that uniform training was provided to State agency employees; or assured that an effective quality assurance system is properly implemented. The Secretary of Health, Education, and Welfare should develop a plan for strengthening the disability determination process by bringing it under complete Federal management. In the interim, SSA should: assure that clear, concise criteria and guidelines are provided for use in making disability determinations; provide uniform training for those making the determinations; and assure that the quality assurance system is properly implemented.

105368

Management of Farmers Home Administration's Water and Waste Disposal Program Needs To Be Strengthened. CED-78-61; B-114873. March 13, 1978. 18 pp.
Report to Secretary, Department of Agriculture; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Domestic Housing and Community Development (2100); Domestic Housing and Community Development: Economic Development in Rural Areas (2103); Environmental Protection Programs (2200).
Contact: Community and Economic Development Division.
Budget Function: Community and Regional Development: Area and Regional Development (0452).
Organization Concerned: Farmers Home Administration.
Authority: Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1926). 7 U.S.C. 1981(d).
Abstract: During 1977, the Farmers Home Administration (FmHA) was authorized $750 million in grants to finance the construction and/or improvement of water and waste disposal systems in rural areas. FmHA allocates these funds to States on the basis of population and per capita income which necessitates many adjustments. ***Findings/Conclusions:*** The present FmHA method of allocating the funds does not consider each State's individual needs. Some projects cannot be funded until the agency reallocates its moneys at the end of the fiscal year; moneys reserved for other States remain idle throughout the year until they are subsequently transferred to more needy States. There has not been enough information readily available for FmHA to effectively manage and evaluate its water and waste disposal program. Although certain priorities have been established for selecting projects, it is not known whether these priorities have been met. Also, there are no followup procedures to insure the timely receipt and review of borrowers' management reports. From the program's inception through June 30, 1976, FmHA reamortized 186 loans, of which 77 extended beyond the maximum 40-year period stipulated under section 307(a) of the Consolidated Farm and Rural Development Act. The agency contends that these actions are authorized under section 331(a) of the act. The scope and relationship of these sections need clarification. ***Recommendation To Congress:*** The Secretary of Agriculture should direct the Administrator of FmHA to: determine the need for water and waste disposal systems in rural areas on a State-by-State basis, modify the formula for allocating water and waste disposal funds to require that the need for funds in the various States be considered, develop followup procedures to insure the timely receipt of borrowers' management reports, and establish procedures requiring the timely review of borrowers' management reports. The Secretary should ask Congress to clarify the agency's policy of extending the repayment period of reamortized loans for periods exceeding 40 years and, if necessary, to amend section 307(a) of the Consolidated Farm and Rural Development Act.

105373

Implementation of the Noise Control Act of 1972. April 4, 1978. 11 pp.
Testimony before the Senate Committee on Environment and Public Works: Resource Protection Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *Senate* Committee on Environment and Public Works: Resource Protection Subcommittee.
Authority: Noise Control Act of 1972.
Abstract: Although some Federal actions have been significant in addressing the noise pollution problem, especially within the last year, implementation of a unified, national effort to control noise has been slow and, in some cases, ineffective. Recent significant advances include the issuance of a national noise strategy, increased emphasis on providing assistance to State and local noise programs, improved coordination, and initiation of a product labeling program. Serious problems which hinder the success of a national effort to control noise pollution include: budget

constraints at the Federal, State, and local levels; lack of sufficient research to determine the adverse effects of noise pollution; and the absence of a national public awareness program concerning the harmful effects of noise. There is also a need for more effective action to enforce existing noise regulations. Interviews with officials in State and local noise programs indicated that the most severe and constant noise problems are noise from motorcycles, automobiles, and trucks and that the greatest need is for technical assistance in the form of training programs for local noise program personnel on the use of noise monitoring equipment and the development of effective noise ordinances. In addition, a national public awareness program would generate interest in noise pollution and encourage a continuing noise control effort at the State and local level.

105409

Survey of VA's Priority for Construction of New and Replacement Hospitals. HRD-78-76; B-133044. March 15, 1978. 2 pp. plus enclosure (7 pp.).

Report to Sen. William Proxmire, Chairman, Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration: Department of Medicine and Surgery.
Congressional Relevance: *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Sen.* William Proxmire.
Abstract: The Veterans Administration's (VA) Department of Medicine and Surgery (DM&S) recently developed a methodology called the Space and Functional Deficiency Identification (SFDI) system which is intended to be an integral part of the decisionmaking process DM&S uses in establishing priorities for major construction projects. Such a system is needed so that DM&S can plan an orderly program for modernizing its aging facilities, but several modifications are needed to improve the system. The methodology could be improved if: all construction projects were ranked on the same basis rather than ranked within each construction category; and projected, rather than current, use of VA hospitals were considered. The SFDI system and the entire review process depends on the data gathered by medical district representatives. Because of the importance of the data gathered and scoring by district representatives, DM&S should closely monitor the scorings for any obvious irregularities. Decisions to fund projects in different order than that determined by the SFDI system should be documented. The Administrator of Veterans Affairs should develop a priority ranking for all construction projects, regardless of construction category, and include projected use of health care facilities as a factor in establishing priorities.

105410

Informing the Public About Nutrition: Federal Agencies Should Do Better. CED-78-75; B-164031(3). March 22, 1978. 32 pp. plus 6 appendices (49 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Food (1700).
Contact: Community and Economic Development Division.
Budget Function: Health: Health Research and Education (0552); Education, Training, Employment and Social Services: Research and General Education Aids (0503).
Organization Concerned: Department of Agriculture; Department of Health, Education, and Welfare.
Congressional Relevance: Congress.
Authority: Organic Act of 1862. Research and Marketing Act of 1946. P.L. 94-317.
Abstract: A large share of the Nation's health costs has been attributed to hunger and poor eating habits. A primary cause of poor nutrition is lack of consumer knowledge about the proper selection and preparation of food. Most of the Federal Government's nutrition information is produced by the Departments of Agriculture (USDA) and Health, Education, and Welfare (HEW), and 12 agencies within these departments administer the dissemination of information developed by at least seven Federal Departments and commissions. ***Findings/Conclusions:*** Information concerning Federal spending for nutrition information and education is not readily available, but the Congressional Research Service determined that at least $69.3 million was spent for nutrition education in fiscal year (FY) 1976. Results of a questionnaire indicated that: agencies in USDA and HEW lacked defined areas of responsibility making it difficult for users to identify sources of materials on specific topics; use of nutrition materials authorized by other agencies was limited; printed materials accounted for 84 percent of materials disseminated, although there was no assurance that this was the most effective method of dissemination; few materials developed by the Federal Government were formally evaluated; only 5 of 352 publications identified had a total distribution of over 1 million copies in FY 1975 and 1976; and most agencies lacked information on the cost to develop materials for dissemination. ***Recommendation To Congress:*** The Secretaries of USDA and HEW should: designate a central authority to serve as a continuing review board in the future development of nutrition information materials; establish an intradepartmental task force which would assess nutrition-related material developed by each department; and establish an interdepartmental task force to consider such matters as coordination between departments to avoid duplication and insure coverage of necessary areas, the most cost-effective means of reaching consumers, and the role of the Federal Government in cooperating with State and local agencies. Results of task force reports and recommendations should be submitted to Congress.

105411

[Review of the Efficiency of Veterans Administration Surgery Services]. HRD-78-85; B-133044. April 4, 1978. 7 pp.

Report to Max Cleland, Administrator, Veterans Administration; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: System for Providing Treatment (1205).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration.
Authority: P.L. 93-82.
Abstract: A review of outpatient surgery and preadmission testing programs being used in the Veterans Administration (VA) hospital system disclosed that opportunities exist, through increased use of these programs, to eliminate the need to hospitalize some veterans and to reduce the length of hospitalization for others. A review of a random sample of 233 surgical procedures from a universe of 6,382 procedures performed at three hospitals during 1975 indicated that from 744 to 1,338 of the 6,382 procedures could have been performed on an outpatient basis, saving from 2,177 to 5,657 hospital days. Projecting the results of the sample to a preadmission testing program indicated that a range of 482 to 998 cases could have had preoperative workups on an outpatient basis, resulting in additional savings of hospital days. In response to the recommendations of a National Academy of Science study, the VA has stated that studies will be conducted to determine the medical feasibility of performing more outpatient surgical procedures and to reduce the length of

stay for surgery patients. A systemwide policy for outpatient surgery and preadmission testing should be developed, based on the results of the VA studies, and the policy should be implemented in all general medical and surgical hospitals in the VA system.

105412

Sporadic Workplace Inspections for Lethal and Other Serious Health Hazards. HRD-77-143; B-163375. April 5, 1978. 49 pp. plus 6 appendices (20 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Employers' Compliance With Occupational Safety Health Standards (0912).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Labor; Occupational Safety and Health Administration.
Congressional Relevance: Congress.
Authority: Occupational Safety and Health Act of 1970. 29 U.S.C. 651. Toxic Substances Control Act. P.L. 94-469.
Abstract: The Occupational Safety and Health Act of 1970 was designed to assure, as far as possible, safe and healthful working conditions for every worker in the Nation. A review was conducted to determine how well the Department of Labor's Occupational Safety and Health Administration (OSHA) is managing industrial hygienists' efforts to deal with cancer-causing chemicals and other health hazards in industrial settings. ***Findings/Conclusions:*** Thousands of workplaces have not yet been inspected by Federal or State industrial hygienists for health hazards. Of those that have been inspected, only 26 percent were where one or more carcinogens, suspected carcinogens, or other substances posing high risks were detected. Aggressive action is needed to require OSHA and the States to inspect workplaces with high-risk health hazards. Without a plan that considers what can be done to enforce standards on high-risk health hazards, OSHA management has little control over health hygienists. The ability of OSHA to emphasize certain high-risk substances may be significantly hindered by the lack of qualified personnel, problems with equipment, sampling procedures, and laboratory analysis methods. Industrial hygienists' inspections frequently have not provided convincing evidence that employers provided the protection required. ***Recommendation To Congress:*** The Secretary of Labor should direct OSHA to establish a basic health standards enforcement plan that considers: the relative severity of the health risks posed by toxic substances and other health hazards covered by the standards; the number and location of workplaces likely to have such hazards and the number of workers exposed to them; the ability of OSHA and States to make inspections with qualified personnel, reliable equipment, and proper procedures; and the degree of employers' compliance with the standards. Industrial hygienists should be required to: identify and record all high-risk substances at each workplace inspected, check for and document whether employers are in compliance with each requirement in the standards, record how the employer is complying with the standards for each high-risk substance, and perform followup inspections at all workplaces which violate the standards covering carcinogens and other suspect high-risk hazards.

105414

[A Bill To Provide for Continuation of the VA Medical Program and Office in the Philippines]. March 16, 1978. 13 pp.
Testimony before the Senate Committee on Veterans' Affairs; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Veterans Administration; Veterans Memorial Medical Center, Luzon, Philippines.
Congressional Relevance: *Senate* Committee on Veterans' Affairs.
Authority: H.R. 5029 (95th Cong.).
Abstract: H.R. 5029 would provide for continuation of the Veterans Administration (VA) Medical Program and the VA office in the Philippines, the only foreign country in which the VA operates a comprehensive benefits program. In 1948, Congress authorized a program to provide medical benefits to Filipino veterans with service-connected illnesses and construction of a hospital in Luzon, now called the Veterans Memorial Medical Center. Although the program was intended to be temporary, it has been extended in 5-year increments by legislation and, in 1966, it was expanded to include medical care for nonservice-connected illnesses. The Center, which was turned over to the Philippine Government in 1955, has been expanded into a general hospital offering a wide range of services for U.S. and Filipino veterans. Substantial reductions in funding and the VA role could be achieved by greater use of outpatient treatment rather than hospitalization and by treating only service-connected illnesses. An alternative to continuation of the present operation of the Manila office would be to transfer all or some of its functions to a U.S. location.

105415

The Impact of Selected Activities Relating to the Reorganization of the Florida Department of Health and Rehabilitative Services on the Florida Vocational Rehabilitation Program. April 4, 1978. 25 pp. plus 6 appendices (6 pp.).
Testimony before the House Committee on Education and Labor: Select Education Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Florida: Department of Health and Rehabilitation Service.
Congressional Relevance: *House* Committee on Education and Labor: Select Education Subcommittee.
Abstract: Florida legislation required the Department of Health and Rehabilitative Services to accomplish an internal reorganization within its existing resources and appropriations. The purpose of the reorganization was to integrate the delivery of all health, social, and rehabilitation services offered by the State and to assure effective and efficient delivery of high quality health services to all citizens. The legislation essentially required the department to dismantle its umbrella structure under which categorical program divisions were operating and to replace it with an integrated, decentralized human services agency. The reorganization resulted in a number of major changes in the operations of the rehabilitation program, including locating program service facilities together and reducing the rehabilitation program clerical staff. Many former duties and responsibilities of rehabilitation personnel have been assumed by nonrehabilitation personnel, and some responsibilities for determining client eligibility are now shared with the nonrehabilitation staff. Reactions to the reorganization have been mixed. The Florida Auditor General concluded that the department's failure to formulate plans before implementing the reorganization resulted in a fragmented organizational structure; a lack of policies, procedures, and guidelines; and a loss of control over personnel and financial accounting systems. While administrative costs have changed slightly, the percentage of total program expenditures represented by administrative costs decreased from 12.2 percent to 10.5 percent.

105606

Federal Human Nutrition Research Needs a Coordinated Approach To Advance Nutrition Knowledge (Two Volumes). PSAD-77-156; B-164031(3). March 28, 1978. 212 pp. plus 9 appendices (43 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Science and Technology: Management and Oversight of Programs (2004); Food (1700).
Contact: Procurement and Systems Acquisition Division.
Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Office of Management and Budget; National Institutes of Health; Department of Agriculture: Agricultural Research Center; Office of Science and Technology Policy.
Congressional Relevance: Congress.
Authority: Food and Agriculture Act of 1977.
Abstract: Each year the Federal Government spends between $73 million and $117 million on human nutrition research. This represents about 3 percent of the $3 billion it spends annually on all research in agriculture and health. Several Federal departments and agencies support human nutrition research although no department or agency has human nutrition as its primary mission. ***Findings/Conclusions:*** Major knowledge gaps and related research needs have been classified into four broad and interrelated areas that are important for sound nutrition planning whether a nutrition program's target is an entire population, a population subgroup, or an individual. The areas include: human nutritional requirements; food composition and nutrient availability; diet, disease causation, and food safety; and food consumption and nutritional status. Research needs for responding to these knowledge gaps include: long-term studies of human subjects across the full range of both health and disease; comparative studies in populations of different geographic, cultural, and genetic backgrounds; basic investigation of the functions and interactions of dietary components; updated and expanded food composition data; and improved techniques for assessing long-term toxicological risks. The following barriers to nutrition research persist: lack of central focus and coordination, shortage of nutrition scientists, and uncertainty of Federal funds for extramural research. ***Recommendation To Congress:*** The Director of Office of Science and Technology Policy should work with Federal agencies to further define areas of human nutrition research and make recommendations to the Director of the Office of Management and Budget to: (1) assign, where practicable, each area to a lead agency; (2) eliminate unnecessary research that may exist among Federal agencies; and (3) promote Government-wide human nutrition research planning, coordination, and reporting.

105611

Information and Referral for People Needing Human Services: A Complex System That Should Be Improved. HRD-77-134; B-164031(4). March 20, 1978. 36 pp. plus 4 appendices (25 pp.). *Report* to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Programs for Special Target Population (1304).
Contact: Human Resources Division.
Budget Function: Education, Training, Employment and Social Services: Social Services (0506).
Organization Concerned: Department of Health, Education, and Welfare; General Services Administration; Veterans Administration; Community Services Administration.
Congressional Relevance: *House* Committee on Ways and Means; Congress.
Abstract: The Federal Government, as well as State, local, and private agencies, offers a variety of programs directed at providing human services to help improve the status of individuals. More than $100 billion in Federal funds is spent annually on health, rehabilitation, employment, income maintenance, nutrition, education, and other programs designed to assist people. Although many such programs are available, linking people with appropriate services is difficult. Information and referral (I&R) services attempt to inform people about programs available and help them link up with programs appropriate to their needs. ***Findings/Conclusions:*** Because of the number of I&R providers, the lack of coordination, and the lack of quality controls in I&R systems, there is no adequate assurance the individuals are receiving effective and efficient I&R or even getting the services they need. Inefficiencies permeate the system, and thousands of agencies repeatedly duplicate I&R functions. Lack of coordination among responsible Federal agencies has contributed to the fragmentation and ineffectiveness of I&R. Instead of promoting the consolidation of I&R activities into comprehensive community centers, most Federal agencies have acted independently in establishing or funding many types of I&R providers with limited scope and function. Without strong leadership to coordinate Federal support for I&R, local efforts to improve efficiency and effectiveness through consolidation of I&R programs are unlikely to succeed. ***Recommendation To Congress:*** The Director, Office of Management and Budget, the Secretary of Health, Education, and Welfare, and heads of other Federal agencies funding I&R activities should establish a task force to develop a national policy and plan requiring coordination between agencies to consolidate I&R activities and promote the establishment of comprehensive centers. The policy and plan should cover: actions required to eliminate duplication of I&R services among Federal agencies; ways in which Federal resources can be redirected and pooled with State, local, and private resources to form and operate comprehensive I&R centers; strategies to elicit the cooperation of Federal, State, local, and private organizations to implement the plan; and evaluations of whether there are alternatives to comprehensive centers and whether they are more cost effective.

105612

Opportunities for HEW To Improve the Administration of Day Care Programs. HRD-78-81; B-164031(3). March 22, 1978. 26 pp. *Report* to Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Program Effectiveness (1302).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Office of Human Development Services.
Congressional Relevance: *House* Committee on Ways and Means; *Senate* Committee on Human Resources.
Authority: Social Security Act, as amended, title XX. P.L. 94-120. P.L. 94-401. P.L. 95-171.
Abstract: Federal day care expenditures amounted to $675 million in fiscal year 1977; about 78 percent of this amount ($529 million) was provided by Title XX of the Social Security Act. A review of selected aspects of day care programs funded under Title XX focused on: the reasonableness of the Federal staff-to-child ratios mandated for day care centers, the adequacy of Federal efforts to assure that family day care homes provide suitable care, the reasonableness of fees charged to income-eligible families, and the type of care provided by day care centers and family homes. ***Findings/Conclusions:*** The review noted that: the developmental needs of most children could be met with standards requiring less staff than those mandated by interagency requirements; and implementing current Federal standards could increase the cost of providing day care and reduce the availability of day care centers for children receiving federally funded day care. In addition, methods used by States to compute staff-to-child ratios were inconsistent, family home day care was generally provided by persons with no formal training in child development, and some States did not provide employment-related day care for two-parent families. Graduated fee schedules are needed to help income-eligible families make an orderly transition from subsidized to nonsubsidized day care. ***Recommendation To Congress:*** The Secretary of Health, Education, and Welfare should: determine the minimum care needed to

provide for the health, safety, and developmental needs of children and develop staff-to-child ratios appropriate for such care; provide guidelines to assure that the ratios are computed in a consistent manner; determine the minimum training needed to provide family home caregivers with a basic understanding of a child's developmental needs and the minimum skills needed to use such knowledge; incorporate these training requirements into interagency requirements; encourage States to use graduated fee schedules that would accustom families to paying for the cost of day care; and encourage States to adopt policies and practices that assure that all two-parent families who qualify receive subsidized day care.

105617

The Well-Being of Older People: A Unique GAO Study. 1978. 5 pp. By William F. Laurie.
In The GAO Review, Winter 1978, Volume 13, Issue 1, pp. 24-28.

Contact: Field Operations Division: Regional Office (Detroit).
Abstract: GAO measured the changes in the well-being of older people to determine how this well-being is affected by services over a period of time. GAO has developed new techniques to evaluate multiprogram effects on a target population. GAO conducted a survey in Cleveland of people who were 65 or older and not in institutions such as nursing homes. It explored areas of social, economic, mental, physical, and daily living activities. The responses were used to categorize the person's status in each area as excellent, good, mildly impaired, moderately impaired, severely impaired, or completely impaired. GAO projected that only one out of every five older people in Cleveland was not impaired. To identify factors that could effect this well-being, GAO developed specific defininions of services being provided and providers of services, and obtained information about the services each person received and the source and intensity of the services. GAO used five elements in defining and quantifying services: purpose, activity, relevant personnel, unit of meausre, and example. The techniques can be used to study other target populations such as children or the handicapped.

105621

Stronger Federal Aviation Administration Requirements Needed To Identify and Reduce Alcohol Use Among Civilian Pilots. CED-78-58; B-164497(1). March 20, 1978. 23 pp. plus 3 appendices (6 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies (2400).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Air Transportation (0405).
Organization Concerned: Department of Transportation; Federal Aviation Administration; National Transportation Safety Board.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Commerce, Science, and Transportation; Congress.
Authority: Federal Aviation Act of 1958, as amended. 29 U.S.C. 1301. P.L. 89-563. 80 Stat. 730.
Abstract: During the period from 1965 to 1975, the National Transportation Safety Board, an independent agency responsible for investigating and determining the probable causes of aircraft accidents, cited alcohol impairment of pilot judgment and efficiency as a probable cause or contributing factor in 485 general aviation accidents, of which 430 resulted in fatalities. General aviation involves all civilian flying except by U.S. airlines. ***Findings/Conclusions:*** Studies by the Federal Aviation Administration (FAA) show that the consumption of alcohol adversely affects pilot performance. However, the FAA does not routinely check the pilots' State traffic conviction records for alcohol-related motor vehicle convictions. Instead, pilots are relied on to disclose these convictions in their medical histories and often conceal them. The establishment of minimum blood-alcohol levels and implied consent regulations to test the presence of alcohol would: help the FAA to more precisely identify alcohol's role in accidents so that appropriate measures can be taken, improve enforcement to enable better identification of violators, reduce the investigatory time required to obtain evidence to sustain violations of FAA regulations, and serve as a deterrent to pilots who may consider drinking before and during flight. ***Recommendation To Congress:*** The FAA should: establish minimum blood-alcohol levels so that flying under the influence of alcohol can be clearly defined; and require pilots to submit to mandatory sobriety tests or have their licenses suspended as required for motorists in every State. Congress should make the National Driver Register accessible to the FAA.

105629

[Problems With the Emergency Food Stamp Program]. March 31, 1978. 5 pp.
Report to Lewis B. Straus, Administrator, Food and Nutrition Service; by Brian P. Crowley, Assistant Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Authority: Food and Agriculture Act of 1977. Food Stamp Act of 1964. Disaster Relief Act of 1974.
Abstract: One of the harshest winters in recent history and other disaster situations resulted in the distribution of nearly $43 million of emergency food stamp benefits in fiscal year 1977. Program abuses were attributable largely to serious problems in program administration pointing out the need for better program guidance by the Food and Nutrition Service and better planning and control by State and local agencies administering emergency procedures. Other problems involved: confusion among State agencies as to how to administer the program, lack of legislative or administrative guidance or criteria defining a low income family, and lack of definition of reduced income. Legislative changes which could minimize or eliminate these abuses involve: provisions to allow the income and resources of applicants to be considered, simplified certification procedures in disaster emergencies, and development of State plans for providing food stamps to disaster victims.

105633

Food Update, Vol. 2, Issue 10. March 1978. 8 pp.
Edited by Les Andreoni, Kathy Martin, and Eileen Kugler.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Agriculture; Environmental Protection Agency; Food and Drug Administration.
Abstract: This publication lists selected recent actions concerning food policy from current information sources and is intended to assist GAO personnel working in the food area. Included is a listing of recent food and drug legislative action and selected recent issues including meat grading, the Emergency Farm Aid Bill, food labeling, milk, and vitamins.

105668

Need To Notify Foreign Nations of U.S. Pesticide Suspension and Cancellation Actions. CED-78-103; B-133192. April 20, 1978. 4 pp.
Report to Douglas M. Costle, Administrator, Environmental Protection Agency; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211).

Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Department of State; Environmental Protection Agency.
Authority: Federal Insecticide, Fungicide, and Rodenticide Act.
Abstract: The Environmental Protection Agency's (EPA) compliance with section 17(b) of the Federal Insecticide, Fungicide, and Rodenticide Act which requires EPA to notify foreign governments and international agencies whenever registration, cancellation, or suspension of a pesticide becomes effective or ceases to be effective was examined. Since 1972 when the act was amended to require foreign government notifications, EPA has canceled, suspended, or significantly restricted use of 14 pesticides or pesticide ingredients. EPA and Department of State records indicate that foreign governments were notified concerning five pesticide actions. However, cognizant foreign officials indicated that few had actually received the notifications. EPA criteria for reporting suspension and cancellation actions limit foreign government notifications to actions determined to have national or international significance. Only EPA-initiated cancellations and suspensions of basic pesticide active ingredients registered for use in several products are considered actions of national or international significance; actions on individual pesticide products are not. Foreign countries have received little, if any, information through official channels regarding the regulatory status of pesticides. Those countries receiving information obtained it primarily through personal contacts. EPA should: review all pesticide suspensions and cancellations to identify those of national and international significance, compile information on these actions for distribution to appropriate foreign governments, and develop a system with the State Department for timely and efficient dissemination of this information.

105669

Serious Problems With EPA's Pesticide Reference Standards Program. CED-78-109; B-133192. April 26, 1978. 7 pp.
Report to Douglas M. Costle, Administrator, Environmental Protection Agency; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Food and Drug Administration; Environmental Protection Agency.
Congressional Relevance: *House* Committee on Agriculture; *Senate* Committee on Agriculture, Nutrition, and Forestry.
Abstract: The Environmental Protection Agency (EPA) has not effectively fulfilled its responsibility to provide reference standards (precisely defined samples) of pesticides for use by the Food and Drug Administration (FDA). As a result, the FDA is seriously hampered in monitoring pesticide residues in food and in enforcing pesticide tolerances. The Pesticide Reference Standards Section (PRSS), which provides regulatory agencies with samples of precisely defined composition for use in analysis of food for pesticide residues, was transferred from the FDA to EPA. After the transfer, the laboratory in which PRSS was located was closed. PRSS staff remained in administrative offices at the laboratory and continued to provide previously partitioned reference standards on request. The laboratory was moved and limited operations were resumed in February 1978. During its 18-month closure, PRSS exhausted its inventory of many standards and, therefore, was unable to provide some needed standards to FDA and provided some others that were either degraded or subpotent. The PRSS inability to provide pure, potent reference standards when needed seriously impairs the enforcement programs of other agencies. The Administrator of EPA should take whatever actions are necessary to: perform appropriate tests to assure that standards sent to enforcement agencies are of the proper quality; and enable PRSS to accomplish its other tasks, including data compiling and cataloging, indexing, synthesizing, and purifying standards materials.

105670

EPA Efforts To Guard the Public in a Period of Radiation Proliferation. April 18, 1978. 10 pp.
Testimony before the House Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee.
Authority: Atomic Energy Act. Federal Water Pollution Control Act. Marine Protection, Research, and Sanctuaries Act. Toxic Substances Control Act. Resource Conservation and Recovery Act. Safe Drinking Water Act. Clean Air Act Amendments of 1977. Reorganization Plan No. 3 of 1970.
Abstract: The Environmental Protection Agency (EPA) has broad responsibility to provide Federal radiation guidance for all radiation directly or indirectly affecting health. EPA attempts to implement its responsibilities have resulted in challenges to its authority, and considerable disagreements have occurred in obtaining cooperation with relevant regulatory agencies. To date, under its original 1970 authority, EPA has issued only one radiation standard, and it is currently not enforced. In addition, the agency has issued only one new formal guidance document to other Federal agencies. When the issued standard is fully effective in 1978, it will establish new criteria for exposure to the public and limit for the first time the quantities of long-lived radioactive materials entering the environment. The radiation program is sparsely funded and has received very low priority in EPA; it had an annual average budget authority over the past 3 years of about $5.7 million and an average of 220 positions. As a result of low funding and low priority, morale in the agency's radiation program is low, and EPA officials point to inadequacies in staffing, data, laboratory support, or research as reasons for not being able to do an effective job. EPA should: reexamine its monitoring efforts and develop the capability to provide complete and accurate information on radiation dangers, coordinate research with that of other agencies, and develop an assessment of the scope and need for standards and guidance.

105698

[Followup on VA's Use of Psychotherapeutic Drugs]. April 4, 1978. 3 pp.
Report to Wallace E Busbee, Acting Deputy Assistant Inspector General, Veterans Administration; by George D. Peck, Assistant Director, GAO Human Resources Division.

Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration; Department of Medicine and Surgery.
Abstract: An April 1975 report on the Veterans Administration (VA) controls over the use of psychotherapeutic drugs resulted in the following recommendations: establish uniform guidelines for using psychotherapeutic drugs; establish a drug utilization review

system and require the hospitals to implement it; and design an effective, ongoing education program. A followup review indicated that the Department of Medicine and Surgery (DM&S) has initiated actions which may eventually result in controlling the use of psychotherapeutic drugs, but it has not fully implemented these recommendations. The VA is finalizing a new program guide which will update guidelines and summarize new information about the use of antipsychotic drugs. The VA should continue to update these guidelines as more current information becomes available. The VA has not established a drug utilization review system and intends to survey psychotherapeutic drug use more extensively before designing such a system. DM&S is currently planning a comprehensive drug utilization survey for inpatient, outpatient, nursing home care units, and domiciliaries and is operating a pilot project to determine the effectiveness of a computerized drug monitoring system. It appears that this system, if implemented agency-wide, could meet the recommendation for a drug utilization review system. A DM&S study indicated that inappropriate use of psychotherapeutic drugs has decreased as a result of educational programs.

105700

[Medicaid-Funded Therapeutic Sterilizations]. HRD-78-103; B-164031(5). April 14, 1978. 2 pp.
Report to Rep. Robert A. Young; by Philip A. Bernstein (for Gregory J. Ahart, Director, GAO Human Resources Division).

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Pennsylvania: Department of Public Welfare;
Congressional Relevance: *Rep.* Robert A. Young.
Abstract: In response to a request for information on Government-funded sterilizations, 193 (about 10.5 percent) of the 1,846 Medicaid sterilization claims received by Pennsylvania Blue Shield during the third calendar quarter of 1977 were selected for review. Of the 193 claims, 62 were for female sterilizations reportedly done for therapeutic reasons. A medical advisor selected 34 patients on whom hysterectomies were performed for a more detailed review based on records furnished by the hospitals where the procedures were carried out. The medical advisor questioned the medical necessity for the hysterectomies in 11 of the 34 cases. The Medical Director, Division of Utilization Review of the Pennsylvania Department of Public Welfare, which administers the State's Medicaid Program, also reviewed the medical records of these 11 patients and concurred with the medical advisor's opinion. The 11 hysterectomies were performed in 11 different hospitals. At the time the patients were admitted to the hospitals for hysterectomies, 4 of the 11 hospitals were performing reviews of Medicaid patients' records under delegations from Professional Standards Review Organizations.

105701

Development, Funding, and Operations of Kiski Valley Medical Facilities, Inc., North Apollo, Pa. HRD-78-93; B-164031(5). April 7, 1978. 2 pp. plus enclosure (15 pp.).
Report to Rep. John P. Murtha; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Facilities (1203); Health Programs: Fraud and Abuse Exist in the Financing Program (1206).
Contact: General Government Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Appalachian Regional Commission.
Congressional Relevance: *Rep.* John P. Murtha.
Authority: Appalachian Regional Development Act.
Abstract: The Commissioners of Armstrong County, Pennsylvania, received complaints concerning Federal funds used in developing and equipping Kiski Valley Medical Facilities, Inc. The complaints alleged that: there was a conflict of interest regarding the selection and acquisition of the facility site, area demographic data were misrepresented in applications for Federal funds, and there is not a need for the facility. An audit revealed no evidence to support the conflict of interest and data misrepresentation allegations. However, although additional medical services were needed in the Kiski Valley, the size of the facility is beyond the needs of the area. The anticipated patient load has not materialized and, as a result, the facility is experiencing financial difficulties. The facility will probably continue to have difficulty in achieving self-sufficiency.

105702

Review of GHI's Administration of Part B of Medicare in Queens County, New York. HRD-78-104; B-164031(4). April 11, 1978. 14 pp. plus 2 enclosures (5 pp.).
Report to Rep. Benjamin S. Rosenthal; by Philip A. Bernstein (for Gregory J. Ahart, Director, GAO Human Resources Division).

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration: Medicare Bureau; Group Health, Inc.
Congressional Relevance: *Rep.* Benjamin S. Rosenthal.
Abstract: Operations of Group Health Incorporated (GHI) in carrying out its responsibilities under Part B of the Medicare program in Queens County, New York, were reviewed. GHI has operated as the Medicare Part B carrier for Queens County since the beginning of the program. The initial contract commenced on February 11, 1966, and has been renewed annually. A detailed explanation of the events and circumstances leading to the initial contract award was not available. However, contracts are renewed yearly unless the carrier or the Government decides not to renew. From January 1, 1973, through June 30, 1976, there were only three instances where the Medicare Bureau reported a GHI operation as unsatisfactory. Claims processing and beneficiary services and provider relations received unsatisfactory ratings for the period ended June 30, 1976; these ratings were attributable to a strike at the carrier which lasted from January 1 to April 23, 1976, and which crippled both the Medicare and private business operation. The accessibility of GHI to beneficiaries in Queens does not appear to be any better or worse than that for other Medicare beneficiaries in the New York area. For the period July through September 1976, GHI had the second highest rate of processing errors per claim line item of all carriers in the region and one of the highest in the country. Because physicians in Queens County charge less, Medicare reimbursement rates there are generally lower than in other areas of New York City.

105703

National Mine Health and Safety Academy: Progress and Problems. FPCD-78-35; B-170686. April 25, 1978. 5 pp. plus 2 appendices (18 pp.).
Report to Sen. Robert C. Byrd, Chairman, Senate Committee on Appropriations: Interior Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs (2200); Environmental Protection Programs: Energy/Environmental Protection Conflicts (2204)
Contact: Federal Personnel and Compensation Division.
Budget Function: Education, Training, Employment and Social Services: Training and Employment (0504).

Organization Concerned: Department of the Interior; Department of the Interior: National Mine Health and Safety Academy.
Congressional Relevance: *Senate* Committee on Appropriations: Interior Subcommittee; *Sen.* Robert C. Byrd.
Authority: Federal Mine Health and Safety Amendments Act of 1977. P.L. 95-164.
Abstract: The Department of the Interior established the National Mine Health and Safety Academy in 1971 to support Bureau of Mines efforts to reduce accidents and improve health conditions in mines and mineral industries through training. The Federal Mine Health and Safety Amendments Act of 1977 transferred the Mining Enforcement and Safety Administration to the Department of Labor but left the Academy within the Department of Interior. ***Findings/Conclusions:*** The Academy has made progress in increasing its level of student training and reduced costs per student by using more of its capacity, but its training capacity is still far in excess of its present mission training. The Academy will have to add other training programs and draw students from outside the Administration to fully use its facilities. During the Academy's development, the faculty spent most of its time on course development, but since it has not followed criterion-referenced instruction, it cannot be assured that course materials are adequate. Problems experienced in daily administrative operations stem principally from the staff's lack of thorough knowledge in accounting and financial management and in procurement functions. Advantages of locating the Academy in the Department of Labor are that it would place the Academy organizationally closer to the Mining Administration, its primary user, and it would permit continuity in support services which the Administration provides. ***Recommendation To Congress:*** The Secretary of the Interior should direct Academy officials to: identify other training programs compatible with the Academy's current mission and assure coordination for such training, use job and task analysis when appropriate and coordinate with on-the-job training during course development, and give priority to evaluating academy training programs. To strengthen daily operational effectiveness, the Secretary should: give priority to organizing and appropriately staffing the business office, develop and implement a management information system, establish administrative controls to ensure that funds are properly spent and accounted for, and establish property accounting controls that conform to the Mining Administration's principles and standards.

105889

The Summer Feeding Program for Children: Reforms Begun, Many More Urgently Needed. CED-78-90; B-178564. March 31, 1978. 46 pp. plus 1 appendix (11 pp.).
Report to Sen. George McGovern, Chairman, Senate Select Committee on Nutrition and Human Needs; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Domestic Food Assistance Programs (1710); Income Security and Social Services: Program Monitoring and Administration (1303).
Contact: Community and Economic Development Division.
Budget Function: Agriculture (0350).
Organization Concerned: Department of Agriculture.
Congressional Relevance: *Senate* Select Committee on Nutrition and Human Needs.
Authority: National School Lunch Act, as amended (72 U.S.C. 1761).
Abstract: The summer food service program for children is one of several child feeding programs created to safeguard the health of the Nation's children. It is an extension of the school feeding programs and is designed to feed, during the summer vacation, children from poor economic areas. Almost since its inception in 1971, the summer feeding program has had problems adversely affecting program operations and goals. ***Findings/Conclusions:*** Although abuses noted in the 1977 program were less flagrant and serious, the following problems remain: insufficient quantities of food in the meals served, poor food quality, and inadequate food storage facilities. Factors contributing to program abuses were: the inflexible legislative limits on the amount of Federal funds for State administration, staffing shortages resulting from factors other than limits on State administrative costs, inadequate efforts to identify areas eligible for the program, inconsistent evaluations in approving sponsors and sites, insufficient State program monitoring, and inadequate State efforts to determine amounts of advance payments to sponsors. Department of Agriculture attention needs to be directed to: determining areas' eligibility for program benefits, clustered and overlapping feeding sites, keeping sponsors with poor previous performances out of the program, visiting proposed feeding sites before they are approved, monitoring program feeding operations, and taking action against sponsors and sites violating program regulations. ***Recommendation To Congress:*** Congress should revise the summer feeding program legislation to provide the Secretary of Agriculture with more flexibility in providing administrative funds to meet the needs of the States. Congress and the Department of Agriculture should consider various alternatives for dealing with problems resulting from inadequate facilities at feeding sites. The Secretary of Agriculture should strengthen some of the program regulations and better enforce them.

105890

[Entitlement Funding and Its Appropriateness for the WIC Program]. CED-78-98; B-176994. April 13, 1978. ***Released*** April 24, 1978. 4 pp. plus 1 enclosure (1 p.).
Report to Sen. Thomas F. Eagleton, Chairman, Senate Committee on Appropriations: Agriculture and Related Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Domestic Food Assistance Programs (1710); Health Programs (1200).
Contact: Community and Economic Development Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Agriculture.
Congressional Relevance: *Senate* Committee on Appropriations: Agriculture and Related Agencies Subcommittee; *Sen.* Thomas F. Eagleton.
Authority: Child Nutrition Act, as amended (42 U.S.C. 1786). Congressional Budget and Impoundment Control Act of 1974. State and Local Fiscal Assistance Act of 1972. 7 U.S.C. 612c. H. Rept. 94-1165.
Abstract: Entitlement legislation requires the payment of benefits to any person, State, or local government meeting requirements established by law. Once enacted, entitlement legislation automatically creates legally enforceable claims to benefits and effectively preempts Congress' formal process of deliberating funding levels and appropriations. GAO has consistently taken the position that the public interest is best served through congressional control of programs and has advocated that programs be financed through periodic direct appropriations. According to officials of the Department of Agriculture, the Special Supplemental Food Program for Women, Infants, and Children is not considered an entitlement program because it operates within a funding ceiling. The program was created before the passage of the Budget and Impoundment Control Act of 1974 and the increased concern and awareness for budgetary control that have resulted.

105891

Review of the Eligibility of Persons Converted From State Disability Rolls to the Supplemental Security Income Program. HRD-78-97; B-164031(4). April 18, 1978. 7 pp. plus enclosure (1 pp.).

Report to Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Eligibility Determination (1301); Income Security and Social Services: Program Effectiveness (1302); Income Security and Social Services: Program Monitoring and Administration (1303).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means; *Senate* Committee on Finance.
Authority: P.L. 93-233.
Abstract: Social Security Administration's (SSA) activities relating to an assessment of the continued medical eligibility of over 2 million disabled Supplemental Security Income (SSI) recipients were reviewed. SSA was asked to evaluate two samples of SSI disabled recipients including an evaluation of: (1) medical evidence supporting the disability determination of 402 recipients who were converted to the SSI program from State disability programs; and (2) more recent medical evidence on 175 recipients. Of the 402 converted recipients, only 152 (38 percent) had sufficient medical evidence in their files to support a disability decision. Thirty-six of the 152 cases (24 percent) were not disabled as defined by appropriate State disability criteria. About 10 percent of the 175 recipients for whom current medical evidence was obtained were no longer disabled. Once they are approved for the program, the vast majority of SSI disabled recipients are not subject to medical reexaminations. SSA assumes that these recipients have impairments which will not improve. The Commissioner of SSA should immediately establish appropriate mechanisms for systematically reviewing the disabled recipients' caseload so that persons no longer disabled can be removed from the rolls. SSA should establish and implement systems for periodically reassessing the adequacy of guidelines for establishing diaries for the total disability caseload and reviewing, on a priority basis, the disability determinations for converted recipients.

105895
Problems Persist in the Puerto Rico Food Stamp Program, the Nation's Largest. CED-78-84; B-51604. April 27, 1978. 55 pp. plus 3 appendices (18 pp.).

Report to Sen. James B. Allen; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Program Monitoring and Administration (1303); Food: Federal Domestic Food Assistance Programs (1710).
Contact: Community and Economic Development Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Agriculture; Food and Nutrition Service; Puerto Rico.
Authority: Food Stamp Act of 1964, as amended (7 U.S.C. 2011). Food Stamp Act of 1977 (P.L. 95-113, title XIII; 91 Stat. 913; 91 Stat. 958). (P.L. 91-671; 84 Stat. 2048).
Abstract: In 1971, legislation was enacted which authorized the Commonwealth of Puerto Rico to participate in the food stamp program; today, the Puerto Rico program is the largest food stamp operation in the Nation in terms of both the percentage of population participating and the total value of stamps issued monthly. ***Findings/Conclusions:*** Problems have existed in the Puerto Rico program since it began, but little was done in the past by the Commonwealth or the Food and Nutrition Service to solve the problems. Auditors found accountability deficiencies, resulting from problems reported in 1974, and other problems such as: lack of documentation suporting retroactive benefit issuances, inadequate monitoring of Commonwealth personnel who both participated in the program and administered it, and failure to identify questionable authorization card redemptions. Corrective action by the Commonwealth was delayed without adequate explanation. Recently, more substantial actions have been taken to improve program performance. There is a need, however, for improvement in computer system operations in order to correct problems in program service and accountability. The Secretary of Agriculture should have the Administrator, Food and Nutrition Service: direct that the Service steering committee formed to help resolve Puerto Rico food stamp management problems address the program management deficiencies outlined; form a technical assistance group responsible for the long-term improvement of the Commonwealth's food stamp computer system; and require the Commonwealth, with technical assistance from the computer group, to undertake a series of corrective actions for improving the computer system.

105896
Inconsistencies in Retirement Age: Issues and Implications. PAD-78-24. April 17, 1978. 45 pp.
Staff Study by Harry S. Havens, Director, GAO Program Analysis Division.

Contact: Program Analysis Division.
Budget Function: Income Security: General Retirement and Disability Insurance (0601).
Organization Concerned: Department of Health, Education, and Welfare; Department of Defense; Department of Labor; United States Civil Service Commission.
Congressional Relevance: *House* Committee on Post Office and Civil Service; *Senate* Committee on Human Resources.
Authority: Employee Retirement Income Security Act of 1974.
Abstract: Retirement is becoming an increasingly important issue primarily because of escalating costs and demographic changes. The three largest retirement systems under the jurisdiction of the Federal Government are social security, the Civil Service Retirement System, and Department of Defense Retired Military Personnel. These three programs made benefit payments to 35.6 million beneficiaries in 1976, and the number of people retiring is increasing. ***Findings/Conclusions:*** Because of the declining birthrate and deathrate, the population of the United States is aging. This trend, plus the declining rate of participation of persons 55 years of age or older in the labor force, has led to a decrease in the ratio of working to retired persons. Different age limits for retirement have been based on different needs of the systems involved. The normal retirement age for social security benefits is 65, but individuals may retire earlier with reduced benefits. Civil service retirement is based on age and service requirements. The average age of annuitants dropped by 6.4 years between 1940 and 1975. Career military personnel may retire after 20 years of service with pensions based on years of service with no age requirement. Retirement plans are allowing people to retire at younger ages, and benefits have been liberalized. These factors will seriously affect the funding of retirement programs and financial requirements of the Federal Government. Concern has also been expressed about the social, psychological, and physical effects of retirement on individuals.

105900
Need for Active Alcohol Public Education Program. March 1, 1978. 3 pp.
Report to Joan Claybrook, Administrator, National Highway Traffic Safety Administration; by Hugh J. Wessinger, Associate Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Transportation.

Abstract: The National Highway Traffic Safety Administration's (NHTSA's) public education program for the past several years has been directed at combating the drinking-driver problem. A major portion of the funds obligated for the program were used for contracts with advertising firms for the development of television and radio announcements and other printed material for media placement. In early 1977, as a cost-saving measure, the Department of Transportation cancelled these contracts and proposed that this work could be done in-house. As of January 1978, no work has been done to develop materials for the media. Several State highway safety representatives noted that a serious information void currently exists, and some States' attempts to obtain public education information from other States have not been successful. Although an independent evaluation of the overall effectiveness of the public information program has not been made, some studies have shown that the NHTSA public education campaign has been effective. The public should continually receive the message that the drinking-driver problem is a serious national problem and that everyone has a personal responsibility to help reduce the number of accidents caused by alcohol. The Federal Government should take the initiative in the development of public education material.

105946

[Concorde Monitoring and Noise Regulation]. CED-78-52; B-166506. January 31, 1978. 2 pp. plus enclosure (8 pp.).
Report to Rep. Leo J. Ryan, Chairman, House Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency; Department of Transportation; Federal Aviation Administration; National Academy of Sciences.
Congressional Relevance: *House* Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee; *Rep.* Leo J. Ryan.
Abstract: The Federal Aviation Administration's (FAA) final monitoring report on Concorde operations at Dulles Airport, the National Academy of Sciences' report on public reaction to Concorde operations, and FAA Notice of Proposed Rulemaking which would establish noise limits for supersonic aircraft were analyzed. The local option provisions, the right of the local airport proprietor to regulate noise at its own airport, may not be a viable method for regulating Concorde noise. More clearly defined guidance should be given to airport proprietors so that they can invoke their local option without encountering long legal battles. The Federal Government should also provide some criteria to industry as to the noise levels that would be acceptable for future aircraft rather than letting the development of future technology control the noise levels that will be established. Although the FAA final monitoring report found that the Concorde has gained in public acceptance during the trial period, no valid basis for such a statment was indicated. The Secretary of Transportation should provide general guidelines in the final noise rule for supersonic airplanes as to what constitutes a standard that is nondiscriminatory and not unduly burdensome on interstate and foreign commerce and should require new-design supersonic aircraft to meet the same noise levels as new-design subsonic aircraft.

105947

Secondary Treatment of Municipal Wastewater in the St. Louis Area: Minimal Impact Expected. CED-78-76; B-166506. May 12, 1978. 39 pp. plus 5 appendices (14 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Costs/Benefits of Achieving Environmental Protection Standards (2203).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; Congress.
Authority: Federal Water Pollution Control Act Amendments of 1972. P.L. 92-500. 33 U.S.C. 1251. Clean Water Act of 1977.
Abstract: The objective of the Federal Water Pollution Control Act Amendments of 1972 was to restore and maintain the chemical, physical, and biological integrity of the Nation's waters. Publicly owned treatment works were required to provide secondary treatment by July 1, 1977, and to use the best practicable technology by 1983. To assist publicly owned treatment works in providing secondary treatment, the Act authorized the Environmental Protection Agency (EPA) to make grants of up to 75 percent of the costs. Federal funds approximating $163 million are planned to be spent for the construction of two municipal secondary treatment facilities in the St. Louis, Missouri, area. ***Findings/Conclusions:*** No significant change in Mississippi River water quality is expected to result from the planned investment of about $216 million (including $163 million in Federal funds) in secondary treatment facilities in St. Louis. Although EPA and other officials have mentioned possible long-range reductions in potentially cancer-causing materials, these benefits have not been validated or quantified. Large increases in energy use and large accumulations of sludge from secondary treatment operations are expected. These considerations will have an impact not only on energy and environmental issues but also on the St. Louis area residents who will have to bear increased operation and maintenance costs. According to St. Louis Sewer District officials, these costs will more than double. Sewer District officials felt that little benefit would result from upgrading two treatment plants from primary to secondary status. However, both Missouri and Illinois officials believed that more benefits would result if Federal funds were used for other projects in their States. ***Recommendation To Congress:*** Congress should amend the law to eliminate the mandatory requirement for secondary treatment of discharges and to permit the Administrator of EPA to grant waivers, deferrals, or modifications on a case-by-case basis to this requirement. The Administrator should reevaluate the policy of subordinating combined sewer overflow and collector sewer projects to municipal plant projects in view of the Clean Water Act of 1977, which allows States more flexibility in determining construction grant priorities.

105957

[Examination of Financial Statements of Gorgas Memorial Institute of Tropical and Preventive Medicine, Inc.] ID-78-38; B-114867. May 11, 1978. 2 pp. plus 4 enclosures (8 pp.).
Report to Board of Directors, Gorgas Memorial Institute of Tropical and Preventive Medicine, Inc.; by Elmer B. Staats, Comptroller General.

Issue Area: Accounting and Financial Reporting (2800).
Contact: International Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Authority: 22 U.S.C. 278a.
Abstract: The financial statements of the Gorgas Memorial Institute of Tropical and Preventive Medicine, Inc., for the fiscal year ended September 30, 1977, and the transitional quarter ended September 30, 1976, were examined. The Institute is a private nonprofit organization which was incorporated in Delaware, registered in the Republic of Panama, and has its headquarters in Washington, D.C.

It is governed by a 47-member Board of Directors which includes officials of the United States and Panama Governments, representatives of national and international agencies, and leading United States and Latin American scientists and professionals. The Gorgas Memorial Laboratory, the biomedical research facility, is operated by the Institute and is funded by Congress and the Panamanian National Assembly. ***Findings/Conclusions:*** The examination of the Institute's statement of assets, liabilities, and fund balances as of September 30, 1977, and September 30, 1976, and the related statements of contributions, income, expenditures, transfers of operating funds, and changes in fund balances were made in accordance with generally accepted accounting procedures and included such tests of accounting records and other auditing procedures as were considered necessary. The statements present fairly the assets and liabilities of the Gorgas Memorial Institute at September 30, 1977, and September 30, 1976, and the contributions, income, expenditures, transfers of operating funds, and changes in fund balances in comformity with generally accepted accounting principles for nonprofit organizations applied on a consistent basis. The Panama Canal Treaty surrendering American control over the Panama Canal and the Canal Zone to Panama by the year 2000 will apparently have no impact on the laboratory's facilities.

105986

The New Orleans Naval Hospital Should Be Closed and Alternative Uses Evaluated. HRD-78-71; B-133044. May 15, 1978. 19 pp. plus 3 appendices (4 pp.).
Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Early Diagnosis and Disease Control (1201).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554).
Organization Concerned: Department of the Navy; Department of Defense; Veterans Administration; Office of Management and Budget; Public Health Service.
Congressional Relevance: *House* Committee on Armed Services; *Senate* Committee on Armed Services; Congress.
Authority: 10 U.S.C. 1074. 10 U.S.C. 1076. 38 U.S.C. 610. 38 U.S.C. 613. 42 U.S.C. 249. 42 U.S.C. 253.
Abstract: The Naval Regional Medical Center in New Orleans, Louisiana, is a 250-bed general medical and surgical hospital which was built to serve the health care needs of active duty personnel and other military beneficiaries in the area. New Orleans also has 2 other Federal hospitals, the Public Health Service hospital and the Veterans Administration hospital. The New Orleans metropolitan area also has two medical schools and several regional, national, and international medical referral centers. In all, the area has 30 non-Federal hospitals and a total of 7,650 beds. ***Findings/Conclusions:*** The New Orleans naval hospital is greatly underused. Although it was constructed to accommodate 250 patients, its average daily patient load in 1977 was about 23, less than 10 percent of its capacity. The potential for increasing the hospital's military workload is virtually nonexistent. The Navy plans to discontinue inpatient services at the hospital. It should discontinue both inpatient and outpatient services; such action would save annual operating costs of about $4 million and permit the transfer of military physicians and support personnel whose pay totals $3.1 million. The Navy could continue to provide outpatient care at its New Orleans Naval Air Station dispensary. Neither the Department of Defense nor the Veterans Administration could identify any inpatient medical needs that could be filled by the facility. The disadvantages of transferring the operations of the Public Health Service hospital to the Naval hospital would outweigh the advantages. The hospital could be used for two non-Federal activities: the Louisiana Department of Health and Human Resources could use it as an adolescent mental health care facility, or a lease could be negotiated with a private for-profit hospital. ***Recommendation To Congress:*** The Secretary of Defense should: discontinue both inpatient and outpatient medical services at the New Orleans naval hospital, take the necessary action to provide outpatient care at the New Orleans Naval Air Station dispensary, and evaluate thoroughly the two potential medical uses for the hospital and take action to pursue one of these if it is deemed acceptable.

105987

Are Enough Physicians of the Right Types Trained in the United States? HRD-78-92; B-164031(5). May 16, 1978. 84 pp. plus 14 appendices (48 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Veterans Administration; Department of Defense.
Congressional Relevance: Congress.
Authority: Health Professions Educational Assistance Act of 1963. P.L. 88-129. Comprehensive Health Manpower Training Act of 1971. P.L. 92-157. Health Professions Educational Assistance Act of 1976. P.L. 94-484. Nurse Training Act of 1973. P.L. 92-158. Veterans Health Care Expansion Act of 1973. P.L. 92-541.
Abstract: Congress and the medical profession are concerned about whether the number of physicians practicing in various medical specialties is appropriate and whether a proper distribution of physicians by specialty is available in the United States. Discussion has focused on whether enough physicians will be practicing in primary case specialties and whether too many physicians are or will be practicing in other specialties. Considerable debate has also occurred on whether there is a sufficient aggregate supply of physicians in the United States. ***Findings/Conclusions:*** No system exists to insure that the number and type of physicians trained is consistent with or related to the appropriate number needed. Decisions on the type and size of graduate medical education programs offered are usually made by individual medical school and hospital program directors without consideration of national needs. Programs offered are influenced by the funds available, the need to provide balanced training within the institution, and patient care needs of training institutions. These programs are not coordinated with identical training programs offered elsewhere. At the present time, no public or private organization has overall responsibility for developing and implementing a system to see that the number and types of physician specialists are consistent with the number needed. The best way to answer the question about the total number of physicians needed is first to determine the number of each type of specialist needed. ***Recommendation To Congress:*** If additional physicians are determined to be needed, Congress should consider whether: (1) additional medical schools should be established or the capacity of existing medical schools should be increased; or (2) if the shortage should be filled by U.S. citizens studying abroad or by medical graduates from other countries. If the number of training positions needed should be fewer than the number of physicians graduating, Congress should explore the extent to which Federal financial assistance for increasing the number of medical school graduates is necessary and should be continued. Until the need for additional physicians is more precisely determined, Congress should explore whether it wants the Veterans Administration to continue providing grants either to establish new medical schools or to increase the capacity of existing ones.

105988

Inappropriate Number of Acute Care Beds Planned by VA for New Hospitals. HRD-78-102; B-133044. May 17, 1978. 49 pp. plus 2 appendices (13 pp.).

Report to Sen. William Proxmire, Chairman, Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration.
Congressional Relevance: *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Sen.* William Proxmire.
Authority: National Health Planning and Resources Development Act of 1974. P.L. 93-641.
Abstract: The Veterans Administration (VA) is planning four replacement hospitals as part of its construction program. The VA relied on historical patient workload data trends projected to 1985 from each of the existing facilities in making its estimates of future bed requirements. However, historical data on patient use of existing facilities are not considered a good indicator of future needs if lower cost alternatives to acute care are not readily available to VA in sufficient quantities. Without access to such alternatives as intermediate care and nursing home care, VA hospital patients would tend to remain longer than necessary in acute care beds, and historical data on patient use would be artificially inflated. ***Findings/Conclusions:*** To suggest a way to overcome these problems, a new model was developed which analyzed past practices and determined what different degrees of care should have been provided. The model is designed to analyze computerized medical records of each patient discharged from the existing VA hospital and to determine how long, on an average, such a patient would have remained in an acute care bed section of a non-Federal community hospital. The model does not suggest that VA hospital beds are used for patients without medical problems but that their problems often do not require the resources associated with acute care beds for the full period of their medical treatment. The VA method of projecting admissions and average length of stay should be changed because it does not adequately discern between acute and other types of care or show expected changes in the age mix of eligible veterans. ***Recommendation To Congress:*** Congress should require that the VA justify all new and replacement hospitals, in terms of priority, on the basis of a clear and explicit set of objective criteria before funding is approved.

105989
Health Hazard Evaluation Program Needs Improvement. HRD-78-13; B-163375. May 18, 1978. 27 pp. plus 4 appendices (10 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Development and Promulgation of Necessary Health Standards (0911).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Health, Education, and Welfare; Department of Labor; Center for Disease Control: National Institute for Occupational Safety and Health; Occupational Safety and Health Administration.
Congressional Relevance: *House* Committee on Education and Labor; *Senate* Committee on Human Resources; Congress.
Authority: Occupational Safety and Health Act of 1970. 90 U.S.C. 651.
Abstract: The Occupational Safety and Health Act of 1970 established the health hazard evaluation program which requires the Department of Health, Education, and Welfare (HEW) to determine, when properly requested by employers or employees, whether substances in workplaces are toxic. The program is administered by the National Institute for Occupational Safety and Health and requires that employers and employees be advised of the results of health hazard evaluations as soon as possible. ***Findings/Conclusions:*** Although the National Institute for Occupational Safety and Health (NIOSH) estimates that millions of workers are exposed to thousands of cancer causing and other dangerous substances in their workplaces, it had received only 892 requests for health hazard evaluations in about 6 years. NIOSH has done little to publicize and promote the program, and officials believe that most employees and employers are not aware of either NIOSH or its health hazard evaluation program. After making health hazard evaluations, NIOSH takes a long time to prepare comprehensive, technical reports that recipients may not understand. Hazards could be identified and corrected sooner and NIOSH personnel could be used more effectively if reports were issued soon after the evaluations were made. The Occupational Safety and Health Administration headquarters does not have a policy, and its area offices do not have a program or procedures, for using hazard evaluation reports to plan inspections. ***Recommendation To Congress:*** The Secretary of HEW should: widely publicize the hazard evaluation program, make reports more timely by simplifying and shortening them, notify workers immediately when there appear to be toxic conditions, reevaluate issued reports to determine if changes to exposure levels affected the toxicity determinations, analyze evaluation reports to determine whether new or revised standards are needed, establish a program for measuring program effectiveness, and send reports to other companies and employee representatives of companies that may have similar conditions or substances. The Secretary of Labor should set a policy that area offices inspect workplaces where toxic conditions have been identified and direct its regional offices to be more responsive to HEW requests for information.

105990
Workplace Inspection Program Weak in Detecting and Correcting Serious Hazards. HRD-78-34; B-163375. May 19, 1978. 33 pp. plus 3 appendices (11 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Death and Serious Disability Caused by Workplace Safety Hazards (0910).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Labor; Occupational Safety and Health Administration.
Congressional Relevance: *House* Committee on Education and Labor; *Senate* Committee on Human Resources; Congress.
Authority: Occupational Safety and Health Act of 1970. 29 U.S.C. 651.
Abstract: The Department of Labor (DOL) estimated that during 1976 about 4,500 private industry workers suffered fatal work-related injuries and illnesses and that about 1 of every 11 workers had nonfatal injuries and illnesses. The Occupational Safety and Health Administration (OSHA) is responsible for trying to assure safe and healthful working conditions for more than 60 million workers. It establishes national occupational safety and health standards and conducts inspections of workplaces. ***Findings/Conclusions:*** A review of DOL and State inspections revealed that: serious work hazards were sometimes not identified, this often resulted from inadequate guidance and monitoring; compliance officers were unaware of the applicability of some standards and believed others were unenforceable; required followup inspections to assure elimination of serious hazards sometimes were not made and often, when made, were untimely; citations for some serious hazards were withdrawn, sometimes without good cause, without

review and without reinspections; many serious hazards were cited as nonserious violations, and therefore, followup inspections were not made; and requests for additional time to correct hazards were routinely approved without determining that employers tried to correct hazards. ***Recommendation To Congress:*** The Secretary of Labor should direct OSHA and the States to establish a continuing program for evaluating the effectiveness of inspections to include: identifying worksite hazards likely to exist in a particular industry and requiring compliance officers to adequately report findings; developing procedures for effective supervisory review of inspection case files; reinspecting worksites periodically and evaluating compliance officers on the job; and reviewing officers' recommendations for new standards. The Secretary should inform DOL regional offices and States that certain standards are mandatory. The Secretary should require OSHA and the States to: confer with compliance officers involved before deciding whether to withdraw citations; review written justifications for modified or deleted serious violations; reinspect sites to determine if violations, deleted from citations due to inadequate inspections or errors, should be sustained; develop procedures to assure timely and effective followup inspections; develop guidelines to assure proper classification of serious violations; and evaluate policies and practices for reviewing employers' requests for additional time to correct hazards.

105991

Better Coordination Could Improve the Provision of Federal Health Care in Hawaii. HRD-78-99; B-133142. May 22, 1978. 34 pp. plus 9 appendices (20 pp.).
Report to Sen. Daniel K. Inouye; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Defense; Department of Health, Education, and Welfare; Veterans Administration; Public Health Service.
Congressional Relevance: *Sen.* Daniel K. Inouye.
Authority: National Health Planning and Resources Development Act of 1974. P.L. 93-641. OMB Circular A-95.
Abstract: In Hawaii, the Department of Defense (DOD), through its military services, the Veterans Administration (VA), and the Public Health Service, provide health care to a beneficiary population of about 230,000 people. Because of its location and size, a unique opportunity exists in Hawaii to assure that Federal health care is delivered more economically without sacrificing the quality of care. ***Findings/Conclusions:*** The DOD Mid-Pacific Review Committee has not systematically assessed the use of medical and dental facilities in Hawaii, but an interservice assessment of the beneficiary population residing around the various military clinics showed that a more equitable distribution of the workload is possible at considerable savings to the Government. The Committee needs specific guidance concerning how to assess the need for increasing or decreasing health care services in particular areas of the State and whether to include the resources of other Federal and non-Federal agencies in such assessments. The Committee does not have a clear mechanism to resolve differences of opinion and program emphasis among the services, and it has not received feedback from DOD when it has presented interservice cooperation proposals for specific health care areas. Of major consequence is the opportunity afforded the Government by the planned renovation and construction project involving Tripler Army Medical Center on Oahu. ***Recommendation To Congress:*** The Secretary of Defense should: make sure that the DOD Health Council provides the direction, guidance, and feedback needed by the Mid-Pacific Review Committee and directs that Committee to seek VA and Public Health Service representation; establish interagency agreements with VA and the Department of Health, Education, and Welfare to provide dental care in military facilities when this would be advantageous; and make sure that the Army keeps other Federal health care providers and State officials informed of its planning for the Tripler renovation and gives full consideration to their concerns.

105992

To Provide Proper Compensation for Hearing Impairments, the Labor Department Should Change Its Criteria. HRD-78-67; B-157593. June 1, 1978. 26 pp. plus 3 appendices (11 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Personnel Management and Compensation (0300); Income Security and Social Services: Eligibility Determinations (1307).
Contact: Human Resources Division.
Budget Function: Income Security: Federal Employee Retirement and Disability (0602).
Organization Concerned: Department of Labor; Center for Disease Control: National Institute for Occupational Safety and Health; Office of Workers' Compensation Programs; American Academy of Ophthalmology and Otolaryngology.
Congressional Relevance: *House* Committee on Education and Labor; *Senate* Committee on Human Resources; Congress.
Authority: Federal Employees' Compensation Act. 5 U.S.C. 8101. Administrative Procedure Act. 5 U.S.C. 551. 5 U.S.C. 554.
Abstract: Millions of American workers have been exposed to occupational noise levels which may result in hearing impairment. Federal civilian employees are covered by the Federal Employees' Compensation Act which is administered by the Office of Workers' Compensation Programs (OWCP) in the Department of Labor. Between 1969 and 1976, about 36,000 claims for hearing impairment compensation were filed by Federal civilian employees for a potential liability exceeding $185 million. ***Findings/Conclusions:*** Most of this liability was due to Department of Labor modifications in 1969 and 1973 of a generally accepted hearing impairment formula developed by the American Academy of Ophthalmology and Otolaryngology (AAOO) and endorsed by the American Medical Association. The Act itself does not specify the criteria to be used in determining the extent of an employee's permanent impairment. It specifies only that the permanent portion of an impairment must have been proximately caused by employment to qualify for a scheduled award. These factors are often inadequately established and result in considerable overcompensation. While OWCP regulations require that compensation be provided for the full degree of impairment if the condition was aggravated by the occupational environment, agency officials have expressed concern as to whether the employer should be liable for the portion of impairment that existed before employment. ***Recommendation To Congress:*** The Secretary of Labor should have the OWCP immediately adopt the AAOO formula for determining hearing impairment. Any future changes in the hearing impairment formula should be be based on appropriate scientific research and advice from other Government agencies and scientific and medical organizations. The OWCP should employ noise-exposure level standards recommended by the National Institute for Occupational Safety and Health as the basis for determining occupational relationship to noise-induced hearing impairment; and it should require the use of testing procedures which exclude temporary hearing loss and exaggerated responses in establishing degrees of hearing impairment.

105993

[Information on Assignment Rates Under Medicare]. HRD-78-111; B-164031(4). May 31, 1978. 2 pp. plus enclosure (15 pp.).

Report to Rep. A. Toby Moffett, House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; Rep. John E. Moss, Chairman; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: General Health Financing Assistance (0555).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; *Rep.* John E. Moss; *Rep.* A. Toby Moffett.
Authority: Social Security Amendments of 1972. 42 U.S.C. 1395b. P.L. 92-603. 91 Stat. 1202. Medicare-Medicaid Anti-Fraud and Abuse Amendments. P.L. 95-142. H.R. 12244 (95th Cong.). H.R. 7079 (95th Cong.). H.R. 9916 (95th Cong.). S. 1470 (95th Cong.). Social Security Act.
Abstract: Under Medicare, physicians have an option on each claim to accept assignment for charges to Medicare patients. By accepting assignment, the physician agrees to accept as payment in full that amount which Medicare determines to be reasonable. In response to congressional concern over the low Medicare part B assignment rate in Connecticut, the following were reviewed: historical assignment rates in Connecticut and other New England States, studies concerning reasons why physicians do or do not accept assignment, a study of the potential effects of mandatory assignment, the effects of mandatory assignment under Medicaid, pending legislative proposals, and other legislative options for increasing assignment rates. Nationwide, the general trend has been a decline in assignment rates. Two studies showed that physicians, in deciding whether to accept assignment, respond to economic incentives or disincentives. Factors affecting Connecticut's assignment rate included: the per capita income of the area, uncertainty as to what Medicare's reasonable charges would be, and complicated claims mechanisms. Reasons cited for low participation rates in medicaid involved: lower reimbursement rates, lengthy claims processing time, and excessive paperwork. Three options which might have some positive effect on assignment rates are pending in the Congress. While it is difficult to determine the specific effect implementation of any option or combination of options would have, the logical step would be to carry out demonstration projects to test the results of various studies.

105994
[Proposal for Replacement of Indian Health Service Hospital]. HRD-78-124; B-164031(5). June 2, 1978. 2 pp.
Report to Sen. Henry Bellmon; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Facilities (1203); Health Programs: Access to Health Care (1204).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551); Health: Health Planning and Construction (0554).
Organization Concerned: Department of Health, Education, and Welfare; Health Services Administration: Indian Health Service.
Congressional Relevance: *Sen.* Henry L. Bellmon.
Abstract: The Indian Health Service (IHS) and the Cherokee Tribe jointly proposed to replace the W. W. Hastings Hospital operated by the IHS with a new facility adjacent to the city hospital at Tahlequah, Oklahoma. The IHS program document for the replacement of the W. W. Hastings Hospital was deficient in several respects. It did not contain sufficient planning for the integration of Indian and non-Indian health needs provided at the Tahlequah Community Hospital; calculate the number of acute care hospital beds and amount of square footage in accordance with planning methods approved by the Department of Health, Education, and Welfare; or develop the justification for and facility requirements of the training and educational programs which the tribe had planned. A review of the IHS hospital construction program identified weaknesses in program planning. The IHS method of planning for acute care hospital beds does not recognize the downward trend in IHS hospital usage; if IHS proceeds as planned, its hospitals will contain too many beds. Appropriations for IHS hospital planning and construction should not be made until IHS adjusts its method for planning hospital capacity and size to recognize the downward trend in hospital use and the availability of existing community facilities.

105995
Federal Capitation Support and Its Role in the Operation of Medical Schools. HRD-78-105; B-164031(2). May 16, 1978. 27 pp. plus 11 appendices (47 pp.).
Staff Study
By Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee.
Authority: Comprehensive Health Manpower Training Act of 1971. P.L. 92-157. Health Professions Education Assistance Act.
Abstract: The Comprehensive Health Manpower Act of 1971 authorized institutional assistance in the form of formula grants, called capitation grants, based on statutorily established amounts per student per year and a bonus for enrollment of first-year students beyond mandated levels. Subject to the availability of appropriations, medical schools were authorized to receive $2,500 for each enrolled first-year, second-year, and third-year student, and $4,000 for each graduating student. ***Findings/Conclusions:*** Although it provides a relatively small percentage of the resources needed to operate a medical school, Federal capitation support has played an important role in medical education. Because of the flexibility in expenditures allowable from this source of revenue, school officials believe that terminating the program would adversely affect medical school teaching programs and possibly result in reduced enrollment. However, data do not show conclusively the impact that loss of capitation grants would have on medical schools. Federal funding to medical schools has increased but not at the same rate as other funding sources. Federal support of medical schools amounted to about 50 percent of their total revenue in 1975-76, a decline of 3 percent since school year 1973-74. The major portion of Federal support comes from National Institutes of Health research grants. If this source of funding had not increased, the Federal share of medical school revenue would have been about 44 percent in 1975-76. Medical school revenues are increasing. From 1974 to 1976, public-supported medical schools increased their revenues by 35 percent while private medical schools increased their revenues by 22 percent. However, medical school expenditures have also increased.

106020
Federal Efforts To Stem the Flow of Drugs Across the U.S.-Mexican Border. May 9, 1978. 5 pp.
Testimony before the Senate Committee on Foreign Relations: International Operations Subcommittee; by William J. Anderson, Deputy Director, GAO General Government Division.

Contact: General Government Division.
Organization Concerned: Drug Enforcement Administration; Immigration and Naturalization Service; United States Customs Service.
Congressional Relevance: *Senate* Committee on Foreign Relations: International Operations Subcommittee.

Abstract: Control of illegal entry at the United States-Mexico border is basically a task of controlling the movement of people, vehicles, aircraft, boats, and goods. The principal agencies involved in law enforcement at the border are the Customs Service, the Immigration and Naturalization Service (INS), and the Drug Enforcement Administration (DEA). Border forces interdict only a small quantity of the estimated heroin and cocaine entering the United States from Mexico; most seizures are of marijuana. In fiscal year 1976, Customs, INS, and DEA intercepted 6 percent of the heroin, 3 percent of the cocaine, and 13 percent of the marijuana estimated to come from Mexico. Border apprehensions seldom involve high-level traffickers. There is a need for an integrated Federal strategy and comprehensive border control plan. This could best be achieved by the assignment of border control responsibilities to a single agency. The executive branch should provide Congress, along with appropriations requests, an overview of law enforcement along the United State-Mexico border, including an analysis of the budget requests and law enforcement strategies of the various border law enforcement agencies. The Office of Management and Budget, Office of Drug Abuse Policy, and principal border agencies should develop an integrated strategy and comprehensive operational plan for border control which would consider alternatives ranging from the present management structure to single-agency management.

106198

[Need for the Social Security Administration To Obtain Accurate Data on State Workmen's Compensation Payments for Computing Black Lung Benefits]. HRD-78-109; B-164031(4). May 16, 1978. 6 pp.
Report to Rep. John N. Erlenborn; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Payment Processes (1309).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: *Rep.* John N. Erlenborn.
Authority: Federal Coal Mine Health and Safety Act of 1969, title IV. 30 U.S.C. 801. Black Lung Benefits Reform Act of 1977. P.L. 95-239.
Abstract: Under the Black Lung Benefits Reform Act of 1977, black lung benefits paid to disabled miners can only be reduced by State benefits paid for a disability due to pneumoconiosis. According to the Department of Health, Education, and Welfare (HEW) if a State law provides that State workmen's compensation benefits are paid to widows as death benefits, the black lung benefits cannot be reduced. During June 1977, the Social Security Administration paid $76.3 million in black lung benefits to 463,467 people, with 86 percent of the benefits paid in nine States. Recipients were receiving both Federal black lung benefits and State workmen's compensation payments in 1,766 cases, 1,470 for miners and 296 for widows. Most of the workmen's compensation awards to miners were for disability due to pneumoconiosis, and widows' benefits were not reduced because their workmen's compensation benefits were determined to be death benefits. Federal black lung benefits have been incorrectly paid in Pennsylvania and Kentucky because recipients have failed to report the receipt of workmen's compensation. Pennsylvania has incorrectly paid special State program benefits apparently because it has difficulty in identifying Federal black lung recipients. The Secretary of HEW should direct the Commissioner of Social Security to: obtain State workmen's compensation payment data from Pennsylvania, Kentucky, and other States for use in computing black lung payments; periodically ask recipients if State benefits are being received; and identify States that need Federal black lung information.

106211

[Joint Proposal for a Nutrition Surveillance System]. CED-78-145; B-133192, B-164031(3). June 29, 1978. 10 pp.
Report to Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Food (1700); Health Programs (1200).
Contact: Community and Economic Development Division.
Budget Function: Agriculture: Agricultural Research and Services (0352).
Organization Concerned: Department of Agriculture; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources.
Authority: P.L. 95-113.
Abstract: The Departments of Agriculture and Health, Education, and Welfare (HEW) developed and submitted to Congress a joint proposal for a comprehensive Nutritional Status Monitoring System (NSMS) which recognized that there was no adequate national nutrition surveillance system and proposed to institute one. An effective surveillance system should: promptly identify nutritional needs; pinpoint, within narrow geographic boundaries, specific target groups with nutritional needs; predict future areas of nutritional concern; and provide data which Federal agencies can use to monitor the effectiveness of programs for various population groups. A number of weaknesses exist which preclude current programs from functioning as an effective surveillance system: (1) the systems are not always specific enough to identify problems by narrow geographic areas or do not always include important population groups; (2) the systems do not produce information in a timely manner; and (3) the systems do not provide information adequate for evaluating the effectiveness of programs designed to improve nutritional health. The proposed NSMS consists of four interrelated elements to determine nutritional and dietary status, nutritional quality of foods, dietary practices and knowledge, and the impact of nutrition intervention programs. There are four major areas of concern with the NSMS: lack of specificity and agreement between the Department of Agriculture and HEW; lack of agreement on the collaborative, dicennial survey; the role of the system in program evaluation; and the inadequacy of the coordination mechanism. Congress should designate either Agriculture or HEW as the lead agency for nutrition intelligence gathering, and an outside party should be selected to conduct an independent peer review of the program.

106212

[Need for a Comprehensive National Nutrition Surveillance System]. CED-78-144; B-133192, B-164031(3)B-133192, B-164031(3). June 29, 1978. 10 pp.
Report to Secretary, Department of Agriculture; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Health Programs (1200); Food (1700).
Contact: Community and Economic Development Division.
Budget Function: Agriculture: Agricultural Research and Services (0352).
Organization Concerned: Department of Health, Education, and Welfare; Department of Agriculture.
Congressional Relevance: *House* Committee on Agriculture; *Senate* Committee on Agriculture, Nutrition, and Forestry.
Authority: P.L. 95-113.
Abstract: The Departments of Agriculture and Health, Education,

and Welfare (HEW) developed and submitted to Congress a joint proposal for a comprehensive Nutritional Status Monitoring System (NSMS) which recognized that there was no adequate national nutrition surveillance system and proposed to institute one. An effective surveillance system should: promptly identify nutritional needs; pinpoint, within narrow geographic boundaries, specific target groups with nutritional needs; predict future areas of nutritional concern; and provide data which Federal agencies can use to monitor the effectiveness of programs for various population groups. A number of weaknesses exist which preclude current programs from functioning as an effective surveillance system: (1) the systems are not always specific enough to identify problems by narrow geographic areas or do not always include important population groups; (2) the systems do not produce information in a timely manner; and (3) the systems do not provide information adequate for evaluating the effectiveness of programs designed to improve nutritional health. The proposed NSMS consists of four interrelated elements to determine nutritional and dietary status, nutritional quality of foods, dietary practices and knowledge, and the impact of nutrition intervention programs. There are four major areas of concern with the NSMS proposal: lack of specificity and agreement between the Department of Agriculture and HEW; lack of agreement on the collaborative, dicennial survey; the role of the system in program evaluation; and the inadequacy of the coordination mechanism. Congress should designate either Agriculture or HEW as the lead agency for nutrition intelligence gathering, and an outside party should be selected to conduct an independent peer review of the program.

106213

Authority of Food and Drug Administration To Promulgate Regulations Allowing Food Manufacturers To Use Safe and Suitable Optional Ingredients. B-164031(2).154. April 28, 1978. 1 pp. plus enclosure (6 pp.).

Memorandum to Edward R. Tasca, Supervisory Auditor, Human Resources Division; by Robert H. Hunter, Jr, Senior Attorney, GAO Office of the General Counsel.

Contact: Office of the General Counsel: Special Studies and Analysis.

Organization Concerned: Food and Drug Administration.

Congressional Relevance:

Abstract: GAO examined the authority of the Food and Drug Administration (FDA) to promulgate regulations allowing food manufacturers to use safe and suitable optional ingredients instead of using the so-called recipe approach in the preparation of food products. Under the new regulations, manufacturers can use ingredients that perform an appropriate function in the foods in which they are used and at a level no higher than necessary to achieve the intended purpose in the food. The legislative history of the Food, Drug and Cosmetic Act does not support the argument that FDA is constrained to use only the recipe approach when it promulgates standards of identity for food products. GAO concluded that the Commissioner of Food and Drugs has been given broad power to promulgate regulations concerning food products whenever doing so could be reasonably expected to promote honesty and fair dealing in the interest of consumers. GAO believed that the Commissioner's decision to adopt another method for developing standards for identity, known as the safe and suitable approach, is a reasonable exercise of that authority. Whether the promulgation of standards of identity allowing for the use of the safe and suitable ingredients will promote honesty and fair dealing in the interests of consumers was a question that GAO was not in a position to resolve.

106214

Food Update, Vol. 3, Issue 1. April 1978. 8 pp.

Edited by Les Andreoni and Eileen Kugler.

Contact: Community and Economic Development Division.

Organization Concerned: Department of Agriculture; Food and Drug Administration; Federal Trade Commission.

Abstract: This publication presents reports of upcoming conferences and meetings on food and nutrition. It gives the status of legislative action on food programs. It outlines: (1) The U.S. Department of Agriculture (USDA) plans to relax the rules of its feedgrain set-aside program to help drought-stricken farmers who did not plant their normal corn acreage; (2) meat price escalation; (3) the possibility of a USDA ban on traditional methods of curing bacon; (4) congressional attacks on current beef-grading standards; (5) a controversial regulation that will permit the rewashing and sale of feces-contaminated poultry; (6) comprehensive State nutrition education programs; (7) nutrition legislation; (8) a USDA proposal to delay selling candy at schools; (9) a requirement for food manufacturers to show the pack date, on canned or packaged foods, in abbreviations that the consumer can understand; (10) a national net weight program; (11) present trends in processing and refining foods that reduce food ingredients; (12) regulations on food advertising; (13) the potential sale of surplus dairy stocks; and (14) palns to increase consumer participation within Federal agencies.

106233

The Uranium Mill Tailings Cleanup: Federal Leadership at Last?. EMD-78-90; B-164052. June 20, 1978. 25 pp. plus 2 appendices (14 pp.).

Report to Rep. John D. Dingell, Chairman, House Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; by Robert F. Keller, Acting Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).

Contact: Energy and Minerals Division.

Budget Function: Natural Resources, Environment, and Energy: Energy (0305).

Organization Concerned: Department of Energy; Environmental Protection Agency; Nuclear Regulatory Commission.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; *House* Committee on Science and Technology; *Senate* Committee on Interior and Insular Affairs; *Rep.* John D. Dingell.

Authority: Residual Radioactive Materials Act of 1978. H.R. 12535 (95th Cong.). Atomic Energy Act of 1954. Resource Conservation and Recovery Act of 1976. Clean Air Act of 1970. P.L. 95-236. P.L. 92-314. 5 U.S.C. 553. H.R. 11387 (93rd Cong.). S. 2566 (93rd Cong.).

Abstract: The Department of Energy (DOE) has proposed legislation that would allow it to enter into cooperative agreements with various States to clean up residual radioactive materials called uranium mill tailings at 22 inactive uranium mills. About 25 million tons of mill tailings have accumulated at these sites since the 1940's. Under the proposed legislation, the Federal Government would pay up to 75 percent of the cost of the joint program and the States would contribute the rest. ***Findings/Conclusions:*** Advantages of the proposed program include: reducing a public health hazard, taking a step toward resolving problems of radioactive waste disposal, and improving the depressed value of land on or near which the tailings are located. Disadvantages include its estimated cost of up to $126 million, the precedent for the Federal Government to pay for cleaning up other nuclear facilities, and the lack of full development of needed technology. The proposed legislation could accomplish its objectives, but the following areas require clarification: the legislation does not put a time limit on States' participation, it excludes some sites from the cleanup program, some sites do not

have to be owned by the State or Federal Government and this could result in a future health hazard, the allocation of costs among governments is not clearly defined, there are no requirements for DOE progress reports to Congress nor for GAO access to all pertinent documents, and unlimited Federal funding is authorized. In an existing cleanup program at Grand Junction, Colorado, only half of the project is finished after 6 years, and problems may prevent effective completion of the rest. ***Recommendation To Congress:*** The Secretary of Energy should report to Congress whether mill tailings cleanup research and development has reached a point whereby the cleanup program can proceed with a high probability of success at this time, and if not, describe what remains to be done and make recommendations to assure timely completion. He should see that the cleanup program at Grand Junction is aggressively carried out and report on actions he is taking to contact property owners where measurements are incomplete and encourage them to apply for assistance, expedite the contracting process to complete remedial action work, and assess the significance of the tailings locations not under the purview of the current program. Congress should amend the proposed legislation to: put a time limit on when sites must be cleaned up, require reports to the Congress on plans to clean up sites excluded by legislation, require either Federal or State ownership of lands on which tailings are to be placed for long-term stabilization, specify costs to be borne by the States and by the Federal Government, and improve congressional control over the program.

106236

Three Senate Bills Introduced To Reform the Regulatory Framework for Nuclear Waste Management (S. 3146, S. 2761, and S. 2804). June 14, 1978. 13 pp. plus enclosure (1 pp.).

Testimony before the Senate Committee on Environment and Public Works: Nuclear Regulation Subcommittee; by Monte Canfield, Jr, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.
Organization Concerned: Department of Energy; Nuclear Regulatory Commission.
Congressional Relevance: *Senate* Committee on Environment and Public Works: Nuclear Regulation Subcommittee.
Authority: Residual Radioactive Materials Act of 1978. H.R. 12535 (95th Cong.). Energy Reorganization Act of 1974. S. 3146 (95th Cong.). S. 2804 (95th Cong.). S. 2761 (95th Cong.).
Abstract: S. 3146, S. 2804, and S. 2761 seek to reform the regulatory framework for nuclear waste management. S. 3146 would direct the Nuclear Regulatory Commission (NRC) to regulate the storage and disposal of radioactive waste with certain national security exemptions and would establish standards for disposal and storage of uranium mill tailings and low level radioactive waste which may be regulated by the States. S. 2804 is similar except for certain Department of Energy (DOE) exemptions and the lack of standards for uranium mill tailings. S. 2761 would allow participation of States in the site selection process for storage and disposal facilities. GAO has previously identified factors which can hinder nuclear waste management, including fragmentation of responsibility between DOE and NRC and questions concerning proper Federal/State roles. Public acceptance of radioactive waste storage and disposal locations is also critical to the success of nuclear waste management programs. The extent and role of Federal agencies, State Governments, and private industry in nuclear waste management need to be clarified. The stringent State standards proposed in S. 2761 may not be needed if effective Federal standards and a sound regulatory framework are developed and if an effective system is implemented for public involvement. S. 3146 and S. 2804 are steps toward resolving some problems of the nuclear waste management program.

106237

Cleaning Up Inactive Uranium Mill Tailings Sites. June 20, 1978. 14 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; by Monte Canfield, Jr, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.
Organization Concerned: Department of Energy; Nuclear Regulatory Commission.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee.
Authority: Residual Radioactive Materials Act of 1978. H. R. 12535 (95th Cong.). P.L. 92-314.
Abstract: Twenty-two uranium mills have been closed down since the 1940's, resulting in about 25 million tons of radioactive sand-like waste, called uranium mill tailings, in unattended piles and ponds. According to the Department of Energy, these tailings are a potential health hazard. The Residual Radioactive Materials Act of 1978 would provide for a joint Federal-State remedial action program in which the Federal Government would pay up to 75 percent of the cost of cleaning up these tailing sites and the States would contribute the rest. The bill provides for Federal payment of 100 percent of costs when the sites are located on Indian lands. The advantages of such a program include reducing a possible health hazard to the public, taking a first step toward resolving some of the problems involved in safely disposing of radioactive wastes, and improving the depressed value of some lands on which tailings are located. Disadvantages involve: estimated costs of up to $126 million with the Federal Government bearing the heaviest burden; the program could be considered a precedent for the Government to pay for cleaning up other nuclear facilities; and the technology to stabilize the mill tailings has not been fully developed. Assuming that existing technology for cleaning up mill tailings is adequate, the proposed legislation should accomplish the objective of cleaning up the abandoned mill tailings. The following areas in the legislation need to be clarified: time limits for State participation, exclusion of some mill sites from the program, ownership of some mill sites, costs to be borne by participating governments, and reports to the Congress.

106240

Waste Disposal Practices: A Threat to Health and the Nation's Water Supply. CED-78-120; B-166506. June 16, 1978. 31 pp. plus 2 appendices (3 pp.).

Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Environmental Protection Programs: Solid Waste Disposal and Resource Recovery (2206); Environmental Protection Programs: Environmental Protection Standards (2201).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: Congress.
Authority: Resource Conservation and Recovery Act of 1976. P.L. 94-580. Safe Drinking Water Act. 42 U.S.C. 300(f). Clean Water Act of 1977. P.L. 95-217. Toxic Substances Control Act.
Abstract: Millions of tons of waste are generated annually and disposed of on land because this is usually the cheapest method of waste disposal. Land disposal sites are often located in areas considered to have little value for other uses. ***Findings/Conclusions:*** There has not been enough concern for soil or proximity to water resources in selecting land disposal sites. Leachate, a polluted liquid resulting when water comes in contact with waste, contaminates groundwater and creates a potential public health threat. Federal and State agencies have not assessed the extent of damage

to groundwater supplies or determined the number of sites which may be leaching. Studies have been made only after wells have been contaminated. The Environmental Protection Agency (EPA) estimated that about 14,000 of the nearly 20,000 municipal wasteland disposal sites do not comply with State standards, and almost nothing is known of the over 100,000 industrial sites. State programs have been ineffective because of lack of staff and funds and because of the unavailability of alternative sites. Federal legislation aimed at improving waste disposal practices has not been effective enough because time frames for improvements have not been met, problems of existing groundwater contamination have not been addressed, and monitoring of drinking water systems does not include all contaminants. ***Recommendation To Congress:*** The Administrator of EPA should: determine when the legislative mandate for completing the open dump inventory can reasonably be achieved and present this information and estimates of needed Federal funding to congressional committees, include in criteria for sanitary landfills monitoring at sites located in areas where conditions enable the development of leachate contamination unless States specify that groundwater will not be used as drinking supply, and amend implementing regulations to the Safe Drinking Water Act applicable to State programs to include minimum standards for performing the sanitary survey of public water systems. These standards should include an analysis of sources of pollution and effects on water quality and provide for public notification of survey results.

106267

The Consumer Product Safety Commission Should Act More Promptly To Protect the Public From Hazardous Products. HRD-78-122; B-139310. June 1, 1978. 36 pp. plus 3 appendices (4 pp.).
Report to Rep. John E. Moss; Rep. Henry A. Waxman; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Consumer Product Safety Commission.
Congressional Relevance: *Rep.* Henry A. Waxman; *Rep.* John E. Moss.
Authority: Federal Hazardous Substances Act, as amended. 15 U.S.C. 1261. Consumer Product Safety Act, as amended. 15 U.S.C. 2051. Flammable Fabrics Act, as amended. 15 U.S.C. 1191. Poison Prevention Packaging Act of 1970. 15 U.S.C. 1471. Refrigerator Safety Act. 15 U.S.C. 1211. 5 U.S.C. 554.
Abstract: The Consumer Product Safety Act provides that, if the Consumer Product Safety Commission determines after an administrative hearing that a product presents a substantial hazard, it may order a manufacturer, distributor, or retailer to give public notice of the defect, repair the defect, replace the product, or refund the purchase price. ***Findings/Conclusions:*** The Commission has been slow in identifying hazardous products and in alerting the public of their dangers. For example, after the Commission identified a potentially hazardous smoke detector, it was not prompt in alerting the public, it was slow in evaluating the seriousness of the hazard, and it did not follow its own procedures by effectively monitoring the recall. Other banned products were not promptly repurchased and remained in consumers' hands or were available for sale to the public. Some products containing asbestos were allowed to stay on the market longer than they should have because of the Commission's policy at the time to direct resources towards acute rather than chronic hazards, its decision not to classify a consumer complaint as a petition, and its failure to act promptly on an internal memorandum discussing asbestos hazards and recommending a ban on the products. ***Recommendation To Congress:*** The Commission should revise its procedures to provide for the prompt analysis of product samples and prompt notification to firms whose products are banned and should more actively monitor the repurchase of banned products. Congress should amend the Federal Hazardous Substances Act to provide that violations to repurchase provisions are a prohibited act subject to penalties, and the Commission should be given the additional authority to assess civil money penalties for violations of the act.

106268

[Survey of Selected Veterans Administration Fee-Basis Programs]. HRD-78-108; B-133044. June 6, 1978. 2 pp. plus 2 enclosures (11 pp.).
Report to Max Cleland, Administrator, Veterans Administration; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration.
Authority: P.L. 93-538. 38 U.S.C. 1902. 38 U.S.C. 17.
Abstract: A study was conducted of the Veteran's Administration (VA) fee-basis program at selected VA hospitals to evaluate the management of selected fee-basis medical services and to determine if any of the services provided on a fee basis could be performed by the VA. Veterans who are eligible for outpatient fee-basis treatment are issued a VA Outpatient Medical Treatment Information (ID) card. VA monitoring of the ID card program is inadequate, and as a result, staff of VA hospitals and outpatient clinics do not routinely know whether patients who were issued ID cards remain eligible for private medical treatment at VA expense. Fee-basis dental costs could be reduced if VA hospitals performed more dental work in-house. Some VA hospitals' methods of recording the costs of fee-basis services are incorrect and inconsistent, and providers are often overpaid for the fee-basis services they render. There is a need for cost limitations for certain automobile adaptive equipment, including citizens' band radios. The Administrator of the VA should: establish a system for monitoring the initial authorization and continued need for ID cards which would include, as a minimum, requiring periodic medical reports from private practitioners and cyclical redeterminations of fee-basis eligibility; evaluate dental services available in VA hospitals and those needed based on workload demands; develop a standardized fee-basis guide for charging specific inpatient fee-basis procedures; direct a study to determine the extent of fee-basis overpayments and take appropriate corrective action; and establish limitations for reimbursing disabled veterans for citizens' band radios installed in automobiles.

106269

Better Services at Reduced Costs Through an Improved "Personal Care" Program Recommended for Veterans. HRD-78-107; B-133044 June 6, 1978. 28 pp. plus 3 apendices (7 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration.
Congressional Relevance: Congress.
Abstract: As part of outpatient care for veterans, the Veterans Administration (VA) operates a community care program in which veterans live in residences other than their own under VA

supervision. Within this program, the personal care residence (PCR) program functions as an alternative to long-term institutionalization of psychiatric, medical, and surgical patients. In the PCR (or foster home), a sponsor provides or arranges for personal care functions, and the veteran pays for his living arrangements. In fiscal year 1977, about 20,000 veterans lived in such homes. ***Findings/Conclusions:*** The concept of the personal care program is practicable. The medical and psychiatric conditions of veterans improve after placement in PCR's, and costs of such care are reduced. Thousands of veterans in VA facilities could be cared for in PCR's but remain in the other facilities because of such factors as insufficient funds, lack of suitable community facilities, patient or family resistance to the VA out-placement efforts, and lack of a formal personal care program. VA has made some progress toward use of the program, but more needs to be done to expand its use and assure adequate services and facilities for veterans in PCR's. Ineffective program management at the VA central office and at the hospitals have resulted in some programs which do not assure that suitable veterans are placed in homes and that adequate services and facilities are provided. ***Recommendation To Congress:*** The Administrator of Veterans Affair should direct his actions toward: improving overall personal care program management, expanding the use of this alternative, and improving program operations to assure quality services and facilities for veterans in PCR's. Congress should provide specific legislative authority for the PCR program and authorize VA to participate in paying the cost of indigent patients' personal care when other fund sources are not available.

106270

[Inappropriate Number of Hospital Beds Planned by Veterans Administration for Chicago Area]. HRD-78-127; B-133044. June 12, 1978. 2 pp. plus 2 enclosures (19 pp.).

Report to Sen. William Proxmire, Chairman, Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; by Robert F. Keller, Acting Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Quality Care and Its Assurance (1213).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration; Veterans Administration: VA Domiciliary, North Chicago, IL.
Congressional Relevance: *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Sen.* William Proxmire.
Authority: Veterans Hospitalization and Medical Services Modernization Amendments. 38 U.S.C. 4101. P.L. 92-541.
Abstract: The North Chicago Veterans Administration (VA) hospital was constructed in 1925 as a long-term neuropsychiatric facility with supporting medical and surgical capability. Since 1974, the hospital has attempted to expedite the return of psychiatric patients to the community and, concurrent with the reduction in the number of psychiatric beds, the hospital has taken steps to upgrade and expand its general medical and surgical role in VA Medical District 17. An affiliation was proposed with the University of Chicago Medical School. The transfer has not occurred, however, because the Department of Health, Education, and Welfare questioned the propriety of the university's proposed relocation and the efforts of the VA to transfer land to the university. The hospital's plan to expand its acute-care capability was not based on demonstrated need; instead, it was based on the assumption that expanded capability would lead to increased demand for acute-care beds. The hospital's plan did not recognize the availability of existing acute-care medical and surgical beds at three other VA hospitals in the Chicago area. These beds are more than will be needed to meet projected 1985 acute-care requirements for the area. VA is planning too many acute-care beds and too few long-term-care beds for the Chicago area. The Administrator of VA should: suspend further expansion of the acute-care capabilities at the North Chicago VA hospital, reduce the number of acute-care beds at the hospital and redistribute them as necessary for long-term care, and reduce the number of acute-care beds at the other three VA hospitals and redistribute them as necessary for lower levels of care.

106271

Legislation Needed To Encourage Better Use of Federal Medical Resources and Remove Obstacles to Interagency Sharing. HRD-78-54; B-133044. June 14, 1978. 41 pp. plus 10 appendices (130 pp.).

Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Providers (1202); Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Office of Management and Budget; Veterans Administration; Department of Defense; Department of Health, Education, and Welfare.
Congressional Relevance: Congress.
Authority: Heart Disease, Cancer, and Stroke Amendments of 1965. 42 U.S.C. 299. Comprehensive Health Planning and Public Health Service Amendments of 1966. 42 U.S.C. 246. National Health Planning and Resources Development Act of 1974. P.L. 93-641. 42 U.S.C. 300. Economy Act. 31 U.S.C. 686. P.L. 93-641. 38 U.S.C. 5003.
Abstract: Concern has been expressed about the increasing costs of medical care in the Nation. The Department of Defense, the Veterans Administration (VA), and the Department of Health, Education, and Welfare (HEW) have the major responsibility for providing health care directly to beneficiaries. Several laws have been enacted to encourage regional cooperation in health care. ***Findings/Conclusions:*** Federal agencies' participation in regional health planning groups has been, for the most part, only advisory. In fiscal year 1977, the responsible agencies spent over $6 billion to provide medical care to Federal beneficiaries and over $700 million for care in the non-Federal sector. Increased interagency sharing is being planned, and an interagency Federal Health Resources Sharing Committee has been established. However, there are obstacles to interagency sharing such as the absence of a specific legislative mandate or guidance for this purpose, restrictive regulations and policies, and inconsistent methods for reimbursing agencies for services provided to beneficiaries of other agencies. ***Recommendation To Congress:*** The Secretaries of Defense and HEW and the Administrator of VA should direct the committee to seek solutions to obstacles within agencies which impede sharing, and report annually to congressional appropriations committees on progress. The Director of the Office of Management and Budget (OMB) should establish a management group to work with agencies to better coordinate the development of an effective Federal sharing program. The Congress should enact legislation to establish an expanded and cost-effective interagency sharing program. The legislation should establish a policy that directs interagency sharing, authorize Federal direct health care providers to accept all categories of beneficiaries on a referral basis when advantageous, eliminate restrictions on medical services which can be shared, authorize sharing arrangements by Federal field hospital managers, authorize expansion of services for cost effectiveness, establish a policy requiring fullest use of nearby Federal medical resources, authorize a method of reimbursement for Federal hospitals in which revenues would offset expenses, and assign to OMB responsibilities for coordinating interagency sharing and reporting to the Congress.

106272

Are Neighborhood Health Centers Providing Services Efficiently to the Most Needy? HRD-77-124; B-164031(5). June 20, 1978. 33 pp. plus 5 appendices (12 pp.).

Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Health Programs: Health Providers (1202); Health Programs: Grantees and Contractors Providing Treatment Services (1215).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551).

Organization Concerned: Department of Health, Education, and Welfare.

Congressional Relevance: Congress.

Authority: Public Health Service Act, as amended. 42 U.S.C. 254c. 42 U.S.C. 300e. Social Security Act. 42 U.S.C. 1395. 42 U.S.C. 1396. National Health Planning and Resources Development Act of 1974. P.L. 93-641. National Consumer Health Information and Health Promotion Act of 1976. P.L. 94-317. Planning and Health Services Amendments of 1966. P.L. 94-63.

Abstract: Federally funded neighborhood health centers provide a wide range of ambulatory health services to residents (primarily the urban poor) of the areas designated as medically underserved. The Department of Health, Education, and Welfare (HEW) funds 112 neighborhood health centers; such centers received most of the $197 million appropriated in fiscal year 1976 for the HEW community health center program. ***Findings/Conclusions:*** There are five basic situations in need of improvement in the neighborhood health center program: (1) centers are understaffed for the number of patients treated, and the underuse of physicians, dentists, support personnel, and services costs more than $1 million annually; (2) demand for health services from neighborhood health centers is not likely to increase beyond present levels and could decline; (3) HEW has not made sure that centers are serving residents of medically underserved areas and does not know the number of percentages of users who live in these areas; (4) HEW no longer requires centers to become financially self-sufficient; and (5) although the Public Health Service Act requires the centers to provide preventive health care, most patients use the health centers to cure illness instead of for prevention. HEW needs to develop and more strongly enforce productivity standards for all health center employees. ***Recommendation To Congress:*** The Secretary of HEW should: reduce the Public Health Service's capacity at inefficient centers to levels consistent with the demand for services, enforce compliance with existing productivity and staff-size criteria, develop criteria for measuring the productivity of dentists, assure closer evaluation of the reasonableness of costs at each center in relation to the level of service provided, compile and maintain records to identify center registrants who live in medically underserved areas and identify centers whose registrant workload is not primarily from those areas, stop funding centers which service only or primarily people who do not live in medically underserved areas, continue to encourage and assist centers to bill and collect money when it is due them, and have health centers promote participation in preventive health care services.

106274

GAO Reviews of the Professional Standards Review Program. June 15, 1978. 24 pp. plus 2 enclosures (2 pp.).

Testimony before the House Committee on Ways and Means: Oversight Subcommittee; by Gregory J Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration: Medicare Bureau.

Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee.

Authority: Social Security Amendments of 1972. P.L. 92-603.

Abstract: Two reviews of the Professional Standards Review Organizations (PSRO) program dealt with: (1) the validity of claims made by PSRO about cost savings and causes for medicare utilization changes observed in the study by the Office of Planning Evaluation and Legislation; and (2) staffing levels, salaries, and policies for members of selected PSRO's. When GAO recomputed savings reported in seven PSRO's studies, there were wide discrepancies in the estimates. Several deficiencies were noted with respect to data used by PSRO in their estimates, particularly the use of incomplete data. Also, methodologies used in developing estimates were questionable. Factors influencing medicare utilization changes were changes in medical services, medical practices, number and availability of physicians, and the impact of nursing home bed availability. PSRO review was also cited as a factor influencing medicare utilization. Savings in personnel costs could be realized by establishment of salary ranges for executive directors and medical directors which are comparable to those in the Medicare-Medicaid and health planning administration complex. There are also opportunities to consolidate similar administrative functions and to reduce administrative costs.

106275

Implementation of the Health Maintenance Organization Act of 1973, as Amended. June 30, 1978. 17 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Department of Health, Education, and Welfare.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee.

Authority: Health Maintenance Organization Act of 1973, as amended. 87 Stat. 914. Health Maintenance Organization Amendments of 1976. 90 Stat. 1945. Public Health Service Act. H.R. 13266 (95th Cong.).

Abstract: The Health Maintenance Organization (HMO) Act of 1973 provided for a trial Federal program to develop alternatives to traditional forms of health care delivery and financing by assisting and encouraging the establishment and expansion of HMO's. Through May 31, 1978, the Department of Health, Education, and Welfare (HEW) had awarded $151.5 million in grant and loan assistance under the act to 215 organizations--$71.3 million in grants and $80.2 million in loans. Two additional organizations received loan guarantees for $2.2 million. HEW considers 131 of the 215 organizations to be active grantees or active loan recipients. As of June 20, 1978, there were 63 federally qualified HMO's. A review of 14 HMO's indicated that each was generally providing health services in the manner required by the act and that each was generally organized and operated in the manner prescribed. The 14 HMO's, however, had not expended extensive effort to enroll elderly, indigent, or medically high-risk people. Three of the 14 HMO's reviewed have a good chance of being able to operate without Federal financial assistance within 5 years after qualification; 5 HMO's have a fair chance; and 6 have a poor chance. Of the six HMO's with a poor chance of operating without Federal assistance, three have received notices of noncompliance from HEW. Concern remains regarding the ability of HEW to issue regulations and guidelines needed to implement the act effectively and uniformly and to organize the HMO program and obtain the numbers

and types of personnel needed. Although the financial assistance proposed by H.R. 13266 could benefit HMO's, there are reservations about expanding the loan assistance because HEW has not demonstrated the ability to effectively monitor and administer the loan program already in effect.

106439

Federal Domestic Food Assistance Programs: A Time for Assessment and Change. CED-78-113; B-176994. June 13, 1978. 85 pp. plus 2 appendices (41 pp.).

Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Income Security and Social Services: Program Monitoring and Administration (1303); Income Security and Social Services: Programs for Special Target Population (1304); Income Security and Social Services: Consolidating, Streamlining, or Providing Alternatives To Present Programs (1305).
Contact: Community and Economic Development Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Agriculture; Department of Health, Education, and Welfare; Community Services Administration.
Congressional Relevance: Congress.
Authority: Food Stamp Act of 1977. P.L. 95-113, title XIII. 91 Stat. 913. 91 Stat. 958. 91 Stat. 968. 7 U.S.C. 2017. National School Lunch Act, as amended. 42 U.S.C. 1760(e). Child Nutrition Act of 1966, as amended. 42 U.S.C. 1780(b). Older Americans Act of 1965, as amended.
Abstract: Thirteen major Federal domestic programs, costing several billion dollars annually, provide food or food-related assistance to needy Americans. The programs are administered by the Department of Agriculture; the Department of Health, Education, and Welfare (HEW); and the Community Services Administration (CSA). ***Findings/Conclusions:*** These programs have helped many people obtain more adequate diets. However, the large and accelerating costs of the programs, their piecemeal authorization and administration, and proposals for comprehensive welfare reform have created a need and opportunity to examine the programs' interrelationships and effectiveness. Multiple participation in the programs, which is sanctioned in legislation, has created a situation in which benefits often exceed amounts needed for thrifty food plan diets. Food stamp allotments ranged from 82 percent to 164 percent of the cost of such diets. Savings could be realized by making adjustments for different ages and sexes of household members. The extent of food benefit gaps and overlaps cannot be measured precisely because of inadequate data collection. Administrative problems result from varying eligibility criteria and procedures, lack of a uniform definition of needy, and inadequate program coordination. There is also a lack of adequate data to determine the proper level of benefits, interrelationships of the programs, and the nutritional effectiveness of the programs. ***Recommendation To Congress:*** The Secretaries of Agriculture and HEW and the Director of CSA should: determine the extent of benefit overlaps and gaps among the programs; develop and carry out a way to measure Americans' nutritional status in order to evaluate the effectiveness of food assistance efforts; propose consistent income and asset eligibility requirements and procedures and study their effects on program participation, costs, and work incentives; establish demonstration projects to test procedures for individualized food stamp allotments; study the feasibility of considering benefits from one program when determining eligibility and benefits in other programs, and consolidating aspects of certain programs at the local level; explore alternative to food delivery systems in the women, infants, and children program; make sure that persons in need of specific benefits from one program are aware of other programs; and study ways to encourage the exchange of information among local administrators. On the basis of studies and feasibility, the Congress should define needy, approve a policy on amounts of assistance, consolidate programs, authorize individualized food stamp allotments, eliminate duplicative benefits, and require administrative responsibility in a single State-local agency.

106475

[Development of Department of Defense's Tri-Service Medical Information Systems]. LCD-78-121; B-182666. July 19, 1978. 5 pp. plus 2 appendices (29 pp.).

Report to Sen. John C. Stennis, Chairman, Senate Committee on Appropriations: Defense Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Automatic Data Processing (0100); Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Logistics and Communications Division.
Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051).
Organization Concerned: Department of Defense; Department of the Air Force; Department of the Army; Department of the Navy.
Congressional Relevance: *House* Committee on Armed Services; *Senate* Committee on Armed Services; *Sen.* John C. Stennis.
Abstract: The Department of Defense (DOD), Tri-Service Medical Information System (TRIMIS), should provide automated data processing support for patient care in military hospitals. Its potential benefits involve minimizing duplication in systems development by the services, money savings, and improved hospital patient care. However, little progress has been made toward achieving these objectives despite expenditures of about $50 million. Problems identified were: lack of unified support from services in the design and development effort, little management continuity, lack of definition of organizational responsibilities, inadequate planning, and lack of emphasis on system standardization. Congress should advise the Secretary of Defense that further funding of the TRIMIS program should be restricted to DOD: preparation and presentation of a long-range plan for the development, implementation, and operation of TRIMIS within budgetary and time limitations; preparation of a series of short-range plans that provide DOD a firm commitment for implementing the long-range plan; identification of the uniform data elements, codes, and communication protocols that are to be used by the services throughout the TRIMIS life cycle; and designation of the patient administration module as the top priority module for development and implementation.

106502

Nuclear Waste Management and Spent Fuel Storage. July 25, 1978. 9 pp.

Testimony before the Senate Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.
Organization Concerned: Department of Energy.
Congressional Relevance: *Senate* Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee.
Abstract: Reviews of the Federal Government's nuclear waste management programs have highlighted the following: public and political opposition to nuclear waste disposal locations, gaps in Federal laws and regulations governing the storage and disposal of nuclear waste, geological uncertainties and natural resource tradeoffs encountered when selecting permanent disposal locations, lack of regulatory criteria for orderly waste management operations, and lack of a demonstrated technology for the safe disposal of existing commercial and military high-level waste. About 74 million gallons

of high-level waste, nearly all produced by Department of Energy (DOE) operations, are being stored temporarily in three locations in the United States. In addition, commercial reactor spent fuel is accumulating at nuclear powerplants because there are no commercial reprocessors or sufficient offsite storage space available. DOE has adopted a spent fuel storage policy that involves: voluntary acceptance of spent fuel from utilities, a one time fee for storage and disposal, obtaining private storage facilities for spent fuel, and appropriate compensation to the utilities if reprocessing of spent fuel is ever approved. However, DOE actions have not fully answered the questions of how much storage space is needed, who could provide the space, and when the space must be available. Congress should continue to fund research efforts and studies at the Barnwell reprocessing plant until completion of the International Nuclear Fuel Cycle Evaluation. This will keep key people and the plant available if the United States decides that some method of reprocessing is consistent with its nonproliferation efforts.

106508

Major Unresolved Issues Preventing a Timely Resolution to Radioactive Waste Disposal. EMD-78-94; B-164052. July 13, 1978. 10 pp.
Staff Study by Monte Canfield, Jr, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.
Budget Function: Natural Resources, Environment, and Energy: Energy (0305).
Organization Concerned: Department of Energy; Nuclear Regulatory Commission.
Abstract: Radioactive wastes vary widely in volume, composition, and intensity of radioactivity depending on the materials and nature of the operations from which they originate. Most of the radioactive wastes generated today are from the Department of Energy's (DOE) weapons program, commercial nuclear reactors, and nuclear fuel cycle activities, mainly at fuel fabrication and reprocessing facilities. ***Findings/Conclusions:*** U.S. radioactive waste policy goals are presently unclear in that there is no clear differentiation of management, regulation (licensing), and research, development, and demonstration functions. In addition, no single agency has enough jurisdiction over all the aspects of nuclear waste operations to develop a comprehensive program. The safe development and demonstration of methods of collecting, temporarily storing, treating, packaging, and transporting these wastes present overwhelming challenges. Target dates currently envisioned by DOE are optimistic, and it is doubtful that they will be achieved. Goals for the future must include establishing specific criteria for radioactive wastes during each phase of management. These criteria should address not only those basic technological aspects of waste performance and repository characteristics, but also the specific institutional requirements. Unless the States and Federal Government join now in setting goals and assigning responsibilities for management and licensing, the radioactive waste management program will remain fragmented, publicly unacceptable, and undemonstrated.

106509

The Environmental Protection Agency's Water Pollution Control Construction Grants Program. July 11, 1978. 16 pp. plus 9 enclosures (35 pp.).
Testimony before the House Committee on Public Works and Transportation: Investigations and Review Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Public Works and Transportation: Investigations and Review Subcommittee.
Authority: Federal Water Pollution Control Act Amendments of 1972. P.L. 92-500. Water Pollution Control Act Amendment of 1956, Clean Water Act of 1977.
Abstract: Since it was initiated in 1956, the Environmental Protection Agency's (EPA) Water Pollution Control Construction Grants Program has been expanded by removing the dollar ceiling and increasing the Federal share of project costs. Congress appropriated almost $25 billion between 1970 and 1978 and authorized another $20 billion through 1982 for the program. Advanced waste treatment facilities frequently are not well justified and may not substantially improve water quality. In spite of this, the EPA 1977 data showed that 565 advanced waste treatment projects were under construction at a cost of $2.7 billion. The following problem areas require attention: projects are being constructed with little or no on-site inspections; comprehensive planning has not been accomplished; nonpoint sources of pollution, such as runoff from agricultural and forest lands, are now more of a problem than industrial and municipal point sources; little is known about the extent of toxic chemical spills and discharges; treatment plants are being constructed where they are not needed; low-income families are finding it difficult to pay user charges and other fees; administrative and financial controls over construction grant funds need strengthening; and operation and maintenance problems have decreased the effectiveness of complete plants.

106537

Can Health Maintenance Organizations Be Successful? An Analysis of 14 Federally Qualified HMOs. HRD-78-125; B-164031(5). June 30, 1978. 62 pp. plus 4 appendices (10 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Maintenance Organizations' Compliance With Law (1214).
Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: Congress.
Authority: Health Maintenance Organization Act of 1973, as amended. 42 U.S.C. 300e. Health Maintenance Organization Amendments of 1976. P.L. 94-460. Social Security Act, as amended. P.L. 92-603. H.R. 11388 (95th Cong.). H.R. 11461 (95th Cong.). H.R. 9788 (95th Cong.). S. Rept. 94-844. S. 2534 (95th Cong.). S. 2676 (95th Cong.). Public Health Service Act.
Abstract: Health maintenance organizations (HMO) serve as alternatives to traditional fee-for-service health care delivery systems by providing health care to members based on prepaid rates. The Health Maintenance Organization Act of 1973 authorized a program to help develop new HMO's and expand existing ones by providing financial assistance and requiring certain employers to offer HMO's as an option to employees. ***Findings/Conclusions:*** A review of the operations of 14 HMO's showed that: the Department of Health, Education, and Welfare (HEW) has not defined specific methods for translating the community rating requirement of the act into subscriber rate structures; some subscriber rates of some organizations did not appear to be equivalent as directed by this requirement; some HMO's may not meet the act's financial soundness requirement; membership is not broadly representative of service areas, including few indigent or elderly persons; none of the 14 HMO's has held open enrollment periods nor has plans to do so until required to, resulting in limited access for high risk individuals; and none has implemented planned quality assurance programs. The dual choice requirement of the act has not had a significant effect on employer's costs. Problems in the HEW implementation of the Act include: fragmented responsibility and uncoordinated efforts in operating the program, insufficient staff with needed expertise, and slow issuance of final regulations and guidelines for implementing and enforcing requirements of the act.

Recommendation To Congress: The Secretary of HEW should: issue final regulations and guidelines and/or criteria for defining how a community rating system should work, for evaluating requests for waiver of the open enrollment requirement, and for governing third-party relationships; develop and disseminate guidelines for designing quality assurance programs and implement procedures for reviewing compliance with quality assurance requirements; and obtain additional staff with needed expertise to effectively administer the program. Congress should defer action on proposals intended to stimulate medicaid and medicare enrollments until HEW demonstrates that it could effectively administer proposed changes and implement effective compliance and on proposals to increase total loans available to HMO's until HEW demonstrates effective administration of the existing loan program. Congress should enact the proposed financial disclosure requirements for third-party relationships and the proposed training program for HMO managers.

106538

Savings Available by Contracting for Medicaid Supplies and Services. HRD-78-60; B-164031(3). July 6, 1978. 30 pp. plus 2 appendices (6 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration.
Congressional Relevance: Congress.
Authority: Social Security Act, as amended, title XIX. 42 U.S.C. 1396. Clinical Laboratory Improvement Act of 1977. S. 705 (95th Cong.). H.R. 1909 (95th Cong.). S. Rept. 95-360. Social Security Amendments of 1967. P.L. 90-248. H.R. 12080 (90th Cong.). Medicare Act.
Abstract: Federal funds provided by the Medicaid program are used to purchase Medicaid supplies and services, including eyeglasses, oxygen, durable medical equipment, and clinical laboratory services. Each State has primary responsibility for administering its Medicaid program. Although the Social Security Act requires that State Medicaid programs provide certain basic services to all eligible persons, Medicaid coverage for miscellaneous supplies and services is not uniform. ***Findings/Conclusions:*** The Medicaid program could realize considerable savings if the States used competitively bid or negotiated contracts to purchase medical supplies or services for Medicaid recipients. States using direct contract methods obtain supplies at lower prices than those States applying the criteria of usual and customary as permitted by regulations. In three Northeastern States, Medicaid was paying higher prices for clinical laboratory services than other purchasers even though the program was a large consumer of such services. Other purchasers take advantage of volume and professional discounts, lower fee schedules, and direct contracting to obtain better prices. The issue of whether direct contracting by States is consistent with freedom-of-choice provisions of the Act is unclear, but GAO believes that eyeglasses, oxygen, and other items of durable medical equipment can be purchased through competitively awarded contracts without conflicting with provisions of the Act. ***Recommendation To Congress:*** The Administrator of the Health Care Financing Administration should: publish regulations which encourage States to purchase eyeglasses, oxygen, wheelchairs, and other durable medical equipment through competitive bids or competitive negotiation; expand Medicare's proposed lowest charge regulations to include laboratory tests most commonly ordered under Medicaid; and require the States to find out what other volume purchasers of laboratory services are paying when developing their fee schedules. To facilitate the competitive procurement of Medicaid supplies, Congress should amend the Social Security Act to specifically exclude eyeglasses, hearing aids, oxygen, and common items of durable medical equipment.

106539

[Review of VA's Proposed Hospital Bed and Staff Reductions for Fiscal Year 1979]. HRD-78-134; B-133044. July 18, 1978. 2 pp. plus 3 enclosures (8 pp.).
Report to Sen. William Proxmire, Chairman, Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Organization Concerned: Veterans Administration.
Congressional Relevance: *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Sen.* William Proxmire.
Abstract: An investigation was conducted of the Veterans Administration's (VA) rationale for cutting over 3,000 operating hospital beds and associated staff from its hospital system. Over the past decade, VA hospitals have been treating a larger number of patients with fewer beds. During that period, about 20,000 hospital beds have been eliminated from the VA system because of improved staffing and an increase in the use of alternatives to hospitalization. To prevent the reduction of personnel and beds from impairing operations at an individual facility, VA decided to attempt to close entire units such as wards. It was also decided that hospitals which were treating a high percentage of veterans for nonservice-connected conditions should lose more beds than those hospitals with a low percentage of such veterans. The following criteria were used to determine the locations and numbers of beds to be cut: construction and renovation requirements, patient privacy considerations, and occupancy rates. Most of the bed cuts were based on low occupancy rates. However, VA did not identify the reasons for low or high occupancy rates; analysis of these factors could provide VA with a basis to assess a hospital's performance and identify opportunities for improvement. It does not appear that the bed and staffing cuts will seriously affect VA hospital operations, and the bed and staffing cut is not a cut in the strictest sense because the cut positions are to be redistributed to other facilities.

106540

Electron Microscopy in Veterans Administration Hospitals: Planning, Distribution, and Control Need Improvement. HRD-78-75; B-133044. July 19, 1978. 25 pp. plus 3 appendices (6 pp.).
Report to Max Cleland, Administrator, Veterans Administration; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Congressional Relevance: *House* Committee on Veterans' Affairs; *Senate* Committee on Veterans' Affairs.
Authority: P.L. 89-785. 38 U.S.C. 5053.
Abstract: The electron microscope (EM) is a device which produces highly magnified images used in clinical diagnostic applications to examine the microstructure of thin sections of biological tissue. Individual EM's in Veterans Administration (VA) hospitals have cost up to $82,000, and a complete EM unit, including remodeled facilities, purchase and installation, darkroom, and photographic equipment and supplies may cost from $150,000 to $200,000. EM activities were reviewed at 15 VA hospitals in 8 of the 28 VA medical districts. ***Findings/Conclusions:*** The VA central office has permitted the establishment of EM units in locations without adequately

determining their need. The VA has not followed its stated policy that specialized medical services, including electron microscopy, be planned and provided on a regionalized basis to avoid duplicating or overlapping these costly medical programs. Some of the VA EM units are underused; from July 1974 to December 1976, 15 of 42 diagnostic EM units examined less than 250 specimens annually (the current use standard). Plans to install EM units have not been formally coordinated at the national, department, or medical district level. The current practice of assigning separate EM's to the Pathology Service and the Medical Research Service, both within the VA Department of Medicine and Surgery, impedes the most effective use of these instruments. ***Recommendation To Congress:*** The Administrator of Veterans Affairs should: direct the Chief Medical Director to make a systemwide study to determine the feasibility of establishing joint Pathology and Medical Research Services utilization standards for both diagnostic and research electron microscopes; insure continuing compliance with VA regulations to terminate electron microscope programs when the programs cannot be justified on the basis of available workload; require that the VA electron microscope inventory be updated to accurately reflect all electron microscopes within VA system; direct that VA medical districts be given more responsibility for the planning, distribution, and utilization of EM's; and require formal sharing agreements to make the best use of the medical district's resources.

106541

Problems in Administration of Two Health Grant Projects in Region VIII. HRD-78-61; B-164031(5). July 20, 1978. 36 pp. plus 2 appendic es (4 pp.).

Report to Sen. Edward M. Kennedy, Chairman, Senate Committee on Human Resources: Health and Scientific Research Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Maintenance Organizations' Compliance With Law (1214).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551).

Organization Concerned: Department of Health, Education, and Welfare.

Congressional Relevance: *Senate* Committee on Human Resources: Health and Scientific Research Subcommittee; *Sen.* Edward M. Kennedy.

Authority: Public Health Service Act. 42 U.S.C. 242(b). 42 U.S.C. 246. 42 U.S.C. 299(j). Economic Opportunity Act of 1964. 42 U.S.C. 222(a). Health Maintenance Organization Act of 1973. 42 U.S.C. 300e. B-164031(2) (1974). Social Security Act.

Abstract: The actions of the Department of Health, Education, and Welfare (HEW) in region VIII were reviewed concerning: (1) use of Federal funds for construction of a medical facility by the Neighborhood Health Center in Salt Lake City, Utah; and (2) accountability for Federal grant funds awarded to Sweetwater Health Services, Inc., in Rock Springs, Wyoming. The Neighborhood Health Center is currently being used by a federally qualified health maintenance organization (HMO), and Sweetwater Health Services was an HMO project that has been terminated. The review was prompted by allegations of mismanagement of the HMO program in region VIII, conflicts of interest involving Federal employees, and possible misappropriation of Federal funds. ***Findings/Conclusions:*** HEW's management decisions concerning grants to the Neighborhood Health Center from 1971 through 1977 were conflicting, unclear, and untimely with regard to interpretation and application of Federal regulations and policies concerning grant conditions and grant-related income, departmental policy governing construction, and clarification of the Federal interest in a medical facility constructed for the Neighborhood Health Center. Region VIII management allowed the center to collect funds from several program sources intended to pay medical care expenses of low-income consumers and to place those funds in a contingency reserve fund to construct a medical facility. These actions were contrary to HEW policy. Public Health Service headquarters officials ratified the region's decision without determining whether they complied with special grant conditions. The region did not adequately monitor Sweetwater Health Services' grant activities to ensure that adequate accounting records and supporting documents were available; HEW was not in a position to assure that grant funds and grant-related income were properly accounted for. ***Recommendation To Congress:*** The Secretary of HEW should direct the Regional Health Administrator to: initiate collection of interest earned on grant funds by the Neighborhood Health Center, initiate collection of all unallowable grant expenditures incurred by Sweetwater Health Services, determine whether Sweetwater Health Services acted in good faith to become a federally qualified HMO, determine whether Sweetwater has an obligation to return Federal HMO grant funds, and establish management policies and procedures to prevent a recurrence of grant management problems.

106544

Recommended Dietary Allowances. July 10, 1978. 12 pp.

Testimony before the House Committee on Science and Technology: Domestic and International Scientific Planning, Analysis and Cooperation Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.

Organization Concerned: National Research Council: Food and Nutrition Board; National Academy of Sciences; Department of Health, Education, and Welfare.

Congressional Relevance: *House* Committee on Science and Technology: Domestic and International Scientific Planning, Analysis and Cooperation Subcommittee.

Abstract: Recommended Dietary Allowances (RDA's) are levels of essential nutrients considered to be adequate to meet the known nutritional needs of most persons. They are established and updated by the National Academy of Sciences' (NAS) Food and Nutrition Board. RDA's have been criticized for the following: they are based on limited data; they overstate the needs of most individuals; they are limited to the needs of healthy people; and they do not cover all the essential nutrients. Most of these criticisms reflect limited scientific knowledge or misunderstandings of the purpose of RDA's. The high levels are established to cover variations in human needs and to cover the needs of most healthy individuals. RDA's are used in planning diets for groups, nutritional surveys, nutritional education, establishing guidelines for labeling, and in research-related activities. Comparisons with nutritional guidelines established in other countries revealed differences in dietary recommendations resulting from variations in people and lifestyles and differences of scientific opinion. RDA's are established through a reasonable process and serve their intended purpose. Additional research is needed to expand knowledge concerning nutrient requirements. NAS should identify these needs and establish priorities relating to human nutritional requirements. Also, more meaningful food planning and food choice guides for the consumer should be developed.

106746

[Reasons for Funding Selected Entitlements Programs by Other Than 1-Year Appropriations]. PAD-78-46b; B-115398. July 14, 1978. 3 pp. plus enclosure (12 pp.).

Report to Rep. Robert N. Giaimo, Chairman, House Committee on the Budget; Sen. Edmund S. Muskie, Chairman, Senate Committee on the Budget; by Elmer B. Staats, Comptroller General.

Issue Area: Program and Budget Information for Congressional Use (3400).

Contact: Program Analysis Division.
Organization Concerned: Department of Agriculture.
Congressional Relevance: *House* Committee on the Budget; *Senate* Committee on the Budget; *Rep.* Robert N. Giaimo; *Sen.* Edmund S. Muskie.
Authority: Food Stamp Act of 1977. P.L. 95-113. Budget Act. 13 U.S.C. 1351(c). Child Nutrition Act of 1966. P.L. 94-105. National School Lunch Act. P.L. 91-248. P.L. 93-86.
Abstract: Three Department of Agriculture accounts are funded by no-year appropriations: the Food Stamp Program, Child Nutrition Programs, and the Special Supplemental Food Program. The Department's position is that no-year appropriations for programs funded by these accounts are necessary to maintain program flexibility and that changing to 1-year accounts would not provide Congress with any additional control over spending. In addition, if funds for these programs were allowed to lapse, the Department would be open to lawsuits.

106751
Unwarranted Delays by the Department of Transportation To Improve Light Truck Safety. CED-78-119; B-164497(3). July 6, 1978. 60 pp. plus 4 appendices (18 pp.).
Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Transportation Systems and Policies: Safe Motor Vehicle-Highway Transportation System (2408).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Ground Transportation (0404).
Organization Concerned: Department of Transportation; National Highway Traffic Safety Administration.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Commerce, Science, and Transportation; Congress.
Authority: National Traffic and Motor Vehicle Safety Act of 1966. 15 U.S.C. 1381. Motor Vehicle Information and Cost Savings Act of 1972. P.L. 92-513.
Abstract: Since the first Federal motor vehicle safety standards were promulgated in 1967, passenger car safety has noticeably improved. The same has not been true for light trucks. During the early 1970's, light trucks were noted to have safety problems which may have been due, in part, to their exemption from certain safety standards. At that time, the National Highway Traffic Safety Administration took little direct action to investigate the extent and seriousness of these problems. Although more detailed accident data have become available since then, the Safety Administration has not fully analyzed them to assess the extent of potential safety problems. ***Findings/Conclusions:*** The Safety Administration has developed a series of vehicle categories, subcategories, and definitions to use in applying safety standards, but these categories are of little value to consumers interested in determining what safety features are installed on vehicles. The consumer cannot depend on receiving accurate and complete safety information from vehicle dealers. The Safety Administration has generally not acted to improve the safety of light trucks; it has not researched safety devices and has not completed rulemaking on needed safety features. Some of the safety features currently required for passenger cars are appropriate for light trucks, and other safety features need to be examined in greater depth to assess their need and the feasibility of applying them to light trucks. ***Recommendation To Congress:*** The Secretary of Transportation should direct the Safety Administration to take actions to improve the safety of light trucks. In cases where the need for safety features is known and applying the safety features to light trucks appears feasible, expeditious rulemaking should be initiated; in cases where the need or feasibility is in doubt, appropriate research should be begun. The Secretary should also take steps to provide prospective buyers with accessible objective information on the relative safety of the wide variety of vehicles offered for sale.

106765
Food: Reports, Legislation and Information Sources. CED-78-37. May 1978. 239 pp.
By Elmer B. Staats, Comptroller General.

Contact: Community and Economic Development Division.
Abstract: This publication contains over 500 citations and abstracts of food-related documents. Topics covered include: domestic feeding programs, food and safety quality, nutrition, food production resources, farm marketing and distribution, price supports, food aid, trade policy, population control, and food policy. The appendices include: selected congressional committee prints, pertinent references from the GAO Congressional Sourcebook Series, and a synopsis of major food legislation.

106799
Need for Greater Regulatory Oversight of Commercial Low-Level Radioactive Waste. EMD-78-101; B-164105. August 16, 1978. 14 pp.
Report to Joseph M. Hendrie, Chairman, Nuclear Regulatory Commission; by Monte Canfield, Jr, Director, GAO Energy and Minerals Division.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Natural Resources, Environment, and Energy: Energy (0305).
Organization Concerned: Department of Energy.
Congressional Relevance: *House* Committee on Interior and Insular Affairs; *Senate* Committee on Energy and Natural Resources.
Abstract: Nuclear powerplant operations generate the greatest volume of low-level radioactive wastes. Because of a lack of adequate burial space on the east coast, there is a need for Federal policy to encourage utilities to reduce waste volumes. Waste-treatment systems installed in nuclear powerplants to handle low-level wastes have experienced operational difficulties resulting in increasing the potential for unnecessary exposures to nuclear powerplant workers and unplanned releases to the environment. ***Recommendation To Congress:*** The Nuclear Regulatory Commission should: require that waste-treatment-system performance, operability, operator training, and management control be assessed to a greater extent than is currently being done during its licensing and inspection efforts; establish a system for monitoring the performance and reliability of waste-treatment systems in operation to insure that poor performing systems are not used in new plants and that releases and exposures are kept to the lowest level reasonably achievable; revise existing procedures to insure that major changes to waste-treatment systems are reviewed and approved by the Commission in a timely manner prior to implementation by the utilities; determine on a priority basis the safety of the contractor mobile waste-solidification system currently being used to insure that there are no unanswered safety questions; consider the chemical composition of low-level waste when approving the design of waste systems and evaluate their effects on the performance of waste-treatment systems in operation; and undertake a study aimed at minimizing waste volumes being generated at existing plants.

106837
[Return on Investment in For-Profit Hospitals]. HRD-78-152; B-164031(3). July 31, 1978. 8 pp.
Report to Jay B. Constantine, Chief, Senate Committee on

Finance; by Philip A. Bernstein (for Gregory J. Ahart, Director, GAO Human Resources Division).

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *Senate* Committee on Finance.
Authority: 50 U.S.C. 1215(b). American Hospital Association, et. al. v. Weinberger, CW 75-0928.
Abstract: The adequacy of return on investment in for-profit hospitals allowed under the Medicare program was questioned. A June 1977 study by a private firm concluded that investor-owned hospitals are considered by investors to be high-risk investments, and that to be compatible with normally expected rates of return in industries of compatible risk, the Medicare return on equity should be increased from 1.5 to 3.7 times the rate of return on Social Security Trust Fund investments. The information available to investors, however, indicates that the financial strength of investor-owned hospitals is strong and raises questions about the validity of the study's conclusions. A comparison of the Medicare return on equity with the return allowed by selected State hospital rate-setting bodies and the Department of Defense indicates that Medicare rates are not out of line with the rates applicable to other programs and activities. Two of the three States having comprehensive regulatory authority over hospital rates allow a return on equity about the same as that of Medicare. The Department of Health, Education, and Welfare has in process three studies which may have a bearing on the overall issue of the adequacy of medicare reimbursement for proprietary hospitals.

106838

[Explosions at Nuclear Powerplants]. EMD-78-99; B-164105. August 4, 1978. 8 pp.
Report to Rep. Tom Bevill, Chairman, House Committee on Appropriations: Public Works Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Natural Resources, Environment, and Energy: Energy (0305).
Organization Concerned: Nuclear Regulatory Commission.
Congressional Relevance: *Rep.* Tom Bevill.
Abstract: Since 1971, about 50 gas explosions have been reported at the boiling water nuclear powerplants. These explosions have caused degradation and failure of off-gas systems, radiation exposure and other injuries to personnel, physical damage to facilities, and lost revenues during reactor shutdowns for repair. In spite of the fact that the problem and actions which would minimize it have been known for some time, the Nuclear Regulatory Commission (NRC) has taken action on operating plants only after incidents have occurred. The explosion at Millstone might have been prevented by ventilation of the stack area. Recent actions by NRC, when implemented, will minimize the chances of gas explosion, but according to NRC present plans, it will take up to 1 year before corrective actions are implemented at all facilities. The Chairman, NRC, should accelerate the process for requiring and implementing the actions aimed at minimizing gas explosions at nuclear powerplants. These actions should include ventilation of closed areas, assuring seal integrity, and protection of piping from ignition sources.

106839

Lack of Authority Hampers Attempts To Increase Cosmetic Safety. HRD-78-139; B-164031(2). August 8, 1978. 106 pp. plus 7 appendices (30 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Health, Education, and Welfare; Food and Drug Administration.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources; Congress.
Authority: Federal Food, Drug, and Cosmetic Act, as amended. 21 U.S.C. 301. Fair Packaging and Labeling Act. 15 U.S.C. 1451. Color Additive Amendments. P.L. 86-618. Federal Insecticide, Fungicide, and Rodenticide Act of 1947. 7 U.S.C. 135.
Abstract: Cosmetics are regulated under the Federal Food, Drug, and Cosmetic Act which requires that a cosmetic be free of injurious substances and be produced under sanitary conditions. Many ingredients available for cosmetic use are suspected of causing cancer or birth defects or of having adverse effects on the nervous system. ***Findings/Conclusions:*** In spite of the significant risk of injury to consumers, the Food and Drug Administration (FDA) does not have an effective program for regulating cosmetics. The Act does not authorize FDA to require manufacturers to register their plants or products, file data on ingredients, file reports of cosmetic-related injuries, or test their products for safety. Also, exemptions in the Act do not permit effective regulation of coal-tar hair dyes. FDA has not effectively used its existing authority. For example: it has not inspected most manufacturers' plants or sampled products for compliance with the act; it has established regulations governing the use of only 11 ingredients used in cosmetics; the safety of about 25 color additives has not been established; and it has had difficulty developing appropriate tests to be used by manufacturers in evaluating safety. ***Recommendation To Congress:*** FDA should: require the listing of known allergens, help to develop product standards, define "adequate substantiation of safety, insure childproof packaging of toxic cosmetics, evaluate data from literature on cosmetic product safety, evaluate restrictions of other countries, establish an information system on cosmetic-related injuries and complaints, establish regulations related to cosmetics containing drugs, hasten the review of color additive safety, evaluate safety data on coal tar hair dye ingredients, and establish a more effective market surveillance program. Congress should amend the Act to: give FDA adequate authority for regulating cosmetic products, authorize FDA to require cosmetic manufacturers to submit data to FDA supporting the effectiveness of preservatives used, and repeal exemptions concerning coal-tar hair dyes. It should also authorize FDA to obtain access to cosmetic manufacturers' production and control records and to assess civil penalties for violations of the Act.

106840

[Use of Agent Orange in Vietnam]. CED-78-158; B-159451. August 16, 1978. 6 pp. plus 4 enclosures (14 pp.).
Report to Rep. Ralph H. Metcalfe; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211); International Affairs: International Security Through Controls (0607); Health Programs: Quality Care and Its Assurance (1213).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).

Organization Concerned: Environmental Protection Agency; Department of Defense; National Academy of Sciences.
Congressional Relevance: *Rep.* Ralph H. Metcalfe.
Authority: P.L. 91-441.
Abstract: Concerns have been expressed about the Department of Defense's (DOD) use of Agent Orange, an herbicide, in Vietnam because it contains the highly toxic contaminant dioxin. From August 1965 to 1971, DOD sprayed 11.22 million gallons of Agent Orange in Vietnam, with about 3 gallons per acre sprayed undiluted. DOD has little information available on the number or extent of personnel exposure to herbicides in Vietnam. However, aircraft crews involved in spraying missions were more likely to have been exposed than were others, and their records could possibly be traced. DOD research before herbicide use in Vietnam was concerned with effectiveness more than with health effects. Later DOD ecological studies failed to demonstrate long-term health effects, but the National Academy of Sciences believed that further studies were needed. DOD does not have plans for epidemiological studies related to herbicide uses in Vietnam.

106841

Progess and Problems in Improving the Availability of Primary Care Providers in Underserved Areas. HRD-78-135; B-164031. August 22, 1978. 111 pp. plus 15 appendices (38 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Providers (1202); Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Automatic Data Processing (1001).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources; Congress.
Authority: Allied Health Professions Personnel Training Act of 1966. P.L. 89-751. Emergency Health Personnel Act of 1970. P.L. 91-623. Comprehensive Health Manpower Training Act of 1971. P.L. 92-157. Emergency Health Personnel Act Amendments of 1972. P.L. 92-585. Public Health Service Act. Health Professions Educational Assistance Act of 1976.
Abstract: Congress has recognized the importance of making health manpower accessible to the entire population. A disproportionate number of physicians has been concentrated in urban areas, mainly because of professional considerations. During fiscal years 1972-1977, more than $430 million in Federal funds were obligated in an attempt to increase the supply of physicians in shortage areas. ***Findings/Conclusions:*** Federal efforts have had some success, but many problems remain. The National Health Service Corps has increased the availability of physicians in shortage areas but, because it has not adequately assessed needs, its physicians are underused in terms of patients served at some sites. The Federal loan repayment program has attracted only a small percentage of eligible physicians, most of whom would have established practices in shortage areas anyway. The program for area health education centers has the long-term potential to improve health manpower distribution by meeting some of the professional considerations. The preceptorship program will probably not substantially affect location choices, but the family medicine training program has the potential for increasing the supply of physicians in rural areas and small towns because of the tendency for many family practitioners to locate in such areas. Many States and private organizations have attempted to increase access to primary care medical services in rural areas through programs using nonphysician providers, including nurses and physician extenders. The inability to receive reimbursement from medicare or other sources for physician extender services restricted more widespread use of such services. Recent authorization for such reimbursement may help areas to use physician extenders to meet health care needs. ***Recommendation To Congress:*** The Secretary of Health, Education, and Welfare (HEW) should: develop guidelines for assessing the use of Corps health care providers and require studies of potential use by residents, develop projections to assess the number of physicians with scholarship commitments that will be needed to serve in shortage areas, analyze the location of practitioners and specialists in HEW-designated shortage areas and make recommmendations for financially supporting programs with the greatest potential for serving these areas, work with States to identify shortage areas and develop a strategy for establishing an integrated program to appropriately serve each area, and examine programs which rely on physician extenders and consider seeking legislation to assist such programs. Congress should reconsider whether the loan repayment program for physicians needs to be continued and the necessity for HEW to complete its study on physician extender reimbursement in view of recent legislation and questions raised about the validity of study results.

106844

Medicare's Cost Reimbursement Procedures for Home Health Care. August 10, 1978. 16 pp. plus enclosure (1 pp.).
Testimony before the House Committee on Ways and Means: Oversight Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee.
Authority: Social Security Amendments of 1972.
Abstract: A review of medicare's cost reimbursement procedures for home health care identified the following major issues: the wide variances in the cost of providing home health services, the allowability of certain costs claimed for reimbursement, and the creation of nonprofit home health agencies by for-profit organizations. Expenditures for home health services under Medicare have risen from $287 million in fiscal year 1976 to a projected $786 million in fiscal year 1979. The problem of wide variances in costs of services reimbursed by medicare is closely related to program regulations defining "reasonable costs for reimbursement. Problems relating to the allowability of certain home health care costs for medicare reimbursement involve: promotional or advertising costs incurred by home health agencies, salaries and fringe benefits, and costs which are undocumented as to how they relate to patient care. The establishment of nonprofit home health agencies by for-profit organizations creates a high potential for program abuse.

107012

[Supplemental Security Income Quarterly Accounting Period for Determining Eligibility and Benefit Payment Accounts]. HRD-78-114; B-164031(4). May 26, 1978. 10 pp.
Report to Sen. Russell B. Long, Chairman, Senate Committee on Finance; Rep. Al Ullman, Chairman, House Committee on Ways and Means; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Program Monitoring and Administration (1303).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means; *Senate* Committee on Finance; *Rep.* Al Ullman; *Sen.* Russell B. Long.

Authority: Social Security Act. 42 U.S.C. 1382. H.R. 7200 (95th Cong.).
Abstract: Pending legislation contains a provision requiring that Supplemental Security Income (SSI) eligibility and benefit payment amounts be determined on a monthly rather than a quarterly basis. The Senate Committee on Finance, in its consideration of the bill, is requiring the Social Security Administration to experiment with various accounting periods and reporting methodologies. Quarterly computation was established to minimize changes in the monthly benefit payments caused by income variations, but this has not happened, and erroneous payments are being made because of frequent variations which are not anticipated before the computation is made. The prospective quarterly accounting period also causes administrative problems in processing overpayments. Many of the problems associated with the prospective quarterly accounting methodology can be resolved if benefits are determined on a retrospective monthly basis, with a 1-month lag between the month used for eligibility determinations and benefit calculations and the month in which payments are made to recipients. The Social Security Act should be amended accordingly with provisions to prevent recipients from initially being paid less when converting to the new accounting method.

107014

Replacing Missing Supplemental Security Income Checks: Recipients Waiting Longer Than Necessary. HRD-78-28; B-164031(4). August 22, 1978. 28 pp. plus 3 appendices (7 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Program Monitoring and Administration (1303).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health, Education, and Welfare; Department of the Treasury; Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means; *Senate* Committee on Finance; Congress.
Authority: 31 U.S.C. 528. 42 U.S.C. 1381. 42 U.S.C. 1383(g). H.R. 8911 (94th Cong.). H.R. 6124 (95th Cong.).
Abstract: Supplemental Security Income (SSI) is intended to provide a minimum income level for aged, blind, or disabled people having little or no means of self-support. About 28,000 recipients each month report that they have not received their SSI checks. ***Findings/Conclusions:*** The Social Security Administration (SSA) and the Treasury Department have a system for replacing checks reported missing, but the system has problems and many recipients wait a long time before receiving checks. SSA began an expedited check replacement system in August 1974 which could replace checks within 10 days. However, extensive delays were still caused by problems such as errors in entering information into the computer. Additional changes made by SSA in April 1977 resulted in rapid replacement of some checks but did not correct the problems of delays caused by incorrect processing The current system is designed to replace missing checks within 4 to 6 days if district offices enter correct information into the central computer. Bills introduced in Congress either authorize SSA to reimburse State and local agencies that make emergency loans to people who do not receive their checks or require SSA to replace checks within a short time period. The emergency loan proposal would require extensive management controls and considerable coordination with the States. Replacing checks in a short time period could be costly or difficult to implement. ***Recommendation To Congress:*** The Commissioner of SSA should be directed to improve the present check replacement system by: requiring district offices to make periodic reviews of nonreceipt transmissions for accuracy, establishing controls to assure timely processing of rejected nonreceipt claims, and emphasizing the need for district offices to input changes of address. Congress, if it believes recipients who do not receive their SSI checks should be assisted in less than 4 days, should authorize the Department of Health, Education, and Welfare (HEW) to issue replacement payments from district offices using prepositioned checks and a cash fund and use an immediate payment method only in emergency cases. In carrying out any immediate payment process, it should require the Secretary of HEW to record replacement payments immediately in the central computer and make information available to offices which may issue replacement payments and to implement procedures to identify and bar from further use of the system recipients who repeatedly abuse the immediate payment system.

107097

The Nuclear Regulatory Commission Needs To Aggressively Monitor and Independently Evaluate Nuclear Powerplant Construction. EMD-78-80; B-164105. September 7, 1978. 34 pp. plus 2 appendices (5 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Natural Resources, Environment, and Energy: Energy (0305).
Organization Concerned: Nuclear Regulatory Commission.
Congressional Relevance: *Senate* Committee on Energy and Natural Resources; Congress.
Authority: Energy Reorganization Act of 1974.
Abstract: The Nuclear Regulatory Commission (NRC) has a program for inspecting the construction of nuclear powerplants and a related program for inspecting firms that supply safety-related components for the powerplants. The vendor inspection program was started in 1974 when the NRC determined that 63 percent of nuclear powerplant construction and operation problems were traceable to vendor errors and that utility companies were not properly inspecting the vendors. ***Findings/Conclusions:*** NRC bases for judging the quality of construction and its inspection practices need improvement. NRC inspectors do little independent testing of construction work and rely heavily upon the utility company self-evaluation, spend little time observing ongoing construction work, and do not routinely communicate with people who do the construction work. Of 45 inspection report items reviewed, 31 were deficient because of either inadequate reporting, inadequate attention to details, acceptance of inadequate licensee action on deficient items, or inadequate investigation. Also, NRC did not require documentation for inspection reports. NRC is not making efficient use of its inspectors' time and talents. Too great a proportion of their time is spenton clerical duties and their normal inspection work is disrupted by investigations of allegations of poor construction work.The vendor inspection program has had a positive effect on thesafety of powerplants, but improvements are needed in inspectors' reporting practices, attention to details, documentation, and investigations. ***Recommendation To Congress:*** NRC should: increase independent measurements and direct observations and construction work, initiate formal interviews with craftsmen at construction sites, require licensees to train construction craftsmen in the principles of quality assurance, be more aggressive in its inspection activities, improve documentation and reporting practices, improve the productivity of its staff by increasing the time inspectors spend at construction sites and evaluating the potential for using clerks or paraprofessionals, and review organizational elements and seek additional staff so that allegations can be investigated without disrupting routine efforts. It should improve its basis for

vendor inspection by: developing a method to identify and select vendors for inspection, increasing inspections of vendors of items that control critical operations, seeking approval to hire more inspectors, being more aggressive in inspection activities, and improving documentation and reporting practices.

107099

Before Licensing Floating Nuclear Powerplants, Many Answers Are Needed. EMD-78-36; B-127945. September 13, 1978. 33 pp. plus 2 appendices (7 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Natural Resources, Environment, and Energy: Energy (0305).
Organization Concerned: Nuclear Regulatory Commission; Atomic Energy Commission.
Congressional Relevance: *Senate* Committee on Energy and Natural Resources; Congress.
Authority: Atomic Energy Act. National Environmental Policy Act of 1974.
Abstract: The predecessor to the Nuclear Regulatory Commission (NRC) received an application in 1973 to manufacture eight standardized floating nuclear powerplants near Jacksonville, Florida, and received a separate application in 1974 to station two of the eight plants off the New Jersey coast. Because the floating plants will be built at a location other than where they will be operated, the NRC has issued new regulations requiring a license for the manufacture of the plants. Approximately $300 million has been spent by the applicants on activities related to the applications, and the first application is more than 3 years behind its original licensing schedule. ***Findings/Conclusions:*** The NRC staff has made several management decisions that have complicated and contributed to the 3-year delay in its review of the application to manufacture floating nuclear powerplants. Factors inhibiting the licensing review process incude: preparation of a generic environmental statement which adds little to the licensing process, the NRC failure to evaluate siting possibilities in a timely manner, and the NRC failure to evaluate a reactor core melt in a timely manner. The following questions concerning floating nuclear powerplants remain: is more information needed on the risks of a core-melt accident; will the site meet requirements for a floating nuclear plant; does the weight of the plant represent a problem; have methods been developed for the handling and recovery of nuclear fuel and radioactive waste; has a method been developed for decommissioning the floating plant; and will a floating plant minimize the environmental effect of powerplant operation? ***Recommendation To Congress:*** Before concluding its review of the manufacturing license, the Chairman of NRC should: establish an acceptable level of risk for a core-melt accident on a floating nuclear plant, identify those changes which must be made to the design to achieve that level of risk, and require that weight parameters be developed for the safe operation of the powerplant. Before concluding its review of a license to operate the plants, the Chairman should: identify specific methods of handling the loading and offloading of radioactive material; require specific procedures for mitigating the consequences of a core-melt accident; require that a specific decommissioning plan be prepared for the floating plant and the breakwater, including a funding mechanism to assure that the facility owner pays the costs of decommissioning; and reanalyze the effect of the powerplant on tourism.

107106

Congressional Guidance Needed on the Environmental Protection Agency's Responsibilities for Preparing Environmental Impact Statements. CED-78-104; B-170186. September 13, 1978. 29 pp. plus 5 appendices (11 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: National Environmental Policy Act of 1969 (2205).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency; Council on Environmental Quality.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; Congress.
Authority: National Environmental Policy Act of 1969. 42 U.S.C. 4321. Federal Water Pollution Control Act, as amended. 33 U.S.C. 1251. Energy Supply and Environmental Coordination Act of 1974. 15 U.S.C. 791. Federal Water Pollution Control Act Amendments of 1972. Safe Drinking Water Act. Resource Conservation and Recovery Act of 1976. Housing and Community Development Act of 1974.
Abstract: The Environmental Protection Agency (EPA) claims that the environmental impact statement (EIS) requirement of the National Environmental Policy Act generally does not apply to regulatory actions which EPA proposes to protect or enhance the quality of the environment. EPA position is based on the Act's legislative history, a series of court cases, and its concern that a requirement to subject more actions to the EIS requirement would disrupt its operations. ***Findings/Conclusions:*** Although EPA was established more than 7 years ago, the question of whether the EIS requirement applies to many of its actions has not been resolved. The statutory exemptions provided from the EIS requirement for actions taken by EPA under the Federal Water Pollution Control and the Clean Air Acts are inequitable to other Federal agencies.The EPA voluntary program for EIS preparation is inadequate because some actions that could benefit from the process are omitted. Application of the EIS requirement to more actions should not disrupt EPA operations if provisions for preparation of EISs were incorporated into its normal procedures. ***Recommendation To Congress:*** Congress should: reevaluate the need for continuing the statutory exemptions from the EIS requirement now provided for actions under the Federal Water Pollution Control and Clean Air Acts; and clarify the responsibilities of EPA for preparing environmental impact statements on major actions significantly affecting the environment which it takes under other environmental protection laws.

107107

Sewage Sludge: How Do We Cope With It? CED-78-152; B-166506. September 25, 1978. 29 pp. plus 4 appendices (9 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Solid Waste Disposal and Resource Recovery (2206).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; Congress.
Authority: Resource Conservation and Recovery Act of 1976. 42 U.S.C. 6901. Federal Water Pollution Control Act, as amended. Marine Protection, Research, and Sanctuaries Act, as amended. Solid Waste Disposal Act.
Abstract: About 5 million tons of sludge are produced each year and the amount is increasing at a rapid rate. Sludge disposal

options are limited; Federal and State environmental regulations have restricted such options as landfill and incineration and ocean dumping is being phased out because of dangers to human and marine life. ***Findings/Conclusions:*** The nutrient content of sludge could make it valuable as a fertilizer and it also has potential as an energy source. However, its bacterial and toxic content limit its agricultural use and its feasibility for energy use has not been proven. In spite of these problems, the use of sludge as a resource is still the most viable solution to dealing with this substance. However, this has not been done because such use has not been encouraged by Federal and State authorities, guidance has been lacking, and there has been no comprehensive national sludge disposal policy. ***Recommendation To Congress:*** The Administrator of the Environmental Protection Agency (EPA) should develop a national sludge management policy emphasizing sludge use as a resource. The policy should deal with agricultural and nonagricultural land uses, sales and giveaways of sludge, and the feasibility of thermal combustion systems. EPA should: fund full-scale demonstration projects if it is determined that current projects cannot be used to determine the feasibility of thermal combustion, communicate the results of successful demonstrations to interested communities, and monitor the growth and development of systems which have been successfully demonstrated to determine the need for additional Federal support.

107115

[Adequacy of HEW's Audit of Swine Flu Vaccine Manufacturing Costs]. HRD-78-163; B-164031(5). September 19, 1978. 3 pp.
Report to Rep. Jack Brooks, Chairman, House Committee on Government Operations; Rep. George E. Danielson, Chairman, House Committee on the Judiciary: Administrative Law and Governmental Relations Subcommittee; Rep. John D. Dingell, Chairman, House Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; Rep. Walter Flowers; Rep. John E. Moss, Chairman, House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; Rep. Paul G. Rogers, Chairman, House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: General Procurement: Reasonableness of Prices Under Negotiated Contracts and Subcontracts (1904); Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Health, Education, and Welfare; Parke, Davis and Co.; Merck, Sharp, and Dohme; Wyeth Laboratories; Merrell National Laboratories.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; *House* Committee on Interstate and Foreign Commerce; *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; *House* Committee on the Judiciary: Administrative Law and Governmental Relations Subcommittee; *House* Committee on Government Operations; *Senate* Committee on Human Resources; *Rep.* Paul G. Rogers; *Rep.* John E. Moss; *Rep.* Walter Flowers; *Rep.* John D. Dingell; *Rep.* George E. Danielson; *Rep.* Jack Brooks.
Abstract: A review was conducted of the Department of Health, Education, and Welfare's (HEW) audit of swine flu vaccine manufacturing costs. Final procedures used by HEW to audit the costs claimed by Merck, Sharp, and Dohme, Wyeth Laboratories, and Merrell-National Laboratories were adequate. During the review, proposals were made that HEW perform additional audit work to provide a better basis for reaching its audit conclusions or to obtain information with which the auditors could render an opinion on costs they formerly considered unresolved. Additional efforts by the auditors resulted in an adequate audit. Judgments on final contract prices to be negotiated with manufacturers were left to HEW, but a proposal was made to the contracting officer that imputed interest be computed after final costs are negotiated. The HEW audit of the Parke-Davis contract was delayed because of a contract dispute, but HEW has requested and received cost data from the company pending resolution of the dispute and has started its audit.

107142

[Review of Venereal Disease Prevention and Control Program]. HRD-78-150; B-164031(5). September 5, 1978. 7 pp.
Report to Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Center for Disease Control.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources.
Authority: Public Health Service Act. 42 U.S.C. 247c.
Abstract: The Center for Disease Control (CDC) has the primary responsibility for the Federal role in the venereal disease prevention and control program and has expended an average of about $32 million annually since 1972. With these funds, CDC conducts research, develops program guidelines and performance standards, provides technical assistance to State and local governments, and supports educational activities. CDC uses reported syphilis and gonorrhea cases as its primary indicator of actual disease trends and program effects. Monitoring reported cases and cases identified through casefinding provides CDC with insufficient information to demonstrate: the effectiveness of current control strategies; the relative benefits of each control program component; and the optimal level of Federal, State, and local support for venereal disease control. Reported case trends are susceptible to influence by factors other than actual disease trends, such as changes in private physician reporting habits, the extent of public casefinding, public clinic availability, and disease diagnostic practices. Regardless of the accuracy of reported case trends as indicators of actual disease trends, actual disease incidence is the product of various interacting factors. Consequently, even declines in actual disease trends cannot be solely attributed to CDC-supported activities. CDC should conduct a study to develop a methodology for improving the reliability of reported data on identified and treated cases and to determine the numbers of people who comprise the venereal disease problem. CDC should use the resultant data to assess the impact of its efforts in controlling the incidence of venereal disease.

107143

HEW Progress and Problems in Establishing Professional Standards Review Organizations. HRD-78-92; B-164031(5). September 12, 1978. 35 pp. plus 10 appendices (25 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources; Congress.
Authority: Social Security Act, as amended. P.L. 92-603. P.L. 95-142. P.L. 94-182.
Abstract: The Professional Standards Review Organization (PSRO) program was initiated to have local physicians establish peer groups to determine whether services to patients under the Medicare, Medicaid, and maternal and child health programs are medically necessary, provided in accordance with medical standards, and provided in an appropriate setting. Legislation provides for designating PSRO geographic areas, establishing PSRO's and advisory councils, enrolling physicians, and implementing medical review systems. ***Findings/Conclusions:*** The Department of Health, Education, and Welfare (HEW) has designated 203 geographic areas, but 5 years after passage of the legislation, only 62 planning and 108 conditional PSRO's had been established. Since June 1977, many PSRO's have been added, but most will remain conditional until after October 1978. Organizational difficulties have hampered implementation of the PSRO program, but consolidation of the Medicare, Medicaid, and PSRO programs under the new Health Care Financing Administration (HCFA) should facilitate coordination and policymaking. The program has also been hindered by: less than anticipated funding and staff limitations, lack of timely regulation issuance and inadequate guidance, lack of aggressive contract administration, and the reluctance of physicians to enroll in the program. ***Recommendation To Congress:*** The Secretary of HEW should require the Administrator of HCFA to: issue instructions to hospitals and fiscal intermediaries on the statutory obligation of participating hospitals to cooperate with PSRO's; issue final program regulations as quickly as possible; see that prompt corrective actions are taken to resolve known problems delaying program implementation; coordinate with the Director, Bureau of Community Health Services, to provide adequate guidance for review of maternal and child health patient care; and promptly designate physician-alternate organizations as PSRO's in areas where a sponsored organization refuses to establish a PSRO. Congress, when establishing new national programs, should consider using the demonstration concept before authorizing full program implementation.

107333

[Program Evaluation Reports on Federally Supported Human Resource Programs]. PAD-78-64. March 21, 1978. 2 pp.
Report to Rep. Jim Mattox, House Committee on the Budget; by Harry S. Havens, Director, GAO Program Analysis Division.

Contact: Program Analysis Division.
Budget Function: Education, Training, Employment and Social Services: Elementary, Secondary, and Vocational Education (0501).
Congressional Relevance: *House* Committee on the Budget; *Rep.* Jim Mattox.
Authority: Elementary and Secondary Education Act, title I.
Abstract: GAO program evaluation reports on federally supported human resource programs were summarized to assist the House Budget Committee in its deliberations. Report summaries were prepared for the following program areas: child development, welfare, and day care; food and nutrition; title I of the Elementary and Secondary Education Act; and higher education student loans.

107334

A Plan for Improving the Disability Determination Process by Bringing It Under Complete Federal Management Should Be Developed. HRD-78-146; B-164031(4). August 31, 1978. 27 pp. plus 3 appendices (11 pp.).
Report to Rep. James A. Burke, Chairman, House Committee on Ways and Means: Social Security Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Human Resources Division.
Budget Function: Income Security: General Retirement and Disability Insurance (0601).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means: Social Security Subcommittee; *Rep.* James A. Burke.
Authority: Social Security Act, as amended. P.L. 93-233.
Abstract: The most important step in considering claims for Social Security disability benefits is determining whether a claimant is disabled. State agencies carry out the disability determination process under contractual agreements with the Department of Health, Education, and Welfare (HEW). In 1977, about 6.7 million disability beneficiaries received disability benefits of about $14.0 billion. ***Findings/Conclusions:*** The means used to make disability determinations differed considerably among States. A reasonable degree of uniformity and efficiency in the process may never be achieved because the existing Federal-State arrangement precludes direct managerial control by the Social Security Administration (SSA) of State agencies, and SSA has failed to correct other weaknesses in the process. Although the disability program was to be linked with an effective State vocational rehabilitation program, only a small proportion of workers have been rehabilitated, and there has been an increase in disabled workers on the rolls. SSA efforts to strengthen Federal-State agreements had only limited success because of the unwillingness of State officials to relinquish their prerogatives. Only a small proportion of States have said that they would sign a proposed agreement, submitted to States by SSA in response to earlier GAO recommendations, which expanded the Federal role to ensure uniformity. Also, there has not been adequate participation of physicians in the disability determination process. SSA has attempted to implement an acceptable quality assurance system, but further action is needed. ***Recommendation To Congress:*** The Secretary of HEW should develop, for consideration by Congress, a plan for strengthening the disability determination process by bringing it under complete Federal management. He should also direct the Commissioner of SSA to continue work on: assuring that clear, concise criteria and guidelines are provided for use in making disability determinations; providing uniform training for those making the determinations; assuring that the quality assurance system is properly implemented; and assuring that there is adequate participation by physicians in the disability determination process.

107336

[Payment of Black Lung Benefits to Widows Who Also Receive State Workmen's Compensation Payments]. HRD-78-157; B-164031(4). September 6, 1978. 4 pp.
Report to Rep. Carl D. Perkins, Chairman, House Committee on Education and Labor; Sen. Harrison A. Williams, Jr, Senate Committee on Human Resources; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Payment Processes (1309).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health, Education, and Welfare; Department of Labor; Social Security Administration.
Congressional Relevance: *House* Committee on Education and Labor; *Senate* Committee on Human Resources; *Rep.* Carl D. Perkins; *Sen.* Harrison A. Williams.

Authority: Federal Coal Mine Health and Safety Act of 1969, as amended. 30 U.S.C. 801. Black Lung Benefits Reform Act of 1977. P.L. 95-239.
Abstract: An examination was conducted of the black lung benefits paid to miners, and eligible survivors of miners, who also received State workmen's compensation payments from the Social Security Administration, the Department of Health, Education, and Welfare, and the Department of Labor. During May 1978, Social Security paid $33.6 million in black lung benefits to 145,251 widows and their dependents, and the Department of Labor paid $216,000 to 933 widows and their dependents. In Pennsylvania and Kentucky, where the examination was performed, most of the workmen's compensation awards to miners were for disability due to pneumoconiosis. None of the benefits Social Security paid to widows of miners in Pennsylvania and Kentucky was reduced when they received State workmen's compensation payments; this was because Social Security considered the State payments as death benefits. In contrast, the Department of Labor routinely reduces black lung benefits to widows when they receive State workmen's compensation because of their husbands' deaths. The Federal Coal Mine Health and Safety Act of 1969 should be amended so that comparable treatment will be provided to widows receiving benefits from State workmen's compensation because of their husband's deaths.

107349

The Department of the Army's Food Irradiation Program: Is It Worth Continuing? PSAD-78-146; B-146700. September 29, 1978. 42 pp. plus 4 appendices (7 pp.).

Report to Rep. Thomas J. Downey; by Robert F. Keller, Acting Comptroller General.

Issue Area: Food (1700); Consumer and Worker Protection: Safety of Food Additives (0905); Science and Technology: Management and Oversight of Programs (2004).
Contact: Procurement and Systems Acquisition Division.
Budget Function: National Defense: Defense-Related Activities (0054).

Organization Concerned: Department of Defense; Department of the Army; Department of Health, Education, and Welfare; Food and Drug Administration.
Congressional Relevance: *House* Committee on Armed Services; *Senate* Committee on Armed Services; *Rep.* Thomas J. Downey.
Authority: Food Additives Amendment of 1958. P.L. 85-929. 72 Stat. 1784. Federal Food, Drug and Cosmetic Act.
Abstract: Food irradiation technology, being developed by the Department of the Army, uses high doses of radiation to sterilize meat and poultry products. In the last 25 years, the Department of Defense has spent about $51 million on research on this technology. Food irradiation is classified with food additives and requires Food and Drug Administration (FDA) approval before its public use. ***Findings/Conclusions:*** The Army's food irradiation program, while not yet succeeding in obtaining FDA approval of irradiated meats, has made progress in advancing the state of the art. A large portion of work performed in a renewed effort to obtain data to meet FDA requirements was wasted because the Army did not adequately review the contractor's work which was later found to be unacceptable. Although default by the contractor hampered progress toward obtaining FDA approval, the Army believes that, with continued satisfactory studies, it could obtain approval of irradiated chicken by September 1983 at an additional cost of about $10 million. Cost estimates for restarting other animal feeding studies to obtain FDA approval and for completing the study on irradiated chicken range from $28 million to $47 million. Some food irradiation proponents believe that classifying food irradiation as a process rather than as an additive would facilitate its commercial adoption, but GAO found no basis for this belief. A potential benefit of irradiated meats for use in military rations is that no refrigeration would be required during storage. However, irradiation of foods may be economically unfeasible because of its lack of acceptance in the commercial market. ***Recommendation To Congress:*** The Secretary of Defense should have the Secretary of the Army develop a plan to complete the food irradiation program. The plan should: restrict animal feeding studies to those needed to obtain approval of irradiated chicken; evaluate the need for continuing food irradiation research at the $3-million-a-year level; and determine, using irradiated chicken as a test case, the desirability of further Government investment in high-dose sterilization of meats and the potential for successfully transferring the technology to industry.

107383

An Executive Summary: 16 Air and Water Pollution Issues Facing the Nation. CED-78-148A; B-166506. October 11, 1978. 43 pp.
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Standards (2201).
Contact: Community and Economic Development Division.
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; Congress.
Authority: Federal Water Pollution Control Act Amendments of 1956. P.L. 84-660. Federal Water Pollution Control Act Amendments of 1972. P.L. 92-500. Clean Air Act. Clean Air Act Amendments of 1970. Clean Air Act Amendments of 1977. Federal Water Pollution Control Act, as amended. Federal Water Pollution Control Act Amendments of 1977.
Abstract: The Clean Air Act Amendments of 1970 and 1977 and the Federal Water Pollution Control Act Amendments of 1972 and 1977 were enacted to deal with air and water pollution nationwide. Air quality legislation is intended to protect the public health and welfare from air pollution, and water quality legislation is meant to eliminate the discharge of pollutants and to have swimmable and fishable waters. Programs for achieving these goals have resulted in a cleaner environment, but billions have been spent to date on pollution controls. During the period from 1975 to 1984, about $423 billion may be spent on pollution control by government and industry. ***Findings/Conclusions:*** To set priorities in achieving environmental goals, some basic questions must be answered: how much environmental protection is needed; when is it needed; what is the best way of obtaining it; and what price is the Nation willing to pay. The goals of pollution control legislation are basically sound except for the goal to eliminate the discharge of pollutants into waterways. However, regulatory adjustments are needed to resolve certain major issues. Among these are: energy development, conservation, and independence; environmental protection and improvement; economic growth and stability; economic efficiency and equity; public health and welfare; and inflation. Policies should be coordinated, and issues should be considered as a whole rather than separately. Solutions should be sought for the total pollution problem rather than for some parts at the expense of others, but present pollution laws and programs do not usually allow for such tradeoffs. Sixteen major pollution control issues identified by GAO dealt with goals, standards, implementation, requirements, monitoring, siting, grants management, planning, cost-benefit analysis, and alternatives.

107384

Environmental Problems at U.S. Overseas Military Activities (Unclassified Digest of a Classified Report). CED-78-175; B-192686. October 16, 1978.
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Standards (2201); Environmental Protection Programs: Utilizing Technology Developed by Other Countries (2207).
Contact: Community and Economic Development Division.
Budget Function: National Defense: Department of Defense - Procurement & Contracts (0058).
Organization Concerned: Department of Defense; Environmental Protection Agency; Department of State.
Congressional Relevance: *House* Committee on Armed Services; *Senate* Committee on Armed Services; Congress.
Authority: Executive Order 11752.
Abstract: There has been growing concern about pollution among host countries at installations occupied by U.S. forces in Europe. Legislation states that U.S. activities should cooperate with host nations to solve environmental problems where consistent with U.S. policy, but troop-stationing agreements do not specifically discuss U.S. and host-nation responsibilities on pollution abatement. ***Findings/Conclusions:*** Although a complete inventory of pollution problems has not been developed, military officials believe that $500 million might be needed to correct deficiencies at U.S. Army installations alone. Because there is no clear guidance on responsibilities, the services in Europe have managed pollution abatement programs on a piecemeal basis. Current Department of Defense (DOD) policy states that U.S. funds can be used for environmental improvement only if DOD originally provided the facility in question. Host nations are responsible for improving their own facilities. This policy could limit U.S. consideration of environmental improvements at its European facilities to about 20 percent of the problems identified. ***Recommendation To Congress:*** The Secretary of Defense, in coordination with the Secretary of State and with technical assistance from the Administrator of the Environmental Protection Agency, should change its overseas environmental policy to emphasize the environmental and associated economic and host-nation concerns affecting U.S. overseas activities. The Secretaries of Defense and State should demonstrate U.S. willingness to negotiate and carry out an agreement for environmental improvement and, when environmental degradation becomes an issue, should consult with the host nations to resolve environmental problems at DOD installations. The Secretary of Defense should direct the appropriate commands to identify and report on host-nation environmental laws and standards, the extent of pollution problems and remedial costs at U.S. overseas installations, and the ownership or source of financing for facilities on U.S. installations.

107385

More Effective Action by the Environmental Protection Agency Needed To Enforce Industrial Compliance With Water Pollution Control Discharge Permits. CED-78-182; B-166506. October 17, 1978. 29 pp.
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; Congress.
Authority: Clean Water Act, as amended. P.L. 92-500. 33 U.S.C. 1251. 33 U.S.C. 1362. Clean Air Act of 1977. P.L. 95-95.
Abstract: In a comprehensive effort to clean up the Nation's waterways, either the Environmental Protection Agency (EPA) or States with EPA-approved programs issue permits to both industrial and other source dischargers. These permits limit the amount of pollutants that may be discharged into waterways. After an industrial discharge permit is issued, EPA or the State is responsible for insuring that dischargers comply with permit conditions. ***Findings/Conclusions:*** A review of discharge reports filed by 165 agencies indicated: widespread and frequent noncompliance with permit conditions, frequent failure to submit industrial self-monitoring reports which could conceal additional violations, and widespread failure to meet required discharge standards. Such noncompliance with permit conditions, including violations of toxic-substances limits, underlines the need for improved compliance monitoring. Although a strong enforcement program is necessary to promote compliance, EPA enforcement actions usually lack clout. Except for referring violators to the Justice Department or barring them from receiving Federal contracts, grants, or loans, EPA cannot penalize the violator economically. Justice Department referrals, however, are time-consuming, complex, and expensive, and the results are unpredictable. Since 1975, EPA has been able to bar violators from Federal contracts, but this is not done often. ***Recommendation To Congress:*** The Administrator of EPA should: define what constitutes a major industrial discharger and determine the cumulative effects of minor permittees' pollution; increase its sampling inspection coverage; provide priorities and guidance for identifying and resolving the most significant adjudicatory hearings; make more effective use of existing enforcement mechanisms; amend the agency's regulation to lower the amount of exempt contracts, loans, and grants; and periodically evaluate the adequacy and timeliness of existing enforcement mechanisms and, if necessary, request that Congress provide EPA with the authority to administratively assess penalties against industrial permit violators.

107402

Analyses of Unexpended Balances in the Veterans Administration's Construction, Major Projects Appropriation Account. HRD-78-77. March 6, 1978. 38 pp.
Staff Study by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration.
Authority: National Cemeteries Act of 1973. P.L. 93-43. P.L. 93-82.
Abstract: The Veterans Administration (VA) is responsible for providing medical care to the Nation's 29.8 million veterans. During the VA annual budget process, funds are appropriated for the line item "Construction, Major Projects" for projects whose estimated cost is $1 million or more. These projects involve construction of new hospitals, domiciliaries, and outpatient facilities and the replacement, extension, alteration, and remodeling of all such facilities. ***Findings/Conclusions:*** The unexpended balances in the VA Major Projects appropriation account have grown sharply between fiscal year 1973 and the end of fiscal year 1977. At the end of fiscal year 1973, actual unexpended balances totaled $112 million, whereas at the end of fiscal year 1977, actual unexpended balances reached $708.5 million, an increase of more than 530 percent. Unobligated balances in the Major Projects account have also been steadily increasing since fiscal year 1973. The rise in both unexpended balances and unobligated balances can be attributed to: an expanded construction program, full funding of projects, phased construction of large projects, congressional actions, and VA misestimates. VA has developed a consistent pattern of significantly overestimating obligations and yearend unliquidated obligations and significantly underestimating yearend unobligated balances. Without marked changes in VA estimating procedures, these patterns are likely to continue indefinitely.

107422

St. Elizabeths Hospital and District of Columbia Are Improving Their Mental Health Services. HRD-78-31; B-133099. September 27, 1978. 78 pp. plus 2 appendices (17 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; District of Columbia; Saint Elizabeth's Hospital, Washington, DC.
Congressional Relevance: *House* Committee on District of Columbia; *Senate* Committee on Human Resources; Congress.
Authority: P.L. 95-215. OMB Circular A-76. OMB Circular A-44. H.R. 3335 (95th Cong.).
Abstract: St. Elizabeths Hospital is operated by the Department of Health, Education, and Welfare (HEW), but efforts have been made to transfer its administration to the District of Columbia. Its accreditation was taken away in 1975. Currently, it is the subject of a lawsuit to provide alternative facilities for patients who do not need the level of care provided at the hospital. Mental health services in the District are also provided by three mental health centers operated by the District's Mental Health Administration and by several private facilities. ***Findings/Conclusions:*** There has been a lack of effective joint planning, coordination, and agreement on how best to provide mental health services to District residents, which has resulted in overlaps and gaps in services. Inadequacies in services result from the failure of the District to provide adequate resources, reorganizations, and program cutbacks. Improvements at St. Elizabeths are needed in central admissions, treatment programs, outplacement services, work schedules, medical records management, industrial and recreational therapies, and medical and surgical services. A higher than necessary level of care was being provided at some facilities for many patients who could have been cared for in nursing or foster care homes if adequate facilities were available. The National Institute of Mental Health planned to request $75 to $100 million to regain accreditation for the hospital and to provide better housing for patients. Planned programs exceeded what was needed to regain accreditation, and plans have been subsequently revised. St. Elizabeths did not have an effective system for information gathering, planning, evaluating, budgeting, staffing, and training because of inadequate implementation of a decentralized management system and inefficient use of committees for making management decisions. ***Recommendation To Congress:*** The Mayor of the District should: direct the community mental health centers to evaluate patients' needs and establish programs based on needs, direct the Emergency Mental Health Services and Combined Adult Inpatient Services units to establish followup procedures for discharged patients, and provide resources to the community mental health centers' partial hospitalization programs. The Secretary of HEW should require the superintendent of St. Elizabeths to: provide guidelines for staff use, make appropriate staffing changes, organize and monitor patient treatment plans, plan and evaluate outpatient programs, simplify the medical records system, develop admission criteria, perform cost-benefit analyses of services, establish criteria for identifying patients ready for outplacement, and work with the District to resolve outplacement problems. The Secretary should also require actions to improve the management system and administrative services at St. Elizabeths.

107423

Opportunities To Reduce Administrative Costs of Professional Standards Review Organizations. HRD-78-168; B-164031(3). October 12, 1978. 23 pp. plus 5 appendices (5 pp.).

Report to Rep. Sam M. Gibbons, Chairman, House Committee on Ways and Means: Oversight Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee; *Rep.* Sam M. Gibbons.
Authority: Social Security Amendments of 1972. P.L. 92-603. Social Security Act.
Abstract: Professional Standards Review Organizations (PSRO) were established in order to assure that health care services provided under Medicare and Medicaid conform to appropriate professional standards and are delivered in the most effective, efficient, and economical manner possible. On November 14, 1977, the Department of Health, Education, and Welfare (HEW) announced that it was increasing the maximum allowable compensation for PSRO Executive Directors and Medical Directors. ***Findings/Conclusions:*** The salary schedules established for executive directors appeared to be inflated, and criteria and data on which they were based were not consistent with the backgrounds of most executive directors. The salary increases are about 8 percent to 10 percent higher than they would be if they were based on rates for similar positions in nonprofit organizations, and the levels are equal to, or higher than, those in similar positions in the medicare-medicaid administration complex. Also, there are similarities in the administrative hierarchy within each organization and opportunities in States with more than one PSRO to consolidate similar administrative functions which could result in cost savings. The 164 PSRO's in the 21 States with more than one PSRO area will spend over $40 million for administrative staffs. Consolidation can best be achieved when nonperforming organizations are identified and removed from the program. ***Recommendation To Congress:*** The Secretary of HEW should direct the Administrator of the Health Care Financing Administration to: rescind the executive director salary levels published in November 1977 and establish new levels based on salaries paid comparable positions in nonprofit organizations; and identify PSRO areas where administrative staff and functions can be combined, paying particular attention to situations where nonperforming PSRO's are replaced, and encourage the sharing of support services.

107424

Improved Administration Could Reduce the Costs of Ohio's Medicaid Program. HRD-78-98; B-164031(3). October 23, 1978. 146 pp. plus appendix (3 pp.).

Report to Ohio; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Finance.
Authority: Social Security Act, as amended, title XIX. Social Security Amendments of 1965. P.L. 89-87. Social Security Amendments of 1972. P.L. 92-603. Social Security Amendments of 1967. P.L. 95-142.
Abstract: Ohio began its Medicaid program on July 1, 1966. During 1967, the State spent $50.6 million to provide medical services to a monthly average of about 300,000 eligible individuals. In its 11-year existence, Ohio's Medicaid program costs increased tenfold, and the number of eligibles increased 143 percent. Over the same period, Medicaid costs increased about 1,500 percent nationwide.

Findings/Conclusions: Ohio has limited many of its benefits in efforts to contain the large yearly increases in Medicaid costs, but these limitations have not always resulted in sufficient savings to balance Medicaid budgets. The State has occasionally tried to temporarily cut Medicaid benefits and reimbursement rates for providers; these efforts have been only partially successful. Ohio used incorrect eligibility criteria and procedures which resulted in about 26,000 ineligibles receiving Medicaid, and many who should have been eligible were denied benefits. Reports which were used to set nursing home payment rates included unallowable costs which inflated payments to nursing homes. While the State was overpaying nursing homes for services they provided, Ohio's ceilings on nursing home payments were inadequate for the costs incurred by patients needing skilled nursing. Because of a lack of controls, Ohio paid some providers in excess of the amounts allowed for Federal sharing. ***Recommendation To Congress:*** The State of Ohio should revise its Medicaid eligibility requirements and determination procedures to comply with Federal regulations. It should: assess the usefulness of Medicaid eligibility requirements for allowable personal resources, strengthen the control procedures developed to ensure correction of errors, and examine the administration of Medicaid and other welfare programs by county welfare departments. The State should also: improve the Medicare buy-in program, improve control of Medicaid extensions for terminated Aid-to-Families-With-Dependent-Children recipients, obtain Federal financial participation for paid medical expenses of general relief recipients subsequently found eligible for Medicaid, take action to minimize excessive Medicaid payments by establishing controls to prevent payments to practitioners exceeding the upper limits, audit nursing homes where cost reports are used to develop cost ceilings, and assess its audit capability to determine what it needs to comply with the Federal 1980 field audit deadline.

107425

Ohio's Medicaid Program: Problems Identified Can Have National Importance. HRD-78-98A; B-164031(3). October 23, 1978. 11 pp.

Report to Secretary, Department of Health, Education, and Welfare; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Social Security Administration; Health Care Financing Administration; Department of Health, Education, and Welfare; Ohio.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Finance.
Abstract: A comprehensive review of Ohio's Medicaid program identified two issues that may have national importance: (1) the misleading statistics reported by the Medicaid quality control program which overstate potential savings available from eliminating eligibility determination errors; and (2) the unavailability of skilled nursing services to medicaid patients which results in unnecessary hospital expenditures. ***Findings/Conclusions:*** Ohio uses a quality control system developed by the Department of Health, Education, and Welfare (HEW) to help insure proper and correct expenditures of public assistance funds by identifying unacceptable performance and ineffective policies and taking corrective action. A review of cases found ineligible by Ohio's quality control review showed that determinations were generally correct, but that the procedures HEW requires the States to use do not differentiate between technical and substantive errors. Therefore, true program losses due to ineligibility and potential savings available from eliminating eligibility determination errors are overstated. The availability of skilled nursing facility (SNF) services to medicaid and medicare patients in Ohio has been adversely affected because of the State's relatively low limits on SNF reimbursement. ***Recommendation To Congress:*** The Administrator of the Health Care Financing Administration should: revise medicaid quality control study procedures to include, in reporting results of these studies, an estimate of potential savings available from elimination of Medicaid eligibility determination errors; assist Ohio in improving its reimbursement system for skilled nursing services in order to increase their availability; and determine if other States' reimbursement systems for SNF's are resulting in problems like those in Ohio and assist any State with these problems in improving their skilled nursing services program.

107442

Improvements Still Needed in Administering the Department of Labor's Compensation Benefits for Injured Federal Employees. HRD-78-119; B-157593. September 28, 1978. 71 pp. plus 5 appendices (19 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Personnel Management and Compensation (0300); Income Security and Social Services: Eligibility Determinations (1307).
Contact: Human Resources Division.
Budget Function: Income Security: Federal Employee Retirement and Disability (0602).
Organization Concerned: Department of Labor; Office of Workers' Compensation Programs; Office of Management and Budget.
Congressional Relevance: *House* Committee on Education and Labor; *Senate* Committee on Human Resources; Congress.
Authority: Federal Employees' Compensation Act, as amended. 5 U.S.C. 8101.
Abstract: The Federal Employees' Compensation Act, as amended, provides for paying compensation benefits for the disability or death of Federal civilian employees injured or killed while performing their duties. These benefits include compensation for loss of wages, dollar awards for bodily impairment, medical care for an injury or disease, rehabilitation services, and compensation for survivors. ***Findings/Conclusions:*** Although the number of civilian employees in the Government has remained fairly constant, from fiscal year 1970 through fiscal year 1977, injuries reported by employees increased by 72.1 percent; claims increased by 70.3 percent; persons drawing compensation for extended periods increased by 90 percent; and benefits paid increased by 315.1 percent. In about 41 percent of the 233 cases reviewed, the Office of Worker Compensation Programs (OWCP) awarded benefits without adequately establishing a causal relationship between the employee's disability or death and his or her employment. Many benefits were awarded without adequate supporting medical evidence, supporting medical rationale, or resolution of conflicting medical evidence. Other factors contributing to improper determinations of benefits involved a lack of onsite investigations and personal contact and a lack of agency appeal rights. District offices visited did not systematically review the condition and status of injured employees who received benefits for extended periods. ***Recommendation To Congress:*** The Secretary of Labor should instruct all officials and employees of OWCP that: they are responsible for making claims determinations that are equitable to the employee, the Federal Government, and the taxpayers; and their responsibilities require that benefits be denied in all cases in which adequate medical and other evidence are not provided establishing that the employee's injury was work related. The OWCP should: make onsite investigations of all claims in which causal relationship is not conclusively shown, place as much emphasis on decisions to approve as those to deny benefits, and install a management information system. The Director of the Office of Management and Budget should consider placing specific monitoring and vocational rehabilitation responsibilities in the employing agencies. Congress should amend the Act to place in the employing agencies the

authority to appeal any finding of causal relation which is not consistent with or supported by available evidence.

107640

Food: Food Related Reports Issued From January 1977 Through June 1978. August 1978. 27 pp.

By Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.

Organization Concerned: Department of Agriculture; Food and Drug Administration.

Abstract: A pamphlet is presents a source of information on GAO food reports. It includes summaries of reports directly and indirectly related to food. Topics covered include: financial disclosure systems for Federal employees, school lunch programs, agency operating procedures, soil conservation a claim against Puerto Rico concerning spoilage of federally donated food, farm legislation, water supply management, food consumption surveys, summer food programs, crop surpluses, agricultural export management, marketing administration, the world food program, international relations, Federal deficiency payments, regulatory activity, food contamination, a satellite-based earth resources information system, food stamps, population, environmental protection issues, charges for classing and grading services, agricultural research, migrant farmworkers, commercial fishing, national nutrition issues, containerization, food inspection, credit and insurance programs, nutrition for the elderly, information systems, audits, commodity trading regulation, and Federal domestic food assistance programs.

107668

Review of the President's June 6, 1978, Water Policy Message. CED-79-2; B-114885. November 6, 1978. 8 pp. plus 5 appendices (34 pp.).

Report to Sen. Henry Bellmon, Ranking Minority Member, Senate Committee on the Budget; Sen. Edmund S. Muskie, Chairman, Senate Committee on the Budget; by Elmer B. Staats, Comptroller General.

Issue Area: Water and Water Related Programs (2500); Environmental Protection Programs (2200).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Water Resources (0301).

Organization Concerned: Office of Management and Budget; Council on Environmental Quality; Department of the Interior.

Congressional Relevance: *House* Committee on Interior and Insular Affairs; *Senate* Committee on Energy and Natural Resources; *Senate* Committee on the Budget; *Sen.* Edmund S. Muskie; *Sen.* Henry L. Bellmon.

Authority: Fish and Wildlife Coordination Act. 16 U.S.C. 661. National Historic Preservation Act. P.L. 89-665. Endangered Species Act of 1973, as amended. P.L. 93-205. Resource Conservation and Recovery Act of 1976. 42 U.S.C. 6901. Safe Drinking Water Act of 1974. Watershed Protection and Flood Prevention Act. Water Resources Planning Act of 1965. Federal Water Pollution Control Act. 42 U.S.C. 300f. 42 U.S.C. 1962. 33 U.S.C. 1251. Executive Order 11988.

Abstract: The President's June 6, 1978, water policy message contained the following objectives: improved planning and efficient management of Federal water programs to permit the construction of water projects that are cost effective, safe, and environmentally sound; a new national emphasis on water conservation; enhanced Federal and State cooperation; and increased attention to environmental quality. He also issued directives outlining action to be taken by Federal agencies in implementing his policy initiatives and establishing a timetable for completion. ***Findings/Conclusions:*** The water policy is a progressive attempt to reform water resources development practices, but some of the objectives may not be met by the initiatives. For example: proposed principles and standards need to be more specific; the proposal that the Water Resources Council (WRC) perform an independent water project review may not achieve the desired results because the WRC is not independent of agency influence; project selection criteria require identification and clarification; and Federal and State cost-sharing inconsistencies and inequities should be addressed. Recommendations in the message relating to the following were supported: modifications to financial assistance and housing assistance programs, encouragement and assistance for water conservation, and changes in irrigation repayment and contract procedures. Areas not addressed by the policy include: the need to establish a clearinghouse for water conservation practices involving municipal and industrial water supplies, the need to solve constraints which impede implementation of better water management, and the need to better define the Federal role in promoting better water management. Also, greater priority should be given to water quality issues.

107677

Community-Managed Septic Systems: A Viable Alternative to Sewage Treatment Plants. CED-78-168; B-166506. November 3, 1978. 28 pp.

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Effectively and Efficiently Achieving Environmental Protection Objectives (2202).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).

Organization Concerned: Environmental Protection Agency.

Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; Congress.

Authority: Federal Water Pollution Control Act Amendments of 1956. P.L. 84-660. Federal Water Pollution Control Act Amendments of 1972. P.L. 92-500. Clean Water Act of 1977. P.L. 95-217. Federal Water Pollution Control Act, as amended. 33 U.S.C. 1251. P.L. 94-447. P.L. 95-26.

Abstract: Wastewater generated by homes and businesses is either transported by sewers to central facilities for treatment and disposal or treated and disposed of onsite by some type of septic system. Because septic systems have performed ineffectively, they have come to be regarded as temporary methods of wastewater treatment. Septic systems generally fail, however, as a result of human error or neglect. ***Findings/Conclusions:*** Septic systems are environmentally and technologically sound. Properly designed, constructed, operated, and maintained septic systems should not fail and can be as permanent as central treatment systems. Alternative septic system technologies are available to overcome soil, geological, and hydrological conditions which may limit the use of conventional sewage systems. These alternative systems can provide as good or better treatment than central systems, use less energy, and provide an additional benefit by replenishing groundwater. Federal agencies do not encourage the building of septic systems to permanently solve wastewater treatment problems, and various State regulations and local enforcement have not provided effective controls to assure good septic system performance. Good management could reduce septic systems' failure and make them part of a community-wide strategy to reduce, prevent, and eliminate water pollution. ***Recommendation To Congress:*** The Administrator, Environmental Protection Agency, should: revise regulations to require that facility plans consider water pollution problems in all community areas, encourage States and communities to obtain the necessary authority to establish effective public management programs for septic systems, establish minimum standards for public management of

septic systems, and emphasize to public entities that grant assistance is available for major rehabilitation and upgrading of septic systems.

107678

Reuse of Municipal Wastewater and Development of New Technology: Emphasis and Direction Needed. CED-78-177; B-166506. November 13, 1978. 35 pp. plus 2 appendices (4 pp.).
Report to Rep. Don H. Clausen, Ranking Minority Member, House Committee on Public Works and Transportation: Water Resources Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Science and Technology: Increased Application of Science and Technology to the Solution of State and Local Government Problems (2006); Environmental Protection Programs: Effectively and Efficiently Achieving Environmental Protection Objectives (2202).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Public Works and Transportation: Water Resources Subcommittee; *Rep.* Don H. Clausen.
Authority: Federal Water Pollution Control Act, as amended. 33 U.S.C. 1251. Federal Water Pollution Control Act Amendments of 1956. P.L. 84-660. Federal Water Pollution Control Act Amendments [of] 1972.
Abstract: The Clean Water Act of 1977 requires that alternative wastewater treatment methods, including land application, must be evaluated during facilities planning before an agency grant is made for a wastewater treatment plant. ***Findings/Conclusions:*** Even though new technologies for the treatment and reuse of wastewater are available, they have not been used extensively because: they provide treatment levels higher than needed to meet requirements; some are more costly than conventional methods; and program participants are unwilling to risk failure. Land application could provide benefits such as eliminating point discharges to surface waters, higher levels of treatment than provided by conventional secondary methods, and replenishment of groundwater. However, it has not been widely used because of stringent State pretreatment requirements, limited technical and health effects information, and unavailability of suitable land. Recycled wastewater may be used for several industrial, municipal, and recreational purposes. However, only a few wastewater reuse projects have been funded, because the use of reclaimed wastewater is generally not cost effective and concerns over recycled wastewater discourage potential users. There is no clear Environmental Protection Agency (EPA) policy on the funding of wastewater reclamation. ***Recommendation To Congress:*** EPA should promote the acceptance and use of newly developed technologies in wastewater treatment projects. The Administrator, EPA, should: designate a central group within his agency to analyze long-term wastewater treatment research needs and to receive, review, and coordinate the approval of evaluation grant awards; and identify the types of plants and municipalities where new technology could be utilized effectively.

107709

Status of the Implementation of the National Health Planning and Resources Development Act of 1974. HRD-77-157; B-164031(5). November 2, 1978. 48 pp. plus 3 appendices (16 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources; Congress.
Authority: National Health Planning and Resources Development Act of 1974. P.L. 93-641. Hospital Survey and Construction Act. Hill-Burton Act. P.L. 79-725. Heart Disease, Cancer, and Stroke Amendments of 1965. P.L. 89-239. Comprehensive Health Planning and Public Health Service Amendments. P.L. 89-749.
Abstract: The National Health Planning and Resources Development Act of 1974 provided for: the development of guidelines for national health planning; the establishment of areawide and State health planning agencies to deal with needed planning for health services, manpower, and facilities; and financial assistance for the development of resources. ***Findings/Conclusions:*** Since passage of the Act, the country has been divided into 205 health service areas; health systems agencies have been designated in all of these areas; all State planning agencies have been designated; and centers for health planning have been established in each of the 10 Department of Health, Education, and Welfare (HEW) regions. It is too early to determine the effect of areawide and State agencies in achieving the objectives of the act. HEW has been slow in publishing regulations and guidelines needed to carry out the act primarily because of new regulation development procedures, organizational problems, and litigation against the act. Planning agencies were handicapped in developing and completing health systems plans because of the unavailability of health data and national standards and criteria for the health care system, inability to recruit staff, conflicts between local and State planning agencies over respective responsibilities, and delays in receiving technical assistance. ***Recommendation To Congress:*** The Secretary of HEW should: publish needed regulations and guidelines in a timely manner, resolve organizational problems within the Bureau of Health Planning and Resources Development, develop health system standards and criteria, address the problems of inadequate and insufficient health data, develop a policy statement to clarify the relative emphasis to be placed on cost containment and health care accessibility, and direct regional planning centers to emphasize health plan development and board member orientation and educational activities. Congress should expand the provisions of the Act to allow more States to have only a State health planning and development agency and require that all other States have a minimum of two health systems agencies. If Congress does not amend the Act, it should clarify the responsibilities of health systems agencies and State health planning agencies in those States that have only one health systems agency.

107712

Future of the National Nutrition Intelligence System. CED-79-5; B-133192, B-164031(3)B-133192, B-164031(3)B-133192, B-164031(3). November 7, 1978. 36 pp. plus 1 appendix (3 pp.).
Staff Study by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Budget Function: Agriculture: Agricultural Research and Services (0352).
Organization Concerned: Department of Health, Education, and Welfare; Department of Agriculture.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources.
Authority: Food and Agriculture Act of 1977. P.L. 95-113.
Abstract: The United States does not have a unified or coordinated nutrition intelligence system, but both the Department of Health, Education, and Welfare (HEW) and the Department of Agriculture (USDA) have programs which provide some of this information. With limitations, the existing programs provide: periodic national population surveys to assess and monitor the dietary and

nutritional status of the entire population and selected groups at nutritional risk, surveillance at the community level for indicators of nutritional deficiency in selected high-risk groups, and evaluations of the dietary and nutritional impacts of some food asssitance programs. While these activities generate useful information, there are weaknesses which limit their effectiveness as an overall system of nutrition intelligence. ***Findings/Conclusions:*** Assessment and monitoring survey data are often untimely, insufficiently specific geographically, omit important population groups, and are inadequate for evaluating programs designed to improve nutritional health. The surveillance mechanism is weak in terms of population group and geographic coverage and reliability of data. A joint proposal by HEW and USDA for a comprehensive system of nutrition intelligence centers around four interrelated elements: nutritional and dietary status, nutritional quality of foods, dietary practices and knowledge, and impact of nutritional intervention. The system will function through: recurring national surveys of the population, special surveys of nutritionally at-risk groups, expansion of existing surveillance programs, and studies to evaluate the nutrition intervention program. The system will operate through existing programs within each Department with a coordination mechanism at several levels. Areas of concern with the proposal involve: lack of specificity and agreement between Departments, lack of agreement on how a decennial survey would be conducted, the role of the system in program evaluation, and the adequacy of the coordination mechanism.

107951

Water Quality Management Planning Is Not Comprehensive and May Not Be Effective for Many Years. CED-78-167; B-166506. December 11, 1978. 36 pp. plus 7 appendices (13 pp.).

Report to Rep. James C. Cleveland, Ranking Minority Member, House Committee on Public Works and Transportation: Investigations and Review Subcommittee; Rep. Ronald Bo Ginn, Chairman, House Committee on Public Works and Transportation: Investigations and Review Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Institutional Arrangements for Implementing Environmental Laws and Considering Trade-Offs (2210).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Public Works and Transportation: Investigations and Review Subcommittee; *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; *Rep.* Ronald (Bo) Ginn; *Rep.* James C. Cleveland.
Authority: Federal Water Pollution Control Act Amendments of 1972. P.L. 92-500. 33 U.S.C. 1251. Clean Water Act of 1977. P.L. 95-217.
Abstract: Section 208 of the Federal Water Pollution Control Act Amendments of 1972 authorized a planning program (referred to as "208 planning") to be undertaken in areas with substantial water quality control problems. The program has evolved from an optional one for urban regions to a mandatory one carried on by local, State, and interstate planning agencies. Statutory requirements for planning include identifying: needs and methods for financing treatment works; agencies necessary to construct, operate, and maintain facilities, and carry out the plan; and nonpoint sources of pollution and control measures. Planning agencies had up to 2 years to address these requirements, complete initial plans, and submit them to the Environmental Protection Agency (EPA). ***Findings/Conclusions:*** The statutory 2-year period was inadequate for comprehensive planning and for developing information on pollution and water quality. Data on effects of pollutants on water quality were inadequate or unavailable. Waste-load allocations for polluters could be subject to legal action if adequate cause and effect data are not available. Other problems hindering 208 planning include: lack of committed local funds to continue planning and to carry out recommendations when Federal funds are exhausted, disagreements among governmental units which may hamper implementing potential solutions to water quality problems, and the need for public participation programs more sensitive to local needs. ***Recommendation To Congress:*** The Administrator of EPA should inform Congress of problems being experienced in 208 planning and report on: how long it will take to acquire adequate cause and effect data, technical capability, needed resources to accomplish 208 planning, and the strategy EPA plans for resolving data deficiency problems; and alternatives to the existing program, including setting priorities for planning requirements and an analysis of tradeoffs involved if alternatives had to be achieved in a shorter timeframe and at lower costs. He should also emphasize the importance of expanding public involvement efforts and modifying public involvement regulations to emphasize the use of public opinion surveys.

107977

[Occupational Health Efforts of the Department of Defense]. HRD-79-9; B-163375. November 21, 1978. 6 pp.

Report to Harold Brown, Secretary, Department of Defense; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Consumer and Worker Protection: Employers' Compliance With Occupational Safety Health Standards (0912).
Contact: Human Resources Division.
Budget Function: Health: Consumer and Occupational Health and Safety (0559).
Organization Concerned: Department of the Navy; Department of the Army.
Congressional Relevance: *House* Committee on Armed Services; *Senate* Committee on Armed Services.
Abstract: Occupational health efforts of three military installations were reviewed to determine whether their programs were effective in protecting employees from exposure to toxic substances and harmful physical agents. Of the three installations reviewed, none were routinely requesting material safety data sheets when they bought toxic items and data sheets were not on hand for most of the toxic items found at the installations. Most of the workers interviewed at the Picatinny Arsenal and about half of the workers interviewed at the Norfolk Naval Shipyard were unaware of the potential harmful effects of the substances they worked with and had not been given training in the safe use of emergency procedures for the substances. Workers at the Portsmouth Naval Regional Medical Center indicated that they were aware of the hazards of some of the substances they worked with and were trained in their safe use. At all three installations, the industrial hygiene surveys were not adequate to detemine whether employees working with toxic substances were adequately protected. The Departments of Defense, the Army, and the Navy have established occupational safety and health policies and have issued directives and guidelines for establishing and maintaining effective programs. However, adequate action has not been taken to assure that the programs were properly implemented. The Secretary of Defense should take actions to assure that effective occupational health programs are implemented at Department of Defense installations.

107978

More Protection From Microwave Radiation Hazards Needed. HRD-79-7; B-164031(2). November 30, 1978. 46 pp. plus 3 appendices (29 pp.).

Report to Rep. John E. Moss, Chairman, House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909); Environmental Protection Programs: Environmental Protection Standards (2201); Consumer and Worker Protection: Development and Promulgation of Necessary Health Standards (0911).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Health, Education, and Welfare; Office of Management and Budget; Environmental Protection Agency; Department of Labor; Food and Drug Administration.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources; *Rep.* John E. Moss.
Authority: Radiation Control for Health and Safety Act. 42 U.S.C. 263. Public Health Service Act. 42 U.S.C. 201. Consumer Product Safety Act. 15 U.S.C. 2051.
Abstract: Microwave radiation emitted by products such as microwave ovens, medical and dental diathermy apparatus, alarm systems, radar, communication relay systems, and power devices poses a potential hazard because of its biological effects. Under the Radiation Control for Health and Safety Act, the Food and Drug Administration (FDA) is required to establish a radiation control program which must include: development of performance standards, research and investigations into effects and control of radiation emissions, compliance activities to make sure that manufacturers meet program requirements, and training activities to minimize unnecessary radiation exposure. ***Findings/Conclusions:*** FDA has identified two microwave products, microwave ovens and medical diathermy equipment, which need performance standards. It has issued a standard for the ovens but not for the diathermy equipment. FDA has not always reviewed manufacturers' reports promptly so that problems could receive early attention. There are no Federal standards to protect the public and workers from potential hazards of microwave exposure, but voluntary guidelines setting 10 milliwatts per square centimeter as a maximum safe level of occupational exposure were published. The adequacy of this level of exposure was questioned because studies indicated undesirable biological effects resulting from such exposure. Since this exposure guideline was a consideration in the FDA microwave oven emission standard, the standard should be reevaluated. The FDA diathermy equipment surveys identified several operator practices which could result in unnecessary radiation exposure to patients and operators. ***Recommendation To Congress:*** The Secretary of Health, Education, and Welfare (HEW) should direct the Commissioner of FDA to: issue and implement a performance standard which provides appropriate safety requirements for microwave medical diathermy equipment; establish procedures to ensure that all manufacturers' initial, supplemental, and annual reports are reviewed promptly; and develop training material for diathermy equipment operators to better ensure that unnecessary exposure of patients and operators to microwave radiation due to operator controllable factors is minimized. The Administrator of EPA and the Secretary of Labor should establish mandatory standards to protect the public and workers from exposure to microwave radiation.

107979

Recommended Dietary Allowances: More Research and Better Food Guides Needed. CED-78-169; B-164031(3). November 30, 1978. 39 pp. plus 13 appendices (27 pp.).
Report to Rep. James H. Scheuer, Chairman, House Committee on Science and Technology: Domestic and International Scientific Planning and Analysis Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Good Nutrition Standards (1708); Health Programs (1200).
Contact: Community and Economic Development Division.
Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Department of Agriculture; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Agriculture; *House* Committee on Science and Technology: Domestic and International Scientific Planning and Analysis Subcommittee; *Senate* Committee on Agriculture, Nutrition, and Forestry; *Rep.* James H. Scheuer.
Authority: Older Americans Act of 1965, title VII, as amended. 42 U.S.C. 3045. Child Nutrition Act of 1966, as amended. 42 U.S.C. 1773. National School Lunch Act, as amended. 42 U.S.C. 1761. 42 U.S.C. 1766. Food Stamp Act of 1964, as amended. 42 U.S.C. 1772. Agricultural Trade Development Assistance Act of 1954. 7 U.S.C. 1721.
Abstract: Recommended dietary allowances in planning diets, evaluating nutritional contents of food, establishing guidelines for food labeling, and developing new food products can be used properly only when their meanings are understood. ***Findings/Conclusions:*** Recommended dietary allowances are considered to be too complex for use by the consumer and are intended to be used by the professional nutritionist or dietitian. Although they provide a reasonable standard for use by nutrition professionals in planning and evaluating diets, a diet which provides the recommended dietary allowances does not necessarily ensure adequate nutrition. ***Recommendation To Congress:*** The Secretaries of Agriculture and Health, Education, and Welfare should have the National Academy of Sciences assist in identifying nutrition research needs and in establishing research priorities relating to human nutritional requirements. This assessment should be used to improve and expand Federal research on human nutritional requirements. The Committee on Dietary Allowances should use the research results to expand and extend recommended dietary allowances to include additional nutrients and direct them toward more specific population groups. The Secretaries should also request a qualified and respected body of experts to assist in the departmental planning efforts of developing food guides for the consumer to supplement other Government nutrition education efforts. These guides should help the consumer to develop diets that satisfy recommended dietary allowances and nutrition guidelines and should address the current nutrition concerns regarding food components, lifestyle factors, and diet and health.

108178

Commercial Safety Regulations Are Avoided by Some Large Aircraft Operators. CED-79-10; B-164497(1). November 21, 1978. 3 pp. plus appendix (13 pp.).
Report to Brock Adams, Secretary, Department of Transportation; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Transportation Systems and Policies: Air Transportation System (2413).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Air Transportation (0405).
Organization Concerned: Federal Aviation Administration; Civil Aeronautics Board; Department of State; International Civil Aviation Organization.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Commerce, Science, and Transportation.

Abstract: A review of the Federal Aviation Administration's (FAA) enforcement of commercial aviation safety regulations revealed several problems involving some large aircraft operators. ***Findings/Conclusions:*** Large aircraft operators who avoid compliance with commercial safety regulations not only have an unfair competitive advantage over commercial operators who comply with the costly commercial safety regulations but, in some cases, are operating unsafely. Under existing regulations, foreign air carriers can lease U.S.-registered aircraft and operate in this country under the less stringent private regulations. This action also has competitive and safety implications. Stiffer safety regulations for private large aircraft may lead some operators to transfer their aircraft registrations to foreign countries, where there is little regulation, and then to continue operations in the United States under a foreign operating permit. FAA officials plan to upgrade private large aircraft regulations which will make them more comparable to commercial regulations. ***Recommendation To Congress:*** Any new regulations should provide FAA field inspectors with the necessary tools to enforce compliance with regulations. To lessen the possibility that private operators will avoid safety regulation by moving their operations and aircraft registry to a foreign country, FAA should work with the Civil Aeronautics Board and the State Department to develop and enforce a requirement stipulating that all foreign air carriers flying in the United States at least meet the International Civil Aviation Organization's safety standards.

108193

Labor Needs To Manage Its Workplace Consultation Program Better. HRD-78-155; B-163375. December 18, 1978. 40 pp. 3 appendices (16 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Death and Serious Disability Caused by Workplace Safety Hazards (0910).
Contact: Human Resources Division.
Budget Function: Health: Consumer and Occupational Health and Safety (0559). Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Labor.
Congressional Relevance: Congress.
Abstract: The Department of Labor's Occupational Safety and Health Administration (OSHA) has not established or enforced adequate requirements for planning, conducting, or evaluating the consultation program. The program was to assure that employers receive help in complying with occupational safety and health standards and that workers are adequately protected. Although most employers who receive services are satisfied, there is little assurance that the program is directed toward the employers that need it most, offers adequate services, and results in serious workplace hazards being corrected. Labor's policy prohibits its employees from consulting with employers at workplaces because the Occupational Safety and Health Act of 1970 requires citation for violations found and prohibits advance notice of visits. Labor has done little to evaluate the program. Available information has been neither analyzed nor provided to State and Labor regional officials who need it for program management. GAO found that the availability of services varied significantly among the six States visited. Labor needs to decide what level of service it will support and do more to help expand health capability through cross-training of safety consultants. ***Recommendation To Agencies:*** The Secretary of Labor should: define the priorities for providing consultants, the scope of services to be provided, and the extent to which the demand for consultants should be stimulated; assure that each State is capable of providing both safety and heath consultations; require States to properly classify hazards and assure that serious violations are abated; and monitor and evaluate State programs.

108194

How To Dispose of Hazardous Waste--A Serious Question That Needs To Be Resolved. CED-79-13; B-166506. December 19, 1978. 28 pp.

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Solid Waste Disposal and Resource Recovery (2206).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: Congress.
Abstract: The Resource Conservation and Recovery Act of 1976 was enacted to regulate management of hazardous wastes which pose a threat to human health and the environment. The development of environmentally sound treatment and disposal facilities is essential to this purpose. Adequate capacity is not available to handle the increasing volumes of waste being generated, and public opposition is seriously hindering development of new disposal facilities. Even existing environmentally safe facilities are being jeopardized at a time when the volumes of waste are increasing. How to obtain needed disposal capacity and make sure the funds will be available to correct problems which may occur after site closure are formidable issues for the Environmental Protection Agency (EPA). ***Recommendation To Agencies:*** The Administrator, EPA, should: monitor and evaluate closely the development of State solid waste management plans to (1) identify the magnitude of the problems in locating suitable disposal sites early in the process, and (2) propose alternative solutions including, if necessary to protect national interests, a stronger Federal role; and propose legislation to create a self-sustaining national trust fund, supported by fees assessed on the disposal of hazardous wastes, to cover all post closure liability and any necessary remedial actions for sites permitted under the act to prevent continued contamination. In developing the fee schedule, an effort should be made to reflect the degree and duration of risk posed by specific wastes.

108215

[Integrity of Social Security Benefit Payment Systems for Dependent Children Can Be Improved]. HRD-79-27; B-164031(4). December 22, 1978. 4 pp. 2 enclosures (9 pp.).

Report to Joseph A. Califano, Jr., Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Income Security: General Retirement and Disability Insurance (0601). Income Security (0600).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Authority: Social Security Act (42 U.S.C. 402). Legislative Reorganization Act of 1970.
Abstract: Alternatives to financing student benefits under the Social Security Administration (SSA) Retirement, Survivors, and Disability Insurance program were examined. In May 1977, it was found that SSA made 329 duplicate payments, but only 99 of these were identified because the daily detection system is not fully operational. GAO considered social security number, name, address, date of birth, and other family members' names to determine whether the students appeared to be the same or different persons. Many students have been issued a social security number, but these numbers are maintained in a system different from the payment system. To assure that the earnings test is being properly applied, the Commissioner of SSA should determine from other existing social security records the numbers that are missing for dependent children; attempt to locate duplicate payments by comparing social security

numbers of all dependent children receiving benefits; and correct problems in the duplicate payment detection system, such as using a less restrictive identification process.

108223

Federal Strategy Is Needed To Help Improve Medical and Dental Care in Prisons and Jails. GGD-78-96; B-133223. December 22, 1978. 55 pp. plus 4 appendices (19 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Law Enforcement and Crime Prevention: Effectiveness of Correctional Programs (0514); Health Programs (1200).
Contact: General Government Division.
Budget Function: Administration of Justice: Criminal Justice Activities (0754); Health: Health Planning and Construction (0554); Health: Health Care Services (0551); Administration of Justice: Federal Correctional Activities (0753).
Organization Concerned: Department of Justice; Department of Health, Education, and Welfare.
Congressional Relevance: Congress; *Rep.* Newton I. Steers; *Rep.* Paul G. Rogers; *Rep.* Parron J. Mitchell; *Rep.* Marjorie S. Holt; *Sen.* Charles McC. Mathias, Jr.
Authority: Public Health Service Act (P.L. 93-641).
Abstract: The health care delivery systems of most prisons and jails are inadequate because of deficiencies in assuring adequate levels of care, physical examinations, medical records, staffing, facilities, and equipment. Officials said that they lacked funds to make improvements. Should those needs continue to be underfunded, it is critical that ways to improve utilization of all available resources be examined. ***Findings/Conclusions:*** Inmates' health needs can only be learned by giving them thorough physical examinations. Medical and dental records must be complete and confidential. Sufficient, qualified health staff should be available. Prisons and jails should meet national medical and dental care standards for the services they provide, or obtain these services in the community. ***Recommendation To Agencies:*** The Law Enforcement Assistance Administration should: develop and implement a Federal strategy to help State and local governments bring their prison and jail health care delivery systems into compliance with standards promulgated by the American Correctional Association and the American Medical Association; and incorporate into the Federal strategy the appropriate expertise and resources of the U.S. Public Health Service, National Institute of Corrections, and U.S. Marshals Service (to participate, State and local governments should be required to determine the medical and dental needs of their inmates and the proper mix of resources to meet those needs and implement whatever health care standards they can within their existing resources). The U.S. Public Health Service should: closely monitor its newly initiated Prison Health Program and, if successful, expand it within the Federal strategy; provide grants to help State and local correctional institutions bring their medical and dental facilities into compliance with existing standards, and explore the feasibility of utilizing other applicable assistance programs within the Federal strategy; and encourage State and local health planning agencies to participate in the Federal strategy and programming for community health improvements. The U.S. Marshals Service should assist in the Federal strategy by providing technical assistance and funding for improving medical and dental care at those contract facilities. To upgrade the level of health care in Federal institutions, the Bureau of Prisons should: reexamine its policy on physical examinations to include biennial examinations of all inmates about to be released; replace inmates working in sensitive positions, such as maintaining medical records, with qualified civilian personnel; and take appropriate actions to assure 24-hour coverage by qualified medical personnel at all institutions.

108238

[Improved Screening Needed for Military Families Being Transferred to Europe]. HRD-79-22; B-192159. December 28, 1978. 11 pp.
Report to Harold Brown, Secretary, Department of Defense; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553). National Defense: Defense-Related Activities (0054).
Organization Concerned: Department of Defense; Department of the Air Force; Department of the Army.
Abstract: GAO surveyed Army and Air Force practices in screening the dependents of active duty personnel assigned overseas, to identify special educational and medical problems that cannot be adequately handled overseas. ***Findings/Conclusions:*** Army and Air Force regulations are similar, but Army screening practices are less effective, resulting in the transfer of numbers of Army dependents to overseas locations without the resources to provide the necessary medical and educational attention. This overtaxes existing medical and educational facilities and proportionately reduces the services available to all. Specialized medical facilities at the surveyed hospitals in West Germany fall short of the demands upon them, particularly in speech pathology, neurology, psychiatry, and orthopedics. Department of Defense Dependent Schools, Europe (DODDSEUR) cannot treat all the children with emotional or psychological problems, about 1,100, or 1 percent, of the total enrolled. Neither the Army nor the Air Force applies its screening procedures to all families requesting overseas travel, but the Air Force procedures evaluate the medical and educational problems of dependent children and determine the adequacy of facilities in Europe to deal with them. The large number of Army dependents with serious problems permitted to go to Europe has added to the burden of providing specialized care, and placed hardships on families having these problems. ***Recommendation To Agencies:*** The Army should emulate the Air Force's dependent screening procedures for verification of existing problems, and require screening for dependents on nonconcurrent travel. Both services should screen noncommand sponsored dependents to the extent possible, and evaluate their screening programs periodically. Navy screening programs should also be reviewed and necessary improvements made.

108266

Improvements Needed in Controlling Major Air Pollution Sources. CED-78-165; B-166506. January 2, 1979. 18 pp.
Report to Sen. Edmund S. Muskie, Chairman, Senate Committee on Environment and Public Works: Environmental Pollution Subcommittee; by Robert F. Keller, Acting Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Department of Justice; Environmental Protection Agency.
Congressional Relevance: *Senate* Committee on Environment and Public Works: Environmental Pollution Subcommittee; *Sen.* Edmund S. Muskie.
Authority: Clean Air Act of 1970 (42 U.S.C. 7001 et seq.)). P.L. 95-95.
Abstract: Compliance with the Clean Air Act of 1970 by major air pollution sources can not be adequately determined due to ineffective oversight and inadequate recordkeeping by the Environmental Protection Agency (EPA). ***Findings/Conclusions:*** GAO found

that: (1) in New York and Illinois, almost 70 percent of the sources subject to enforcement action since 1973 were not in compliance with emission limitations; and (2) in Illinois 321 major sources were not in final compliance at the end of fiscal year 1977. An enforcement action had never been taken against about one-half of these sources. EPA data systems, designed to track the amount of pollutants released into the air, are inaccurate and rarely compatible with the States' systems. As a result, incorrect progress and status reports have been issued to the Congress and the public. EPA efforts to monitor and control air pollution have been ineffective because: (1) progress is measured by determining the number of sources, both complying with the standards and on compliance schedules, rather than considering emissions from all sources; (2) a source's compliance status is usually based on unverified information submitted by the source, rather than by more reliable methods, such as onsite testing or inspection; and (3) the EPA compliance monitoring program has shown that 22 percent of sources the States classified in compliance are actually not. ***Recommendation To Agencies:*** The Administrator of EPA should make sure that accurate, reliable, and complete data concerning both air pollutants and polluters are reported by taking certain actions such as: substantially increasing the number of Agency compliance monitoring inspections, strengthening Agency enforcement activities to reflect changes brought about by the Clean Air Act Amendments of 1977, and initiating enforcement actions against all sources not now in compliance and not on a cleanup schedule.

108268

Savings to CHAMPUS From Requirement To Use Uniformed Services Hospitals. HRD-79-24; B-133142. December 29, 1978. 25 pp. plus 2 appendices (3 pp.).

Report to Sen. Warren G. Magnuson, Chairman, Senate Committee on Appropriations; by Robert F. Keller, Acting Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). National Defense: Department of Defense - Military (except procurement and contracts) (0051).
Organization Concerned: Department of Defense.
Congressional Relevance: *House* Committee on Armed Services; *Senate* Committee on Armed Services; *Senate* Committee on Appropriations: Defense Subcommittee; *Senate* Committee on Appropriations; *Sen.* Warren G. Magnuson.
Authority: Dependents' Medical Care Act (P.L. 84-569). Military Medical Benefits Amendments of 1966 (P.L. 89- 614; 10 U.S.C. 1071 et seq.). Defense Appropriation Act of 1976. P.L. 94-212.
Abstract: If a military dependent needs nonemergency hospital care and lives within a 40-mile radius of a military hospital, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) requires that when available, the patient use the military rather than public hospital facilities in order for the expenses to be covered by the Government. This cost savings measure is in jeapordy, however, if the trend toward a decrease in the number of military medical personnel continues. Exceptions to the rule have been made in cases when the travel distance exceeds the 40-mile limit, the traveling would prove to be a hardship to the patient, or when the needed medical facilities are not available at a military installation. ***Findings/Conclusions:*** If the Department of Defense (DOD) assessment of the military's future physician staffing problems is accurate, GAO feels that even with better program management, possibilities for increased savings from the CHAMPUS program are limited. In many instances, individuals do not make use of the military facilities because of a lack of knowledge of the program requirements or because of loopholes in the regulations. An example is the nonavailability statement required before a patient uses a private facility because adequate care is not available at the nearby military hospital. This is often signed after the patient has been to the outside physician and, in some cases, without checking on the availability of care by the military. Regulations also allow a patient who has been under the care of a private physician to continue, even if a military hospital is nearby. This concept has been used by patients to circumvent the CHAMPUS regulations. ***Recommendation To Agencies:*** The Secretary of Defense should address the need for high level DOD approval of establishing set procedures for exemptions to the 40-mile regulation of CHAMPUS. Guidelines defining the program should be clearly established and the information relayed to military personnel and their dependents. Since nonavailability of service at military hospitals is the most common reason for patients using private facilities, coordination between hospitals of available care is needed on a case-by-case basis to ensure that a patient will not needlessly use outside sources when adequate military care is available within the 40-mile CHAMPUS limit.

108331

Problems in Auditing Medicaid Nursing Home Chains. HRD-78-158; B-164031(3). January 9, 1979. 24 pp. plus 6 appendices (13 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.
Budget Function: Health: Nursing Homes (0557).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration.
Congressional Relevance: Congress.
Authority: Social Security Act. Medicare-Medicaid Antifraud and Abuse Amendments (P.L. 95-142). P.L. 92-603.
Abstract: A group of two or more nursing homes with common ownership is considered a chain. GAO has reviewed these chains to determine if Medicaid reimbursement for nursing home chain headquarters' costs was related to patient care and whether the States effectively audit nursing claims operations. ***Findings/Conclusions:*** GAO found three major problems with nursing home chains. The States were not consistently field auditing reimbursement charges from the chain headquarters and when audits were conducted, the results were not shared with other affected States. Because of the complexity of some chain relationships, it is sometimes difficult to discern if chain affiliations exist. With stricter laws governing the disclosure of ownership information, the problem should be minimized. The Department of Health, Education, and Welfare (HEW) has no system by which Medicaid auditors might coordinate audit results. The Medicare system for coordinating audit information has worked in the past and could be adapted to suit the needs of Medicaid auditors. ***Recommendation To Agencies:*** To solve the records problem, HEW should direct the Health Care Financing Administration to provide for the exchange of audit results for nursing homes among all affected Medicaid intermediaries and State agencies. To facilitate this system, one agent should be given the responsibility for auditing each nursing home chain headquarters.

108365

Need for Improved Action on Railroad Safety Recommendations. CED-78-171; B-164497(5). December 29, 1978. ***Released*** January 15, 1979. 30 pp. plus 2 appendices (9 pp.).
Report to Rep. Bennett Stewart; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies (2400); Consumer and Worker Protection (0900).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Ground Transportation (0404).

Organization Concerned: Department of Transportation; National Transportation Safety Board; Federal Railroad Administration.
Congressional Relevance: *Rep.* Bennett Stewart; *Rep.* Ralph H. Metcalfe.
Authority: Federal Railroad Safety Authorization Act of 1976 (P.L. 94-348). Independent Safety Board Act of 1974.
Abstract: A study was made concerning: the actions taken by the Federal Railroad Administration (FRA) in response to railroad safety recommendations made by the National Transportation Safety Board (NTSB); NTSB followup procedures on railroad safety recommendations; and the FRA use of its own accident investigations to promote railroad safety. ***Findings/Conclusions:*** FRA does not respond promptly to the NTSB's safety recommendations. In many cases FRA has not responded to NTSB within 90 days or provided timetables for implementing recommendations, although this is required by law. The FRA also does not adequately monitor actions promised by its operating units to carry out NTSB recommendations and does not inform NTSB or the Office of the Secretary of Transportation of important changes or delays to promised action. Although the Office of the Secretary of Transportation is responsible for assuring that the Department's operating administrations comply with statutory requirements related to NTSB recommendations, it neither monitors responses to recommendations nor explains the status of past open recommendations in its annual report. The Department and NTSB use different criteria for determining the status of recommendations; thus, the agencies do not always agree on whether FRA has completed action on NTSB recommendations. ***Recommendation To Agencies:*** The Secretary of Transportation should require FRA to improve its internal procedures for handling NTSB recommendations; monitor actions promised in response to recommendations systematically and make sure that actions are completed in accordance with the timetable submitted to NTSB; and issue periodic status reports to NTSB and the Office of the Secretary that will describe what has been accomplished, changes that have occurred, and estimate when the proposed action will be completed. To improve the Department's monitoring, the Secretary of Transportation should require the Office of the Assistant Secretary for Policy and International Affairs to review periodically FRA responses to NTSB recommendations. The Secretary of Transportation should also revise Department requirements to specify that the annual report to the Secretary will include the status of all open NTSB recommendations without regard to the year in which they were made and revise Department criteria for evaluating NTSB recommendations as open or closed.

108387

[Decommissioning and Dismantling of the 100-F Reactor]. EMD-79-20; B-164052. January 17, 1979. 7 pp.
Report to James R. Schlesinger, Secretary, Department of Energy; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).
Organization Concerned: Department of Energy: Hanford Power Station, Richland, WA; Energy Research and Development Administration.
Congressional Relevance: *House* Committee on Science and Technology; *Senate* Committee on Energy and Natural Resources.
Abstract: The Department of Energy (DOE) is presently considering methods of dismantling and disposing of their Hanover Power Station in Richland, Washington. GAO has reviewed the disposition plans for dealing with the highly contaminated nuclear sites. The project involves the decontamination and dismantling of the shutdown reactor and its related facilities. The site will eventually be returned to public use. ***Findings/Conclusions:*** The Energy Research and Development Administration studied the dismantling problem but lacked the complete data to undertake the project. The final disposition of the radioactive material from the site has yet to be decided. The questions of how much radioactivity may be left in the area before the land reverts to public use and whether that particular site is needed for public use remain unanswered. A laboratory study described several negative environmental conditions which could result from dismantling the Hanover plant. Transporting large volumes of contaminated material could result in exposure to the site employees and might release harmful radionuclides into the environment. The study recommended that the operation be postponed for 75 years when the radioactive effects will be minimal. Decontamination and decommissioning of the Hanover site does not seem justified at this time. ***Recommendation To Agencies:*** The project should be postponed until studies are completed as to whether the Hanover site becomes a permanent repository for nuclear materials. Criteria still need to be developed for the cleanup and return of nuclear sites to unrestricted use along with assessing the possible environmental impact such action may have on the area.

108408

DOD's Commendable Initial Efforts To Solve Land Use Problems Around Airfields. LCD-78-341; B-133316. January 22, 1979. 29 pp.
Report to Harold Brown, Secretary, Department of Defense; by Richard W. Gutmann, Director, GAO Logistics and Communications Division.

Issue Area: Facilities and Material Management: Operation and Maintenance of Government Facilities in the Most Cost-Effective Manner (0713); Land Use Planning and Control: Management of Federal Lands (2306).
Contact: Logistics and Communications Division.
Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051).
Organization Concerned: Department of Defense; Department of the Navy; Department of the Air Force.
Congressional Relevance: *House* Committee on Appropriations; *House* Committee on Government Operations; *House* Committee on Armed Services; *Senate* Committee on Government Operations; *Senate* Committee on Armed Services.
Abstract: Accident potential and noise from flight operations at military air bases affect millions of people and thousands of acres of private property. Controlled land development of the surrounding area is necessary to assure flight safety and to protect the public. The Department of Defense's (DOD) compatible use zones program needs to establish accurate and credible accident and noise contours to be more effective. Local government controls such as land use plans, zoning laws, and noise insulation codes are influenced by the communities' economic dependence on the airfield's presence and the pressure for residential, commercial, and industrial development of surrounding private land. ***Findings/Conclusions:*** The air installations' studies have provided useful information for local governments to plan compatible land uses and for the Government to act on pending incompatible development. The air bases' efforts in cooperating with communities, reporting on the need for compatible land use, and making operational changes have, in most cases, been successful in lessening the impact of flight activites on base environs and in furthering land use needs. The approaches of both the Navy and the Air Force to acquiring property interests are sound in principle. Both policies must weigh the risks of dependence on local control of land use against the costs of purchasing land or land rights. ***Recommendation To Agencies:*** The Secretary of Defense should (1) direct the Secretaries of the Navy and the Air Force to review the data used to establish noise zones to make the zones more accurate and credible, and to revise and to

reissue individual studies where operations have changed; and (2) review the respective land acquisition policies of the Navy and the Air Force and the extent of their reliance on local zoning and other restrictions, to assure that services' plans and practices are consistent with Defense policy.

108423

Hazardous Waste Management Programs Will Not Be Effective: Greater Efforts Are Needed. CED-79-14; B-166506. January 23, 1979. 21 pp. plus 5 appendices (8 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Solid Waste Disposal and Resource Recovery (2206); Materials: Renewing Resources (1810); Energy: Effect of Federal Financial Incentives, Tax Policies, and Regulatory Policies on Energy Supply (1610).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Transportation and Commerce Subcommittee; *House* Committee on Public Works and Transportation; *House* Committee on Appropriations; *Senate* Committee on Environment and Public Works; *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee.
Authority: Resource Conservation and Recovery Act of 1976 (42 U.S.C. 6901). Resource Recovery Act of 1970 (P.L. 91-512).
Abstract: The United States has numerous hazardous waste sources scattered throughout the Nation, producing 56 million tons annually. These include industrial wastes, agricultural chemical residues, and chemical or pathological wastes from hospitals and laboratories. They occur as solids, liquids, powders, and sludges, and represent a prodigious disposal problem. GAO reviewed the Environmental Protection Agency's (EPA) hazardous waste management plans and programs and the necessary resources to support them. GAO also visited 10 State environmental protection organizations and met with representatives of industrial associations, trucking companies, and waste management firms. ***Findings/Conclusions:*** Generally, the States lack the staff and funds to satisfy hazardous waste requirements for health and environmental safeguards. Most States recognize the need to control waste, but lack the requisite controls, do not know the quantities produced in their jurisdictions, and are ignorant of present means of disposition. In fact, none of the States surveyed had fully identified its hazardous waste generators or believed it had an adequate enforcement program. EPA has been unable to obtain the funding authorized for implementing disposal programs, so the assistance promised to the States has not been provided. Many States will not accept the responsibility for fulfilling their obligations without Federal financial and technical assistance; in such cases, EPA is required to step in and operate the programs directly. Currently, there is no long-term funding source available for hazardous waste disposal at any level of government, but fee systems are a possible alternative. EPA regional officials lack the staff to authorize, review, monitor, and provide technical assistance to State programs. Most EPA regions cannot help States draw up regulations, orient industry and the public concerning requirements, or review disposal sites for environmental soundness. ***Recommendation To Agencies:*** EPA should encourage the States to develop self-supporting funding, such as fee systems, for operating hazardous waste management programs, and model legislation should be prepared for State legislatures to establish fee systems. EPA should also request that Congress appropriate the necessary funds for State hazardous waste programs before the fiscal year 1979 expiration date, and amend the Resource Conservation and Recovery Act of 1976 to include a fee system to cover costs when States cannot or will not meet the responsibility, and EPA is compelled to take control.

108429

[Veterans Administration's Outpatient Pharmacy Program at Selected Medical Centers]. HRD-79-29; B-133044. December 21, 1978. ***Released*** January 22, 1979. 2 pp. plus 1 enclosure (10 pp.).
Report to Sen. Jesse Helms; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration.
Congressional Relevance: *Sen.* Jesse A. Helms.
Authority: P.L.93-82.
Abstract: GAO evaluated the Veterans Administration's (VA) outpatient pharmacy program in order to determine if (1) addictive and habit-forming drugs are properly controlled, (2) maintenance drugs are received by patients in a timely manner and in adequate quantity, and (3) the authenticity of physicians' prescriptions is ascertained. VA has established extensive controls over drugs and other medication despensed by its pharmacies. ***Recommendation To Agencies:*** The Administrator of VA should direct the Chief Medical Director to (1) clarify the policy on schedule III narcotics so that each medical center pharmacy understands the need to maintain the register of receipt and dispensement of these drugs; (2) restate the policy for narcotic inspections of medical center pharmacies and wards, emphasizing the requirement of making actual counts and measures of drugs during these inspections; (3) reemphasize the importance of maintaining proper administrative records, especially on highly controlled substances; (4) direct medical center pharmacies to establish and maintain records or logs sent to patients via registered, return receipt requested mail, and to initiate followup action when these records do not show receipt by the patient; (5) direct medical center pharmacies to establish and maintain records or logs of all drugs held by the pharmacy pending destruction or return to the manufacturer; and (6) encourage VA medical center officials to initiate necessary controls in addition to those established by VA to better control substances which they believe have a high potential for theft, loss, or abuse.

108464

Veterans Administration Can Reduce the Time Required To Process Veterans' and Survivors' Initial Claims for Benefits. HRD-79-25; B-114859. December 27, 1978. ***Released*** January 26, 1979. 25 pp. plus 1 appendix (2 pp.).
Report to Sen. Jacob J. Javits; Rep. John E. Moss; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services (1300); Income Security and Social Services: Eligibility Determination (1301).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Income Security for Veterans (0701).
Organization Concerned: Veterans Administration.
Congressional Relevance: *Rep.* John E. Moss; *Sen.* Jacob K. Javits.
Abstract: As a result of a congressional request, the Veterans Administration (VA) is seeking ways to improve their claims processing system for compensation and death benefits. In conjunction with a GAO review, a VA task force studied existing bottlenecks in the claims process, one being the VA medical facilities' untimely processing of physical examinations of claimants for disability benefits. Through computer-based systems, VA should increase its capacity to respond to claimant's needs. ***Findings/Conclusions:*** Many VA problems center at the regional office level. VA will

soon initiate its Target System, a computerized system to expedite the transfer of information on a claimant's health, income, and benefit status from the regional office level to the administrative levels of VA. This system should help minimize the number of piecemeal requests for information and help alleviate the present problem of backlogged work. These changes, if tied together by consistent management at the regional office level, should make the processing task more efficient and responsive. ***Recommendation To Agencies:*** The Administrator of Veterans Affairs should direct the Chief Benefits Director to issue appropriate instructions to the VA regional offices to ensure that adequate supervisory controls are exercised so that needed evidence for developing claims is requested promptly, piecemeal requests for information are minimized, and backlog work is reassigned when possible. An aggressive followup procedure is also needed on requests for information on claimants from VA medical facilities. Further, the goals for the Target System should be evaluated and pursued as the VA gains experience in using the claims processing system.

108466

Social Security Should Improve Its Collection of Overpayments to Supplemental Security Income Recipients. HRD-79-21; B-164031(4). January 16, 1979. ***Released*** January 26, 1979. 20 pp. plus 1 appendix (1 pp.).

Report to Sen. William Proxmire; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services (1300).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means; *Senate* Committee on Labor and Public Welfare: Human Resources Special Subcommittee; *Senate* Committee on Finance; *Sen.* William Proxmire.
Authority: Social Security Amendments of 1972 (42 U.S.C. 1381). Social Security Act.
Abstract: Recovery or waiver by the Social Security Administration (SSA) of overpayments to Supplemental Security Income (SSI) recipients continues to be a problem. Additional improvements are needed if SSA is to achieve uniformity and objectivity in resolving overpayments and reduce an unresolved backlog of over 1.2 million overpayments. ***Findings/Conclusions:*** From January 1974 to September 1978, $27.9 billion was paid in SSI benefits. The SSA identified 3.2 million instances of overpayments totaling about $1.5 billion. Of the $1.5 billion, about $443 million was waived; $295.8 million was collected; $148.8 million of collections were in process; recovery efforts on $147.7 million were suspended; incorrectly computed overpayments for about $5.9 million were adjusted; and the remaining $462.4 million (over 1.2 million cases) had not been resolved. Efficient resolution of overpayments requires that they be quickly and uniformly processed to assure that the debts are promptly collected. SSA has not acted quickly or uniformly. SSA needs an automated overpayment notice at district offices to assure that an overpaid recipient is notified in a timely manner. A solution to collecting overpayments from former SSI recipients receiving other Federal benefits would be to offset or adjust the other Federal benefits at given rates until the debt is paid; however, SSA maintains that it has no legal authority to collect from benefits being paid to these recipients under other Federal programs. ***Recommendation To Agencies:*** SSA should get its SSI overpayment collection process functioning efficiently and uniformly before legislation is enacted authorizing SSA to collect SSI overpayments from funds due to recipients from other Federal benefit-paying programs. The Secretary of Health, Education, and Welfare should direct the Commissioner of Social Security to adopt a stronger and more active management role in recovering SSI overpayments by: establishing standards for timely processing of SSI overpayments; developing a quality control mechanism designed to identify needed corrective actions and needed changes in policy and procedures, and to develop solutions to inequities; developing improved instructions and additional training in overpayment resolution for claims representatives; and developing an automated notice to inform overpaid recipients when they have been overpaid, the cause of the overpayment, proposed agency action, and the recipient's appeal rights. The Secretary should also direct the Commissioner to develop more useful and less subjective criteria for claims representatives to use in determining whether an overpaid recipient was with or without fault in causing the overpayment.

108470

Reporting Unscheduled Events at Commercial Nuclear Facilities: Opportunities To Improve Nuclear Regulatory Commission Oversight. EMD-79-16; B-127945. January 26, 1979. 21 pp.

Report to Joseph M. Hendrie, Chairman, Nuclear Regulatory Commission; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).
Organization Concerned: Atomic Energy Commission; Food and Drug Administration; Nuclear Regulatory Commission.
Congressional Relevance: *House* Committee on Interior and Insular Affairs; *Senate* Committee on Environment and Public Works; *Senate* Committee on Appropriations: Public Works Subcommittee.
Authority: Energy Reorganization Act of 1974 (42 U.S.C. 5876).
Abstract: The Nuclear Regulatory Commission regulates the construction and operation of nuclear powerplants and other facilities and the possession, use, and disposal of nuclear materials to protect the public from radiation hazards. To oversee these activities, the Commission relies on information obtained in reports from licensees. The Commission uses these reports to: (1) identify safety-related incidents and problems; (2) assist in making safety-related decisions; and (3) disseminate information to the public on the nuclear industry's operating experiences. GAO reviewed the Commission's program for collecting and evaluating these reports. ***Findings/Conclusions:*** The Commission needs to improve its licensee report assessment procedures to better assure that it is identifying and acting on all safety-related problems. For example, the Commission's review of reported events following its discovery of a safety related problem at two operating nuclear powerplants revealed that the problem had been widespread for sometime. Better assessment procedures may have enabled the Commission to identify this problem earlier. ***Recommendation To Agencies:*** To provide the Commission with reasonable assurance that it promptly identifies all safety-related problems from licensee event and/or incident reports, the Chairman, Nuclear Regulatory Commission, should: (1) define the scope and frequency of required analyses, and documentation and disposition procedures, for staff use in assessing licensee event reports; and (2) establish a system for controlling and evaluating incident reports with clearly defined objectives, responsibilities, requirements for analyses, and administrative procedures. In addition, event and incident reporting requirements should be extended to require: (1) uniform surveillance and reporting requirements on safety systems and components common to all nuclear powerplants; (2) nuclear materials licensees using equipment containing hazardous radioactive materials to report equipment design deficiencies and malfunctions; and (3) medical licencees to report all misadministrations of patient radiation

treatments and radioactive drugs. GAO also believes that rulemaking procedures should be used to decide the issue of mandating full nuclear industry participation in the industry's voluntary reliability report system.

108472

Food, Agriculture, and Nutrition Issues for Planning. CED-79-36. January 29, 1979. 44 pp. plus 5 appendices (11 pp.).
Staff Study by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Food (1700).
Contact: Community and Economic Development Division.
Budget Function: Congressional Information Services (1008). Agriculture (0350); Natural Resources and Environment (0300); Health (0550); Income Security (0600).
Organization Concerned: Food and Drug Administration; Food Safety and Quality Service; Department of Health, Education, and Welfare; Department of Agriculture; Council of Economic Advisers.
Congressional Relevance: *House* Committee on Agriculture; *Senate* Committee on Agriculture, Nutrition, and Forestry; *Senate* Committee on Appropriations: Agriculture and Related Agencies Subcommittee.
Authority: Farm Act of 1973. Farm Act of 1977. Older Americans Act. Emergency Farm Amendments. Food and Agriculture Act of 1977.
Abstract: Food, agriculture, and nutrition issues facing Congress and the nation are described in an effort to identify food system goals that represent the main elements of a national food policy. GAO prepared program plans centering on 35 different issues that set out strategies involving the growth of world population, increase in food demands, and efficient distribution of food production resources. A national food policy will be based on the following underlying goals: assuring safe, nutritious food for all segments of the population; assuring that the economic strength of the food system is maintained; fulfilling the nation's commitment to help meet world food demand through development assistance, humanitarian measures, and commercial exports; and developing and coordinating national and international food policies and programs. ***Findings/Conclusions:*** Responsibility for Federal food programs and policies is fragmented throughout the Government, and there appears to be an overlapping of responsibility among the Federal agencies and congressional committees. Over 26 agencies and 30 full congressional committees have some responsibility in food programs and policies. In Congress, jurisdictional overlap is more pronounced. The Senate and House Agriculture Committees have general responsibility for most food legislation, but many major food programs and policies are also within the jurisdiction of other committees. Continued attention in Congress for the future will probably be focused in four areas: efforts to minimize the impact on the consumer from inflation in general, and particularly from rising food prices; the integration of food safety, nutrition, and health, including the development of an improved grain inspection program; the effects of rising production costs and resource losses on farmers; and the balancing of Federal roles in international trade and providing technical and food assistance to other nations.

108510

[Use of Nutritional Supplementation in the Treatment of Cancer Patients]. HRD-79-46; B-164031(2). January 22, 1979. ***Released*** February 1, 1979. 4 pp. plus 1 enclosure (20 pp.) 1 attachment (1 pp.).
Report to Sen. George McGovern, Chairman, Senate Committee on Agriculture, Nutrition, and Forestry; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213); Food: Federal Good Nutrition Standards (1708); Science and Technology: Support of Basic Research (2008).
Contact: Human Resources Division.
Budget Function: Health: Health Research and Education (0552). Health: Prevention and Control of Health Problems (0553).
Organization Concerned: National Institutes of Health.
Congressional Relevance: *Senate* Committee on Agriculture, Nutrition, and Forestry; *Sen.* George McGovern.
Abstract: Medical personnel generally believe that some groups of cancer patients have serious nutritional deficiencies and that nutritional supplementation may be an important adjunct to their treatment. Some preliminary research results indicate that nutritional supplementation may have benefited certain cancer patients; however, great uncertainty still exists concerning the extent of possible benefits. During the course of a review of nutritional supplementation in the treatment of cancer patients, GAO obtained information on the nutritional supplementation activities at the National Institutes of Health (NIH) Clinical Center and compared them with those of three leading teaching hospitals. ***Findings/Conclusions:*** Nutritional supplementation activities at the NIH Clinical Center are very similar to those at the three teaching hospitals reviewed, except that total parenteral nutrition is used less frequently at the Center. The Director of NIH feels that it is appropriate for the Center physicians to reserve judgement about use of nutritional supplementation in cancer patients, and that: (1) additional research is required to determine its usefulness; (2) NIH has a key role in answering questions about the usefulness of medical techniques; (3) the Center offers an ideal environment to perform research to answer the questions while still providing good patient care; and (4) Center physicians should remain skeptical about unproven medical practice techniques, such as use of nutritional supplementation for cancer patients. Additional space for nutritional research at NIH has been planned for the new Center wing scheduled for completion in 1982. The National Cancer Institute, jointly with other NIH institutes, plans to fund up to 10 nutritional research units at centers with preexisting expertise in nutrition. These units may have an important role in the area of nutritional training and education.

108526

Difficulties in Evaluating Public Affairs Government-Wide and at the Department of Health, Education, and Welfare. LCD-79-405; B-133192, B-164031(3)B-133192, B-164031(3)B-133192, B-164031(3)B-1619 B-144618. January 18, 1979. ***Released*** February 2, 1979. 25 pp. plus 3 appendices (8 pp.).
Report to Sen. Charles H. Percy, Ranking Minority Member, Senate Committee on Governmental Affairs; Sen. Abraham Ribicoff, Chairman, Senate Committee on Governmental Affairs; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Education To Change Health Habits (1210).
Contact: Logistics and Communications Division.
Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Department of Health, Education, and Welfare; Office of Management and Budget; Food and Drug Administration.
Congressional Relevance: *House* Committee on Government Operations; *Senate* Committee on Appropriations; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: Labor, Health, Education, and Welfare Subcommittee; *Sen.* Abraham A. Ribicoff; *Sen.* Charles H. Percy.
Authority: National Consumer Health Information and Health Promotion Act of 1976 (P.L. 94-317).
Abstract: In order to test the effectiveness of a major public information program, GAO addressed the following: problems and

concerns with the lack of uniform definitions concerning public affairs, information dissemination, education, and advertising; management of public affairs within the Department of Health, Education, and Welfare (HEW); and management of selected health education efforts. The management of two nationwide campaigns, the National High Blood Pressure Education Program and the new Smoking and Health Initiative program, is examined. The questions that need to be answered before undertaking a campaign are as follows: how does each funding request relate to the past and future efforts; what determines the amount of advertising to be used; and what management structures have been considered to achieve program objectives more effectively. Government agencies do not always define what is involved in public affairs, and are not consistent in reporting and evaluating their public affairs costs. ***Findings/Conclusions:*** Public affairs activities in HEW are managed by the Office of the Assistant Secretary for Public Affairs and by 30 other offices. Although the Assistant Secretary's office is responsible for coordinating and reviewing public affairs activities, departmental oversight has been weak. Public affairs plans, budgets, audiovisual products, and publications were not always submitted to the Assistant Secretary's office for review, contrary to HEW's instructions. In an examination of the smoking and health program, GAO found that there was little indication that the managers had considered many of the essential elements of campaign development. The basis for the fiscal year 1979 budget request for the public information campaign and research on childhood determinants of smoking is unclear, and goals have not been established for the campaign. The high blood pressure program, on the other hand, is well managed and appears to have had some success in controlling hypertension. ***Recommendation To Agencies:*** The Director of the Office of Management and Budget should work with the agencies to develop uniform definitions of public affairs and campaigns and should require all Government agencies to identify in their annual budgets the costs for their public affairs activities. GAO also recommends that the Secretary of HEW should establish guidelines for the evaluation of communications activities to include what activities should be evaluated and what types of evaluations should be conducted. Explanations should be required concerning how public affairs projects submitted for review and approval will be evaluated. If an evaluation is not planned, an adequate justification should be provided. In addition, HEW should develop procedures to ensure that necessary criteria, such as establishing objectives, planning the campaign, and monitoring and evaluating the program, will be adequately and consistently applied to the HEW public affairs activities.

108540

Assessment of DOD's Pollution Control Progress and Future Cost. LCD-79-303; B-166506. January 26, 1979. ***Released*** February 6, 1979. 19 pp. plus 1 appendix (2 pp.).

Report to House Committee on Appropriations; by Elmer B. Staats, Comptroller General.

Contact: Logistics and Communications Division.

Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051). Natural Resources and Environment: Pollution Control and Abatement (0304).

Organization Concerned: Department of Defense; Environmental Protection Agency.

Congressional Relevance: *House* Committee on Appropriations.

Authority: Clean Water Act Amendments of 1977. Clean Air Act Amendments of 1977. H. Rept. 95-294. H. Rept. 95-1246.

Abstract: GAO reviewed the progress made by the Department of Defense (DOD) in correcting pollution at military bases and the cost to strengthen pollution control programs. It is expected that half of the $972 million allocated through 1984 for pollution control will be used for abatement programs already identified. The remaining sum will cover costs for complying with upgraded Federal pollution standards. ***Findings/Conclusions:*** The military services were asked to include in the 5-year defense plan the amount needed for specific projects and for anticipated environmental standards. Since the Environmental Protection Agency (EPA) has not yet published these standards in their final form, DOD has no firm basis to estimate its future needs. Consequently, GAO was unable to evaluate the adequacy of the estimates. The study of projects already proposed or underway has allowed GAO to reach some conclusions on the DOD programs. The pollution reporting system does not provide a full and reliable description of its future needs. The cost for the programs cannot be estimated accurately due to unpublished environmental standards and the effect that current litigation might have on the programs. ***Recommendation To Agencies:*** The Secretary of Defense should require that the military services improve the reliability of their pollution control reporting system by providing for more timely inclusion of needed projects and revisions in project status and costs.

108541

Federal Hospitals Could Improve Certain Cancer Treatment Capability by Sharing. HRD-79-42; B-133044. February 7, 1979. 31 pp. plus 2 appendices (8 pp.).

Report to Rep. Jamie L. Whitten, Chairman, House Committee on Appropriations; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216); Health Programs: Health Providers (1202); Health Programs: Factors Impacting on the Fiscal Viability of Health Facilities (1212).

Contact: Human Resources Division.

Budget Function: Health: Health Planning and Construction (0554). National Defense: Defense-Related Activities (0054); Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).

Organization Concerned: Department of Defense; Veterans Administration; Department of State; Office of Management and Budget; Federal Health Resources Sharing Committee; Department of Health, Education, and Welfare.

Congressional Relevance: *House* Committee on Appropriations; *House* Committee on Armed Services; *Senate* Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee; *Senate* Committee on Armed Services; *Senate* Committee on Appropriations: Defense Subcommittee; *Rep.* Jamie L. Whitten.

Authority: Public Health Service Act (42 U.S.C. 1501). DOD Instruction 6310.8.

Abstract: The Department of Defense (DOD) and certain other Federal agencies provide cancer care in the form of surgery, chemotherapy, and radiation therapy, to eligible beneficiaries. ***Findings/Conclusions:*** Radiation therapy is used in treating about 60 percent of eligible cancer patients. In 1977 there were 45 radiation therapy facilities in the Federal sector. Thirty-six of them did not meet the existing utilization standards of about 6,000 treatments per unit a year established by DOD and the Department of Health, Education, and Welfare (HEW). Some 8 of the 36 facilities provided less than half the treatments set forth in the standards. The Veterans Administration (VA) established a utilization standard of about 2,850 treatments per year for a radiation therapy unit. In the United States, 23 geographic locations have a high potential for sharing Federal radiation therapy facilities. Facilities in 20 of these locations were underused, and at each of the locations there were also other Federal hospitals in the same geographic area that did not have the capability to provide radiation therapy. ***Recommendation To Agencies:*** DOD and HEW should: (1) direct the Federal Health Resources Sharing Committee to include in its planned

work on cancer treatment facilities, a comprehensive evaluation of the sharing opportunities at the 23 geographic locations and develop, if possible, a single radiation therapy utilization criteria for all Federal facilities; (2) share the radiation therapy capability at the locations determined by the Sharing Committee to have potential; (3) defer the acquisition of a new or upgraded radiation therapy equipment until the sharing potential at the 23 geographic locations is fully evaluated; and (4) withdraw acquisition plans for radiation therapy equipment at locations where good quality radiation therapy can be provided through sharing with existing equipment. DOD should also: (1) determine the need for DOD policy guidance on cancer care and take steps to assure that both the policy and cancer treatment provided consistently reflects appropriate and up-to-date health care standards; and (2) assure that the Army, Navy, and Air Force make every effort to assign cancer treatment specialists to those medical centers considered to be cancer treatment facilities.

108575

Cleaning up Commingled Uranium Mill Tailings: Is Federal Assistance Necessary? EMD-79-29; B-164052. February 5, 1979. 14 pp. plus 2 appendices (7 pp.).

Report to Sen. Mark O. Hatfield, Ranking Minority Member, Senate Committee on Energy and Natural Resources; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).

Contact: Energy and Minerals Division.

Budget Function: Energy: Energy Information, Policy, and Regulation (0276).

Organization Concerned: Department of Energy; Nuclear Regulatory Commission.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; *House* Committee on Science and Technology; *Senate* Committee on Energy and Natural Resources; *Senate* Committee on Appropriations: Interior Subcommittee; *Senate* Committee on Environment and Public Works; *Sen.* Mark O. Hatfield.

Authority: Atomic Energy Act of 1946. Atomic Energy Act of 1954. Uranium Mill Tailings Radiation Control Act of 1978 (P.L. 95-604).

Abstract: Until recently, commingled uranium mill tailings were believed to be of such low radiation that they were not considered harmful to the public. As a result, the tailings were often left in uncontrolled piles. Recent concern about the possible adverse effects of low-level radiation over long periods of time prompted the request that GAO determine whether Federal assistance should be provided to active mills to clean up the mill tailings. ***Findings/Conclusions:*** Cleaning up all of the commingled tailings would have the advantages of reducing a possible health hazard and taking another step toward resolving some of the problems of safely disposing of radioactive wastes. Offsetting these advantages, however, are some strong disadvantages. The cleanup costs could go as high as $315 million using current technology. Further, the cleanup program could be considered as an additional precedent for cleaning up other nuclear facilities, which would be a far more costly endeavor. This is extremely important because the question of who should pay for cleaning up nuclear facilities has not yet been fully considered, primarily because very little decommissioning of these facilities has been done to date. In the GAO view, the most significant factor in favor of providing Federal assistance in cleaning up commingled tailings pertains to the Federal Government's role in creating the mill tailings situation. ***Recommendation To Congress:*** In order to assure that the uranium mill tailings are controlled in a safe and environmentally sound manner, Congress should provide assistance to the active mill owners to share in the cost of cleaning up that portion of the commingled mill tailings that were generated under Federal contracts. These are the tailings for which the Federal Government has a strong moral resonsibility. Congress should also consider having the Federal Government assist those mill owners who acted in good faith in meeting all legal requirements pertaining to stabilization of the mill tailings were generated for commercial purposes and for which the Federal Government, through the Nuclear Regulatory Commission, is now requiring retroactive stabilization. At the same time, Congress should make clear, however, that this establishes no precedent for the Federal Government assuming the financial responsibility of cleaning up other non-Federal nuclear facilities and wastes, including those mill tailings generated after the date when the Federal Government notified industry that the tailings should be controlled.

108578

[Wastewater Treatment: What Does It Cost the Homeowner?] CED-79-35; B-166506. February 13, 1979. 9 pp.

Report to Rep. Ronald (Bo) Ginn, House Committee on Public Works and Transportation: Investigations and Review Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Effectively and Efficiently Achieving Environmental Protection Objectives (2202).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).

Congressional Relevance: *House* Committee on Public Works and Transportation: Investigations and Review Subcommittee; *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee.

Authority: P.L. 92-500.

Abstract: The impact the high cost of constructing waste treatment projects is having on individual users expressed on a per household basis is addressed. It is expensive to construct, finance, operate, and maintain a conventional wastewater treatment system. As the costs of such systems increase in absolute terms, so do the homeowner's costs. ***Findings/Conclusions:*** The impact of these costs is not easily measured since there is no agreement on when sewer service costs become too much for a homeowner to pay. The total cost of a sewer system is affected by many variables, including: (1) prices when construction is undertaken and the rate of inflation during construction; (2) the topography of the area in which the system is located; (3) the system's size, including the degree to which design capacity allows for future population growth; (4) the level of wastewater treatment provided; and (5) interest rates charged at the time financing is arranged. While the Federal Government and some States pay part of the construction costs, local governments must still obtain funds for a major share of project costs. However, no strong homeowner opposition to the level of annual user charges has been experienced and few communities are currently encountering serious problems financing the local share of project costs.

108618

Higher Penalties Could Deter Violations of Nuclear Regulations. EMD-79-9; B-164105. February 16, 1979. 25 pp. plus 1 appendix (4 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).

Contact: Energy and Minerals Division.

Budget Function: Energy: Energy Information, Policy, and Regulation (0276).

Organization Concerned: Nuclear Regulatory Commission.

Congressional Relevance: *House* Committee on Interior and Insular Affairs; *Senate* Committee on Environment and Public Works; *Senate* Committee on Public Works; Congress.

Abstract: The Nuclear Regulatory Commission (NRC) uses civil penalties to enforce its regulations governing the construction and operation of commercial nuclear facilities and the possession, use, and disposal of nuclear materials. NRC requested Congress to authorize a raise in penalties for each violation and for all violations occurring in a period of 30 consecutive days. Penalty limits are low compared to amounts authorized for other Federal regulatory agencies, considering the potential consequences of major violations. ***Findings/Conclusions:*** The present limits on NRC's authority to impose civil penalties are too low for effective use on licensees with large and potentially hazardous nuclear operations. NRC civil penalties do not provide these licensees with the economic incentives to improve the safety of their operations, nor do they promote NRC's desired image of a tough but fair regulator. GAO supports NRC'S request for authority to impose larger civil penalties, but does not agree with the proposal to limit the penalty for all violations in a 30-day period. This increase in the maximum penalty imposed for violation and the need for NRC to revise its present enforcement policies and procedures indicate that NRC should incorporate details of its enforcement program in its regulations. ***Recommendation To Congress:*** Congress should increase the civil penalty amount NRC can impose for a single violation, and eliminate the limitation on the amount that can be imposed for all violations in a 30-day period. ***Recommendation To Agencies:*** NRC should consolidate into a single policy statement its criteria, policies, and procedures for selecting enforcement actions. To aid NRC in imposing penalties and projecting its desired image, the Chairman should: (1) treat each occurrence of a violation of the same requirement as a separate violation for the purpose of computing a civil penalty; (2) establish procedures to insure that misinterpretations of regulatory requirements by licensees are clarified promptly; and (3) establish all enforcement criteria, policies, and procedures by rulemaking.

108619

Food Salvage Industry Should Be Prevented From Selling Unfit and Misbranded Food to the Public. HRD-79-32; B-164031(2). February 14, 1979. 34 pp. plus 1 appendix (6 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Adequate and Effective Enforcement of Standards, Laws, and Regulations (0903); Food (1700).

Contact: Human Resources Division.

Budget Function: Health: Prevention and Control of Health Problems (0553). Health: Consumer and Occupational Health and Safety (0559).

Organization Concerned: Food and Drug Administration; Department of Agriculture; Department of Health, Education, and Welfare; Food Safety and Quality Service; Association of Food and Drug Officials; National Canners Association.

Congressional Relevance: *House* Committee on Agriculture: Domestic Marketing, Consumer Relations, and Nutrition Subcommittee; *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources; *Senate* Committee on Appropriations: Agriculture and Related Agencies Subcommittee; Congress.

Authority: 21 C.F.R. 110. Fair Packaging and Labeling Act (15 U.S.C. 1451). Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301). Federal Meat Inspection Act (21 U.S.C. 601). Poultry Products Inspection Act (21 U.S.C. 451).

Abstract: In May of 1975, GAO issued a report concerning potentially unwholesome and unsafe food sold by food salvage operations in predominantly poor neighborhoods nationwide. GAO recommended several ways that Federal agencies responsible for the safety of foods sold to the public could better control and monitor food operations. Because of the severity and magnitude of the problems discussed in the 1975 report, a followup survey was conducted to determine whether the Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA) had progressed in regulating the food salvage industry. ***Findings/Conclusions:*** No improvement has been seen in the deplorable conditions or the questionable quality of products sold in salvage operations. A majority of the operations visited bought and sold food that was vermin infested or in rusted, leaking, severely dented, swollen, or filth encrusted containers. In many cases the food products were in containers with missing, misleading, or incomplete labels thereby presenting a threat to people on special diets for such reasons as illness or allergies. In addition, FDA has not developed Federal regulations establishing a nationally uniform code for salvage operations and has not established an effective regulatory program to prevent the sale of misbranded and potentially adulterated or potentially unsafe salvaged food to the public and institutions. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare (HEW) should direct the Commissioner, FDA, to: (1) establish a program or strategy for regulating salvage outlets; (2) develop and publish a Federal regulation establishing a national uniform code of practice for food salvaging, including guidelines and criteria for transporting, sorting, reconditioning, repackaging, and storing food; (3) require that salvaged food products be identified as such on the label; (4) actively work, for the adoption of the Association of Food and Drug Officials regulation in States where it has not been enacted; and (5) reemphasize to Federal and State health agencies responsible for inspecting institutions of the potential effects of allowing institutions to buy misbranded or damaged salvaged food products, and provide them with specific FDA inspection guidelines.

108620

Erroneous Supplemental Security Income Payments Result From Problems in Processing Changes in Recipients' Circumstances. HRD-79-4; B-164031(4). February 16, 1979. 22 pp. plus 1 appendix (2 pp.).

Report to Joseph A. Califano, Jr., Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Eligibility Determination (1301); Income Security and Social Services: Program Effectiveness (1302); Income Security and Social Services: Program Monitoring and Administration (1303).

Contact: Human Resources Division.

Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).

Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.

Congressional Relevance: *Rep.* L. H. Fountain; *Sen.* William Proxmire.

Authority: Social Security Act (42 U.S.C. 1381). Federal Records Act.

Abstract: Eligibility for federally administered Supplemental Security Income (SSI) benefits is based on a continuing need for financial assistance. Once eligibility for assistance is established, recipients must report changes in income, resources, or other circumstances that could affect the recipient's benefit payment amount or continued eligibility. If any of this information is not promptly and correctly processed, payment errors will occur. These changes are referred to as posteligibility changes. ***Findings/Conclusions:*** The Social Security Administration (SSA) estimates, based on its quality assurance data, that it erroneously overpaid about $1 billion and underpaid about $262 million in SSI

benefits from January 1976 through March 1978. Most of the overpayments occurred were attributed to problems that SSA has experienced in processing reported changes. Most of the local offices' problems result from lost records and a lack of adequate processing procedures, controls, and timeframes. Controls needed to ensure that changes are either posted to Supplemental Security Records or rejected and later corrected by the field offices have not been established. ***Recommendation To Agencies:*** The Commissioner of SSA should improve the processing of changes to recipient payments by: establishing procedures, goals, and a system for controlling, processing, and monitoring posteligibility changes; developing pending files for controlling posteligibility changes that are not monitored through the District Office Workload Report; establishing procedures to insure that posteligibility information received is processed before it is filed; insuring that offices retain and dispose of documents in compliance with the SSA record retention and disposal schedule; requesting the National Archives and Records Service to help develop an effective records management program; and assessing the records management program to determine compliance with the Federal Records Act. The Commissioner should also establish appropriate controls to minimize problems associated with processing posteligibility changes and provide added assurance that prompt, effective action is taken by: initiating controls in the computer system to assure field offices that all posteligibility changes transmitted by them are either posted to the record or rejected; establishing controls over rejects so that the system can notify field offices when information in reject messages has not been corrected; evaluating the alert system to insure its effectiveness; reemphasizing to field offices the need to process rejects and alerts; and monitoring the field offices to insure that rejects and alerts are promptly and effectively processed.

108653

Drinking-Driver Problem--What Can Be Done About It? CED-79-33; B-164497(3). February 21, 1979. 50 pp. plus 1 appendix (3 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies: Safe Motor Vehicle-Highway Transportation System (2408).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Ground Transportation (0404).
Organization Concerned: Department of Transportation; Department of Health, Education, and Welfare; National Safety Council; American Bar Association; National Highway Traffic Safety Administration; American Medical Association.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Commerce, Science, and Transportation; *Senate* Committee on Appropriations: Transportation Subcommittee; Congress.
Authority: Highway Safety Act of 1966 (23 U.S.C. 401 et seq.).
Abstract: Drinking of alcoholic beverages has become a commonly accepted lifestyle throughout most of the world. In the United States, 71 percent of the adults have identified themselves as drinkers and, since 1935, per capita consumption has increased 110 percent for beer, 347 percent for wine, and 183 percent for distilled spirits. This drinking lifestyle has long been recognized for its tragic contribution to highway deaths and related injuries and property damage. Government at all levels, private organizations, and concerned citizen groups are spending millions of dollars on various drinking-driver programs, yet statistics continue to indicate that, overall, one-half of highway fatalities in the United States are related to alcohol. ***Findings/Conclusions:*** Research on alcohol abuse and the drinking-driver problem, Federal project evaluations, and views of individuals knowledgeable in the traffic safety field led GAO to conclude that society's general acceptance of drinking and driving is the main obstacle to solving the drinking-driver problem. Before any significant reduction in alcohol-related traffic accidents will occur, a long term continuous educational commitment must be made. Governments, educational institutions, and the general public need to work together to change attitudes about drinking and driving. ***Recommendation To Agencies:*** The Secretary of Transportation, as part of his responsibility to improve traffic safety, should lead this educational effort by providing encouragement, technical assistance, and financial assistance to State and local governments and private organizations. The Secretary, as part of a Federal commitment to emphasize the importance of programs to counter alcohol abuse, should work with other Federal agency heads to establish a mechanism for coordinating alcohol-related activities in developing an aggressive national program to deal with the entire alcohol abuse problem and specifically with the drinking driver. The Secretary should also identify those States which need to give higher priority to alcohol countermeasures, and encourage them to do so in their traffic safety programs. Because alcohol remains the largest single factor in highway deaths, the Secretary should continually: (1) assign high priority to efforts to combat the drinking-driver problem; (2) support research to develop evaluation measures for anti-drinking-driver programs; (3) serve as a center for disseminating information to States on efforts which have the best potential for reducing traffic deaths and injuries; (4) support training and educational programs for law enforcement officers, judges, prosecutors, and others to enhance their knowledge of and commitment to solving the drinking-driver problem; and (5) support nationwide and local programs to inform the public about the drinking-driver problem and what it can do to help reduce the problem.

108658

[Child Nutrition Programs]. February 27, 1979. 14 pp. plus 3 attachments (3 pp.).
Testimony before the Senate Committee on Agriculture, Nutrition, and Forestry: Nutrition Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Agriculture; Food and Nutrition Service.
Congressional Relevance: *Senate* Committee on Agriculture, Nutrition, and Forestry: Nutrition Subcommittee.
Abstract: The Department of Agriculture (USDA) proposed to cut the budgets of several child nutrition programs by $467.6 million, and GAO examined the USDA reasoning in order to determine the effect of the cuts on program beneficiaries and the agricultural economy. GAO focused on the National School Lunch Program, the Summer Food Service Program for Children, and the Special Milk Program for Children. All of these programs share three objectives: to safeguard or promote the nutritional health and well-being of children, to encourage the use of agricultural commodities, and to provide income support. ***Findings/Conclusions:*** USDA cannot presently measure whether the programs are meeting legislative objectives and thus can only partially estimate the impact of budget changes, although evaluation techniques for selected target populations and individuals have been recently improved. Within the limits of information available, USDA plans to reduce programs with the least impact on the needy. The Food and Nutrition Service administers $9 billion in feeding programs which have never been evaluated as to legislative goals, despite past GAO recommendations. According to USDA, future program evaluations will assess program impacts on nutrient intake and health and determine the efficiency of current benefit levels for existing needs. Proposed cutbacks in the Lunch Program will exclude about 4.2 percent of the beneficiaries, but USDA offers no guess as to what will happen to those disqualified. Past studies showed school lunches to be more nutritious than bag lunches or eating off-campus. Farm income will drop .1 percent because of school lunch

cuts, and some needy families will suffer slightly from increased children's lunch costs. The feeding and milk program cuts were generated by fraud charges and overlap with other programs. Proposed cuts would drop farm milk prices by an estimated 6 cents per hundredweight, but most of this loss would be nullified by proposed increases elsewhere. All of the revisions have been planned without adequate data on their eventual effect upon recipients and farmers. ***Recommendation To Congress:*** Congress should require the Secretary of Agriculture to conduct a comprehensive evaluation of all the child nutrition programs, including the interaction of all Federal feeding programs and how fully they meet their legislative goals.

108668

Actions Needed To Stop Excess Medicare Payments for Blood and Blood Products. HRD-78-172; B-164031(4). February 26, 1979. 24 pp. plus 4 appendices (25 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Fraud and Abuse Exist in the Financing Program (1206).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration: Medicare Bureau.
Congressional Relevance: Congress.
Authority: Social Security Act (42 U.S.C. 1395).
Abstract: An evaluation of the blood replacement practices at community and hospital blood banks was made to determine consistency with Medicare regulations. Medicare insurance for the aged and disabled covers health care services, including blood and blood products. It also reimburses hospitals for fees charged by blood banks for blood processing. ***Findings/Conclusions:*** Medicare controls did not prevent unfair blood billing and replacement practices. Some hospitals charged nonreplacement fees to Medicare and to Medicare patients for blood supplied by community blood banks that charged only for processing. Hospitals often do not submit corrected bills to Medicare when blood banks release blood credits after the hospital has billed Medicare. When improper replacement practices of blood banks cease and blood banks are required to release all needed credits, the hospitals' failure to submit corrected bills will result in excess Medicare payments. Intermediaries responsible for program administration were generally unaware of the billing and replacement practices of blood banks and hospitals, or of the impact those practices have on Medicare payments. ***Recommendation To Agencies:*** The Administrator of the Health Care Financing Administration should: revise Medicare billing instructions to more clearly require that hospitals and blood banks allow Medicare patients the same opportunities as allowed non-Medicare patients to eliminate blood fees; revise Medicare instructions to provide that nonreplacement fees charged on processing-fee-only blood are not allowable charges to Medicare; improve corrected billing requirements for late blood credits to more accurately and economically account for Medicare blood replacements; require the identification of hospitals and blood banks that have engaged in improper practices and seek recovery; require, as a condition for reimbursement of blood costs, that hospitals enter into formal agreements or understandings with community blood banks that obligate the blood banks to comply with Medicare billing and replacement instructions; require the review of blood billing and replacement practices at hospitals and blood banks as a part of the regular review and audit procedures to assure equal replacement opportunities for Medicare patients; and periodically assure that monitoring efforts applicable to the matters covered in this report are properly performed, that appropriate records are being retained by hospitals and blood that bill Medicare for patient blood use, and that corrective actions are taken as needed.

108685

[Drug Abuse Treatment Efforts of the National Institute on Drug Abuse]. March 2, 1979. 27 pp.

Testimony before the Senate Committee on Human Resources: Alcoholism and Drug Abuse Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Alcohol, Drug Abuse, and Mental Health Administration: National Institute on Drug Abuse; Special Action Office for Drug Abuse Prevention; National Association of State Alcohol and Drug Abuse Directors; Joint Commission on Accreditation of Hospitals.
Congressional Relevance: *Senate* Committee on Human Resources: Alcoholism and Drug Abuse Subcommittee.
Authority: P.L. 92-255. P.L. 94-63.
Abstract: A followup review was conducted to assess the progress of the National Institute on Drug Abuse (NIDA) in solving problems identified earlier. NIDA administers a comprehensive program of drug abuse treatment services for almost one million persons each year. NIDA funds are provided through a slot funding concept. One slot can be defined as the capability to treat one abuser for a 12-month period. The slot funding mechanism does not provide an incentive for a provider or a State to raise the slot utilization rate, however, because NIDA pays its full share of slot costs regardless of a program's utilization rate. On the other hand, State officials complained that treatment costs are higher than the NIDA slot cost ceiling. It was found that clients received, on the average, less than 30 minutes a week of counseling, whereas a minimum of 3 hours of formalized counseling per week was to be made available to each patient under NIDA funding criteria. Although the State licensing requirement of drug abuse treatment facilities has been repealed, NIDA encourages the States to develop treatment standards and providers to seek Joint Commission accreditation. It is suggested that NIDA needs to develop and implement a mechanism that will be an improvement over the slot funding mechanism; for example, under the service concept mechanism, programs may be reimbursed for the actual cost of service provided to the drug abuser.

108711

Hospice Care--A Growing Concept in the United States. HRD-79-50; B-164031(3). March 6, 1979. 29 pp. plus 1 appendix (2 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration; National Institutes of Health: National Cancer Institute.
Congressional Relevance: *House* Committee on Ways and Means; *Senate* Special Committee on Aging; *Senate* Committee on Human Resources; *Senate* Committee on Finance; Congress; *Sen.* Abraham A. Ribicoff; *Sen.* William Proxmire; *Sen.* Edward M. Kennedy; *Sen.* Robert J. Dole.
Authority: Social Security Act. Older Americans Act of 1965.
Abstract: Hospices in the United States were reviewed to determine the number of operating hospices and the number in the developmental stage, to describe the characteristics of the patients served by the hospices, to determine State licensure and health planning requirements for hospices, and to identify hospices' operating costs and sources of funds. ***Findings/Conclusions:*** In most States hospices are covered under licensing and certificate of need laws for the traditional levels of care they provide, inpatient hospital, skilled nursing facility, and home health care. The cost of establishing and operating a hospice appears to depend primarily on the type of

facility, if any, used; the range of services provided; and the ratio of paid staff to volunteers. Medicare, Medicaid, Social Services, and programs authorized under the Older Americans Act can pay for at least some of the services provided by hospices, but laws governing these programs would probably need to be amended to cover all hospice services, especially those provided to families. Costs at the various levels of care should be relatively comparable between hospices and traditional providers; any savings would depend on their ability to care for patients at a lower level of care (skilled nursing or intermediate care instead of hospital, or home health instead of skilled nursing).

108748

[Updated Audit of Selected Aspects of the Swine Flu Program]. HRD-79-47; B-164031(5). February 6, 1979. ***Released*** March 6, 1979. 7 pp.

Report to Rep. John D. Dingell, Chairman, House Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; Rep. Bob Eckhardt, Chairman, House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Center for Disease Control; Department of Health, Education, and Welfare; Food and Drug Administration; National Institutes of Health: National Institute of Allergy and Infectious Diseases; Parke, Davis and Co.; Department of Justice; Armed Services Board of Contract Appeals; Merck, Sharp, and Dohme; Merrell National Laboratories; Wyeth Laboratories.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; *Rep.* Bob Eckhardt; *Rep.* John D. Dingell.
Authority: National Swine Flu Immunization Program of 1976 (P.L. 84-380). Tort Claims Act (28 U.S.C. 2671 et seq.). P.L. 94-266. P.L. 95-26.
Abstract: The following aspects of the swine flu program were examined during an updated audit: the amount each vaccine manufacturer received, including profit; the amount the Federal Government paid in procuring vaccine, including the status of agreements with each vaccine manufacturer; the amount the Federal Government paid for insuring the vaccine; the amount the Department of Health, Education, and Welfare (HEW) paid for program administration; and the amount the Federal Government has paid for claims and the number of claims pending. The amount appropriated for the program by Congress was over $135 million. Many of the above cost elements are still unresolved, primarily because: (1) vaccine prices have not been finally negotiated; (2) the Government has not completed processing most of the claims it has received; (3) the Government is still receiving claims for adverse vaccine reactions; and (4) HEW is still incurring costs for research studies of children vaccinated during the program. ***Findings/Conclusions:*** HEW incurred overhead and other costs in addition to those charged to the $135 million appropriation. More than 3,000 swine flu-related claims totaling over $3,159.6 million had been filed against the Government by December 1978; however, the Government has paid only 11 of these claims totaling $36,600. The manufacturers of the vaccine have submitted cost claims of about $39.4 million and have been paid about $39.7 million. The Shope vaccine dispute has not been resolved. The Government may recover some liability costs from the vaccine manufacturers, who had obtained a total of $230 million in liability insurance. This insurance was considered a production cost; the Government funded the first $10 million in self-insurance by the manufacturers, as well as the $220 million of liability insurance purchased from insurance companies for an $8.7 million premium.

108753

[DOD's Practices Pertaining to Construction of Light Care Medical Units]. HRD-79-53; B-183256. February 28, 1979. 2 pp. plus 2 enclosures (6 pp.).

Report to Rep. Jamie L. Whitten, Chairman, House Committee on Appropriations; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554). National Defense: Defense-Related Activities (0054).
Organization Concerned: Department of Defense.
Congressional Relevance: *House* Committee on Appropriations; *Senate* Committee on Appropriations: Military Construction Subcommittee. *Rep.* Jamie L. Whitten
Abstract: The Department of Defense (DOD) decided to postpone replacement of a hospital at Ft. Lewis, Washington, because Congress approved a modification of the existing hospital in the fiscal year 1979 appropriation. To aid DOD in planning future hospitals, GAO has incorporated improvements in the DOD hospital sizing model that will allow DOD to calculate the appropriate total bed size and the appropriate size of each medical specialty service within a hospital. GAO requested information from DOD concerning the status of its efforts to develop a planning methodology and construction policy for light care beds. DOD replied that 30 light care beds are being contemplated as part of the new Army hospital at Ft. Stewart, Georgia, but questions involving sizing, constructing, and operating light care units have not yet been resolved. ***Recommendation To Congress:*** The Senate Subcommittee on Military Construction should: direct DOD to give high priority to fully resolving the light care issues raised, and withhold approval of future hospital construction projects until a policy on light care units has been developed and implemented.

108754

[EPA's Tampering and Fuel Switching Programs]. CED-79-47; B-166506. March 1, 1979. 4 pp. plus 2 enclosures (7 pp.).

Report to Douglas M. Costle, Administrator, Environmental Protection Agency; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Government Operations; *House* Committee on Appropriations; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Senate* Committee on Appropriations.
Abstract: Efforts of the Environmental Protection Agency (EPA) were reviewed to determine the effectiveness of the program to decrease tampering with automobile emission control devices and fuel switching. The practice of using leaded gasoline in vehicles equipped with catalytic converters and designed for unleaded gasoline, if widespread, will substantially increase pollutant emissions. ***Findings/Conclusions:*** The problems associated with tampering and fuel switching primarily occur after the vehicle is put into service

rather than as the vehicle comes off the assembly line. An active enforcement program against tampering practices would require large personnel resources and would probably be impractical at the Federal level. An effective public awareness campaign is the key factor in an antitampering program. ***Recommendation To Agencies:*** EPA should consider the use of state and local inspection and maintenance programs as a potential deterrent to tampering. The Administrator of EPA should evaluate existing inspection and maintenance programs to determine their effectiveness in detecting and deterring tampering; work with States which have tampering laws to encourage more vigorous enforcement; and examine the feasibility of using States' periodic safety inspection programs to check for readily observable items, such as tampered gasoline tank filler inlets. EPA should continue recent actions involving tampering and fuel switching with an emphasis on controlling emissions, develop public awareness programs emphasizing the consequences of switching and tampering on air quality and public health, and publicize enforcement actions taken against violators.

108783

Information on Federally Assisted Health Professions Scholarship Programs. HRD-79-57; B-133316. March 9, 1979. 3 pp. plus 2 appendices (20 pp.).
Report to Rep. Charles R. Bennett; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Health: Education and Training of Health Care Work Force (0558). National Defense: Department of Defense - Military (except procurement and contracts) (0051).
Organization Concerned: Department of Defense; Department of Health, Education, and Welfare.
Congressional Relevance: *Rep.* Charles R. Bennett.
Authority: Uniformed Services Health Professions Revitalization Act of 1972 (P.L. 92-426). Health Professions Educational Assistance Act of 1976 (P.L. 94-484). Revenue Act of 1978 (P.L. 95-600). Public Health Service Act (42 U.S.C. 294).
Abstract: The Armed Forces Health Professions Scholarship Program, sponsored by the Department of Defense (DOD), and other medical scholarship programs are compared. The DOD program does not appear to be as competitive with other programs because of: (1) its longer service obligation; (2) the deferred eligibility of DOD program graduates for variable incentive pay; (3) uncertainty over the tax status of scholarship program benefits; and (4) deferred residencies under the DOD program. Appendices include plans to make the DOD program more competitive.

108790

[Child Nutrition Programs]. March 13, 1979. 14 pp. plus 3 attachments (3 pp.).
Testimony before the House Committee on Education and Labor: Elementary, Secondary and Vocational Education Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Agriculture; Food and Nutrition Service.
Congressional Relevance: *House* Committee on Education and Labor: Elementary, Secondary and Vocational Education Subcommittee.
Abstract: GAO investigated the effects of budget cuts proposed by the Department of Agriculture to several child nutrition programs, focusing on three programs which share certain objectives: the promotion of child health, the consumption of agricultural commodities, and income support. USDA can only estimate the impact of the cuts, but evaluation techniques are being improved to measure the impact on needy participants. Although GAO has long recommended evaluation of the child nutrition programs, USDA has not yet done so. USDA now plans to assess the programs' impact on paricipants' health and nutrient intake and to determine whether benefit levels meet current needs. However, some beneficiaries of the lunch program will be eliminated, farm sales of agricultural products will decline slightly from these cuts, and some needy families will face increased children's lunch costs. The reduction of the summer feeding and milk programs was generated by charges of fraud and overlap with other programs, but most participation is confined to one program. A further effect of the anticipated cuts will be to lower farm milk prices slightly, but all the cuts have been planned without adequate data and the actual impact on farmers and program recipients may be quite different. Congress should require the Secretary of Agriculture to evaluate the child nutrition programs and their relationship to other Federal feeding programs as to how well they meet their legislative goals.

108824

[Disease Investigation, Surveillance, and Control Activities of the Center for Disease Control]. HRD-79-54; B-164031(5). March 13, 1979. 10 pp.
Report to Joseph A. Califano, Jr., Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Center for Disease Control; Department of Health, Education, and Welfare.
Authority: Public Health Service Act.
Abstract: Epidemiological activities of the Center for Disease Control (CDC) concerning management of Disease Investigation, Surveillance, and Control (DISC) activities were reviewed. ***Findings/Conclusions:*** Planning, administration, and evaluation of DISC activities and the management of its Epidemic Intelligence Service (EIS) Corps were found to be in need of improvement. ***Recommendation To Agencies:*** The Secretary of the Department of Health, Education and Welfare should direct the CDC Director to: (1) set priorities for funding and carrying out all DISC activities based on the relative threat posed by disease conditions, the potential for control or reduction of disease, the economic feasibility, and the States' needs for assistance in dealing with disease problems; (2) budget and account for DISC activities by specific disease or disease group; (3) establish information systems and processes that will assess the quality of surveillance data for CDC and changes in the States' abilities to handle changing disease problems; (4) determine the need for the continued role of CDC in training epidemiologists and clearly identify the priority of its training program relating to the States' needs for assistance; (5) investigate the possibility of a career corps of epidemiologists to replace the current 2-year program; and (6) evaluate the potential for significantly greater use of lay epidemiologists instead of physicians in the EIS corps.

108831

The Special Supplemental Food Program for Women, Infants, and Children (WIC)--How Can It Work Better? CED-79-55; B-176994. February 27, 1979. 65 pp. plus 5 appendices (13 pp.).
Report to Sen. Thomas F. Eagleton, Chairman, Senate Committee on Appropriations: Agriculture and Related Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Domestic Food Assistance Programs (1710).
Contact: Community and Economic Development Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health, Education, and Welfare; Center for Disease Control; Food and Nutrition Service; Department of Agriculture.
Congressional Relevance: *Senate* Committee on Appropriations: Agriculture and Related Agencies Subcommittee; *Sen.* Thomas F. Eagleton.
Authority: Child Nutrition Act of 1966 (42 U.S.C. 1786). Child Nutrition Amendments of 1978 (P.L. 95-627; 92 Stat. 3603).
Abstract: A follow-on review of the Special Supplemental Food Program for Women, Infants, and Children (WIC), Department of Agriculture, was conducted. ***Findings/Conclusions:*** Several WIC programs did not provide needed health services as requested by Congress. Many of the programs were affected by the following: (1) required professional assessments of applicants' nutritional status were not being made in some locations; (2) States used different criteria for judging whether applicants were nutritional risks and eligible for the program and supplemental food packages seldom were tailored to participants' individual nutritional needs; (3) nutrition education and program evaluation have not received the priority and attention they deserve; and (4) program regulations contain provisions hindering effective evaluations. ***Recommendation To Congress:*** Authorizing WIC legislation should be revised to clearly require that participants receive needed health services where such services are available, accessible, and acceptable, with possible exceptions based on participants' religious beliefs. Congress should also address the problem of whether the benefits of the food supplement part of the program alone warrants its expansion into areas where needed health services cannot be delivered. ***Recommendation To Agencies:*** The Secretary of Agriculture should take a number of actions addressing: (1) the availability of health services in existing and planned program areas; (2) program coordination with the Department of Health, Education and Welfare; (3) nutritional risk assessments; (4) tailoring of food packages; (5) nutrition education; (6) program evaluation; and (7) access to medical information.

108833

[Need for Improved Administration of Military Identification System To Prevent Improper CHAMPUS Payments]. HRD-79-58; B-133142. March 16, 1979. 6 pp.
Report to Harold Brown, Secretary, Department of Defense; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Fraud and Abuse Exist in the Financing Program (1206).
Contact: Human Resources Division.
Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051). Health: Health Care Services (0551).
Organization Concerned: Department of Defense; Veterans Administration.
Congressional Relevance: *House* Committee on Government Operations; *House* Committee on Appropriations; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: Defense Subcommittee; *Senate* Committee on Appropriations.
Abstract: A review of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) revealed that many erroneous benefit payments were made to ineligible persons. Deficiencies in the military identification (ID) card system continue, even though a 1971 report discussed many of the same problems. ***Findings/Conclusions:*** Improper payments resulted from the lack of an eligibility verification system and weak controls over the issuance and retrieval of ID cards. The ID cards were not always recovered from active duty members and their dependents when the members separated from the service. Many ID cards were issued to replace cards reported lost or stolen; a former service member, however, could retain one card for later use after separation. It was estimated that as much as $12 million may have been paid erroneously, including $3.3 million that should have been paid through the Veterans Administration rather than CHAMPUS. The Department of Defense plans to implement a centralized enrollment system to verify the eligibility of program beneficiaries, but the system is not expected to be fully operational for about 4 to 5 years. ***Recommendation To Agencies:*** The Secretary of Defense should require the uniformed services to implement more stringent regulations and procedures governing the issuance and retrieval of military ID cards. This action should include making the documentation requirement for the issuance of ID cards to dependents of Army personnel at all ranks consistent with the requirements for Navy and Air Force personnel, and establishing formal training requirements for persons responsible for issuing ID cards.

108835

Environmental Protection Issues Facing the Nation. CED-79-63; B-166506. March 15, 1979. ***Released*** March 15, 1979. 53 pp. plus 2 appendices (3 pp.).
Staff Study by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Health Programs: Fraud and Abuse Exist in the Financing Program (1206).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304). Health: Health Care Services (0551).
Organization Concerned: Environmental Protection Agency; Office of Technology Assessment; Council on Environmental Quality.
Authority: Resource Conservation and Recovery Act of 1976. Federal Water Pollution Control Act Amendments of 1972. Clean Water Act of 1977. Public Works and Economic Development Act.
Abstract: Pollution has been a national environmental concern for many years, with Federal policy gradually evolving and culminating in comprehensive congressional legislation in the 1970's. The strategy to control air, water, and noise pollution has centered on national uniform technology-based standards, a policy which is meeting resistance from industry, the States, and municipalities because it is not cost-effective, efficient, or equitable. Environmentalists argue, however, for sterner enforcement and broader efforts. The most critical challenges foreseen for the 1980's and beyond will involve global environmental protection, with the United States taking a more active leadership role in developing preventive measures to forestall environmental catastrophes. This study addresses 11 major environmental protection issues meriting attention and lists GAO reports bearing on those issues. Six of the issues have been designated for high priority attention, including the effectiveness of regulatory strategies, the efficient use of funds, the social and economic effects of programs, institutional arrangements for the implementation of laws, the harmful effects of exposure to toxic pollutants, and research and development support for environmental protection.

108869

[Comments on Report Entitled "Early Childhood and Family Development Programs Improve the Quality of Life for Low-Income Families"]. March 20, 1979. 15 pp.
Testimony before the Senate Committee on Labor and Human

Resources: Child and Human Development Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare: Administration for Children, Youth, and Families.
Congressional Relevance: *Senate* Committee on Labor and Human Resources: Child and Human Development Subcommittee.
Abstract: GAO reviewed the literature on early childhood and family development, examined research projects on the long-term effects of children enrolled in early childhood programs, and assessed selected demonstration projects. It found that the early years of life are critical to child development and that the family is the key. Serious problems which can adversely effect a child's development include: the increase in the number of single-parent families; the lack of prenatal care and poor environments for young children; the high incidence of child abuse; and poor school performance which can result in crime and welfare dependency. Research clearly shows that early childhood programs are effective and that parents are receptive to such programs. Child and family development programs are serving only a small percentage of those needing services. The Federal demonstration projects are benefiting enrolled families. GAO believes that potential benefits can result from effective early childhood and family development programs.

108895

The VA Health Manpower Assistance Program: Goals, Progress, and Shortcomings. HRD-79-8; B-133044. March 16, 1979. ***Released*** March 26, 1979. 37 pp. plus 1 appendix (1 pp.).
Report to Sen. Alan D. Cranston, Chairman, Senate Committee on Veterans' Affairs; Sen. William Proxmire, Chairman, Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration; Department of Health, Education, and Welfare; Veterans Administration: Department of Medicine and Surgery.
Congressional Relevance: *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Senate* Committee on Veterans' Affairs; *Sen.* William Proxmire; *Sen* Alan D. Cranston.
Authority: Comprehensive Health Manpower Act of 1971 (P.L. 92-157). National Health Planning and Resources Development Act of 1974 (P.L. 93-641). Veterans Administration Programs Extension Act of 1978 (P.L. 95-520). P.L. 92-451.
Abstract: The Veteran's Administration (VA) medical school assistance and health manpower training program was reviewed under its authorizing legislation to determine the extent to which this program was achieving the congressional intent of assisting the nation and VA in providing the best possible health care to veterans, and to analyze whether the program's allocated resources were reasonably improving the VA health care system ***Findings/Conclusions:*** VA grants generally extended or improved the training capacities of the institutions reviewed, and access to trained health personnel by affiliated VA hospitals was improved. VA has not always insured that institutions seeking assistance developed sound projects and/or complied with program requirements Several grants were approved for funding, although grant reviewers had recommended disapproval and grantees did not project increased enrollment, as required by VA regulations. Grantees have not been effectively encouraged to adopt veterans' preference policies in selecting students. No standard has been developed to insure that grant funds were properly accounted for by individual grantees. No onsite compliance or financial audits were conducted, although records at grantee institutions showed numerous accounting discrepancies. VA officials were unaware of the discrepancies and blamed failure to conduct the audits on insufficient staff and funds. Based on GAO estimate, VA may fall short of meeting its program commitments by $32 million. ***Recommendation To Congress:*** Congress should not extend the authority of VA to provide funds for health manpower development under the authorizing legislation. Until the overall need for additional health manpower is more percisely determined, Congress should consider whether it wants to continue Federal support to establish new schools and increase the capacity of existing ones. If Federal support is continued, responsibility for program administration should be assigned to the Department of Health, Education, and Welfare (HEW) and the program managed with existing HEW health manpower development programs. ***Recommendation To Agencies:*** The Administrator of Veterans Affairs should direct the Chief Medical Director to: insure that grant applications are not approved for funding until all grant conditions and requirements have been satisfied; allocate sufficient staff and funds to effectively administer and manage the program; establish a comprehensive evaluation system, including periodic onsite visits; establish objectives and criteria by which to measure each program's effectiveness and the extent to which each affects the grantee and the affiliated VA hospital; and develop a reporting system which encourages grantees to keep records on the number of eligible veterans involved in the programs, including this information in the agency's annual report to Congress.

108965

[Comments on S. 411]. EMD-79-B1; B-86339. March 26, 1979. 6 pp. plus 2 enclosures (5 pp.).
Report to Sen. Howard W. Cannon, Chairman, Senate Committee on Commerce, Science, and Transportation; by Elmer B. Staats, Comptroller General.

Contact: Energy and Minerals Division.
Organization Concerned: Department of Transportation.
Congressional Relevance: *Senate* Committee on Commerce, Science, and Transportation; *Sen* Howard W. Cannon.
Authority: Natural Gas Pipeline Safety Act. Hazardous Materials Transportation Act of 1975. S. 411 (96th Cong.).
Abstract: The Senate has proposed S. 411, cited as the " Pipeline Safety Act of 1979." It contains provisions to strengthen and clarify the Department of Transportation's present authority in the safety regulation of natural gas pipeline transportation and to provide major new and comprehensive authority in the safety regulation of hazardous liquid pipeline operations. GAO is in basic agreement with S. 411, as it relates to pipeline transportation, but recommends that a new title 3 be added to deal with storage facility safety. GAO believes that the Federal Government should regulate every facility, whether or not connected to pipelines, that stores large quantities of hazardous commodities at one location, in or affecting interstate commerce. Coverage should be limited to large storage facilities in order to exclude from regulation the use of small quantities by businesses and other consumers. Federal, State, and local storage facilities should be required by law to maintain the same safety standards as private facilities.

108990

Areas Around Nuclear Facilities Should Be Better Prepared for Radiological Emergencies. EMD-78-110; B-164105. March 30, 1979. 37 pp. plus 8 appendices (41 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division

Budget Function: Energy: Energy Information, Policy, and Regulation (0276). Energy (0270).
Organization Concerned: Nuclear Regulatory Commission; Department of Energy; Department of Defense; Environmental Protection Agency; Federal Emergency Management Agency.
Congressional Relevance: Congress.
Abstract: There are 43 States with sizable nuclear facilities but there is only limited assurance of adequate protection for workers and nearby residents, in case of a serious accident. Although most facilities are prepared for radiological releases within their boundaries, known deficiencies cast doubt on whether the public would be protected should a nuclear release extend to the outside. The Nuclear Regulatory Commission (NRC) and the Departments of Defense (DOD) and Energy (DOE) own or regulate all such facilities in the United States. NRC has the primary responsibility for assisting State and local governments to develop emergency response plans and requiring the review of State plans to determine the inclusion of essential preparedness elements. Although only 10 States have fully adequate plans, licensing of nuclear facilities is continuing in the other States as well because Federal law does not require States to adopt peacetime nuclear emergency plans. ***Findings/Conclusions:*** Of the 41 States with some sort of plan, 9 have conducted full-scale tests, 16 have held partial drills, and the remaining 16 have not tested their plans. Judging from problems found with the plans tested, untested plans would probably be ineffective in an emergency situation. Around DOD and DOE facilities, emergency preparedness is practically nonexistent because of no sense of risk to the community or from fear of violating security policies. In a nuclear emergency it is vital that State and local authorities be notified promptly, an eventuality for which neither DOD nor DOE has tested its communications systems adequately. Nor has DOE simulated accident conditions, tested its plans, or made an overall review of emergency plans. The Federal Emergency Management Agency (FEMA) has been established to combine the major responsibilities for emergency planning and focus State and local emergency preparedness efforts. ***Recommendation To Agencies:*** The FEMA Director should assume responsibility for making policy for coordination of local radiological emergency response planning and broaden planning assistance to State and local governments near DOD and DOE facilities. The NRC Chairman and the Secretaries of Defense and Energy should require that residents in the vicinity of nuclear facilities be fully informed of potential hazards and emergency actions, without jeopardizing national security. The NRC Chairman should receive State and local emergency plans before approving nuclear powerplant operations, assure full participation in annual emergency drills, and establish 10-mile emergency zones with modified emergency plans when necessary. The DOD and DOE Secretaries should require facility commanders and operators to develop agreements with State and local governments delineating each party's role in case of emergencies involving the area outside the facility, and provide for joint annual drills. Also, the Secretary of DOD should collaborate with States in peacetime emergency planning. Finally, the DOE Secretary should require DOE major facilities to perform comprehensive emergency drills at least once per year, test plans in realistically simulated conditions, and require periodic headquarters review of each facility's emergency plans.

109014

[Waste Disposal Practices for Infectious Wastes at Hospitals, Laboratories and Veterinary Establishments]. CED-79-73; B-166506. April 5, 1979. 8 pp.
Report to Douglas M. Costle, Administrator, Environmental Protection Agency; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Abstract: As part of a continuing assessment of hazardous waste issues, disposal practices for infectious wastes was reviewed at hospitals, laboratories, and veterinary establishments. ***Findings/Conclusions:*** Based on the information obtained during the review, the proposed definition of infectious waste could result in government over-regulation. As proposed, much waste will be treated as hazardous even though it does not pose a significant threat as hazardous to those who might accidently come into contact with it. In addition, existing disposal practices for infectious wastes appear adequate and compliance with proposed changes in the new regulation will be unnecessarily costly and burdensome for health care facilities. ***Recommendation To Agencies:*** The Environmental Protection Agency (EPA) should revise the proposed infectious waste definition to include only those wastes which, if not properly managed, could result in increased morbidity or mortality. In addition, EPA should consider requiring sterilization of such wastes at the site of generation.

109020

[The 1978-79 Flu Program]. April 6, 1979. 15 pp.
Testimony before the Senate Committee on Labor and Human Resources: Health and Scientific Research Subcommittee; by Philip A. Bernstein, Deputy Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Center for Disease Control; Department of Justice; Department of Health, Education, and Welfare.
Congressional Relevance: *Senate* Committee on Labor and Human Resources: Health and Scientific Research Subcommittee.
Authority: P.L. 95-355.
Abstract: GAO reviewed the 1978-1979 flu program as carried out by the Departments of Health, Education, and Welfare (HEW) and Justice. Congress expressed concern over the need for a Federal flu program, its liability, and HEW ability to plan and implement a safe and effective program. Congress funded the program at the requested level and immunizations began in late October 1978. The effectiveness of the 1978-79 flu program in preventing excessive mortality among high-risk individuals is unknown. It is difficult to conclude that the vaccine was effective in preventing excess mortality. The uncertainties about the nature and behavior of flu viruses resulted in controversy over HEW predictions and the need for implementation of a flu program. HEW assumed that high-risk persons would desire vaccination. However, their specific responses to the question on willingness to be immunized were not separately analyzed. Uncertain and late program funding attributed to the small number of people vaccinated during the program. HEW needs to seek congressional funding based on incomplete information about the nature and behavior of the expected flu. In determining the role of the Federal Government and the amount of funds to be spent, the Secretary of HEW should consider: the extent and severity of flu expected, the extent of demand measured in the target population, and the capability of existing public and private settings to meet that demand. The Secretary should establish a time-phased approach to the program similar to that already established for dealing with potential flu pandemics.

109036

[Fraud, Abuse, Waste and Mismanagement in the Veterans Administration]. April 10, 1979. 23 pp.
Testimony before the House Committee on Veterans Affairs: Special Investigations Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.
Organization Concerned: Office of Energy and Special Projects; Veterans Administration: Office of the Inspector General; Veterans Administration: Records Processing Center, St. Louis, MO; Social Security Administration; Veterans Administration; Veterans Administration: VA Domiciliary, Kansas City, MO.
Abstract: Among the Federal agencies reviewed by GAO in regard to policies and procedures for combating fraud, the Veterans Administration (VA) has a history of sporadic and disjointed attempts to overcome the problem, although abuses have been detected for many years. VA regional and headquarters offices have identified fraud on a case-by-case basis and have referred offenders to the Department of Justice for prosecution. There has been no separate fraud group. Because VA has devoted its time and attention to serving veterans, it has been lax about locating and prosecuting fraud, but the agency believes that fraud has been an insignificant problem. Because of the billions of dollars expended annually by VA for benefits and service programs, GAO believes the agency is vulnerable to fraud, and past audit reviews by GAO are cited to illustrate this point. The abuses include programs in the Philippines, the Virgin Islands, and Puerto Rico; the Predischarge Education Program (PREP); the education loan program; the Kansas City, Missouri VA Medical Center; the proposed transfer of the VA Records Processing Center in St. Louis, Missouri to the General Services Administration; and disability retirement processing. Currently, GAO is readying an examination of VA procurement practices and is reviewing the agency's collection actions on overpayment debts. The GAO Special Task Force for the Prevention of Fraud has gathered allegations against VA in several areas of abuse. The principal reaction to these allegations has been for VA to establish an Office of Inspector General and to propose legislation to prevent waste and abuse. GAO prefers a combination of criminal investigative capability as a corrective measure, with internal auditing, as a preventive device. In any case, a more active, systematic approach to the identification of fraud is necessary, reinforced by the oversight function of congressional committees, but the use of agency budget cuts as a disciplinary tactic should be managed in a gingerly fashion to assure that the correct programs are affected.

109043

How Effective Are OSHA's Complaint Procedures? HRD-79-48; B-163375. April 9, 1979. 29 pp. plus 4 appendices (9 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Employers' Compliance With Occupational Safety Health Standards (0912).
Contact: Human Resources Division.
Budget Function: Health: Consumer and Occupational Health and Safety (0559). Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Occupational Safety and Health Administration.
Congressional Relevance: Congress.
Authority: Occupational Safety and Health Act of 1970 (29 U.S.C. 651).
Abstract: A review was made of the Occupational Safety and Health Administration's (OSHA) and States' procedures for responding to complaints to determine if the agency and the States were making the best use of limited inspection resources and adequately protecting workers from workplace hazards. ***Findings/Conclusions:*** Most complaints reviewed came from non-high-risk industry and did not appear to address serious hazards or involve violations of standards. Initial complaint information received was generally vague. Usually, such complaints were handled by a workplace inspection. All offices visited carried a backlog of health complaints. In many cases of potentially serious hazards, the timeliness and thoroughness of initial and followup investigations did not seem adequate. ***Recommendation To Congress:*** Congress should amend legislation to give OSHA authority to resolve formal complaints without inspections when the complaints do not involve potential hazards that can cause death or serious physical harm. ***Recommendation To Agencies:*** The Secretary of Labor should direct OSHA and the States to: develop criteria for screening safety and health complaints, using cross-trained inspectors to obtain the additional information needed to identify vague health complaints; try to resolve nonformal complaints considered less than serious by means other than a workplace inspection; develop procedures requiring that inspectors look for potentially serious hazards when visiting a worksite on a complaint, adequately documenting the scope and results of all inspections; and assure that timely inspections are made when the alleged hazards are potentially serious.

109061

State Programs for Delivering Title XX Social Services to Supplemental Security Income Beneficiaries Can Be Improved. HRD-79-59; B-164031(3). April 11, 1979. 39 pp. plus 5 appendices (23 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Program Resource Allocation and Utilization (1310).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Social Security Administration; Department of Health, Education, and Welfare; Office of Human Development Services.
Congressional Relevance: *Senate* Special Committee on Aging; Congress.
Authority: Social Security Act. Older Americans Act of 1965 (42 U.S.C. 3021). Privacy Act (5 U.S.C. 552).
Abstract: Seven States were reviewed to determine how States are using programs funded under the Social Security Act to provide social services to Supplemental Security Income beneficiaries. The assessment showed that elderly Supplemental Security Income beneficiaries had unmet needs for social services. ***Findings/Conclusions:*** According to State and local officials in some of the seven States, one of the reasons for unmet needs was that the usual outreach method of informally advising elderly persons about social service programs when they apply for Supplemental Security Income and Medicaid did not effectively reach this group. The social services provided in the seven States were directed toward helping elderly improve, maintain, and safeguard their ability to function in their own homes. Legislation gives States latitude to define service in ways best suited to their individual circumstances. Because of this, service definitions varied among the States. However, the largest number of Supplemental Security Income elderly received what was characterized as: health-related services, homemaker/chore services, individual and family counseling services, transportation services, and protective services. Inadequate resources prevented agencies from providing the amount of services they felt clients needed and from expanding services to more clients. Generally, States had not developed standards governing the delivery of adult day care, foster care, homemaker, and meal services. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare should have the Office of Human Development Services: (1) encourage States to operate outreach programs for the elderly to assure that they are aware of and can compete for available social services; (2) determine which adult services should be subjected to standards and develop model standards that States can use to develop their own; and (3) improve coordination between programs by adopting policies that encourage State and

local governments to make joint efforts. The Secretary should direct the Commissioner of the Social Security Administration to continue pursuing actions to eliminate the barriers that prevent outreach organizations from obtaining the names and addresses of elderly Supplemental Security Income beneficiaries from Social Security records; and to continue to explore the feasibility of releasing the names to outreach programs operated under the Older Americans Act.

109079

[Review of the Use of Additional Resources Provided to Forest Haven To Correct Medicaid Deficiencies]. HRD-79-49; B-118638. April 3, 1979. ***Released*** April 16, 1979. 3 pp. plus 2 enclosures (42 pp.). *Report* to Sen. Patrick J. Leahy, Chairman, Senate Committee on Appropriations: District of Columbia Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213); Health Programs: Compliance With Financing Laws and Regulations (1207).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: District of Columbia, Forest Haven
Congressional Relevance: *Senate* Committee on Appropriations: District of Columbia Subcommittee; *Sen.* Patrick J. Leahy.
Abstract: A review was requested of the District of Columbia Government's use of additional funding and positions provided by Congress in fiscal year 1977 to Forest Haven, a residential facility for the care and treatment of the mentally retarded. The review included an examination of the extent to which these additional resources helped Forest Haven comply with Federal standards under the Medicaid program and the extent to which it now complies with them. The review included an examination of the administrative and management matters including procurement maintenance, and use of overtime. ***Findings/Conclusions:*** The management, staff, and residents of Forest Haven are confronted by a dilemma concerning the future. The two requirements, deinstitutionalization and renovation, are consistent since they both seek quality care for residents. However, the court order involves spending money, developing services, and assigning staff in the community. The Medicaid regulations are directed to the facilities and services at Forest Haven. The movement of residents from Forest Haven to the community is increasing. As more residents make the transition from institutional to community life, vacancies will occur at Forest Haven, thus reducing the occupancy level of residents not ready for community life. Residents could be relocated on the grounds, and the vacated buildings could benefit Forest Haven operations by limiting the scope of maintenance requirements and staffing demands ***Recommendation To Agencies:*** The Mayor of the District of Columbia should require that a comprehensive plan be developed which would include a determination of maintenance and capital improvement requirements of Forest Haven facilities and consideration of alternative uses of unneeded facilities. The Mayor should also insure that actions are implemented to: fill key positions with full-time employees; improve procurement support services; analyze staffing requirements to determine the amount of overtime work and alternative methods of hiring part-time employees; resolve proposed staff disciplinary actions in a more timely manner, and improve transportation capabilities to allow residents to fully benefit from vocational and educational experiences.

109081

Reducing Tooth Decay--More Emphasis on Fluoridation Needed. HRD-79-3; B-164031(2). April 13, 1979. 36 pp plus 5 appendices (16 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553). Health: Health Research and Education (0552); Health: Health Care Services (0551)
Organization Concerned: Department of Health, Education, and Welfare; Department of Housing and Urban Development; Environmental Protection Agency; National Institutes of Health.
Congressional Relevance: Congress.
Authority: Safe Drinking Water Act. Housing and Community Development Act.
Abstract: A Federal research program on tooth decay prevention was started in 1971, but public officials cannot predict when the program will achieve a decrease in tooth decay. Tooth decay affects nearly every person in the United States and is a tremendous financial burden to the public and to the State and Federal Governments ***Findings/Conclusions:*** Questionable research expenditures have been made to develop prevention techniques that do not have widespread applicability and to demonstrate methods that were already successfully marketed, such as the $2 million spent to demonstrate school-based mouth rinsing. When these demonstrations were begun, this technique was already known to be effective and had been commercially marketed in 40 States. Relatively little is being done to promote fluoridation, a proven decay prevention technique Greater emphasis is needed to promote this cost-effective technique for reducing tooth decay The Safe Drinking Water Act has been misinterpreted in some communities as prohibiting fluoridation Environmental Protection Agency regulations implementing the act are misleading in that fluoridation's dental health benefits are not prominently stated. The agency has agreed to amend the regulations ***Recommendation To Congress:*** Congress should amend certain language in the Safe Drinking Water Act which discourages fluoridation and should consider establishing a program to provide financial assistance for communities that wish to fluoridate their water supplies ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare should direct the Director of the National Institutes of Health to develop criteria for undertaking National Caries Program demonstration projects and periodically, at least annually, reassess the potential public benefit of tooth decay prevention techniques being funded by the National Caries Program The Secretary should require the Assistant Secretary for Health to place greater emphasis on helping State and local public health agencies to promote fluoridation; determine whether the Public Health Service has the authority to provide specific financial assistance to fluoridate water supplies and, if such authority is lacking, request that Congress provide it; and increase efforts to educate the public about the decay prevention benefits of fluoridation and seek out other organizations that can help in these efforts. The Secretary of Housing and Urban Development should instruct regional officials to notify States and communities that the cost of fluoridation equipment can be included in water system improvement grants

109088

Water Resources and the Nation's Water Supply: Issues and Concerns. CED-79-69, B-114885. April 13, 1979 63 pp.
Staff Study by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Water and Water Related Programs (2500).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Water Resources (0301)
Organization Concerned: Department of Agriculture; Department of the Army: Corps of Engineers; Department of the Interior; Department of Transportation, Department of Energy; Department of Commerce; Department of Housing and Urban Development;

Environmental Protection Agency; Tennessee Valley Authority; Water Resources Council;
Authority: Water Resources Planning Act of 1965 (P.L. 89-80). Water Supply Act of 1958 (P.L. 85-500).
Abstract: Identification and resolution of existing and emerging water resources problems in the United States requires focusing on those programs and activities concerning water resources planning, management, and development designed to provide adequate water supplies and to meet present and future demands. This study examined: the Federal role in water resource management; the President's water policy actions; water supply and use trends projected from 1975-2000; actual and anticipated water supply problems, including pollution, flooding, and shortages; and the optimal integration of water quality and water supply programs.

109098

Military Hospitals Need Stronger Guidance on Presidential, VIP, and Officer Accommodations. HRD-79-61; B-161475. April 17, 1979. 24 pp. plus 1 appendix (1 pp.).
Report to Sen. William Proxmire, Chairman, Joint Economic Committee: Priorities and Economy in Government Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554).
Organization Concerned: Department of Defense; Department of the Navy; Department of the Army; Department of the Air Force; Department of the Army: Walter Reed Army Medical Center; Department of the Navy: National Naval Medical Center, Bethesda, MD; Department of the Navy: Naval Regional Medical Center, Camp Pendleton, CA.
Congressional Relevance: *Joint* Economic Committee: Priorities and Economy in Government Subcommittee; *Sen.* William Proxmire.
Authority: B-161475 (1974).
Abstract: In a 1974 report, GAO recommended that the Department of Defense (DOD) establish criteria for setting up and furnishing Presidential and other very important person (VIP) accommodations in military hospitals, and instruct the military departments to cease the segregation of officers and enlisted personnel in existing hospitals and planned facilities. General care nursing units in new hospitals will be one-bed, two-bed, or four-bed rooms; however, facilities planned before 1973, when these criteria were adopted, sometimes contain open bays with more than one bed. Persons eligible for free or very inexpensive health care at military medical facilities include the President and his family, active duty and retired members of the military and their dependents, retired enlisted members, and dependents of deceased members. ***Findings/Conclusions:*** The Presidential suite at the Bethesda National Naval Medical Center is adequate, but similar facilities were included in the new Walter Reed Medical Center, for patients other than the President. The Bethesda suite contains 10 rooms, almost 4 times the space of the average U.S. single-family home. The Naval Regional Medical Center at Camp Pendleton, California, also contains a Presidential suite, now awaiting conversion to ordinary use, although its purpose is not considered by officials there as strictly Presidential. The present administration was unaware of this suite and regards such a facility in California as unnecessary. The Bethesda suite, despite being in the Washington, D.C., area, was only occupied for 7 days over a 22-month. It is only used by the Presidential family because of security precautions. Current Defense criteria for VIP accommodations do not offer much guidance as to who is entitled to VIP treatment, how many rooms to provide, or how to furnish and staff them. Consequently, these aspects vary widely among military hospitals. The chief rationale for VIP accommodations has been to allow high-ranking officials to continue to function officially while hospitalized, but that does not justify luxurious decoration and kitchen equipment. The Navy continues to segregate officers and enlisted men and give officers priority in the choice of private and semi-private rooms. ***Recommendation To Agencies:*** The Secretary of Defense should establish criteria for Presidential hospital suites, require Defense and White House approval prior to the establishment or remodeling of such suites, discontinue the Camp Pendleton suite, convert the Walter Reed suite to other than VIP use, and determine acceptable uses for the Bethesda suite when not in Presidential use. The Navy should be directed to discontinue the separation of officer and enlisted patients and should follow up to assure hospital compliance.

109102

Problems in Preventing the Marketing of Raw Meat and Poultry Containing Potentially Harmful Residues. HRD-79-10; B-164031(2). April 17, 1979. 56 pp. plus 6 appendices (31 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Food and Drug Administration; Environmental Protection Agency; Department of Agriculture; Department of Health, Education, and Welfare.
Congressional Relevance: Congress.
Authority: Federal Food, Drug, and Cosmetic Act. Federal Meat Inspection Act. Poultry Products Inspection Act. Federal Insecticide, Fungicide, and Rodenticide Act.
Abstract: Federal efforts to protect consumers from illegal and potentially harmful residues of animal drugs, pesticides, and environmental contaminants in raw meat and poultry have not been effective. It is estimated that 14 percent by dressed weight of the meat and poultry sampled by the Department of Agriculture (USDA) between 1974 and 1976 contained illegal substances. Residues of many of these substances have been found in raw meat and poultry, often at levels exceeding established tolerances. The Food and Drug Administration, Environmental Protection Agency (EPA), and USDA share responsibility for making sure that only safe levels of drugs, pesticides, and environmental contaminants are present in raw meat and poultry. ***Findings/Conclusions:*** Efforts by the three agencies to protect consumers from illegal and potentially harmful residues have not been effective. The extent to which the public is exposed to illegal residues has not been accurately estimated. Meat and poultry from violative animals is generally marketed before violation is discovered and cannot be recalled. Actions taken to prevent future shipments of residue-contaminated meat and poultry have been inadequate. ***Recommendation To Congress:*** Congress should amend: the Federal Meat Inspection Act and the Poultry Products Inspection Act to authorize USDA to quarantine animals from a violative grower and require growers to place an identification tag on animals before they are marketed; the Federal Food, Drug, and Cosmetic Act to make misuse of an animal drug illegal and to authorize the use of civil penalites for residue violations; and the Federal Insecticide, Fungicide, and Rodenticide Act to better enable the EPA to identify the possible misuse of pesticides. ***Recommendation To Agencies:*** The Secretaries of Agriculture and of Health, Education, and Welfare and the Administrator of EPA should improve their programs for preventing the marketing of raw meat and poultry containing illegal residues.

109127

Health Effects of Exposure to Herbicide Orange in South Vietnam

Should Be Resolved. CED-79-22; B-159451. April 6, 1979. 28 pp. plus 5 appendices (10 pp.).
Report to Rep. Bennett Stewart; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211); Health Programs: Quality Care and Its Assurance (1213); International Affairs: International Security Through Controls (0607).
Contact: Community and Economic Development Division.
Budget Function: National Defense: Defense-Related Activities (0054). Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703); Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Department of Defense; Veterans Administration; Environmental Protection Agency; National Academy of Sciences; Office of Management and Budget.
Congressional Relevance: *House* Committee on Appropriations; *House* Committee on Government Operations; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: Defense Subcommittee; *Senate* Committee on Appropriations; *Rep.* Bennett Stewart.
Abstract: The Department of Defense carried out military herbicide operations in South Vietnam from 1962 to 1971. Herbicide Orange, the most widely used herbicide, contains a contaminant, TCDD (dioxin), that is highly toxic. Its effects on laboratory test animals have been studied; however, long-term health effects on humans remain largely unknown. In late 1977, Veterans Administration (VA) regional offices began receiving compensation claims from veterans who felt that some of their medical problems were caused by exposure to herbicides in Vietnam. Vietnam veterans also began contacting VA health care facilities to express concerns over possible herbicide exposure. By September 1978, about 600 veterans had been examined at VA health care facilities and about 450 had submitted claims to regional offices. ***Findings/Conclusions:*** The VA has been hampered by the lack of information on long-term health effects of herbicides, and VA has established an interagency advisory group to assist in evaluating the medical aspects of herbicide exposure. Since there are no specific records on herbicide exposure, VA is having difficulty identifying veterans who were exposed to herbicides. Defense officials believe that those most likely to have been exposed were herbicide handlers and aircraft crews flying herbicide missions. VA health care facilities have been instructed to examine any veteran concerned about herbicide exposure, and VA regional offices have been instructed to evaluate herbicide-related claims. Not all veterans submitting claims to regional offices are being referred to VA health care facilities for examination, however, and VA regional offices have not been instructed to obtain information from military records concerning the likelihood of an individual veteran's exposure to herbicides. ***Recommendation To Agencies:*** The Department of Defense, with the assistance and guidance of an appropriate interagency group, should conduct a survey of any long-term medical effects on military personnel who were likely to have been exposed to herbicides in South Vietnam. The Secretary should also provide guidance to ensure that Air Force, Army, and Navy medical facilities are uniformly monitoring and evaluating possible herbicide-related concerns of personnel who served in Vietnam. Information developed through Defense medical facilities should be coordinated with the VA. The Administrator of Veterans Affairs should provide guidance to ensure that in evaluating herbicide-related claims, regional offices obtain all information from military records pertaining to a veteran's possible exposure to herbicides in Vietnam. All veterans submitting such claims to regional offices should be encouraged to contact VA health care facilities.

109166

[Operations of the National Cancer Institute's Carcinogenesis Programs]. HRD-79-51; B-164031(2). March 30, 1979. ***Released*** April 23, 1979. 10 pp. plus 5 enclosures (41 pp.).

Report to Rep. Henry A. Waxman; by Philip A. Bernstein (for Gregory J. Ahart, Director), GAO Human Resources Division.

Issue Area: Health Programs: Health Research Keeping Pace With the Changes in Disease Patterns (1219); Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Human Resources Division.

Budget Function: Health: Prevention and Control of Health Problems (0553). Health: Health Research and Education (0552);
Organization Concerned: Food and Drug Administration; Department of Health, Education, and Welfare; National Institutes of Health: National Cancer Institute; Tracor-Jitco, Inc., Rockville, MD; Litton Industries, Inc.: Litton Laboratories; Hazelton Laboratories of America; Gulf South Research Institute.
Congressional Relevance: *House* Committee on Appropriations; *House* Committee on Government Operations; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: Labor, Health, Education, and Welfare Subcommittee; *Senate* Committee on Appropriations; *Rep.* Henry A. Waxman.
Authority: Government Employees Training Act (5 U.S.C. 41). National Cancer Act of 1971 (42 U.S.C. 282).
Abstract: The carcinogenesis program of the National Cancer Institute (NCI) is divided into two separate activities: the carcinogenesis testing program and the carcinogenesis research program. In a review which focused primarily on the carcinogenesis testing program, GAO addressed program operations involving funding, personnel shortages, the extent and causes of the backlog in the review and completion of bioassay reports, the efficiency of and need for improvements in contract management activities and the adequacy of quality controls over bioassay work, and the structure of the program and the emphasis on environmental carcinogens. ***Findings/Conclusions:*** NCI has had great difficulty in recruiting scientists for its carcinogenesis testing program because of the shortage of qualified individuals, unattractive employment conditions, and because NCI has taken little initiative to develop the specialists it needs. The bioassay backlog occurred because NCI did not require the preparation of bioassay reports until 1976 and limited staff has been devoted to the project. At least 223 backlog bioassays have not been reported to Congress. NCI has not adequately monitored Tracor-Jitco's performance in managing bioassay testing activities. As a result, NCI was not aware of the laboratory conditions of subcontractors and did not have important information to use in determining the amount of the award fee to be paid to Tracor-Jitco. ***Recommendation To Agencies:*** The Secretary of the Department of Health, Education, and Welfare (HEW) should require the Director of NCI to: (1) determine the total number of bioassays completed before July 15, 1976, for which results have not been reported by NCI and submit a plan for bringing this situation to a conclusion; (2) more closely monitor the performance of Tracor-Jitco by making more frequent site visits to the subcontractors' laboratories and by verifying that Tracor-Jitco has required the laboratories to correct deficiencies found during inspections; and (3) use the information from site visits made by NCI and inspections of the laboratories as part of the basis for determining the amount of the award fee.

109192

[General Accounting Office Reviews of Department of Agriculture Activities]. April 25, 1979. 20 pp. plus 1 appendix (3 pp.).
Testimony before the Senate Committee on Appropriations: Agriculture and Related Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.

Organization Concerned: Department of Agriculture.
Congressional Relevance: *Senate* Committee on Appropriations: Agriculture and Related Agencies Subcommittee.
Authority: Soil and Water Resources Conservation Act of 1977. Clean Water Act of 1977.
Abstract: The Department of Agriculture engages in a variety of food and conservation programs. Domestic food assistance programs, which make up the bulk of Agriculture's budget, include the special supplemental food program for women, infants, and children; the summer food service program; and the food stamp program. There are a variety of benefit gaps and overlaps and administrative inconsistencies in the 13 major domestic food assistance programs. Conservation programs administered by the Department of Agriculture include the water bank program, activities under the Soil and Water Resources Conservation Act, erosion control programs, and the nonpoint source pollution control program. Although progress has been made in collocating field offices at the local level, there is substantial potential for additional collocation. Review of Agricultural Stabilization and Conservation Service management activities showed that the Service's work measurement and workload forecasting systems cannot yet be relied on for reliable projections of personnel needs. Too many agencies are involved in the management of international food assistance programs. The Farmers Home Administration should develop cost projections for subsidized and guaranteed loan programs and should incorporate them into its budget requests. The feasibility and utility of developing a mission budgeting structure in a step-by-step way that would retain the information and visibility now provided by the current appropriation account structure is being explored by GAO.

109203

[Regulation of Boarding Homes Where Supplemental Security Income Recipients Reside]. April 25, 1979. 16 pp. plus 1 attachment (13 pp.).
Testimony before the House Select Committee on Aging; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Social Security Administration; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Select Committee on Aging.
Authority: Social Security Act. Privacy Act of 1974 (5 U.S.C. 552a et seq.). Freedom of Information Act (5 U.S.C. 552). P.L. 94-566, §505(d).
Abstract: GAO reviewed efforts of the Department of Health, Education, and Welfare (HEW) to insure that Supplemental Security Insurance (SSI) recipients were residing in safe and sanitary boarding homes and other facilities. There are over 4 million needy aged, blind, and disabled persons receiving these benefits. Among them are many mentally disabled and aged persons who required noninstitutional housing. In 1976, Congress passed the Keys Amendment requiring States to establish and enforce safety, sanitation, and civil rights standards for group living facilities where significant numbers of SSI recipients are likely to reside. States must include these standards in their annual publications of their title XX plans, beginning with fiscal year 1979. There is ample opportunity for the exploitation of recipients since HEW has offered the States little support and has imposed no penalties for Keys Amendment violations. GAO examined boarding homes in Baltimore, Maryland and Camden County, New Jersey and found that State-licensed facilities were generally acceptable in their conditions and operations, but that unlicensed or locally licensed accommodations were largely substandard and required oversight. New Jersey and Maryland requested and received permission under the Freedom of Information Act to use the Social Security Administration's State Data Exchange records in order to identify unknown and unlicensed boarding homes. With this information, acceptable standards can be better enforced.

109235

[Eastsound Wastewater Treatment Project, Eastsound, Washington]. CED-79-81; B-166506. April 30, 1979. 8 pp. plus 1 enclosure (1 pp.).
Report to Sen. Warren G. Magnuson; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Social and Economic Effects on the Public and Private Sectors (2209).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Eastsound Concerned Citizens Committee, WA; Environmental Protection Agency: Region X, Seattle, WA; Washington: Department of Social and Health Services; San Juan County, WA.
Congressional Relevance: *Sen.* Warren G. Magnuson.
Authority: Clean Water Act of 1977.
Abstract: A sewer project was planned for Eastsound, Washington, an unincorporated community on Orcas Island, one of the San Juan Island cluster, in Puget Sound. The islands are rural in character, with settlements of shops and restaurants, are used primarily for recreation, and support numbers of tourists who use the resort and park facilities and create a large seasonal population influx. Orcas Island residents now use individual septic systems for sewage disposal. The planned Eastsound sewer system consists of pressure sewer collectors and interceptors, a secondary treatment plant, and a marine outfall for the treated effluent. The Eastsound Concerned Citizens Committee, a group of Orcas Island residents, made several allegations regarding the proposed sewer system, questioning the need for such a project and the procedures followed by the Environmental Protection Agency (EPA) which permitted the project's funding. ***Findings/Conclusions:*** Washington assigns priorities to sewer projects based on need, and requests EPA funding support accordingly. However, GAO found no evidence to support the State's rating of the Eastsound project. It did not use objective methods, such as dye and bacteriological tests in assigning priority points to the project. Apparently, State officials and the consulting engineer relied only on letters expressing concern over local sewage disposal problems in deciding to pursue the project. GAO investigated but found no substantial evidence that the Eastsound water supply was being contaminated, nor did GAO find indications that the area could not support existing septic systems. The Concerned Citizens' allegation that assessments for the sewage system were inequitable was borne out, with rates projected as high as twice the EPA-suggested guideline. A meeting was planned, including EPA and State personnel and local residents, to review the possibility of incorporating low-cost individual systems within the proposed service area and to determine whether the planned scope and design of the project are appropriate for the area.

109240

[Adequacy of HEW's Audit of Parke, Davis, and Company's Swine Flu Vaccine Manufacturing Costs]. HRD-79-73; B-164031(5). May 1, 1979. 3 pp.
Report to Rep. Jack Brooks, Chairman, House Committee on Government Operations; Rep. George E. Danielson, Chairman, House Committee on the Judiciary: Administrative Law and Governmental Relations Subcommittee; Rep. John D. Dingell, Chairman, House Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; Rep. Bob Eckhardt, Chairman, House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; Rep. Henry A. Waxman,

Chairman, House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: General Procurement: Reasonableness of Prices Under Negotiated Contracts and Subcontracts (1904); Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Health, Education, and Welfare; Merck, Sharp, and Dohme; Merrell National Laboratories; Wyeth Laboratories; Parke, Davis and Co.; Armed Services Board of Contract Appeals.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; *House* Committee on the Judiciary: Administrative Law and Governmental Relations Subcommittee; *House* Committee on Government Operations; *Rep.* Henry A. Waxman; *Rep.* Bob Eckhardt; *Rep.* John D. Dingell; *Rep.* George E. Danielson; *Rep.* Jack Brooks.
Abstract: Audits were made by the Department of Health, Education, and Welfare (HEW) on the swine flu vaccine manufacturing costs claimed by four manufacturers. This report is concerned with the audit work at Parke-Davis, and Company. HEW encountered a problem in determining how to evaluate the reasonableness of over $200,000 of claimed general and administrative expenses, and it was proposed that HEW consider using the cost of goods sold as a basis for evaluation. Parke-Davis included in its cost claim about $1.4 million for producing a Shope strain vaccine which was mistakenly produced for the swine flu program. The HEW contracting officer determined that these costs are ineligible for reimbursement because the vaccine failed to meet contract specifications. Parke-Davis has appealed the contracting officer's decision to the Armed Services Board of Contract Appeals. As a result, Shope vaccine costs were not subject to audit. The negotiation process could take several months for each manufacturer because the HEW auditors recommended major cost disallowances on each contract.

109243

How Can Workplace Injuries Be Prevented? The Answers May Be in OSHA Files. HRD-79-43; B-163375. May 3, 1979. 42 pp. plus 4 appendices (11 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Death and Serious Disability Caused by Workplace Safety Hazards (0910).
Contact: Human Resources Division.
Budget Function: Health: Consumer and Occupational Health and Safety (0559). Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Occupational Safety and Health Administration.
Congressional Relevance: Congress.
Authority: Occupational Safety and Health Act of 1970 (29 U.S.C. 651).
Abstract: The Occupational Safety and Health Administration (OSHA) and State compliance officers investigate over 5,000 serious, work-related accidents annually. OSHA has information in its files on the causes of these accidents which could be used to develop accident prevention measures and to determine to what extent fatal accidents could have been avoided had safety and health regulations been enforced, what standards need to be developed or revised, and what violations cause death or serious accidents. ***Findings/Conclusions:*** Coded information in the OSHA data system did not provide the detail needed to identify accident causes and trends accurately. Some relevant information was not collected or reported, and data items were categorized in ways that limited comparability. There was no coordination of data collection and analysis to insure that the system met management's needs. Investigation, education, and training programs were not focused on the industries and occupations most frequently having serious accidents. Information from accident investigations was not being used to direct program efforts; as a result, some workplace hazards causing fatalities were not covered by standards. ***Recommendation To Agencies:*** The Secretary of Labor should direct OSHA to: define and designate data collection and analysis responsibility so that program offices' needs are recognized in data systems designs; revise reporting procedures to classify and describe hazards and countermeasures more accurately; list hazards warranting special emphasis in standards development, enforcement, education and training; provide data to industries and labor groups; collect and incorporate information on State accident investigations; and require each major program office to report annually on its activities and achievements.

109265

[Eastsound Wastewater Treatment Project]. CED-79-80; B-166506. April 30, 1979. 8 pp. plus 1 enclosure (1 pp.).
Report to Sen. Henry M. Jackson; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Social and Economic Effects on the Public and Private Sectors (2209).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
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Congressional Relevance: *Sen.* Henry M. Jackson.
Authority: Clean Water Act of 1977.
Abstract: A sewer project was planned for Eastsound, Washington, an unincorporated community on Orcas Island, one of the San Juan Island cluster, in Puget Sound. The islands are rural in character, with settlements of shops and restaurants, are used primarily for recreation, and support numbers of tourists who use the resort and park facilities and create a large seasonal population influx. Orcas Island residents now use individual septic systems for sewage disposal. The planned Eastsound sewer system consists of pressure sewer collectors and interceptors, a secondary treatment plant, and a marine outfall for the treated effluent. The Eastsound Concerned Citizens Committee, a group of Orcas Island residents, made several allegations concerning the proposed sewer system, questioning the need for such a project and the procedures followed by the Environmental Protection Agency (EPA) which permitted the project's funding. ***Findings/Conclusions:*** Washington assigns priorities to sewer projects based on need, and requests EPA funding support accordingly. However, GAO found no evidence to support the State's rating of the Eastsound project. It did not use objective methods, such as dye and bacteriological tests in assigning priority points to the project. Apparently, State officials and the consulting engineer relied only on letters expressing concern over local sewage disposal problems in deciding to pursue the project. GAO investigated but found no substantial evidence that the Eastsound water supply was being contaminated, nor did GAO find indications that the area could not support existing septic systems. The Concerned Citizens' allegation that assessments for the sewage system were inequitable was borne out, with rates projected as high as twice the EPA-suggested guideline. A meeting was planned, including EPA and State personnel and local residents, to review the possibility of incorporating low-cost individual systems within the proposed

service area and to determine whether the planned scope and design of the project are appropriate for the area.

109276

Opportunities for Improving Hospital Purchasing, Inventory Management and Supply Distribution. Part 1; Study of Purchasing and Materials Management Functions in Private Hospitals. PSAD-79-58A. April 1979. 33 pp.
By Elmer B. Staats, Comptroller General.
This is Part I of a two-part study.

Contact: Procurement and Systems Acquisition Division.
Budget Function: Procurement--Other Than Defense (1007).
Abstract: The purchasing, inventory management, and supply distribution practices of 21 short-term, general purpose hospitals were studied. Results of the study showed that centralization, which is essential to cost containment programs, was not employed to the fullest in hospital purchasing functions. Strong central management would maximize competition, value analysis, standardization, group purchasing, information sharing, accountability, and internal controls. Centralizing the responsibility for supplies provides an opportunity to improve inventory management. With centralized management, there is less risk of excessive buildup, shrinkage, lost charges, and obsolescence. Hospitals should assure that formal purchasing and inventory control procedures consistent with those used for general purchases are developed for pharmaceuticals. These procedures should include a system of internal controls to safeguard the integrity of all transactions and provide a mechanism for monitoring the pharmacy's purchasing performance. Maximum advantage should be taken of cost reducing techniques of pharmaceuticals, such as group purchasing and competitive bidding. Food purchasing practices indicated a need for improvement because food buyers have not: used quantitative methods for determining order quantities, reorder points, and inventory levels; maximized competition or participated in group purchasing; selected less expensive grades of food products; or established adequate internal controls. Hospitals have not solicited competition before purchasing contractual services. Responsibility for selecting contractors and monitoring performance was frequently decentralized.

109277

Opportunities for Improving Hospital Purchasing, Inventory Management and Supply Distribution. Part II; Checklist and Guidelines for Evaluating Purchasing and Materials Management Functions in Private Hospitals. PSAD-79-58B. April 1979. 54 pp.
By Elmer B. Staats, Comptroller General.
This is Part II of a two-part study.

Contact: Procurement and Systems Acquisition Division.
Budget Function: Procurement--Other Than Defense (1007).
Abstract: Following a study of purchasing and other materials management functions in 21 short-term, general purpose hospitals, a checklist and audit guide were developed to give hospitals guidance in evaluating and improving their systems. The review of operational controls covers the following topics: authority and responsibility; purchasing; inventory management; distribution of medical supplies, surgical supplies, and linen; pharmaceutical purchasing and inventory management; food service; and audit evaluation. Detailed audit steps to be applied by departments that are responsible for purchasing, inventory management, medical-surgical supply distribution, linen control, and contracted services are listed. Hospitals with an internal audit staff may incorporate use of the audit guide into the operational audit functions; otherwise, this work can be assigned to the purchasing manager, an administrative staff member, or a task force of managers. The results should be communicated directly to the administrator.

109285

[Emergency Preparedness Around Nuclear Powerplants]. May 7, 1979. 11 pp.
Testimony before the House Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.
Organization Concerned: Federal Emergency Management Agency; Nuclear Regulatory Commission; Environmental Protection Agency.
Congressional Relevance: *House* Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee.
Abstract: The Nuclear Regulatory Commission (NRC), which regulates commercial nuclear powerplants, requires utilities to develop and test onsite emergency plans. In the event of a nuclear accident, prompt notification of State and local officials is the most important step. NRC considers that State and local authorities are responsible for the evacuation and sheltering of people living near the nuclear facility. It is apparent that: too little attention has been given to insuring that State and local governments develop and test comprehensive nuclear emergency plans; emergency planning zones around nuclear powerplants are too small; and people living near nuclear powerplants are not well informed of potential hazards or emergency procedures. NRC should allow nuclear powerplants to begin operating only where State and local emergency response plans meet all of the NRC planning criteria. Although local authorities are the first to respond to a nuclear accident, they do not have the expertise or capabilities to determine whether any health hazards might exist. Local authorities depend on NRC to provide them with such information, but NRC has not always done this. GAO recommends that emergency planning zones around nuclear powerplants should be increased to a minimum of 10 miles. NRC should require that people living near nuclear facilities are provided with information about potential hazards and emergency actions planned. The Federal Emergency Management Agency (FEMA) was recently established to bring together Federal responsibilities for wartime and peacetime emergency planning. GAO believes that FEMA rather than NRC should make policy and coordinate radiological emergency response planning.

109286

[Comments on Proposed GAO Report Entitled "Conditions of Older People: National Information System Needed"]. May 21, 1979. 11 pp. plus 2 appendices (2 pp.).
Testimony before the Senate Special Committee on Aging; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare: Administration on Aging; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Select Committee on Aging: Human Services Subcommittee; *Senate* Special Committee on Aging.
Abstract: The information needed to deliver home care services to older Americans is currently spread piecemeal throughout Federal, State, local, and private agencies. Based on its study of the well-being of older people in Cleveland, Ohio, GAO believes that a national information system could be used in multiprogram evaluations to measure the current conditions of older people and identify the current cost of helping them, demonstrate the beneficial effects of this help, and aid in the estimation of future costs for services nationwide, including alternative forms of aid. Information contained in the GAO data base would be useful to researchers, planners, service providers, and policymakers. A national system based on GAO data and methodology, periodically expanded and updated, could assist in future long-term planning.

109293

Labor Department Is Strengthening Procedures To Recover Costs for Federal Employees' Injuries Caused by Third Parties. HRD-79-36; B-157593. May 9, 1979. 17 pp. plus 1 appendix (7 pp.).
Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Income Security and Social Services: Programs To Protect the Income of Working Americans (1306); Personnel Management and Compensation (0300).
Contact: Human Resources Division.
Budget Function: Income Security: Federal Employee Retirement and Disability (0602).
Organization Concerned: Department of Labor; United States Postal Service; Office of Workers' Compensation Programs.
Congressional Relevance: Congress.
Authority: Federal Employees' Compensation Act (5 U.S.C. 8101).
Abstract: Millions of dollars in compensation costs for Federal civilian employees are not being recovered for work-related injuries caused by third parties. ***Findings/Conclusions:*** The Department of Labor (DOL) has given identification and recovery of third-party actions a low priority. An additional $4.7 million might have been recovered in three DOL district offices during the 3-year period reviewed if more aggressive collection action had been taken. Several general procedural changes implemented by DOL during the review were inadequate due to deficiencies in management controls, training, staffing considerations at the regional solicitors' offices, and to the fact that identification of potentially recoverable claims was left largely to the discretion of the claims examiners. In many cases, employees initiated recovery actions by retaining their own attorneys, who then informed DOL that cases were being pursued. Only minimal time would be required during the initial review for claims examiners to identify potentially recoverable claims and for the regional solicitor's staff to notify the injured employees of their third-party responsibilities and benefits. ***Recommendation To Agencies:*** The Secretary of Labor should require that the Assistant Secretary for Employment Standards and the Solicitor of Labor: revise the claims processing procedures and establish effective management controls to assure that potentially recoverable claims are identified and recovery pursued when warranted; train personnel as required; and determine and request the resources needed to effectively carry out the DOL responsibilities.

109304

Health Maintenance Organizations: Federal Financing Is Adequate but HEW Must Continue Improving Program Management. HRD-79-72; B-164031(5). May 1, 1979. 53 pp. plus 5 appendices (40 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Maintenance Organizations' Compliance With Law (1214).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Alliance of Northern California, San Jose, CA; Sound Health Association, Inc., Tacoma, WA; Department of Health, Education, and Welfare: Office of Health Maintenance Organizations.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Labor and Human Resources; Congress.
Authority: Health Maintenance Organization Act of 1973 (P.L. 93-222).
Abstract: Federal grants and loans are adequate to help develop new health maintenance organizations (HMO's) and expand existing ones. Viable, well-managed HMO's should need no more than $4 million to cover operating losses and should be able to achieve financial independence within 5 years after becoming qualified. ***Findings/Conclusions:*** In order to minimize the Government's risk on loans to HMO's, the Department of Health, Education, Welfare (HEW) needs to develop a strategy to assess the financial soundness of an HMO. The key to financial success by an HMO is its ability to charge competitive rates which generate sufficient revenues per member to cover the costs of operation and provide sufficient additional funds. As of April 1979, HEW had not issued formal policies for administering the HMO loan program. ***Recommendation To Agencies:*** The Secretary of HEW should: (1) establish a development strategy which guides new HMO's to plan for only enough staff and facilities to enroll and serve enough members during their initial stages of operation; (2) assign enough staff to complete work on policies for the deficit loan program and regulations and policies for the ambulatory health care facility loan program; (3) assess the impact of the ambulatory health care facility loan program on the workload of the Office of Health Maintenance Organization's Loan Branch to assure that the branch is adequately staffed when the new loan program begins; (4) take action needed to assure that required reports from qualified HMO's are submitted more promptly; (5) assess the impact of an increasing number of qualified HMO's on the Office's ability to monitor their compliance so that additional staff can be assigned promptly; (6) give priority to validating HMO report data; (7) develop improved grant program guidance for regional offices as soon as possible; and (8) publish guidelines defining the requirements for qualified HMO's as soon as possible.

109352

[Management and Effectiveness of HEW's 1978-79 Flu Program]. HRD-79-77; B-164031(5). May 14, 1979. 2 pp. plus 1 enclosure (15 pp.).
Report to Joseph A. Califano, Jr., Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Appropriations; *House* Committee on Government Operations; *Senate* Committee on Human Resources: Health and Scientific Research Subcommittee; *Senate* Committee on Appropriations; *Senate* Committee on Governmental Affairs; *Sen.* Richard S. Schweiker.
Abstract: The management and effectiveness of the 1978-79 flu program were reviewed. Liability claims against the Federal Government were examined to determine the current status of claims arising out of all Federal immunization programs, particularly the swine flu program. ***Recommendation To Agencies:*** The Secretary of the Department of Health, Education, and Welfare should give greater consideration to the extent and severity of flu expected, the extent of demand measured in the target population, and the capability of existing public and private settings to meet the demand. Also, a time-phased approach to the program needs to be established similar to that already established for dealing with potential flu pandemics.

109358

The Medicare Hospital Certification System Needs Reform. HRD-79-37; B-164031(4). May 14, 1979. 38 pp. plus 2 appendices (10 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Quality Care and Its Assurance (1213).

Contact: Human Resources Division.

Budget Function: Health (0550). Health: Health Care Services (0551).

Organization Concerned: Department of Health, Education, and Welfare; Joint Commission on Accreditation of Hospitals.

Congressional Relevance: Congress.

Abstract: The Department of Health, Education and Welfare (HEW) is required by law to certify that all hospitals participating in the Medicare program are providing quality care to patients. Hospitals accredited by the Joint Commission on Accreditation of Hospitals (JCAH) are automatically certified except for two requirements. ***Findings/Conclusions:*** The certification system has problems caused by a limited capacity to measure the quality of hospital care, differences in standards used by HEW and JCAH, differences in how States and JCAH conduct surveys and apply standards, and ineffective monitoring of States' activities. HEW must improve its policy guidance and monitoring activities at all levels, including controls for discovering and correcting weaknesses in JCAH, the regional offices, and the States. ***Recommendation To Congress:*** Congress should revitalize the Medicare certification system for hospitals by requiring HEW to contract with JCAH to conduct all certification surveys, use Federal surveyors to survey nonaccredited hospitals and validate accredited hospitals, or significantly improve the existing system. ***Recommendation To Agencies:*** The Secretary of HEW should regularly review and update the conditions of participation, making sure they are specific enough to enable surveyors to establish compliance or noncompliance; define the relationship between Medicare conditions and JCAH standards, establishing equivalencies or waivers where requirements differ; determine what constitutes compliance with the conditions; and improve the accuracy of the computer system so it can be used to monitor certified and accredited hospitals.

109390

[Emergency Preparedness Around Nuclear Facilities]. May 16, 1979. 13 pp.

Testimony before the House Committee on Armed Services: Military Installations and Facilities Subcommittee; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.

Organization Concerned: Federal Emergency Management Agency; Nuclear Regulatory Commission; Federal Preparedness Agency; Defense Civil Preparedness Agency; Federal Disaster Assistance Administration; Department of Energy; Department of Defense.

Congressional Relevance: *House* Committee on Armed Services: Military Installations and Facilities Subcommittee.

Abstract: The recent accident at the Three Mile Island nuclear powerplant underscores the need for sound nuclear emergency preparedness at all government levels. Since 1973, three Federal agencies have had primary planning and coordination responsibility for general civil emergency preparedness and response: the Federal Preparedness Agency, the Defense Civil Preparedness Agency, and the Federal Disaster Assistance Administration. Under a planned executive order, these three agencies will be incorporated into the new Federal Emergency Management Agency (FEMA). FEMA brings together the Federal responsibilities for peacetime and wartime emergency planning. However, the Nuclear Regulatory Commission (NRC) will retain its responsibility for assisting State and local governments develop plans for responding to emergencies around nuclear facilities unless FEMA assumes this responsibility through administrative action. As the focal point for Federal emergency planning and preparedness activities, FEMA, not NRC, should make policy and coordinate radiological emergency response planning as a part of its overall emergency planning and preparedness activities.

109396

Codisposal of Garbage and Sewage Sludge--A Promising Solution to Two Problems. CED-79-59; B-166506. May 16, 1979. 45 pp. plus 1 appendix (1 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Effect of Federal Financial Incentives, Tax Policies, and Regulatory Policies on Energy Supply (1610); Environmental Protection Programs: Solid Waste Disposal and Resource Recovery (2206); Materials: Renewing Resources (1810).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).

Organization Concerned: Environmental Protection Agency.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Transportation and Commerce Subcommittee; *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; Congress.

Authority: Resource Conservation and Recovery Act of 1976. Clean Water Act of 1977 (P.L. 95-217). Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.). Marine Protection, Research, and Sanctuaries Act of 1972 (P.L. 95-153; 33 U.S.C. 1401). Department of Energy Act of 1978--Civilian Applications (P.L. 95-238). Clean Air Act (P.L. 95-95).

Abstract: The process of using thermal techniques in the codisposal of sewage sludge and municipal garbage was examined in order to determine why the implementation of codisposal has been limited. Codisposal is the integrated processing of garbage and sewage sludge through burning in which garbage is used as a fuel in sludge drying. The volume of both wastes requiring ultimate disposal is greatly reduced. Two basic codisposal approaches exist: one uses garbage incineration equipment, while the other uses the combustible portion of processed garbage as the auxiliary fuel source in sludge incinerators. Coincineration in garbage burning incinerators appears to be the most developed of the technologies. ***Findings/Conclusions:*** Numerous factors have limited codisposal development, including early technological failures and the availability of less costly disposal methods. By the mid-1970's, only a handful of facilities were operating. A restrictive Federal funding policy and institutional barriers have also hindered implementation. Codisposal requires a major capital investment; therefore, the availability of Federal construction money can strongly influence whether or not codisposal will be implemented. Institutional barriers have limited codisposal development because sludge and garbage are often disposed of by different governmental departments or political subdivisions. A similar lack of coordination exists to some extent within the Environmental Protection Agency. 0047.ft BI Recommendation To Agencies: The Administrator of the Environmental Protection Agency should undertake research to identify and analyze the impact of thermal codisposal on health and the environment. Results of the research should be disseminated to agency regional offices and to cognizant State and local officials. The Administrator should require that planned agency evaluations of codisposal projects provide for developing and disseminating actual operating cost data which cognizant officials can use in evaluating disposal options. A construction grants funding policy should be established which, to the extent allowed under existing legislative authority, would provide at least the same level of funding for

deserving codisposal projects as for single-purpose sludge-only disposal options. The Administrator should require that States and local communities consider codisposal technology as a possible alternative during the areawide planning program authorized under the Federal Water Pollution Control Act and also as part of the Resource Conservation and Recovery Act planning activities.

109398

Home Health Care Services--Tighter Fiscal Controls Needed. HRD-79-17; B-164031(3). May 15, 1979. 38 pp. plus 3 appendices (10 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Fraud and Abuse Exist in the Financing Program (1206); Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). Health (0550).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *House* Committee on Ways and Means; *Senate* Committee on Governmental Affairs: Permanent Subcommittee on Investigations; *Senate* Committee on Finance; *Senate* Committee on Appropriations: Labor, Health, Education, and Welfare Subcommittee.
Authority: Health Insurance for the Aged. Social Security Amendments of 1972.
Abstract: As of June 1978, there were 2,612 agencies certified by Medicare to provide home health care. A detailed audit was conducted at 11 home health agencies to verify that the costs claimed for Medicare were in fact incurred, allowable, reasonable, and properly reported. This review focused on proprietary and private nonprofit agencies. ***Findings/Conclusions:*** GAO found wide variances and inadequacies in Medicare's reimbursement procedures for home health care. The management and clerical costs for two home health agencies in Louisiana that were comparable in size were $291,400 and $129,000. A comparison of two agencies in Florida showed wide variances in personnel salaries. The number of nonprofit home health agencies has grown significantly in recent years. One reason is because of the efforts of some for-profit organizations which assist in the establishment of such agencies and subsequently do business with them. GAO believes that there is program abuse because of the following examples: (1) the newly created agencies obtain services from the for-profit organizations without the benefit of competition; (2) the contracts of two for-profit organizations were for an excessive period of time (35 years and 29 years); (3) some for-profit organizations used facilities of the nonprofit agencies to conduct their business at the expense of the Medicare program; (4) some services under the contracts may be unnecessary for providing home health services; and (5) frequent examples of self-dealing were noted between the for-profit organizations and the home health agencies. ***Recommendation To Agencies:*** The Secretary of the Department of Health, Education, and Welfare (HEW) should direct the Administrator of the Health Care Financing Administration (HCFA) to develop the cost limits under Section 223 of the Social Security Amendments of 1972 for individual home health care cost elements where this is appropriate. The Secretary of HEW should also direct the Administrator of HCFA to emphasize to providers that costs claimed under Medicare must be documented, require intermediaries to test the adherence of providers to the documentation requirements, clarify and strengthen program instructions for the specific types of promotional activities that are allowable, require providers to document the scope and nature of the duties of agency employees often designated as discharge planners or hospital coordinators, emphasize to home health providers that prior approval is required for those fringe benefits not otherwise specifically authorized, and require that home health agencies provide specific reporting on the salaries and fringe benefits furnished to individual employees. Finally, the Secretary of HEW should direct the Administrator of HCFA to require prior intermediary approval of home health agency contracts whose costs exceed a specified amount or whose term exceeds a specified period of time.

109421

Federal Actions Are Needed To Improve Safety and Security of Nuclear Materials Transportation. EMD-79-18; B-164105. May 7, 1979. 38 pp. plus 5 appendices (30 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276). Energy (0270); Transportation: Other Transportation (0407).
Organization Concerned: Department of Energy; Nuclear Regulatory Commission; Department of Transportation; General Services Administration; Federal Emergency Management Agency.
Congressional Relevance: *House* Committee on Appropriations; *Senate* Committee on Appropriations: Transportation Subcommittee; Congress.
Authority: President's Reorganization Plan No. 3. Atomic Energy Act of 1954. Hazardous Materials Transportation Act. 4 C.F.R. 20.2(b)(1). 4 C.F.R. 20.1. B-192407 (1978). B-193527 (1979).
Abstract: Federal agencies responsible for the safe transportation of nuclear materials have not developed and enforced policies and regulations which adequately protect the public from exposure to radiation during shipments. The Department of Transportation (DOT), the Nuclear Regulatory Commission (NRC), and the Department of Energy (DOE) have responsibilities for the safe and secure transportation of nuclear materials. These agencies could strengthen their safety and security procedures. ***Findings/Conclusions:*** Inspection procedures do not adequately assure that containers meet Federal safety specifications. DOT and NRC allow levels of radioactive contamination of packages and transport vehicles which are unnecessarily high. Neither DOT nor NRC adequately inspects shippers and carriers for compliance with Federal transportation regulations. DOE and NRC require special security measures for shipments of weapons-grade plutonium and highly enriched uranium when the amount being transported reaches a specified quantity called the strategic level. However, current Federal regulations for protecting less than strategic quantities are inadequate. Neither DOT nor NRC has the authority to require States to develop emergency plans for transportation accidents involving nuclear materials. Over 20 percent of the States, however, have passed legislation or regulations governing the transportation of radioactive materials. ***Recommendation To Agencies:*** The Chairman of NRC and the Secretary of Energy should: perform periodic, independent physical inspection and testing of nuclear materials packages on a random basis during fabrication and after repeated use; jointly develop a graduated scale of security measures for the transportation of special nuclear materials, taking into account the dispersal hazard of plutonium; and take immediate action to preclude consolidation of several nuclear materials shipments that together exceed the strategic levels. The Chairman of NRC should also amend regulations to require receivers of radioactive materials to monitor Type A packages for radiation levels. The Chairman of NRC and the Secretary of Transportation should reduce permissible contamination levels for packages and vehicles, expand their use of existing State resources to assure that carriers comply with Federal regulations regarding radioactive materials transportation, and continue their efforts to develop consistent

regulations for packaging low specific activity radioactive materials. The Secretary of Transportation should randomly inspect and test packages that are required to meet performance specifications, develop a program of coordination with State governments for regulating the transportation of radioactive materials, and expedite the efforts of DOT to develop a routing regulation for radioactive materials shipments. The Acting Administrator of the Federal Emergency Management Agency should assume the responsibility for making policy and coordinating radiological emergency response planning for nuclear transportation accidents, and he should expedite the development of Federal guidelines for State and local planning.

109423

Questions on the Future of Nuclear Power: Implications and Trade-Offs. EMD-79-56; B-164105. May 21, 1979. 27 pp.
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Supply (0271).
Organization Concerned: Nuclear Regulatory Commission; Department of Energy.
Congressional Relevance: Congress.
Abstract: A report providing a perspective on the future role of U.S. nuclear power was prepared by GAO, assessing the impact of nuclear growth on the national energy system. Nuclear reactors account for only a fraction of present installed capacity, but nuclear power has been the major growth factor for U.S. electricity. Nuclear growth can vastly increase domestic energy supply, but the desirability of continuing current trends has been questioned in heated and protracted discussions, particularly in the wake of the Three Mile Island, Pennsylvania, incident. The desirability and necessity of nuclear power have been questioned as to waste disposal, nuclear proliferation, cost effectiveness, safety, and the demand for electricity. The subject merits serious consideration because it is one of a handful of domestic energy sources, it promises increased electric capacity, and it does not produce carbon dioxide. The view of nuclear power as the energy source of last resort implies other options permitting the minimization of the nuclear role while increasing the energy supply, reducing imports, and meeting electrical demand. The two available major options are conservation of electricity and the substitution of coal for nuclear power. Prospects for a continuing diminution in the growth of electricity demand seem bleaker in view of dwindling world oil supplies and the chances that electricity will be used to replace oil in some applications. The analysis of the effects of different levels of nuclear energy by GAO is predicated on four assumptions: U.S. coal production will reach 2 billion tons annually by 2000, oil and gas generation of electricity will remain at present levels from 1977 through 1985, hydroelectric output will grow at 2 percent per year, and other energy sources will double from 1977 and every 5 years thereafter. ***Findings/Conclusions:*** If actions are taken to limit or halt the growth of nuclear power, serious shortfalls could occur in the next 5 to 10 years unless electricity demand is curbed or coal production is increased. Other workable possibilities include reductions in coal consumption outside the electrical sector, unexpectedly sharp growth in solar and geothermal power, or severe cutbacks in electrical consumption. In any event, coal is bound to become scarce for nonelectrical uses. The conclusions reached by GAO were based on rather conservative estimates of the future power picture, but it would not be prudent to make projections based on technologies which are still in the research and development stage.

109440

[Allegations That the Milwaukee Indian Health Board Mismanaged Federal Funds]. HRD-79-83; B-164031(5). May 21, 1979. 5 pp.
Report to Sen. William Proxmire; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Health Services Administration: Indian Health Service: Milwaukee Indian Health Board; Wisconsin: Department of Health and Social Services.
Congressional Relevance: *Sen.* William Proxmire.
Abstract: An investigation was conducted of the Milwaukee Indian Health Board. The allegations included the mismanagement of Federal funds in salary increases and bonuses, a consulting fee paid, a reduction in grant aid, and overall poor management of funds. ***Findings/Conclusions:*** Increases in program budgets were verified with the growth of the organization. Many local administrators of programs or organizations with budgets comparable to that of the Board received salaries larger than the executive director of the Milwaukee Indian Health Board. According to an Indian Health Service project officer, the bonuses paid to the executive director were attempts to keep him from accepting other job offers. The personnel files of the 55 persons employed by the Board were reviewed to determine if the Board employees had received salary increases comparable to those of the executive director. According to the allegation, the Board's funding had been reduced partly because of mismanagment. However, the funding reduction referred to involves a grant award from the Wisconsin Department of Health and Social Services for maternal and child health services. During 1978, the Board was audited by an independent certified public accountant and the Wisconsin Department of Health and Social Services and evaluated in program or technical reviews. None of the reviews disclosed mismanagement.

109443

Coast Guard Action Needed To Promote Safer Marine Transportation. CED-79-37; B-164497(2). May 21, 1979. 35 pp. plus 3 appendices (25 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies (2400).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Water Transportation (0406).
Organization Concerned: Department of Transportation; United States Coast Guard.
Congressional Relevance: Congress.
Abstract: Navigational aids systems help insure safe marine transportation and the Coast Guard is responsible for maintaining 50,000 aids to navigation ranging from buoys to computerized vessel traffic management systems. Aids to navigation become more important as marine traffic increases. ***Findings/Conclusions:*** Increased marine traffic and volume of cargo, including hazardous material, has led to a growing number of serious accidents. In 1977, 2,330 collisions, rammings, or groundings incurred losses of more than $89 million. ***Recommendation To Agencies:*** The Coast Guard can improve its response to aid discrepancies by establishing performance standards based on sound data rather than intuitive judgment; making greater use of specially trained and equipped repair teams; changing its personnel practices, especially its policy of transferring staff every 2 years; maintaining an adequate inventory of spare aids and parts by reducing aid losses caused by adverse weather; and reassessing workload distribution for buoy and construction tenders. Coast Guard management of the aids can be improved by exercising its discretionary authority to mark sunken vessels and assuring removal of the vessels by the owners or the Corps of Engineers, establishing procedures for consulting and

considering mariners' views on aids, and making sure vessel traffic service systems are the least costly and the most efficient systems to promote safety and facilitate commerce.

109449

Enewetak Atoll--Cleaning Up Nuclear Contamination. PSAD-79-54; B-165546. May 8, 1979. 20 pp. plus 3 appendices (19 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Science and Technology (2000).
Contact: Procurement and Systems Acquisition Division.
Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051).
Organization Concerned: Department of Defense; Department of the Interior; Department of Energy; Department of State; Office of Micronesian Status Negotiations; Marshall Islands Political Status Commission.
Congressional Relevance: *House* Committee on Armed Services; *House* Committee on Government Operations; *Senate* Committee on Armed Services; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations.
Abstract: In 1972, the United States announced it was prepared to release Enewetak Atoll to the Trust Territory of the Pacific Islands assuming it would eventually be cleaned up and resettled. This project is underway and is expected to be completed in 1980 at a cost of $100 million to $105 million. ***Findings/Conclusions:*** If the United States accomplishes all its objectives for cleaning up the Atoll, the Enewetak people must not either knowingly or unintentionally violate U.S. recommended living pattern restrictions to avoid over exposure to radiation. As the time for resettlement approaches, the people are less willing to defer, perhaps for as long as 100 years, establishing residences on Enewetak's second largest island until certain radioactive elements no longer pose a radiation hazard. Unsettled test-related issues which remain could result in difficulties for the United States if not resolved soon. These issues include, loss of land, loss of land use, loss of cash crops, radiological monitoring, and the possibility that recommended living pattern restrictions will not be observed. Significant radiological aspects of the project have not been independently assessed. ***Recommendation To Agencies:*** The Office of Micronesian Status Negotiations should make every effort to arrive at an agreement with the Marshall Islands Political Status Commission and the people of Enewetak concerning nuclear test-related issues yet unsolved, such as: lost land or land use; lost cash crops found to be unacceptably contaminated with radioactive elements; specify what the responsibility of the United States would be should the people of Enewetak chose not to observe recommended living pattern restrictions; the courses of action to be taken should the people of Enewetak receive excessive doses of radiation; and the future status of the entombed radioactivity-contaminated soil and debris on the islands and how future monitoring and inspection will be accomplished. The Secretary of the Interior should initiate an independent technical assessment of the Enewetak cleanup project.

109450

Combined Sewer Flooding and Pollution--A National Problem. The Search for Solutions in Chicago: Six Volumes. CED-79-77; B-166506. May 15, 1979. ***Released*** May 17, 1979. 362 pp. plus 9 appendices (29 pp.).
Report to Sen. Charles H. Percy; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs (2200); Environmental Protection Programs: Social and Economic Effects on the Public and Private Sectors (2209).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304). Natural Resources and Environment (0300).
Organization Concerned: Environmental Protection Agency; Department of Housing and Urban Development.
Congressional Relevance: *Senate* Committee on Governmental Affairs; *Sen.* Charles H. Percy.
Abstract: This report highlights the current status and impact of the Chicago Tunnel and Reservoir Plan; profiles the extent and location of flooding and damage in the Chicago metropolitan area; summarizes the dimited availability of funds to correct the problems; and in the absence of such funding, describes several alternatives for local communities and individual citizens to consider. Volume 1 includes an introductory section on the flooding and pollution problems in the Chicago area and background information on the Tunnel and Reservoir Plan, synopsizes the information in the other volumes, and contains conclusions and recommendations. Volume 2 describes the plan's current construction and funding, its impact on pollution and flooding, and environmental concerns expressed about the plan. Volume 3 describes the flooding problem in the combined sewer area, including the extent of the problem. Volume 4 summarizes the availabiliy of Federal, State, and local funds for projects to alleviate flooding. Volume 5 describes the actions local communities and homeowners can take to prevent flooding. Volume 6 contains 54 summaries and descriptive maps of flooding experienced, actions planned or taken, and the anticipated impact of the Tunnel and Reservoir Plan.

109476

How Effective Is the Coast Guard in Carrying Out Its Commercial Vessel Safety Responsibilities? CED-79-54; B-114851. May 25, 1979. 72 pp. plus 5 appendices (50 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies (2400); Environmental Protection Programs (2200); Consumer and Worker Protection (0900).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Water Transportation (0406).
Organization Concerned: United States Coast Guard; Department of Transportation; American Bureau of Shipping; Public Health Service; United Nations: Inter-Governmental Maritime Consultative Organization.
Congressional Relevance: Congress.
Authority: 46 U.S.C. 211. 46 U.S.C. 214.
Abstract: The Coast Guard's Commercial Vessel Safety (CVS) Program is responsible for assuring the safety of life, property, and the environment in and on waters subject to U.S. jurisdiction. Statistical data show that marine casualties nearly doubled during the period 1972 through 1976, demonstrating the need for CVS to carry out its responsibilities more effectively. ***Findings/Conclusions:*** A staffing shortage existed at every inspection location visited, with inspectors working overtime supplemented by unqualified trainees and reservists. Many inspectors were not adequately trained or qualified. The Public Health Service is declaring mariners with serious physical and mental problems fit for duty after a union or company doctor has already declared them unfit. Harbor pilots operating under local, State, or a pilot association's jurisdiction are excluded from Coast Guard disciplinary action. Although the vessel boarding program has been expanded, the frequency of tankship safety examinations has been reduced. The quality of inspections, followup, and enforcement has been inconsistent. Response to foreign government requests for technical and training assistance has been minimal due to limited staff and the absence of direct funding. The function of the shipping commissioner, established in 1872, is obsolete. ***Recommendation To Agencies:*** The Secretary of Transportation should direct the Commandant of the Coast Guard to: comprehensively and systematically study the

staffing needed to carry out CVS activities and international safety programs; expand in-house training and establish standards for personnel qualifications in the inspection area; and establish an inspection job specialty classification and/or extend the rotation cycle to retain the expert leadership needed in this mission. The possibility of transferring some aspects of the U.S. vessel inspection program to the American Bureau of Shipping should be reexamined. The Commandant should provide comprehensive direction for boardings and examinations, improve followup on tankship safety deficiencies, expedite the development of the Marine Safety Information System, adopt an aggressive penalty assessment policy, and emphasize the boarding and examination of uninspected U.S. commercial vessels. A demonstration of competency should be required for the issuance or renewal of marine industry personnel licenses. Physical fitness standards must be established. Jurisdiction over State pilots should be sought, and legislation should be proposed to abolish the shipping commissioner's functions.

109480

[National Cancer Institute's Management of a Prime Contract With Tracor-Jitco]. May 22, 1979. 6 pp.

Testimony before the Senate Committee on Appropriations: Labor, Health, Education, and Welfare Subcommittee; by Philip A. Bernstein, Deputy Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Tracor-Jitco, Inc., Rockville, MD; National Institutes of Health: National Cancer Institute; Department of Health, Education, and Welfare.

Congressional Relevance: *Senate* Committee on Appropriations: Labor, Health, Education, and Welfare Subcommittee; *Rep.* Henry A. Waxman.

Authority: National Cancer Act of 1971 (42 U.S.C. 21 et seq.).

Abstract: The National Cancer Institute (NCI) has a contract with Tracor-Jitco, Inc. to manage the Institute's bioassay activities as to its carcinogenic programs. GAO reviewed the contractor's work and also the agency's monitoring of Tracor-Jitco's work. The National Cancer Program was begun in 1971 to identify carcinogenic hazards. It provided the context for the contract award. Pursuant to the arrangement established in 1974, the contract has subcontracted with laboratories to perform bioassays, a function formerly performed by NCI. The original contract, awarded competitively, ran from March 1974 to May 1975, at a cost of about $6.6 million. Since then, the contract has been modified several times without competition and with increases in the cost. After the first contract year, the amount rose to $41.3 million, to include a heavier workload and broadened responsibilities. NCI justified its noncompetitive modification by citing the importance of having a contractor able to provide support for all aspects of bioassay activities and the difficulty of severing the connection between past and ongoing work. The contract provides for reimbursing the contractor for costs in addition to a fixed fee, with the opportunity to receive an award fee dependent on the agency's satisfaction with performance. Present plans are to extend the contract for an additional 4 years at a cost of $65 million, including about $3.3 million in award fees. NCI monitoring of the contractor's management of bioassay activities was inadequate, judging from the Institute's ignorance of various laboratory deficiencies and measures taken to correct them. This was not prudent management because it relied on the contractor to report problems affecting the amount of profit it could earn. The Secretary of Health, Education, and Welfare should require the NCI Director to make more frequent site visits to subcontractor laboratories to verify that deficiencies have been corrected, and to use this information in determining the size of the award fee. NCI has already required the contractor to report fully on inspection visits to subcontractors and assigned additional personnel to support this activity.

109503

Military Child Advocacy Programs--Victims of Neglect. HRD-79-75; B-192159. May 23, 1979. 33 pp. plus 2 appendices (3 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213); Health Programs: Education To Change Health Habits (1210); Health Programs: Health Providers (1202).

Contact: Human Resources Division.

Budget Function: Health: Prevention and Control of Health Problems (0553). Health: Health Planning and Construction (0554).

Organization Concerned: Department of Defense; Department of the Army; Department of the Navy; Department of the Air Force; Department of Health, Education, and Welfare: National Center on Child Abuse and Neglect.

Congressional Relevance: Congress.

Abstract: Each military service has established its own child advocacy program without any overall guidance from the Department of Defense (DOD). As a result, child advocacy programs for military families have inconsistent policies. ***Findings/Conclusions:*** In addition, the services' programs receive no direct funding and, at most installations, suffer from a lack of adequate staff. Military child advocacy programs are usually staffed by individuals who have been assigned child advocacy responsibilities as a collateral duty. Also, the child maltreatment reporting systems currently maintained by the individual military services are inconsistent and ineffective for managing maltreatment cases. All of the military installations visited had efforts underway to deal with child maltreatment. Improving the child advocacy programs at the installation level will require DOD to place greater priority on and direct more resources to these programs. The National Center on Child Abuse and Neglect has told DOD that it would seriously consider providing funds to help establish a small centralized child advocacy group that could perform activities to improve the child advocacy programs. ***Recommendation To Agencies:*** The Secretary of Defense should establish a small centralized group to serve as a focal point for: bringing consistency to the services' child advocacy regulations; developing education and training materials for improving child advocacy programs at the installation level; providing guidance to the services regarding how to handle the difficulties posed by exclusive jurisdiction installations when dealing with child maltreatment problems; and communicating with military installations and the National Center on Child Abuse and Neglect regarding child advocacy matters in general.

109513

[Perceptual and Visual Training as a Potential CHAMPUS Benefit]. HRD-79-81; B-133142. May 31, 1979. 3 pp. plus 1 enclosure (9 pp.).

Report to Sen. Warren G. Magnuson, Chairman, Senate Committee on Appropriations; Rep. Jamie L. Whitten, Chairman, House Committee on Appropriations; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551).

Organization Concerned: American Academy of Ophthalmology and Otolaryngology; National Institutes of Health: National Eye Institute; Department of Health, Education, and Welfare; Department of Defense; American Optometric Association.

Congressional Relevance: *House* Committee on Appropriations; *Senate* Committee on Appropriations; *Senate* Committee on Governmental Affairs: Permanent Subcommittee on Investigations; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: Defense Subcommittee; *Rep.* Jamie L. Whitten; *Sen.* Warren G. Magnuson.

Authority: Dependents' Medical Care Act of 1956 (Military) (P.L. 84-569). Military Medical Benefit Amendments of 1966 (P.L. 89-614). P.L. 94-419. H. Rept. 94-1475. 10 U.S.C. 1079(a).
Abstract: The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) provides financial assistance for medical care provided by civilian sources to dependents of deceased members, active duty members, and retirees of the uniformed services. Perceptual and visual training was provided as part of the CHAMPUS benefits until 1975. GAO reviewed various Department of Health, Education, and Welfare programs to determine which ones provided perceptual and visual training and whether this training eliminated the need for surgery. The training was covered in 28 States. Only 3 of the 28 States would not pay for training when provided by an optometrist, and only 3 States did not have any cost limitations. Opthalmologists believe that a complete eye examination should be made before treatment is begun for eye problems such as strabismus (cross-eyed) or amblyopia (lazy eye). Eye dilation is an essential procedure to identify serious eye diseases, but optometrists lack the medical background to dilate the eyes. Opthalmologists question the value of perceptual and visual training to treat vision disorders. National Eye Institute officials believe a study is needed to evaluate the effectiveness of visual training as a treatment and to determine whether perceptual and visual training should be included as a health insurance program benefit.

109529

Legislative and Administrative Changes Needed in Community Mental Health Centers Program. HRD-79-38; B-164031(5). May 2, 1979. ***Released*** June 4, 1979. 65 pp. plus 3 appendices (46 pp.).
Report to Rep. Bob Eckhardt, Chairman, House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Grantees and Contractors Providing Treatment Services (1215).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: National Institutes of Health: National Institute of Mental Health.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; *Rep.* Bob Eckhardt.
Authority: Community Mental Health Centers Amendments of 1970 (P.L. 91-211; 84 Stat. 54). Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (P.L. 88-164; 77 Stat. 282). Mental Retardation Facilities and Community Mental Health Centers Construction Act Amendments of 1965 (P.L. 89-105; 79 Stat. 427).
Abstract: A review of the Department of Health, Education, and Welfare (HEW) community mental health centers program discusses problems in monitoring the program as well as problems encountered by HEW, the States, and the individual centers in complying with legislative provisions. Responsibility for administering the program has been delegated to the National Institute of Mental Health (NIMH), under HEW. ***Findings/Conclusions:*** Administrative and legislative changes must be made if the goal of a national network of community mental health centers is to be realized in the foreseeable future. The centers visited were experiencing many problems which hampered their effectiveness due, in part, to the limitations on the geographic areas served, the complexity and inflexibility of legislative requirements, and the multitude of funding mechanisms imposed by HEW. State, local, and third-party reimbursements must increase to assure the financial viability of existing centers and the development of new centers. Conversion and financial distress grants have been ineffective as a means for establishing or expanding services on a long-term basis. Administrative changes are needed to improve the efficiency of the grant review, approval, and monitoring process. ***Recommendation To Congress:*** Congress should amend the Community Mental Health Centers Act to: allow the Secretary of HEW to waive the requirement for any of the mandated services in certain cases; eliminate the provision for conversion and financial distress grants; restrict consultation and education grants to organizations not receiving staffing or initial operations grants; and allow HEW to award grants for other than a 1-year period. Congress should also explore development of a funding mechanism that would allow communities which are unable to develop full service centers to provide at least for their highest priority needs. ***Recommendation To Agencies:*** The Secretary of HEW should: require NIMH to identify communities that cannot apply for Federal community mental health center funding under the current rules due to geographic limitations, work with the States to revise the catchment area designations to allow those communities to apply; examine the possibility of consolidating or standardizing grants and grant periods to reduce administrative burden; require regional offices to follow specified grant application review procedures; improve reporting and monitoring procedures for the construction grant program; prescribe and implement standards for the centers; and work to assure that coordination, screening, and aftercare procedures are established with State and Veterans Administration mental health facilities.

109553

[Use of Federal Funds To Finance HEW Employees' Participation in Smokenders]. HRD-79-93; B-164031(5). June 6, 1979. 3 pp.
Report to Rep. Joseph L. Fisher; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Education To Change Health Habits (1210).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *Rep.* Joseph L. Fisher.
Abstract: Concern was expressed about the possible misuse of Government funds by the Department of Health, Education, and Welfare (HEW) when the agency offered to pay part of the costs of a Smokenders program in order to help HEW employees quit smoking. The legal basis and rationale for the program is presented. HEW justified the program in the belief that reduced smoking would improve the overall health of its employees, and it was further pointed out that legislation allows the head of a Government agency to establish a health service program. The program began in April 1978; a year later, 365 employees had completed or were attending the program. The total cost to the Government was $80,000. HEW has not decided whether to offer the program in fiscal year 1980.

109554

[Use of Federal Funds To Finance HEW Employees' Participation in Smokenders]. HRD-79-92; B-164031(5). June 6, 1979. 3 pp.
Report to Sen. John W. Warner; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Education To Change Health Habits (1210).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *Sen.* John W. Warner.
Authority: (P.L. 76-659; 5 U.S.C. 7901(c)(4)).

Abstract: Concern was expressed about the possible misuse of Government funds by the Department of Health, Education, and Welfare (HEW) when the agency offered to pay part of the costs of a Smokenders program in order to help HEW employees quit smoking. The legal basis and rationale for the program is presented. HEW justified the program in the belief that reduced smoking would improve the overall health of its employees, and it was further pointed out that legislation allows the head of a Government agency to establish a health service program. The program began in April 1978; a year later, 365 employees had completed or were attending the program. The total cost to the Government was $80,000. HEW has not decided whether to offer the program in fiscal year 1980

109556

Rehabilitating Blind and Disabled Supplemental Security Income Recipients: Federal Role Needs Assessing. HRD-79-5; B-164031(3). June 6, 1979. 33 pp plus 2 appendices (7 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Federally Sponsored or Assisted Employment and Training Programs (3200); Federally Sponsored or Assisted Employment and Training Programs: Employability of Selected Target Groups (3201)
Contact: Human Resources Division.
Budget Function: Education, Training, Employment and Social Services: Training and Employment (0504).
Organization Concerned: Department of Health, Education, and Welfare; Rehabilitation Services Administration; Social Security Administration
Congressional Relevance: Congress.
Authority: Social Security Amendments of 1972 (P.L. 92-603). B-164031(4) (1976). The Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978 (P.L. 95-602).
Abstract: The Social Security Amendments of 1972 authorized the use of Federal funds to pay for States' costs for vocational rehabilitation services for blind and disabled Supplemental Security Income recipients. Two agencies of the Department of Health, Education, and Welfare (HEW) manage the program. The Social Security Administration (SSA) is responsible for establishing policies on referring the blind and disabled to the States as well as evaluating program results. The Rehabilitation Services Administration (RSA) is responsible for carrying out the program and providing technical assistance to State rehabilitation agencies. State agencies select persons to be served, decide the type and extent of services to be provided, and report to the two HEW agencies. A sample of 544 cases from 14 State agencies in 8 States, which SSA has recorded as successful rehabilitations, was reviewed. ***Findings/Conclusions:*** The analysis showed that Federal funds spent on the program in 13 of the 14 agencies greatly exceeded the reduction in SSI payments. In 55 percent of the cases, no reductions were attributable to a beneficiary's increase in earned income. The program's management, divided between the two agencies, has not been effective. Although SSA has, or has access to, data which could be used in conjunction with information developed by RSA to measure savings in benefit payments, the agencies have not developed a system that can effectively use the information. ***Recommendation To Congress:*** Congress should amend the legislation to establish, as a primary goal of the program, that savings in benefit payments exceed the Federal funds spent. In this regard, after HEW has provided sufficient data to reliably measure the program's effectiveness, if program savings do not meet or exceed Federal costs, Congress should consider the following options: 1) eliminate the Supplemental Security Income-Vocational Rehabilitation (SSI-VR) program and, instead, earmark funds under the basic rehabilitation program for eligible SSI persons, and 2) continue the SSI-VR program with funding levels for the States based on the demonstrated effectiveness of each State's program as measured by the extent that benefit payment reductions exceed Federal funds spent. ***Recommendation To Agencies:*** The Secretary of HEW should designate a single entity to oversee the SSI-VR program management activities of RSA and SSA and require the Commissioners of each agency to finalize an agreement identifying their responsibilities. After a management system has been established, HEW should monitor individual States' program effectiveness to: (1) evaluate the adequacy of Federal technical assistance, and (2) determine whether the program is the most cost-effective way to provide rehabilitation services to blind or disabled SSI recipients when the same services are available from State rehabilitation agencies through their basic vocational rehabilitation programs.

109595

[Status of Implementation of the National Blood Policy]. June 7, 1979. 9 pp.
Testimony before the Senate Committee on Labor and Human Resources: Health and Scientific Research Subcommittee; by Stephen J. Varholy, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare; American Blood Commission.
Congressional Relevance: *Senate* Committee on Labor and Human Resources: Health and Scientific Research Subcommittee.
Abstract: A review was conducted of the implementation of the National Blood Policy and certain improper blood banking practices which have resulted in Medicare program overpayments. The National Blood Policy called for developing a safe, fast, and efficient blood collection and distribution system. It prescribed specific improvements in blood banking including: regionalized blood collection and distribution, transition to an all-voluntary blood donation system, and rational alignment of charges and costs for blood services. In addition, it stated that if the private sector could not satisfactorily progress toward its implementation, a legislative or regulatory approach would have to be considered. The American Blood Commission was incorporated to carry out the National Blood Policy. Several factors have hindered the implementation of the policy. Recommendations were made to the Secretary of the Department of Health, Education, and Welfare regarding the need to clarify its billing instructions concerning nonreplacement fees; seek recovery action from organizations that had engaged in improper practices; develop working agreements between blood banks and hospitals to assure compliance with Medicare instructions; and improve intermediary monitoring procedures.

109597

[Environmental Protection Agency and State Hazardous Waste Management Programs]. June 4, 1979. 15 pp.
Testimony before the House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee.
Authority: Resource Conservation and Recovery Act of 1976.
Abstract: The problem of what to do with hazardous waste is growing. Hazardous waste must be treated and disposed of somewhere. Without an adequate national environmentally sound disposal and treatment capacity, the intent of current legislation to safeguard public health and the environment cannot be achieved. A more effective Federal and State role is necessary to assure that facilities

will be available to handle the wastes generated. Currently, neither the Environmental Protection Agency (EPA) nor the States have the resources necessary to operate and manage a program for the control of hazardous waste disposal. The funding authorized and needed for program implementation has not been appropriated and EPA has not been able to provide the financial and technical assistance promised to the States. Long-term funding is needed and there is no current legislation which provides for EPA administrative costs or for EPA grants to the States after fiscal year 1979. No adequate assessment has been made of the number and location of existing and closed sites currently threatening public health and the environment. Funding hazardous waste programs and siting disposal facilities are the two most pressing problems which must be resolved if legislation is to be effective in protecting public health and the environment. The development of fee systems at the Federal and State levels would help resolve future funding problems.

109629

[Analysis of the Economic Value of Selected Medicare Supplement and Dread Disease Policies]. June 13, 1979. 17 pp. plus 1 attachment (9 pp.).

This document is a statement for the record to the House Select Committee on Aging.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare; American Family Life Assurance Co.
Congressional Relevance: *House* Select Committee on Aging.
Authority: McCarran-Ferguson Act (Insurance).
Abstract: GAO analyzed the economic value of various health insurance policies issued individually by nine insurance companies for Medicare supplement policies for the elderly and disabled (Medi-Gap insurance), and dread disease (cancer) coverage. Also, GAO commented on the policy alternatives contained in the staff report of the House Select Committee on Aging, as related to legislation for the alleviation of reported abuses in the sale of Medicare supplemental insurance policies. GAO based its analysis of various policy values on loss ratios, the proportion of gross premiums which, on the average, is returned to policyholders as benefits. They are, as such, indicators of the economic value of policies. Other factors should also be considered, such as alternative coverage available, affordability of other insurance, and contingent reduction of payments under coordination of benefits provisions. Also, there is no generally agreed upon standard of acceptable loss ratios. Loss ratios for the nine companies' Medi-Gap or cancer insurance policies ranged from 19 to 61 percent. One of the Committee's policy alternatives would require the Department of Health, Education, and Welfare to issue clear explanations of Medicare coverage, but this would not eliminate beneficiary confusion; most beneficiaries interviewed in an inpatient survey conducted by GAO could not answer the most elementary questions about the program and its benefits, even after receiving simple written information. Another Committee policy option was expansion of coverage to close the gaps, but GAO data indicated that only 2 percent of inpatient beneficiaries were subject to daily co-insurance charges. Absorption of this cost by the Government would eliminate one source of beneficiary confusion. The Committee staff also proposed a voluntary Medi-Gap policy certification program, which GAO approved, and a program for the direct purchase of Medi-Gap insurance from the Government. Physician charges for co-insurance coverage would be regulated under another proposal, as well as Medi-Gap insurance generally. GAO recommended further study as to restricting physicians' billing practices, and deferred judgment on the matter of Medi-Gap insurance pending completion of another agency report on Federal regulation of insurance.

109679

[Food and Drug Administration's Drug Approval Process]. June 19, 1979. 20 pp.

Testimony before the House Committee on Science and Technology: Science, Research and Technology Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Food and Drug Administration.
Congressional Relevance: *House* Committee on Science and Technology: Science, Research and Technology Subcommittee; *House* Committee on Science and Technology: Domestic and International Scientific Planning, Analysis and Cooperation Subcommittee.
Authority: Federal Food, Drug, and Cosmetic Act. S. 1045 (96th Cong.). S. 1075 (96th Cong.).
Abstract: Although the law provides that the Food and Drug Administration (FDA) must make a decision on a new drug application (NDA) within 180 days after an NDA is filed, a review of the process used by the FDA for approving new medical drugs for marketing in the United States showed that the 180-day review time is generally not met. The average approval time for 80 NDA's approved in fiscal year 1978 was 34 months. Some reasons for delay are: FDA guidelines are vague regarding the documentation to be submitted with an NDA; there are frequent changes of NDA reviewers before the processing of an application is completed; scientific disagreements occur between FDA and industry; and communications from FDA to industry are slow or inadequate. There was an uneven distribution of workload among FDA reviewers. A comparison of the drug approval system of the United States with systems in other countries showed major differences in: the use of expert committees; post-marketing surveillance; the use of foreign test data to support safety and effectiveness of a drug; flexibility in restricting the use of drugs; and review of marketed drugs. Also, the computer resources of FDA have not been adequately used to support FDA reviewers.

109731

Better Regulation of Pesticide Exports and Pesticide Residues in Imported Food Is Essential. CED-79-43; B-133192. June 22, 1979. 68 pp. plus 9 appendices (38 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Standards (2201).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Other Natural Resources (0306).
Organization Concerned: Environmental Protection Agency; Food and Drug Administration; Department of Health, Education, and Welfare.
Congressional Relevance: Congress.
Abstract: American agricultual imports in fiscal year 1977 totaled over $13 billion making other countries' pesticide practices increasingly important because pesticide residues may be on these imports. The Food and Drug Administration (FDA) has identified neither the pesticide practices of nor all pesticides used in other countries. Such knowledge is essential if the agency is to make sure that food imports do not contain harmful residues of pesticides that have been suspended, canceled, or never registered in the United States. In addition, the Environmental Protection Agency (EPA) has neither informed other governments of pesticide suspensions, cancellations, and restrictions in the United States nor revoked tolerances for residues of these pesticides on imported foods. ***Findings/Conclusions:*** EPA has not canceled over 297 tolerances for pesticides whose uses have been suspended and canceled up to 6 years ago due to adverse human or environmental effects. Continuing tolerance and/or action levels without adequate determinations as to safety and avoidability mislead and condone other countries'

use of hazardous pesticides. Half of the imported food that FDA found to be adulterated during a 15-month period was marketed without penalty to importers and consumed by an unsuspecting American public. EPA needs to monitor these exported pesticides more vigorously not only to alert other governments of the dangers of specific products but also to provide information to FDA that would be useful in its imported food monitoring program. ***Recommendation To Agencies:*** The Secretary of the Department of Health, Education, and Welfare (HEW) should require the Commissioner of FDA to obtain data on foreign pesticide usage as a basis for determining what pesticide residue analysis to perform; require importers to provide certificates which identify pesticides that have been on imported food and certify that residues comply wth U.S. tolerances; and revise the residue sampling program to ensure that all significant imported food commodities are sampled each year for pesticide residues. The Administrator of EPA should revoke tolerances for residues of pesticides that have already been suspended and canceled for food uses and make tolerance revocation an integral part of the EPA pesticide cancellation process. The Administrator of EPA, the Secretary of HEW, and the Commissioner of FDA should determine whether existing and proposed action levels are safe and appropriate; establish action levels for residues of suspended and canceled pesticides that may be unavoidably present in food; and investigate pesticide use conditions in foreign countries when significant residues of a pesticide are detected in an import to ensure that action levels are lower than residue levels which may result from direct purposeful application of pesticides to food.

109743

Hospital Loan Assistance Programs: Actions Needed To Reduce Anticipated Defaults. HRD-79-64; B-164031(5). June 27, 1979. 30 pp. plus 4 appendices (11 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Factors Impacting on the Fiscal Viability of Health Facilities (1255); Health Programs: Appropriate Numbers of Health Facilities (1217).
Contact: Human Resources Division.
Budget Function: Health (0550). Health: Health Planning and Construction (0554).
Organization Concerned: Department of Health, Education, and Welfare; Department of Housing and Urban Development.
Congressional Relevance: Congress.
Abstract: Two major loan assistance programs, the Department of Health, Education, and Welfare (HEW) Hill-Burton program and the Department of Housing and Urban Development (HUD) Section 242 Mortgage Insurance program, assist hospitals in constructing new or modernizing existing facilities. ***Findings/Conclusions:*** Many hospitals with loans guaranteed under the Hill-Burton program or insured under the Section 242 insurance program have been experiencing serious financial problems, but neither HEW nor HUD knew the extent or severity of the problem. In response to a GAO questionnaire sent to 380 hospitals participating in these programs, 44 hospitals with loans of about $326 million reported their financial condition as poor or very poor. The financial problems at these hospitals could lead to defaults, closures of modern facilities, and substantial losses to the Federal Government. ***Recommendation To Congress:*** Congress should amend Section 242 of title II of the National Housing Act to eliminate the mortgage insurance premium on portions of loans guaranteed by HEW under title IV of the Public Health Services Act and to preclude such practices on loans guaranteed and made under title XVI of the Public Health Service Act. ***Recommendation To Agencies:*** The Secretary of HEW should: (1) make comprehensive risk assessments to identify the risk of default on loans made under the programs; (2) advise Congress of the potential losses and adequacy of loan default funds; (3) issue additional guidance for monitoring loans and implement a viable loan monitoring program; (4) closely monitor the status of hospitals with loans secured with inadequate collateral; and (5) determine and monitor the status of hospital sinking funds to assure that payments are current and sufficient to insure loan repayment, and encourage hospitals without a sinking fund to establish one. The Secretaries of HEW and HUD should: (1) determine whether HUD should retain the unnecessary mortgage insurance premiums paid to date by the hospitals; (2) review their loan portfolio to determine the adequacy of the Government's collateral position; and (3) provide regional staff additional guidance on the circumstances in which the various forms of collateral should be accepted.

109746

[Occupational Safety and Health Loan Programs]. HRD-79-82; B-163375. June 6, 1979. 11 pp.
Report to Ray Marshall, Secretary, Department of Labor; A. Vernon Weaver, Administrator, Small Business Administration; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Consumer and Worker Protection: Employers' Compliance With Occupational Safety Health Standards (0912).
Contact: Human Resources Division.
Budget Function: Health: Consumer and Occupational Health and Safety (0559). Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Labor; Small Business Administration; Occupational Safety and Health Administration.
Authority: Occupational Safety and Health Act of 1970. Small Business Act.
Abstract: The occupational safety and health loan program as administered by the Small Business Administration (SBA) in cooperation with the Department of Labor's Occupational Safety and Health Administration (OSHA) is to help small businesses comply with mandated occupational safety and health standards. A review of the loan program showed that few loans have been made. ***Findings/Conclusions:*** No assurance exists that loans are being made only to businesses that would suffer substantial economic injury without assistance or need the loans to comply with occupational safety and health standards. Controls are not adequate to ensure that workplace hazards are corrected. The occupational safety and health loan program is seldom used by small business. Neither SBA nor OSHA knows why. It has been suggested that more businesses do not request loans because of fear of an OSHA or State inspection or because of reluctance to prepare and submit engineering plans. SBA and OSHA need to do more to assure that loans are needed to correct violations and that violations are actually corrected. ***Recommendation To Agencies:*** The Administrator of SBA should establish criteria for determining whether an applicant would suffer substantial economic injury without a loan; require that loan officers document the basis for their determination; and in cooperation with OSHA, establish procedures for determining whether the loan amount requested is needed to correct violations of standards for followup after the corrective action is completed to ensure that the use of loan funds results in correcting the standards' violations.

109780

More Can Be Done To Achieve Greater Efficiency in Contracting for Medicare Claims Processing. HRD-79-76; B-164031(3). June 29, 1979. 148 pp. plus 11 appendices (73 pp.).
Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Health Programs (1200). Automatic Data Processing: Agencies' Efforts To Convert Software (0107); General

Procurement: Contractor's Operations' Efficiency and Economics (1914).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Health Care Financing Administration; Blue Cross Association; Mutual of Omaha Insurance Co.; Railroad Retirement Board; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Ways and Means; *Senate* Committee on Finance; Congress.
Authority: Medicare-Medicaid Anti-Fraud and Abuse Amendments. Social Security Amendments of 1972. P.L. 92-603, §222. S. 489 (96th Cong.).
Abstract: Most Medicare benefits are administered by the Department of Health, Education, and Welfare (HEW) through contracts with private insurance companies called intermediaries, which pay bills for services provided by health care facilities, and other contractors called carriers, which pay claims for services from doctors and suppliers. These contracts have been on a cost reimbursable basis, with neither profit nor loss realized by the contractors. Congress directed GAO to conduct a comprehensive study of the claims processing system under Medicare and determine necessary modifications for more efficient administration. ***Findings/Conclusions:*** There are 46 carriers and 77 intermediaries now administering Medicare. Past studies have shown that significant savings would result from merging their workloads and redistributing them among fewer contractors, which would also provide an opportunity to terminate the less efficient among them. While many organizations are both intermediaries and carriers, only rarely does one contractor perform both functions within a single region. Because of the similarity of the carrier and intermediary roles, combining their functions under one contractor could improve coordination of program benefits, eliminate duplication, and reduce overhead, chiefly by establishing an integrated claims processing system. HEW has announced that it will propose legislation to replace cost reimbursement contracts with competitive fixed-price contracts, a change which GAO concluded would reduce costs about 20 percent, but whose effects on the quality of service are unknown. A comparable Federal program has shown poor to adequate results. If the proposed contracting change is made, standards should be set and marginal contractors terminated. Incentive contracting is another possibility which HEW should explore. The functions of the Railroad Retirement Board (RRB), which processes Medicare claims for its client beneficiaries, could be shifted to HEW at an annual savings of about $6.6 million to the Government. The processing of crossover claims, with Medicare and Medicaid jointly liable for beneficiary services, includes costs and delays which could be cut by using integrated processing systems. ***Recommendation To Congress:*** Congress should enact legislation to withdraw authority from RRB for the selection of a nationwide carrier to process part B Medicare claims and should transfer responsibility for claims processing and payment to the area carriers handling those claims for other Medicare beneficiaries. Congress should also amend title XIX of the Social Security Act to require Medicare contractors to process Medicaid liability for crossover claims using integrated data processing systems unless a State can present the Secretary of HEW with evidence that another system is equally efficient and effective. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Administrator of the Health Care Financing Administration (HCFA) to evaluate experimental fixed-price contracts as to their advantages and disadvantages, incorporate performance standards in all Medicare contracts, implement a policy of contract termination for unsatisfactory performance, conduct experiments to test the feasibility of merging contractor functions under a single contractor and the effectiveness of an integrated software system, and evaluate the possible implementation of Medicare performance incentives. The Secretary should also reduce immediately the number of contractors in the Medicare program and determine which ones to eliminate by directing the HCFA Administrator to decide on the most efficient caseload and territorial configuration, based on an identification of the most competent contractors and those which can best handle large caseloads.

109785

[Improvements Needed in the VA Medical Residency Training Program]. HRD-79-86; B-133044. June 22, 1979. ***Released*** July 2, 1979. 3 pp. plus 1 enclosure (17 pp.)
Report to Sen. William Proxmire, Chairman, Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; by Elmer B. Staats, Comptroller General

Issue Area: Health Programs (1200); Health Programs: Quality Care and Its Assurance (1213).
Contact: Human Resources Division
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration
Congressional Relevance: *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee. *Sen* William Proxmire.
Abstract: A review examined the extent to which the Veterans Administration (VA) has assumed responsibility for the graduate medical education of physicians and the effectiveness of VA management of the graduate medical program. Aspects studied included the authority for conducting graduate education in VA medical facilities, the adequacy of VA policies and regulations in guiding VA medical centers, and the extent to which VA monitors the program to insure that it is administered properly. ***Findings/Conclusions:*** Improvements are needed in the overall management and administration of the VA residency program. Unclear VA regulations governing the assignment and pay of residents resulted in residents being assigned without exchange or replacement to non-VA facilities for significant periods of time with no VA pay loss, and residents participating in numerous educational activities in non-VA facilities at VA expense. Two of the medical centers assumed greater financial responsibility for training and educating residents than intended by existing VA regulations. ***Recommendation To Agencies:*** The Administrator of Veterans Affairs should: revise existing regulations to clearly define VA central office and medical center responsibilities for resident training that insure accountability and control by VA medical centers; consider eliminating the use of the educational detail provision for affiliated and associated residency programs; establish an effective monitoring and reporting system to assure that VA centers administer their resident training programs consistently, and take corrective action at those medical centers where VA regulations on residency training programs are being inconsistently applied

109826

[Status of Efforts To Phase Out Ocean Dumping of Municipal Sewage Sludge]. June 27, 1979. 20 pp. plus 1 attachment (1 p.).
Testimony before the House Committee on Merchant Marine and Fisheries: Oceanography Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Merchant Marine and Fisheries: Oceanography Subcommittee
Authority: Marine Protection, Research, and Sanctuaries Act of 1972.
Abstract: A review of the status of efforts to phase out the ocean dumping of municipal sewage sludge by December 31, 1981, as mandated by legislation was presented. Although substantial

funding has been invested in the planning and implementation of alternatives to ocean dumping of municipal sludge since 1973, no net reduction in volume has been achieved to date. Further, the volume of sludge to be ocean dumped is projected to double by 1981. Dumpers may have difficulty meeting the deadline. For those dumpers who plan to implement interim land-based alternatives to ocean dumping, problems exist with respect to potential ground water pollution, pathogenic disease, and strong public opposition to project sites. Long-term solutions to ocean dumping, particularly thermal-based projects, also pose uncertainties in terms of potential air pollution and ash disposal problems. Extension of the 1981 deadline might stall the Environmental Protection Agency's (EPA) efforts to phase out ocean dumping; however, some flexibility will be needed for those dumpers who will not meet the deadline. To provide for this flexibility, it would seem appropriate for Congress to authorize EPA to grant waivers of the deadline on a case by case basis. To provide an economic incentive for a continuation of phase-out efforts for those dumpers granted waivers, EPA should require that all or part of the sludge produced be dumped at a site further off shore. It should permit dumpers to continue using existing sites but seek congressional authority to require them to deposit in a fund the difference in the cost of dumping at those sites and a site further off shore. Land-based alternatives should be monitored closely.

109829

[The Department of Health, Education, and Welfare's Professional Standards Review Organization Program]. June 27, 1979. 16 pp. *Testimony* before the House Committee on Ways and Means: Oversight Subcommittee; by Thomas P. McCormick, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare; Aetna Insurance Co.; Blue Cross Association; Chicago, IL: Department of Human Resources.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee.
Authority: Social Security Amendments of 1972.
Abstract: The Professional Standards Review Organizations (PSRO) are groups of local practicing physicians who organize and operate peer review mechanisms to assure that health care services provided under three Federal health care programs conform to appropriate standards and are delivered efficiently, effectively, and economically. These programs include Medicare, Medicaid, and Maternal and Child Health. A concurrent review is performed by having a PSRO review coordinator screen all hospital patient admissions and lengths of stay. Cases that do not appear appropriate are referred to a PSRO physician who reviews and makes a determination of the case. The Department of Health, Education, and Welfare (HEW) evaluates the PSRO's through fiscal intermediaries under its post-payment monitoring program. Problems have been found with the HEW evaluations, such as inappropriate inclusion and exclusion of hospitals in the data used. The information available shows that the fiscal intermediaries questioned from 1.1 to 5.5 percent of the days of care that the PSRO's had certified as necessary. Moreover, the PSRO's agreed that between .2 and 4.2 percent of the days that they certified as necessary were unnecessary. Several factors which have contributed to inappropriate hospital admissions and lengths of stay include: (1) inadequate monitoring by the PSRO's; (2) reluctance of PSRO personnel to enforce guidelines or challenge a physician's judgment on medical necessity; and (3) since a PSRO review is performed at certain times during a patient's stay, patients may needlessly remain in the hospital from the date that they are ready for discharge until the next date a PSRO review is performed. The effectiveness of the program could be enhanced if better guidance was given to program personnel and if the data collected and reported by the fiscal intermediaries were appropriate to meet program needs.

109897

[Impact of Nonpoint Source Pollution on Meeting National Water Quality Goals]. July 17, 1979. 14 pp. plus 1 attachment (2 pp.). *Testimony* before the House Committee on Public Works and Transportation: Oversight and Review Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.
Organization Concerned: Environmental Protection Agency; Department of Agriculture.
Congressional Relevance: *House* Committee on Public Works and Transportation: Oversight and Review Subcommittee.
Authority: Clean Water Act of 1977.
Abstract: National needs far exceed the Federal funds which are appropriated each year for waste treatment facilities. It is suggested that the Environmental Protection Agency should devise strategies to give greater consideration to how nonpoint source controls can achieve water quality goals in a more cost-effective manner. Nonpoint pollution (which comes from farmlands, forests, urban streets, and mines) refers to situations where pollutants enter the water in a diffused and diluted form rather than from a specific discharge point (such as discharges from factories or municipal wastewater facilities). Responsibility has been delegated to State and areawide planning agencies to develop and carry out nonpoint source control programs. Little has been accomplished, however, because major emphasis has been on point sources and the States and local agencies lack the time, funds, and Federal technical assistance necessary to develop adequate nonpoint source data. The collection of better data on nonpoint sources of pollution is essential in order to establish priorities for selecting those projects providing the greatest benefit to controlling water pollution. With the limited funds available, some choices must be made between constructing municipal wastewater treatment facilities and implementing practices to control both point and nonpoint sources of pollution. Sound, cost-effective, and beneficial solutions to the problem will not be achieved unless there is front-end planning to develop more and better data on the sources, extent, and impact of nonpoint pollution.

109911

[Codisposal of Garbage and Sewage Sludge]. July 18, 1979. 12 pp. *Testimony* before the House Committee on Science and Technology: Energy Development and Applications Subcommittee; House Committee on Interstate and Foreign Commerce: Transportation and Commerce Subcommittee; by Wilbur D. Campbell, Associate Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Energy; Environmental Protection Agency.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Transportation and Commerce Subcommittee; *House* Committee on Science and Technology: Energy Development and Applications Subcommittee.
Authority: Marine Protection, Research, and Sanctuaries Act of 1972. Clean Water Act of 1977. Resource Conservation and Recovery Act of 1976. Federal Water Pollution Control Act.
Abstract: The volume of garbage and sewage sludge being generated is increasing sharply while landfills, open dumps, incinerators, and ocean dumping are becoming exhausted. Codisposal is an alternative that is both economically and technologically feasible. The two basic approaches to codisposal use garbage as fuel for sludge drying or burning, with the objective of using the heat from burning garbage to dry the sludge to its self-burning point by means of hot

flue gas or steam. When dry, the sludge can be burned along with the garbage to power wastewater treatment plants. Although Europe has several plants in operation, the United States has only a few, perhaps because of a lack of detailed technological and operating data. The Environmental Protection Agency (EPA) and the Department of Energy are studying foreign facilities to acquire information. Most codisposal facilities attempted here were made with incompatible equipment and were abandoned in the mid-1970's as expensive and ineffective. Abundant land disposal alternatives reduced the incentive to invest in expensive equipment, but interest is reviving and five projects are now under construction or in the planning stage. Most cost information is merely estimates or projections, but codisposal appears to be economically feasible. The availability of Federal construction funds will be influential, but existing programs do not provide for garbage treatment. Several laws seem to offer EPA a mandate for initiating such activity using a prorated funding formula. The potential environmental risks of thermal codisposal include air emissions and groundwater contamination, but the problems appear manageable. Also, the separation of certain garbage items and pretreatment of industrial wastewater may reduce environmental impacts. A formidable barrier to codisposal is the division of garbage and sludge disposal jurisdiction between different local authorities in some areas. The EPA Administrator should require States and communities to consider codisposal alternatives, require development and dissemination of cost data in the evaluation of future projects, establish a construction grants funding policy, and undertake research to identify and analyze the health and environmental impacts of thermal codisposal.

109931

Air Quality: Do We Really Know What It Is? CED-79-84; B-166506. May 31, 1979. ***Released*** July 19, 1979. 31 pp. plus 1 appendix (1 pp.).

Report to Rep. A. Toby Moffett, Chairman, House Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208); Data Collected From Non-Federal Sources: Reliability and Accuracy of Information (3101).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).

Organization Concerned: Environmental Protection Agency.

Congressional Relevance: *House* Committee on Government Operations: Environment, Energy and Natural Resources Subcommittee; *Rep.* A. Toby Moffett.

Authority: Clean Air Act. Clean Air Act Amendments of 1970. Clean Air Act Amendments of 1977.

Abstract: Reliable and comparable air quality data are critical to Environmental Protection Agency (EPA) regulation and enforcement efforts. Through 1986, an estimated $248 billion will be expended for air pollution abatement programs. ***Findings/Conclusions:*** Although progress has been made in improving air quality, EPA efforts to develop a standardized, comprehensive air monitoring system have been slow and often ineffective. Because of a delay in the promulgation of recent regulations, implementation of such a system will probably not be achieved until the mid-1980's. The reliability of some of the air quality data currently used to assess national progress toward standards, develop trends, and establish control strategies is questionable. Of 243 monitoring stations reviewed, 81 percent had one or more problems, such as incorrect situation of the monitors or equipment in use which was not EPA-certified, which could adversely affect the reliability of data. These problems stem from the fact that monitoring is being carried out by State and local agencies, using systems originally designed to meet their individual needs. ***Recommendation To Congress:*** The appropriate Congressional committees or subcommittees should hold oversight hearings to explore the progress being made in implementing the air monitoring regulation issued by EPA in May 1979 and to identify the additional actions needed to assure successful completion of the goals of clean air legislation. ***Recommendation To Agencies:*** EPA should: conduct a thorough evaluation of current air monitoring systems; provide technical assistance to State and local agencies in preparing their implementation plans; and concentrate its efforts and resources in areas most adversely affected by air quality designations, taking necessary precautions in decisionmaking until sufficient, accurate data are available.

109975

Problems With Evaluating the Cost Effectiveness of Professional Standards Review Organizations. HRD-79-52; B-164031(3). July 19, 1979. ***Released*** July 26, 1979. 29 pp. plus 10 appendices (38 pp.).

Report to Rep. Sam M. Gibbons, Chairman, House Committee on Ways and Means: Oversight Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551).

Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration; Chicago, IL: Department of Human Resources.

Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee; *Rep.* Sam M. Gibbons.

Abstract: Professional Standards Review Organizations (PSRO) are designed to make sure that health care services provided under Medicaid and Medicare are delivered as effectively, efficiently, and economically as possible. Nine estimates of cost savings attributable to PSRO are overstated by $16.7 million for Medicare and Medicaid. All but one of the nine estimates were either prepared by a PSRO or prepared on information provided by a PSRO. ***Findings/Conclusions:*** It is important that estimates of cost savings be accurate. There were several significant deficiencies in the data used to compute the nine estimates of cost savings. Data for eight of the nine were incomplete or included as savings days of care that were paid by Medicare or Medicaid. Various methods were used to compute these savings. GAO found deficiencies with all the methods but one, making the remaining savings highly questionable. Several problems were noted with the data obtained to compute changes in Medicare hospital use. Statistics included information on 20 hospitals that should not have been included in the evaluation and omitted information on 3 hospitals that should have been included. PSRO and hospital officials said that increases and decreases in Medicare hospital use were attributable to many factors, such as changes in medical services, medical practices, number and availability of home health care, availability of nursing home beds, and changes in Medicare population. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare should require an extensive validation of its data. This should include onsite validation of the appropriateness of the hospitals and the reasonableness of the data to assure that the data are complete and accurate before they are used to evaluate the effectiveness of PRSO. The Secretary should direct the Administrator of the Health Care Financing Administration to provide technical assistance in preparing assessments of cost savings and develop standard methods that PSRO can use to measure their effectiveness in reducing hospital utilization.

109980

Passive Restraints for Automobile Occupants--A Closer Look. CED-79-93; B-164497(3). July 27, 1979. 63 pp. plus 4 appendices (62 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies: Safe Motor Vehicle-Highway Transportation System (2408); Consumer and Worker Protection (0900).

Contact: Community and Economic Development Division.

Budget Function: Transportation: Ground Transportation (0404).

Organization Concerned: Department of Transportation; Environmental Protection Agency; Department of Labor; National Highway Traffic Safety Administration; Occupational Safety and Health Administration; General Motors Corp.; Ford Motor Co.

Congressional Relevance: Congress.

Authority: Occupational Safety and Health Act of 1970 (29 U.S.C. 651). Surface Transportation Assistance Act of 1978 (P.L. 95-599; 92 Stat. 2727). Toxic Substances Control Act (15 U.S.C. 2601). (P.L. 93-492; 88 Stat. 1470).

Abstract: All new cars manufactured after September 1, 1983, will be required to have passive restraint systems requiring no action by occupants. The two systems being considered are air bags and automatic seat belts. The Secretary of Transportation mandated passive front seat restraint systems to overcome the public's reluctance to buckle up their seat belts. ***Findings/Conclusions:*** While the restraints offer life-saving and injury-prevention potential, testing indicates that a potential danger from a deploying air bag may exist for out-of-position occupants. Because of the importance of the mandate, both in terms of cost and safety to the American public, the actual experience with passive restraints must be evaluated. Thus far, testing has been done under laboratory conditions. Real world data for air bags is still too limited to support a reliable estimate of effectiveness in reducing serious and fatal injuries. Furthermore, many questions are unanswered concerning the health and safety risks of using the chemical sodium azide to inflate air bags. Since air bag systems containing sodium azide could be installed in millions of cars, additional research needs to be conducted on this chemical to measure its risks. The cost estimates of the airbags are high, but several major insurance companies either offer or plan to offer discounts for passive restraints. ***Recommendation To Agencies:*** The Secretary of Transportation should require additional testing by the National Highway Traffic Safety Administration (NHTSA) on the problem of out-of-position occupants. Depending on the outcome of this testing, the Secretary should consider appropriate modifications to the passive restraint standard including, if warranted, additional performance requirements covering this problem. The Secretary should also: (1) appoint a task force comprised of representatives from NHTSA, the insurance industry, the automobile industry, and independent highway safety researchers to develop an evaluation plan; (2) require NHTSA to collect and analyze the data needed to implement the evaluation plan; and (3) make modifications to the standard where warranted. The Administrator of the Environmental Protection Agency and the Secretary of Labor, through the Occupational Safety and Health Administration, should require that high priority be given to additional research on sodium azide to measure its health and safety risks.

109983

[HEW's Proposed System for Hospital Uniform Reporting]. July 26, 1979. 25 pp.

Testimony before the Senate Committee on Finance: Health Subcommittee; House Committee on Ways and Means: Health Subcommittee; by Thomas P. McCormick, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: National Center for Health Statistics; American Hospital Association; Health Care Financing Administration; Department of Health, Education, and Welfare.

Congressional Relevance: *House* Committee on Ways and Means: Health Subcommittee; *Senate* Committee on Finance: Health Subcommittee; *Senate* Committee on Finance.

Authority: Medicare and Medicaid Anti-Fraud and Abuse Amendments (P.L. 95-142). Health Services Research, Health Statistics, and Medical Libraries Act of 1974 (P.L. 93-353. Social Security Act.

Abstract: The Department of Health, Education, and Welfare (HEW) made available for comment, as a proposed regulation, its System for Hospital Uniform Reporting (SHUR). Legislation had required the Secretary of HEW to establish by regulation for each type of health services facility, or organization, a uniform system for the reporting of such matters as costs and volume of services, capital assets, and billing data. SHUR is not only a uniform reporting system but also an instrument for gathering cost reimbursement data, statistics needed for health planning, and health manpower data. When compared to the Medicare cost report, SHUR represents a net increase of 10 forms. Although the increase in the number of forms required by SHUR appears to be rather moderate, the increase in the amount of information required to be reported is much more dramatic. There is a high incidence of similarity between the two SHUR forms for reporting of hospital operating and nonoperating expenses, and the American Hospital Association (AHA) uniform reporting system.

110071

[Resources Expended by EPA When Assuming Drinking Water Enforcement Responsibilities in Seven States]. CED-79-19; B-166506. August 8, 1979. 11 pp.

Report to Rep. Henry A. Waxman, Chairman, House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Purity and Safety of Drinking Water (2212).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).

Organization Concerned: Environmental Protection Agency.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *Rep.* Henry A. Waxman.

Authority: Safe Drinking Water Act (42 U.S.C. 300f et seq.).

Abstract: Legislation provides for States to assume primary enforcement responsibility, or primacy, for monitoring the public water supply systems within their boundaries. Since most States' water supply programs contain requirements similar to the 15 in the Environmental Protection Agency's (EPA) implementation regulations, meeting the EPA requirements was not considered a problem. However, for some requirements, States had to enact legislation and adopt new regulations. To aid States in developing and implementing primacy programs, EPA is authorized to award grants to supplement existing State funding. The grants are not to exceed 75 percent of the States' total program costs. Seven States, District of Columbia, Indiana, Oregon, Pennsylvania, South Dakota, Utah, and Wyoming, have chosen not to seek primacy for reasons which included lack of guaranteed continued Federal funding, limited State funds and personnel, and inadequate State legislative authority. To implement a minimum primacy program in nonparticipating States, EPA requested an estimate of the number of additional positions needed. The EPA Office of Water Supply advised its regional administrators that it could not satisfy their request for 237 positions but would allocate 28 positions and request the remaining positions from the Office of Management

and Budget. ***Findings/Conclusions:*** GAO obtained information concerning three EPA program operations for the seven nonparticipating States. The information indicates that, in those States not having primacy, the EPA coverage may be severely limited as a result of resource constraints and may not meet the same standards required by EPA for those States which do assume primacy.

110089

[VA's Pharmacy Services to Nonhospitalized Veterans]. HRD-79-109; B-133044. August 9, 1979. 8 pp. plus 3 enclosures (4 pp.).
Report to Sen. J. Bennett Johnston; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs (1200). Health Programs: More Efficient and Effective Administration of Programs (1265).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration.
Congressional Relevance: *Sen.* J. Bennett Johnston.
Abstract: In a 1977 report to the Senate Committee on Veterans' Affairs, the Veterans Administration (VA) opposed proposed legislation concerning changes in pharmacy service to nonhospitalized veterans, because its method of dispensing drugs to these patients was satisfactory and economical, and the enactment of this legislation would increase the cost of providing such drugs and medicines over a 5-year period to more than $135 million for fee-basis prescriptions and more than $851 million if all outpatient prescriptions were included. VA estimated that all future prescriptions would be filled by private pharmacies, and that the prescription volume would increase 17 percent each year. ***Findings/Conclusions:*** GAO discussed this report with VA officials and reviewed pertinent records, reports, and other documents. Previously, GAO reported that generally drugs were dispensed in a timely manner and that the fee-basis program was more costly than VA pharmacy prescriptions at six VA facilities. It appears that the VA position that its method of providing drugs and medicines is satisfactory and economical is reasonable. VA projection that the volume of prescriptions would increase by 17 percent each year, based on the recorded percent of growth of outpatient prescriptions filled by VA pharmacies, is reasonable. GAO agrees with VA that the proposed legislation would increase the cost of dispensing drugs. Of the 219 VA facilities providing outpatient prescription services, 80 have been designated clinics of jurisdiction responsible for managing the fee-basis program within a specified area. VA personnel costs for outpatient prescription services was $38,076,600 for fiscal 1978. Costs of drugs, medical supplies, and other nonpersonnel costs were estimated to be $147,039,800. The fee-basis prescription costs for fiscal 1978 were $10,840,371 and included $182,678 in VA processing costs.

110090

DOD Civilian Employees' Use of Sick Leave Before Retirement Is Still High. FPCD-79-66; B-152073. August 8, 1979. 6 pp. plus 3 appendices (19 pp.).

Report to Rep. Jamie L. Whitten, Chairman, House Committee on Appropriations; by Elmer B. Staats, Comptroller General.

Issue Area: Personnel Management and Compensation: Federal Leave Policies (0353). Personnel Management and Compensation: Retirement Policies and Practices (0307).
Contact: Federal Personnel and Compensation Division.
Budget Function: General Government: Central Personnel Management (0805).
Organization Concerned: Office of Personnel Management; Department of Defense.
Congressional Relevance: *House* Committee on Appropriations; *House* Committee on Appropriations: Defense Subcommittee; *Rep.* Jamie L. Whitten.
Authority: (P.L. 91-93; 83 Stat. 139). F.P.M. 990-2. F.P.M. 831-1. B-152073 (1974). 5 U.S.C. 6307. 5 U.S.C. 5551.
Abstract: The services are permitting many employees pending optional retirement to exhaust their sick leave with the result that these employees receive full pay and earn additional sick and annual leave plus retirement credit while exhausting this sick leave. At five installations examined, about 10 percent of the employees were granted extended sick leave immediately before retiring, and about one-third used all sick leave before retiring. Agency approval for retirement-eligible employees to exhaust sick leave before retiring constitutes an agency-approved disability retirement, which is processed as optional retirement for convenience. Employees receive lump-sum payment for all unused annual leave on retiring, but not for sick leave. There is a financial incentive for these employees to conserve annual leave and charge sick leave when they are absent from work. ***Findings/Conclusions:*** GAO believes that more emphasis is needed to properly administer sick leave, and that the employing agency must independently verify that employees are incapacitated for their jobs rather than relying only on the private physician's diagnosis. GAO found that agencies are not using their authority to require employees suspected of sick leave abuse to furnish acceptable medical evidence of incapacitation or undergo a fitness-for-duty medical examination. ***Recommendation To Agencies:*** The Secretary of Defense should continue to emphasize to the services the need to obtain sufficient medical evidence before approving employees' requests for extended sick leave and direct the services to use their authority to (1) require employees on extended sick leave absences to undergo a periodic fitness-for-duty examination, and (2) require employees suspected of sick leave abuse to submit acceptable medical evidence for each absence, regardless of length.

110091

[Review of Consumer Product Safety Commission's Rejected Petition Requests]. HRD-79-98; B-139310. July 10, 1979. ***Released*** August 9, 1979. 8 pp.
Report to Rep. Henry A. Waxman; by Philip A. Bernstein (for Gregory J. Ahart, Director), GAO Human Resources Division.

Issue Area: Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Consumer Product Safety Commission.
Congressional Relevance: *House* Committee on Government Operations; *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Senate* Committee on Appropriations; *Rep.* Henry A. Waxman.
Authority: Consumer Product Safety Act (16 C.F.R. 1110).
Abstract: Any person or consumer organization may petition the Consumer Product Safety Commission to issue, amend, or revoke a consumer product safety rule. Such a request should be filed with the Office of the Secretary of the Commission, and the petition must then be accepted or rejected within 120 days of receipt. Matters outside the jurisdiction of the Commission are forwarded to the responsible agency. A review was made of the adequacy, objectivity, and fairness of the petition-screening procedures used by the Office of the Secretary and the Office of the General Counsel of the Commission. ***Findings/Conclusions:*** After making an examination of requests that the Commission staff had rejected as not meeting Commission petition criteria between January 1, 1977, and October 19, 1978, GAO generally agreed with the staff's

decisions to reject requests. It was felt that the Office of the General Counsel and the Office of the Secretary do a good job in screening petition requests, and the staff has also assisted petitioners with revising rejected requests to enable their resubmission for review. However, all rejected petition requests were not entered into the log maintained by the Office of the Secretary or put into the files. In addition, procedures used by the Office of the Secretary and the Office of the Executive Director to control rejected petition requests were weak. The files of the Office of the Secretary were not complete, and the records were not sufficient to enable management to review the staff's handling of requests and to follow up on rejected requests referred to the technical staff. ***Recommendation To Agencies:*** The Consumer Product Safety Commission should develop procedures for reviewing and controlling rejected petition requests.

110156

Military Medicine Is in Trouble: Complete Reassessment Needed. HRD-79-107; B-133044. August 16, 1979. 62 pp. plus 3 appendices (11 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213). Health Programs: Health Providers (1202); Personnel Management and Compensation: Morale, Welfare, and Recreation Activities (0312).
Contact: Human Resources Division.
Budget Function: National Defense: Defense-Related Activities (0054). National Defense: Military Pay (0060).
Organization Concerned: Department of Defense; Department of the Air Force; Department of the Army; Department of the Navy.
Congressional Relevance: Congress.
Authority: 10 U.S.C. 1074. 10 U.S.C. 1076.
Abstract: Since the end of the draft in 1973, the military's direct medical care system has experienced a gap between the number of military physicians it has available and the number needed to provide medical care, seriously impairing the system's ability to meet peacetime medical needs efficiently and effectively. Hospital operations have been hampered by the lack of physicians as has the ability of active-duty members to obtain medical care. ***Findings/Conclusions:*** The military service medical departments project substandard professional staffing levels past 1984, with no foreseeable increase in the supply of military physicians. Department of Defense data showed widespread closings and reductions of medical services in fiscal year 1978 due to the shortage, affecting all beneficiaries. GAO visited seven military hospitals and found services closing and reopening, depending on physician availability; patients sent elsewhere or moved long distances for specialized services; greater dependence on civilian services; longer waits by patients; occasional denial of services; and temporary assignments of physicians to short-handed nonmedical functions. GAO recognizes the physician shortage but sees additional reasons for the system's shortcomings, including shortages among other medical service personnel. GAO surveyed beneficiaries living within 30 miles of military hospitals and found that most families of retired members had tried to obtain medical care during an 8-month period; about one-third of them could not do so. GAO estimated that in the survey period, 104,000 active-duty members and 157,000 retirees failed to obtain care. A followup questionnaire from GAO showed that most patients sought medical care elsewhere because of physician shortages or long waits for appointments; they compared civilian care favorably to that of military hospitals and experienced only slight difficulty in paying for these services. ***Recommendation To Congress:*** Congress should reevaluate the role and structure of the military medical care system and direct DOD to improve its abilities to serve beneficiaries in peacetime, including clarification and recognition of the system's mission and role as a peacetime health care delivery system. Clear policies should be adopted as to the system's peacetime clients and how those not adequately served can best obtain medical care from other sources. Congress should consider three alternative proposals: adequate staffing of military facilities to provide care for all beneficiaries; providing care in military hospitals and financing care in civilian hospitals while limiting military hospital access under service capacity restrictions or eliminating service entitlement for certain beneficiary groups; or continuing to offer military hospital care and civilian hospital financing but reducing the number of operational military hospitals to a number that could be adequately staffed by existing and projected levels of physicians and staff personnel.

110169

Compensation for Federal Employee Injuries: It's Time To Rethink the Rules. HRD-79-78; B-157593. August 22, 1979. 63 pp. plus 4 appendices (16 pp.).
Report to Congress; by Robert F. Keller, Acting Comptroller General.

Issue Area: Personnel Management and Compensation (0300). Income Security and Social Services (1300).
Contact: Human Resources Division.
Budget Function: Income Security: Federal Employee Retirement and Disability (0602).
Organization Concerned: Department of Labor; Department of Health, Education, and Welfare.
Congressional Relevance: Congress.
Authority: Federal Employees' Compensation Act.
Abstract: Over the years, the Department of Labor's decisions have provided an expansive interpretation of what constitutes a compensable injury under the Federal Employees' Compensation Act. When an employee of the Federal Government is injured or killed on the job, the worker or survivors are entitled to benefits. The criteria for determining compensable injuries are not always clear. Uncertainties are developing over how far the Government's liability should extend. ***Findings/Conclusions:*** Increased costs are caused by increased employee salaries, increasing costs of medical care, and inflation. Another basic cause is the expanding concept of a compensable injury. Broad definitions, inadequate guidelines on the work relatedness of diseases, and uncertainty about the causes of many diseases have expanded program coverage. ***Recommendation To Congress:*** Congress should review the Department of Labor's determinations of what constitutes a compensable injury and provide any needed guidance on the Government's liability, and review guidelines for causal relation. To better understand the guidelines' meaning and effect, Congress should enact legislation directing the Secretary of Labor to report the results of the guidelines' application and to document his report by specific references to cases. ***Recommendation To Agencies:*** To aid the determinations of causal relationships, the Secretary of Labor should establish guidelines that have at least minimal factual and medical standards for developing and evaluating evidence and for deciding whether an injury is compensable; determine whether specific guidelines can be established for cases of aggravation or whether an alternative system for occupational diseases might be possible; and codify specific instructions on approved policies, procedures, and practices for determining causal relationships. To better understand the occupational disease problem and its effect, the Secretary should evaluate the Federal workers' compensation system for the number of claims, types of diseases, related cost, and other pertinent information, and the potential effects of the occupational health problem on the system.

110205

Indirect Costs of Health Research--How They Are Computed, What Actions Are Needed. HRD-79-67; B-117219. July 27, 1979. *Released* August 24, 1979. 39 pp. plus 10 appendices (32 pp.).

Report to Rep. Henry A. Waxman, Chairman, House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Internal Auditing Systems: Sufficiency of Federal Auditors and Coverage (0201). General Procurement: Procurement Practices Under Federal Grants (1917); Health Programs: Non-Line-of-Effort Assignments (1251).
Contact: Human Resources Division.

Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Department of Health, Education, and Welfare; Office of Management and Budget; Department of Defense; National Science Foundation.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *Rep.* Henry A. Waxman.
Abstract: Congress has voiced concern over the large proportion of health research funds spent for indirect costs, wide range in indirect cost rates among institutions, methods used to determine such rates, and Federal audit and negotiation processes. Questions have also been raised as to whether Federal limits on indirect costs reimbursement should be reinstated. ***Findings/Conclusions:*** Federally sponsored health research has increased from $1.6 million in 1973 to an estimated $2.7 billion in 1978. Indirect costs associated with this research are taking a greater share of each research dollar. Comparing indirect cost rates among institutions is not meaningful for measuring the relative efficiency of research activities. Many factors, such as the age and type of facilities used, the type of research performed, and a host of other considerations, cause wide variations in indirect cost rates. Various sets of Federal guidelines have been promulgated which set forth cost pinciples and negotiation instructions to be used for reporting and recovering research costs under grants and contracts. Government-wide guidelines have been issued for educational institutions and for State and local governments. ***Recommendation To Congress:*** If Congress should desire to further limit Federal participation in research project expenditures beyond the present legislative restriction, this should be achieved through some formal ceiling on Federal reimbursement, rather than by limiting reimbursement on just the indirect cost portion of research. ***Recommendation To Agencies:*** The Director of the Office of Management and Budget (OMB) should require that there be a consistent presentation of principles in the guideline for educational institutions, the guideline for State and local governments, and the proposed guideline for nonprofit research institutions. OMB should work with the Department of Health, Education, and Welfare (HEW) to encourage that the principles in its guidelines for hospitals are brought into conformity with OMB guidelines. The Secretary of Defense should require that the Defense Acquisition Regulation incorporate the cost principles in HEW's guidelines for nonprofit research institutions and hospitals. The Secretaries of Defense and HEW, either separately or jointly, should analyze current practices for auditing indirect cost proposals related to research grants and contracts to identify the benefits derived.

110229

[Ocean Dumping Phaseout Deadline for Municipal Sewage Sludge]. CED-79-119; B-166506. August 28, 1979. 2 pp. plus 1 enclosure (19 pp.).
Report to Douglas M. Costle, Administrator, Environmental Protection Agency; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Science and Technology (2000).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Authority: Marine Protection, Research, and Sanctuaries Act of 1972.
Abstract: The purpose of the Marine Protection, Research, and Sanctuaries Act of 1972 is to prevent or strictly limit the ocean dumping of any material which would adversely affect human health, welfare, or amenities, or the marine environment, ecological systems, or the economic potential of ocean resources. Ocean dumping of sewage sludge has adversely affected the marine environment, closed extensive areas to shellfishing, and contributed to conditions such as those in 1976 which resulted in the massive fish kill off the coast of New Jersey and the closing of some beaches on Long Island. Ocean dumping also disregards the potential of recovering resources contained in sludge. ***Findings/Conclusions:*** It appears likely that 3 of the 10 major sludge dumpers will not be able to meet the 1981 deadline to cease ocean dumping. These three dumpers accounted for more than half of the sewage sludge dumped in 1978. To comply with the December 31, 1981 deadline and to allow sufficient time to develop and implement long-term solutions to sludge management problems, dumpers in the New York and Northern New Jersey area are considering the adoption of interim disposal measures which are more expensive than ocean dumping and include landfilling, composting, and storage of dewatered, dried sludge. Long-term alternatives to ocean dumping under consideration also pose uncertainties with respect to potential air pollution and ash disposal problems. Resolution of these questions is especially important to dumpers whose interim solutions have limited useful lives. Despite the shortcomings, some momentum has been built up by the Environmental Protection Agency (EPA) program to phase out ocean dumping of municipal sewage sludge and to replace this longstanding practice with acceptable alternatives. Some flexibility will be needed for those dumpers who will not meet the program deadline. ***Recommendation To Agencies:*** To provide flexibility, the Administrator of EPA should seek authority from Congress to grant waivers of the deadline on a case-by-case basis to dumpers who demonstrate sincere phaseout efforts and waive the industrial cost recovery requirements on a case-by-case basis, since their enforcement would further impede progress toward phasing out ocean dumping. In addition, the Administrator should make one of the following actions a condition of the waiver: require that all or part of the sewage sludge produced be dumped at a site further off shore; or permit dumpers to continue to use existing sludge dump sites but seek congressional authority to require them to pay the difference between dumping at those sites and a site further off shore. Finally, the Administrator should require land-based alternatives to be properly managed and monitored to minimize adverse effects on surface and ground waters, land, and human health; and an analysis should be made of the potential cumulative effect of combustion alternatives on the ambient air in areas where such alternatives will be concentrated.

110236

[Federal Diabetes Activities]. HRD-79-90; B-164031(2). June 4, 1979. ***Released*** August 1, 1979. 2 pp. plus 3 enclosures (20 pp.).
Report to Sen. H. John Heinz, III; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Research Keeping Pace With the Changes in Disease Patterns (1219); Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211); Health Programs: Education To Change Health Habits (1210).
Contact: Human Resources Division.
Budget Function: Health: Health Research and Education (0552); Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Center for Disease Control; National

Institutes of Health; Department of Health, Education, and Welfare.
Authority: National Diabetes Mellitus Research and Education Act (42 U.S.C. 289c-2).
Abstract: Focusing primarily on the activities of the National Institutes of Health (NIH) and the Center for Disease Control of the Department of Health, Education, and Welfare, a review was made of federally funded activities concerning the research and control of diabetes mellitus. Types and objectives of federally supported research and various funding of research projects were discussed. There is a national need for increased emphasis on improving the availability of adequate health services to diabetics. Research studies indicate that medical complications and health care costs can be reduced through the use of good diabetes control techniques. However, a review of benefit coverage for diabetes control services under nine health benefit plans revealed that none of the health benefit plans specifically covered charges for teaching disease control techniques to diabetics. NIH has established eight centers for diabetes research and training, and there are plans to fund seven more centers.

110256

[Impact of Nonpoint Source Pollution on Meeting National Water Quality Goals]. August 30, 1979. 10 pp. plus 1 attachment (2 pp.).
Testimony before the House Committee on District of Columbia: Select Panel To Address Nonpoint Pollution in the Potomac; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on District of Columbia: Select Panel To Address Nonpoint Pollution in the Potomac; *Rep.* Michael D. Barnes.
Authority: The Clean Water Act of 1977.
Abstract: Nonpoint pollution is caused by a group of pollutants entering the water in a diffused and diluted form, rather than those from a specific discharge point. Nonpoint pollution can have a major negative impact on the billions of dollars being spent to abate point sources of pollution. The extent of the nationwide problem is unknown, data on its effect are inadequate, solutions are not readily available, and funding has been lacking. GAO believes that there is legitimate concern as to the effect nonpoint pollution may have on specific communities, rivers, and streams, and whether the 1983 water quality goal of fishable and swimmable water can be met in the Washington, D.C., metropolitan area and the Potomac River. Agricultural activities and urban stormwater runoff are the major sources of nonpoint pollution. Sediment from soil erosion of agricultural lands, the largest source of nonpoint pollutants, transports other pollutants such as pesticides and excess nutrients into the waterways. Urban runoff contains suspended sediments, toxic materials, oil and grease, and organic wastes. Acid mine drainage, forestry activities, and construction sites are other sources of nonpoint pollution. Legislation which requires State and local agencies to prepare areawide waste treatment and management plans does not provide funds for implementing nonpoint controls or set forth comprehensive requirements regarding their use. ***Findings/Conclusions:*** In a recent extensive evaluation of the Environmental Protection Agency's (EPA) 208 Planning Program, GAO concluded that the program fell short of its objectives, and would not be effective for many years. Problems hindering program effectiveness included: planning agencies did not adequately address many of the statutory requirements for water quality planning, so that nonpoint pollution and control measures were not identified; water quality data, particularly for nonpoint sources, were not being obtained; and local authorities lacked a commitment to continue funding water quality planning after Federal funding was exhausted. In a 1976 report, GAO reviewed advanced waste treatment facilities located on the Potomac, which were under construction or in planning, and found that construction of these facilities was extremely expensive and adequate planning information was not available. The 1977 GAO report concluded that water quality goals would not be achieved in many areas and nonpoint pollution would mitigate the effectiveness of point source control facilities in some cases. Better data are essential. The EPA Planning Program can be used to bridge the information gap, but it will expire at the end of fiscal year 1980 unless it is extended. GAO expects that many pollution problems, once identified, could be alleviated effectively by a suitable combination of several alternatives.

110305

Comparison of Physician Charges and Allowances Under Private Health Insurance Plans and Medicare. HRD-79-111; B-164031(3). September 6, 1979. ***Released*** September 10, 1979. 26 pp. plus 8 appendices (70 pp.).
Report to Rep. Charles B. Rangel, Chairman, House Committee on Ways and Means: Health Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200); Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Ways and Means: Health Subcommittee; *Rep.* Charles B. Rangel.
Authority: Social Security Amendments of 1965 (42 U.S.C. 1395). B-164031(4) (1978).
Abstract: A comparison was made of the actual and allowed charges for physicians at four commercial and two Blue Shield Medicare carriers for their private and Medicare businesses. An assessment was also made of the Department of Health, Education, and Welfare's (HEW) use of a Medicare provision requiring that charges allowed as reasonable under Medicare not be higher than those allowed under Medicare carriers' private business for comparable services and circumstances. This provision was meant to limit program costs. ***Findings/Conclusions:*** Physicians charged their private health insurance plan patients less than they charged their Medicare patients in only 9 percent of the cases sampled. In only 7 percent of the cases were the allowed charges under the private plans lower than those allowed under Medicare. Private plan allowed charges usually exceeded Medicare allowed charges by more than 10 percent. In addition, GAO found that HEW was not using the Medicare provision requiring that charges allowed as reasonable under Medicare should not be higher than those allowed under Medicare carriers' private business for comparable services under comparable circumstances. Neither the law nor HEW regulations defined what constituted comparability. Regional offices have received little guidance on this matter. ***Recommendation To Congress:*** The Committee on Ways and Means, Subcommittee on Health, should consider either deleting the comparability language in the law, or defining comparability so that it applies to all private health insurance plans which reimburse on a current reasonable charge basis. GAO believes that the most desirable action would be to delete the comparability language from the law. This would have little, if any, financial effect on the program, and it would remove inconsistencies in program administration and alleviate an ineffective program requirement and the administrative costs associated with it.

110357

Stronger Management Needed To Improve Employee Organization Health Plans' Payment Practices. HRD-79-87; B-164562. September 7, 1979. ***Released*** September 17, 1979. 49 pp. plus 4 appendices (14 pp.).

Report to Rep. Gladys N. Spellman, Chairman, House Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208). Health Programs (1200); Personnel Management and Compensation (0300).

Contact: Human Resources Division.

Budget Function: Health (0550).

Organization Concerned: Office of Personnel Management; American Federation of Government Employees; American Postal Workers Union; National Association of Letter Carriers.

Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; *Rep.* Gladys N. Spellman.

Authority: Health Benefits Act of 1959 (Federal Employees) (5 U.S.C. 8909).

Abstract: The Office of Personnel Management (OPM) has not done an effective job of guiding and overseeing the Employee Organization Plans participating in the Federal Employees Health Benefits program. OPM has allowed the plans to make claim payments without determining whether the claims represented sound comprehensive systems to determine the reasonableness of charges as the contracts require. ***Findings/Conclusions:*** The Plans have paid claims without having information necessary to demonstrate medical necessity. Paid claims were found that: appeared to represent noncovered routine physical examinations; had been paid with no indication of symptoms or diagnoses; had diagnoses or symptoms that were not clearly related to the tests provided; were for hospitalizations that appeared either unnecessary or too long; and were paid as emergencies when the patients' diagnoses did not indicate emergencies. The Plans' payment system did not fully comply with the contracts. The Plans are required to develop reasonable charge allowances and pay only up to those amounts except in unusual circumstances. OPM has been aware of some of these problems, but it has provided little formal guidance to help the plans determine medical necessity or reasonable allowances. ***Recommendation To Agencies:*** The Director of OPM should: (1) provide guidance to Employee Organization Plans participating, or applying for participation, in the Federal Employees Health Benefits program on the contractual provisions of medical necessity, and customary and reasonable allowances; (2) establish means for increased coordination between program auditors and managers to provide oversight of the Plans' operations; (3) require program auditors to evaluate the Plans' development and application of medical necessity criteria and customary and reasonable payment systems as part of their periodic audits; (4) require adherence to the medical necessity and customary payment provisions of the contracts as conditions of the Plans' continued participation in the program; and (5) require Plans applying for admission to the program to demonstrate their potential to adhere to the medical necessity and customary and reasonable payment provisions of program contracts as a condition for admission.

110382

Inventory of Federal Food, Nutrition and Agriculture Programs. CED-79-125; B-114824. September 11, 1979. ***Released*** September 11, 1979. 43 pp. plus 6 appendices (15 pp.).

Report to Senate Committee on Appropriations; Senate Committee on Appropriations: Agriculture and Related Agencies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Improvement of Federal Effectiveness Throughout the Food Decision System (1715); Evaluation Guidelines and Methodology (2600); Alternative Methods of Achieving Program Objectives (3600).

Contact: Community and Economic Development Division.

Budget Function: Congressional Information Services (1008). General Government (0800).

Organization Concerned: Department of Agriculture; Office of Management and Budget.

Congressional Relevance: *Senate* Committee on Appropriations: Agriculture and Related Agencies Subcommittee; *Senate* Committee on Appropriations.

Abstract: In cooperation with the United States Department of Agriculture (USDA) and the Office of Management and Budget, GAO developed a prototype food, agriculture, and nutrition program inventory (FANI). Four major factors prompted the development of this model inventory system: (1) the increasing uncertainty of world food demand; (2) the need for a central source to provide information on the numerous food, agriculture, and nutrition-related programs administered by Federal agencies; (3) growing public demand that government productivity be maintained or enhanced; and (4) increased attentiveness on the part of Congress to its oversight duties. GAO created an index that defined 359 programs in 28 agencies according to sector of society, beneficiary, function, and scope. The FANI survey made use of a data collection instrument which contained the following 16 information elements: Program Title, Administering Body, Program ID Codes, Statutory Authority, Financial Data, Authorization, Program Description, Program Descriptors, Codes, Congressional Committee Jurisdiction, Related Programs, Program Reports, Agency Contact, Date Form Completed, Staff Member Completing Form, and Source of Information. ***Findings/Conclusions:*** The creation of walkways between FANI and other inventory systems, budget or control systems, and planning or forecasting systems in the public and private sector would enable analysts and managers to compare and relate measurements of success and composite program evaluations to current conditions and future forecasts. To insure the usefulness of FANI (or any inventory system) beyond its developmental stage users, should develop and utilize indicators of success, select a set of indicators that reflect the conditions of the environment and society, and develop a method to draw together all program inventories and indicators of success. FANI can be used as a model to develop similar inventories for other issues such as health, transportation, land use, communications, etc., and thereby assist Congress and other decisionmakers in oversight and program evaluation. To fully realize the usefulness of FANI and other information tools to decisionmakers, four issues need to be considered: (1) how FANI can be best refined and maintained on an ongoing basis within USDA; (2) how the methods developed in this prototype effort can be best coordinated with the activities regarding the Sunset legislation; (3) what the best way is to link FANI to a set of environmental, social, technical, and economic indicators; and (4) how FANI can be coordinated with a futures-oriented system to assess single and cross issue impacts.

110399

Conditions of Older People: National Information System Needed. HRD-79-95; B-165430. September 20, 1979. 36 pp. plus 7 appendices (16 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services (1300).

Contact: Human Resources Division.

Budget Function: Education, Training, Employment and Social Services: Social Services (0506).

Organization Concerned: Department of Health, Education, and Welfare; Office of Human Development Services.

Congressional Relevance: Congress.

Authority: Social Security Act. Older Americans Act of 1965.

Abstract: The older population of this country is increasing both in number and in percentage of the total population. This increase in population of older people will magnify the problems they face. To alleviate many of these problems, Congress has enacted numerous laws to establish programs providing help to the growing number of older people. Congress and the executive branch need information to design and plan for the delivery of services to older persons. Currently this information is spread piecemeal throughout Federal, State, local, and private agencies. A national information system is needed to evaluate the combined efforts of current services, and to assess the impact of various laws on the lives of older people. ***Findings/Conclusions:*** To illustrate the information that could be obtained from a national information system, GAO made national estimates for the 21 million noninstitutionalized older people 65 years old or older in 1975 based on experiences of older people in Cleveland, Ohio. These estimates, for illustrative purposes only, demonstrate the role that such a national information system could play in major policy decisions. Certain personal conditions, health, security, loneliness, and outlook on life of older people are measurable and dynamic. The conditions of older people decline over time because of health, security, and loneliness conditions. GAO did not have sufficient data to identify other problems that could affect personal conditions but believe that more data on other problems could be added when establishing a national information system. GAO also demonstrated that certain unmet needs of older persons can be identified by using its data base. The future costs of expanded help to all older people can also be estimated. GAO used its data base to measure the changes in certain conditions and problems of older people, and it related services to these changes. Congress needs alternatives to choose from. A national information system could estimate what percentages of older people receiving various kinds of help are benefiting. ***Recommendation To Agencies:*** The Secretary of the Department of Health, Education, and Welfare should direct the Office of Human Development Services to establish a comprehensive national information system that determines the personal conditions of, problems of, and help available to older people. Information collected for this system should be available to Congress for analyses. The system should be expanded over time to include information necessary to study why older people do not receive the help they need and how family and friends can be encouraged to provide such help.

110427

Improving the Scientific and Technical Information Available to the Environmental Protection Agency in Its Decisionmaking Process. CED-79-115; B-166506. September 21, 1979. 55 pp. plus 1 appendix (5 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208). Science and Technology (2000).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment (0300). Administration of Justice: Federal Litigative and Judicial Activities (0752).

Organization Concerned: National Academy of Sciences; Environmental Protection Agency.

Congressional Relevance: *Senate* Committee on Environment and Public Works; *Senate* Committee on Commerce, Science, and Transportation; Congress.

Authority: Clean Air Act of 1977. Federal Insecticide, Fungicide, and Rodenticide Act. Federal Water Pollution Control Act. National Environmental Policy Act of 1969. Federal Rules of Civil Procedure, Rule 65.

Abstract: The Environmental Protection Agency's (EPA) statutes proclaim national goals of rapid improvement and protection of the environment and the public against health hazards. Trying to meet these demands places EPA between two groups with divergent views and competing interests. Environmental groups urge EPA to promulgate and enforce strict controls, while industry stresses the economic consequences and technological difficulties in implementing the controls. One byproduct of this confrontation is litigation against EPA as a result of its decisions. Even though such suits are commonplace, most of them do not involve substantive issues, but rather procedural or statutory interpretation. The regulations and standards deal with scientific and technical issues where supporting data and research are not yet available or conclusive. In 1977 the National Academy of Sciences made a study of the EPA decisionmaking process, particularly for acquiring and using scientific and technical information. ***Findings/Conclusions:*** The study found no major flaws, but some improvements are needed. Official procedures need to be finalized and published to make sure that the process is carried out properly and consistently throughout EPA. EPA also needs to recognize more formally its Science Advisory Board which contributes to the decisionmaking process. Another way scientific and technical information could be considered would be to have a science court in which an administrative law judge and a panel of scientists would decide the scientific facts to be considered in a decision. Because of the limited number of major cases involving scientific and technical information, the creation of a permanent science court is not justified now, but further consideration of the concept is warranted. Mediation is another way which can be used to ventilate scientific disputes, which would lay out the alternatives rather than reach a conclusion like the science court. A fourth potential mechanism is to develop a number of commissions on the long-term controversial issues which could organize debates, seek clarification, explore alternatives, and create panels of experts to advise congressional committees. The argument that, because judges lack sufficient expertise to make technical determinations, a separate judicial environmental court should be established has little merit. The Federal courts' primary role is to evaluate whether EPA followed a reasonable decisionmaking process, not to determine scientific validity or to decide technical disputes. ***Recommendation To Agencies:*** The Administrator of EPA should finalize and issue EPA operating procedures on regulatory decisionmaking. He should also require that the Science Advisory Board become an integral part of the EPA decisionmaking process for all major actions that involve scientific and technical information. The Director of the National Science Foundation should issue a program announcement soliciting proposals to develop and test further the science court concept.

110437

A Review of Research Literature and Federal Involvement Relating to Selected Obstetric Practices. HRD-79-85A; B-164031(5). September 24, 1979. 73 pp. plus 2 appendices (19 pp.).

Staff Study by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Quality Care and Its Assurance (1213); Health Programs: Education To Change Health Habits (1210).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551). Health: Health Research and Education (0552).

Organization Concerned: Department of Health, Education, and Welfare; Food and Drug Administration; Health Care Financing Administration; Health Resources Administration; National Institutes of Health.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Labor and Human Resources.

Abstract: A review was made of research literature relating to the benefits and risks of the following obstetric practices: induction of labor, medications used to relieve labor pain, instrument delivery, electronic fetal monitoring, and Caesarean section. ***Findings/Conclusions:*** In general, the research literature was inconclusive about the benefits versus the risks of the obstetric practices selected for review. Research studies generally lacked adequate control groups, involved relatively few patients, failed to assess long-term effects, or involved some other shortcoming which limited their usefulness in this area.

110438

Evaluating Benefits and Risks of Obstetric Practices--More Coordinated Federal and Private Efforts Needed. HRD-79-85; B-164031(5). September 24, 1979. 41 pp. plus 3 appendices (27 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213). Health Programs: Education To Change Health Habits (1210).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Food and Drug Administration; Health Services Administration: Bureau of Community Health Services; Department of Health, Education, and Welfare: National Center for Health Care Technology; Health Services Administration: Bureau of Community Health Services: Office of Maternal and Child Health; National Institutes of Health.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources: Health and Scientific Research Subcommittee; *Senate* Committee on Labor and Human Resources; *Senate* Committee on Governmental Affairs: Permanent Subcommittee on Investigations; *Senate* Committee on Appropriations: Labor, Health, Education, and Welfare Subcommittee; *Senate* Committee on Appropriations; Congress.
Authority: Medical Device Amendments of 1976. Food, Drug, and Cosmetic Act of 1938. Kefauver-Harris Amendment of 1962.
Abstract: The Federal Government, through the Department of Health, Education, and Welfare (HEW), has a number of responsibilities relating to obstetric practices, including: ensuring the safety and effectiveness of drugs and medical devices; funding medical research and Professional Standards Review Organizations; educating the public on health care; and paying for deliveries under some Federally funded programs. Critics maintain that hazards are associated with the following obstetric practices: elective induction of labor; the use of medication to relieve labor pain; the preventive use of forceps; routine electronic fetal monitoring; and the increasing use of Caesarean sections. ***Findings/Conclusions:*** HEW has taken some actions regarding obstetric practices, such as the safety and efficacy of some drugs used in obstetrics. HEW recommended that labels of drugs used for induction contain a warning stating that the benefit versus risk ratio for elective induction of labor has not been defined, and the recommendation was also made that two drugs used for induction of labor be removed from the market. Although HEW has a system for collecting information on adverse drug reactions, it has no system for periodically reviewing marketed drugs. HEW has sponsored little research on obstetric practices. Except for evaluations of the use of Caesarean sections, Professional Standards Review Organizations have done few medical care evaluations on obstetric practices. ***Recommendation To Congress:*** In making a decision concerning whether or how to strengthen the Food and Drug Administration's authority on procedures for regulating drugs, Congress should consider the problems relating to regulation of selected drugs used during labor and delivery. ***Recommendation To Agencies:*** The Secretary of HEW should designate the newly created National Center for Health Care Technology, or some other organization, to oversee, coordinate, and promote departmental activities relating to obstetric practices. Specific activities should include: (1) convening a panel of representatives from Federal agencies and medical and consumer organizations with interests or responsibilities involving obstetric practices to develop a plan for reviewing obstetric practices; (2) evaluating existing research to give the public an assessment of what is known and unknown about the benefits and risks of various U.S. obstetric practices; (3) setting priorities for and coordinating research efforts of HEW on various obstetric practices and developing a plan to obtain needed data, including long-term effects on the child; (4) determining how to help minimize incorrect use of obstetric procedures through Professional Standards Review Organizations; and (5) emphasizing health education, information, and promotion activities on obstetric practices for health care providers and the public.

110439

Naval Aircraft Accidents During Launch and Recovery Operations. LCD-79-432; B-195780. September 24, 1979. 4 pp. plus 3 appendices (21 pp.).
Report to Rep. Les Aspin; by Donald J. Horan (for Richard W. Guttman, Director), GAO Logistics and Communications Division.

Issue Area: Military Preparedness Plans: Support of Equipment (0812).
Contact: Logistics and Communications Division.
Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051).
Organization Concerned: Department of the Navy: Naval Air Systems Command.
Congressional Relevance: *Rep.* Les Aspin.
Abstract: Over the past 5.5 years, 730 accidents have occurred involving naval airplanes. These accidents have resulted in substantial aircraft damage, aircraft losses, and some crew fatalities. There was reason to believe that some of the crashes were caused by defects in the catapult and arresting-gear equipment. ***Findings/Conclusions:*** Not all accidents occurred during carrier operations, and only 29 of the accidents were associated with launch and recovery phases of carrier air operations. Those associated with carrier air operations have been attributed to one or more of the following: capacity selector valve system malfunction; aircraft nose gear launch bar misalignment; damaged or inoperable arresting gear; and human error by aircraft crewmembers or equipment operators aboard the carriers.

110444

[Nutrition Research Methods and Technology]. September 25, 1979. 12 pp. plus 1 appendix (1 p.).
Testimony before the House Committee on Science and Technology: Science, Research and Technology Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Health, Education, and Welfare; Department of Agriculture.
Congressional Relevance: *House* Committee on Science and Technology: Science, Research and Technology Subcommittee.
Authority: Food and Agriculture Act of 1977.
Abstract: Human nutrition research has become complex and multidisciplinary. It is apparent that the best hope for achieving any significant extension of life expectancy lies in the area of disease prevention. Diet and nutrition are major factors in preventing disease and other health problems. The economic costs of health care and disease are a large and growing burden on the nation's resources. An American public sensitive to health and nutrition is

vulnerable to fads and unsupportable claims promoting various dietary substances and practices. Additional research is needed to update and expand food composition data and develop improved and inexpensive methods for determining food composition and the biological availability of nutrients. Current and comprehensive information on food composition is important for planning diets to meet nutritional requirements. Research is needed to improve methods of determining the effects of food production, processing, and preparation procedures on food composition and nutrient availability. Actions by the Departments of Agriculture and Health, Education, and Welfare to improve nutrition intelligence include efforts to speed up data collection and availability and improve the utility and quality of data obtained. The most important action taken is the jointly developed proposal for what amounts to a comprehensive system of nutrition intelligence. The proposal recognizes major problems in existing activities. However, it demonstrates a lack of specificity and agreement between departments and a lack of agreement on how an important decennial survey would be conducted. The proposal also causes concern about the role of the system in program evaluation, and the inadequacy of the coordination mechanism.

110472

Pennsylvania Needs an Automated System To Detect Medicaid Fraud and Abuse. HRD-79-113; B-164031(3). September 24, 1979. *Released* September 28, 1979. 13 pp. plus 5 appendices (14 pp.). *Report* to Sen. Richard S. Schweiker; by Elmer B. Staats, Comptroller General.

Issue Area: Internal Auditing Systems: Management Control Systems in Federal Agencies for the Prevention of Fraud and Abuse (0206). Law Enforcement and Crime Prevention: White-Collar Crime (0509).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Metro Electric, Inc.; Health Care Financing Administration; Pennsylvania: Department of Justice: Medicaid Fraud Control Unit; Department of Health, Education, and Welfare: Office of the Inspector General; Pennsylvania Blue Shield; Capitol Blue Cross; Pennsylvania: Department of Public Welfare; Pennsylvania: Medical Assistance Management Information System.
Congressional Relevance: *Sen.* Richard S. Schweiker.
Authority: Social Security Act. Medicare-Medicaid Anti-Fraud and Abuse Amendments (P.L. 95-142).
Abstract: A GAO review of Pennsylvania's efforts to control Medicaid fraud and abuse surveyed the planned Medicaid Management Information System (MMIS); the Pennsylvania Department of Public Welfare's administration of the State Medicaid Program; Pennsylvania's Medical Assistance Management Information System; the State's Medicaid claims process and utilization review operation; and the Pennsylvania Department of Justice's Medicaid Fraud Control Unit (MFCU). ***Findings/Conclusions:*** It was determined that Medicaid fraud and abuse could go undetected in Pennsylvania, primarily because the State did not have an automated Medicaid claims processing and information retrieval system in full operation. MMIS, designed to detect ineligibility, duplicate billing, inappropriate charges, and third-party liability, could not be fully implemented because of State budget cuts. Utilization review of Pennsylvania's Medicaid program was primarily a manual operation producing only a 5 percent nonrandom sample, allowing an unknown number of program abuses to escape detection. MFCU, certified in August 1978 by the Department of Health, Education and Welfare (HEW) to receive 90 percent Federal funding, exhibited some irregularities in establishing referral and assistance arrangements with local prosecutors required by HEW certification. The lack of a specific Pennsylvania statute penalizing fraudulent Medicaid providers made preparing and prosecuting complex Medicaid fraud cases more difficult. State statutes used by prosecutors carried various penalties, some not as severe as Federal penalties for Medicaid abuse. ***Recommendation To Agencies:*** The Secretary of HEW should require the Inspector General to: (1) reassess the procedures established by Pennsylvania's MFCU to determine if they provide sufficient assurances that the unit will refer suspected cases of criminal fraud in the State Medicaid program to local prosecutors and provide assistance and cooperation to them in the prosecution of such cases; (2) encourage and assist MFCU in its efforts to have Pennsylvania enact statutes which will be consistent with Federal Medicaid criminal statutes as well as establish appropriate civil penalties.

110473

[Inappropriate Handling of Patients' Personal Funds by the City of St. Louis Health and Hospital Division]. HRD-79-120; B-164031(3). September 25, 1979. *Released* September 28, 1979. 10 pp. *Report* to Rep. William L. Clay; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs (1200). Health Programs: Compliance With Financing Laws and Regulations (1207); Internal Auditing Systems: Management Control Systems in Federal Agencies for the Prevention of Fraud and Abuse (0206).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). Health: Nursing Homes (0557).
Organization Concerned: St. Louis, MO: Health and Hospital Division; Department of Health, Education, and Welfare.
Congressional Relevance: *Rep.* William L. Clay.
Authority: Social Security Act (P.L. 95-142).
Abstract: A review was conducted of alleged improper use of Federal funds by the City St. Louis Health and Hospital Division. GAO found that although Federal funds were not improperly used, the personal funds of Medicaid patients at the Truman Restoration Center were misused, improperly accounted for, and inadequately controlled. The patients' personal funds are individual allowances that Medicaid patients in nursing homes are permitted to retain from their income, or are provided through cash assistance. A minimum of $25 per month is allowed to cover the purchase of incidental personal items such as clothing, candy, and smoking material. In addition, it was alleged that questionable purchases were made with patients' funds and that the method of handling such funds did not comply with Medicaid regulations. ***Findings/Conclusions:*** The Truman Center misused patients' funds to purchase office equipment; handled some patients' personal funds so that specific charges to the funds of specific patients were not recorded; collected flat amounts each month from patients' personal funds for supplies and services not covered by Medicaid; and purchased items with patients' funds which did not directly or equitably benefit each contributing patient. Center officials agreed that changes are needed for their facilities to comply with Medicaid laws for handling patients' funds.

110504

Simplifying the Medicare/Medicaid Buy-In Program Would Reduce Improper State Claims of Federal Funds. HRD-79-96; B-164031(3). October 2, 1979. 39 pp. plus 4 appendices (25 pp.). *Report* to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Finance; Congress.
Authority: Social Security Act (42 U.S.C., 1936). Social Security Amendments of 1965. Social Security Amendments of 1967.
Abstract: A study of the Medicare/Medicaid buy-in program was based on a review of pertinent Federal laws, regulations, policies, and procedures on the Medicare and Medicaid programs, with emphasis on the buy-in aspect; a review of applicable State regulations, policies, and procedures relating to the buy-in program, with emphasis on state procedures for claiming Federal sharing; and discussions with Federal and State officials. ***Findings/Conclusions:*** The Department of Health, Education, and Welfare's (HEW) Health Care Financing Administration (HCFA) is responsible for administering Medicare and Medicaid. The Medicaid buy-in program allows States to enroll Medicaid recipients for partial Medicare coverage and pay for their premiums, permitting participating states to transfer some medical costs from their Federal/State-financed Medicaid program to the federally financed Medicare program. The Federal Government only shares in premium costs for individuals enrolled in Medicare and receiving actual cash assistance or cash assistance as defined for buy-in purposes. At the time of the study, 5 States had no buy-in program, 21 bought in cash assistance recipients, and 27 bought in cash and noncash assistance recipients. Administrative responsibilities for each group differed accordingly. A review of the claims of 10 States revealed that all except one improperly claimed Federal sharing, and other procedures in that State violated Federal law and regulations. The complexity of Federal buy-in regulations, lack of uniformity in State practices, and poor HEW monitoring of States' buy-in programs were blamed for the system's shortcomings. ***Recommendation To Congress:*** Congress should amend the Social Security Act to simplify buy-in program administration and improve the accuracy of States' claims for Federal Medicaid sharing. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Administrator, HCFA, to enforce the requirements of Federal law and regulations by: (1) monitoring more closely States' administration of the program, periodically validating claims for Federal sharing; (2) collecting moneys due the Federal Government from States identified as having overclaimed and paying States identified as having underclaimed; and (3) providing more assistance to States in carrying out their buy-in programs.

110541

[Blue Cross Association Performance as a Medicare Contractor]. HRD-79-116; B-164031(3). September 10, 1979. ***Released*** October 11, 1979. 2 pp. plus 1 enclosure (6 pp.).

Report to Rep. Sam M. Gibbons, Chairman, House Committee on Ways and Means: Oversight Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Blue Cross Association; Department of Health, Education, and Welfare; Unihealth Services Corp., New Orleans, LA.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee; *Rep.* Sam M. Gibbons.
Abstract: An examination was requested of the potential future roles for the Blue Cross Association (BCA) as a Medicare intermediary under contract with the Department of Health, Education, and Welfare and certain aspects of its past performance as the prime contractor for the Blue Cross plans acting as Medicare intermediaries. Information developed by a subcommittee suggested that BCA may have delayed or interfered with the implementation of Medicare's policy on the allowability of Unihealth charges for reimbursement purposes. After studying the major events highlighting the BCA involvement in implementing Medicare's reimbursement policy for Unihealth fees, GAO concluded that BCA did not interfere with policy implementation. A Medicare Bureau evaluation of the period January 1, 1972 to May 31, 1973 revealed other problems; BCA disagreed with the assessment. Because the evaluation was so old, GAO did not attempt to evaluate its findings.

110551

Controls Over Medical Examinations Necessary for the Social Security Administration To Better Determine Disability. HRD-79-119; B-164031(4). October 9, 1979. 30 pp. plus 1 appendix (3 pp.).

Report to Rep. J. J. Pickle, Chairman, House Committee on Ways and Means: Social Security Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Eligibility Determinations (1307).
Contact: Human Resources Division.
Budget Function: Income Security: Federal Employee Retirement and Disability (0602).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means: Social Security Subcommittee; *House* Committee on Government Operations; *House* Committee on Appropriations; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations: Labor, Health, Education, and Welfare Subcommittee; *Senate* Committee on Appropriations; *Rep.* J. J. Pickle.
Authority: Social Security Act.
Abstract: In 1978 the Federal disability insurance program and the Supplemental Security Insurance program paid about $72 million for independent medical examinations of persons claiming disability. The need for and the quality of the medical information purchased is not well documented. Program officials do not know how often State agencies have paid for independent medical examinations which were too comprehensive or were inadequate for determining disability without further information. The way disability decisions are reached differs considerably among the 54 State agencies under contract with the Department of Health, Education, and Welfare (HEW). Social Security Administration (SSA) budget officials have attempted to control the increase in the number of examinations by limiting budget increases until program officials could justify them. Two of the most important factors in determining what the consultative examination purchase rate should be and the number of examinations being purchased unnecessarily are program documentation standards and State agency case development practices. ***Findings/Conclusions:*** Differences within SSA over the consultative examination budget demonstrates the need for an improved measurement system. Since SSA does not accurately measure State agency performance and evaluate key issues affecting consultative examination purchases, the appropriate spending level for examinations has not been determined. There is little reliable information on the quality of the medical information purchased. The objective of the disability determination process is to provide quality, uniform decisions to claimants in the least possible time and at the lowest cost to the Government. These standards of quality, timeliness, and cost can help to identify problems. However, SSA emphasizes these standards separately and uses them individually to measure performance. This practice encourages State agencies to adopt expedients to meet the short-term goal at the expense of the other goals and the overall program objective. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Commissioner of SSA to: (1) develop and implement with State agencies clear, concise, and attainable documentation guidelines under the standards of timeliness, accuracy, and cost; (2) conduct a national elapsed time study to determine how long it takes to make a sound disability determination and to identify the best developmental

practices used by State agencies; (3) redefine required development practices based on the desired level of time, accuracy, and cost to be achieved by the State agencies; (4) improve the system used to measure State agency performance by setting goals with the help and participation of State agencies, making the necessary changes to the systems used to measure accuracy and processing time, developing a capability to evaluate State agency efforts to obtain the medical evidence of records and the appropriateness and quality of consultative examinations on an ongoing basis, and providing feedback to State agencies based on overall performance rather than considering the performance standards individually; and (4) assist State agencies with correcting problems that limit the achievement of the program objective.

110579

Emergency Preparedness Around the Rancho Seco Nuclear Powerplant: A Case Study. EMD-79-103; B-164105. October 2, 1979. ***Released*** October 12, 1979. 3 pp. plus 5 appendices (26 pp.).
Report to Rep. Robert T. Matsui; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).
Organization Concerned: Nuclear Regulatory Commission; Department of Energy; Sacramento, CA: Municipal Utility District; California: Office of Emergency Preparedness; Sacramento County, CA; San Joaquin County, CA.
Congressional Relevance: *Rep.* Robert T. Matsui.
Abstract: GAO was requested to review the emergency preparedness of the localities surrounding the Rancho Seco nuclear powerplant near Sacramento, California. The nuclear emergency preparedness actions of the California Office of Emergency Services of Sacramento and San Joaquin Counties and the operating utility, the Sacramento Municipal Utility District were reviewed. Nuclear emergency preparedness was discussed with the emergency coordinator of Amador and Calaveras Counties. GAO reviewed Nuclear Regulatory Commission (NRC) emergency preparedness requirements and evaluated Federal agency capabilities and preparedness to assist in the event of a nuclear accident at Rancho Seco. ***Findings/Conclusions:*** Although State and county emergency-response plans have been developed for Rancho Seco based on NRC criteria, the plans have been tested only on a limited basis. State and local authorities appear to have adequate coordination with respect to handling nuclear emergencies, but local authorities would need State and Federal assistance to handle a major nuclear emergency. While local residents have not been routinely informed of evacuation procedures in the event of an emergency, several public meetings were held following the Three Mile Island incident. Given the worst possible accident under the worst meteorological conditions, all potentially affected areas would not have adequate plans. For this type of accident the planning area would include 44 counties in California and several in Nevada with an affected population of over 8 million people.

110594

[Conditions and Needs of People 75 Years Old and Older]. HRD-80-7; B-165430. October 15, 1979. 3 pp. plus 2 enclosures (17 pp.).
Report to Rep. Mario Biaggi, Chairman, House Select Committee on Aging; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Programs for the Elderly (1311).
Contact: Human Resources Division.
Budget Function: Education, Training, Employment and Social Services: Social Services (0506).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Select Committee on Aging; *Rep.* Mario Biaggi.
Abstract: GAO reviewed information concerning the well-being and needs of persons over 75 years old in Cleveland, Ohio, was reviewed. ***Findings/Conclusions:*** The review showed that 61 percent of persons over 75 years old needed assistance, and that their greatest needs were for financial, social/recreational, and developmental services. About 11 percent of institutionalized persons 65 years old and older could be maintained in congregate housing where food, social/recreational, educational, transportation, medical, homemaker, counselling, and security services are provided. Expansion of assistance nationwide for people over 75 years old would raise costs 24 percent in the first year. Costs could be reduced in the long run, however, because expanded help would lead to better conditions and lessen the need for future assistance.

110596

[Social Security Should Obtain and Use State Data To Verify Benefits for All Its Programs]. HRD-80-4; B-164031(4). October 16, 1979. 8 pp.
Report to Patricia Roberts Harris, Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Payment Processes (1309).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604). Income Security: Unemployment Insurance (0603); Income Security: General Retirement and Disability Insurance (0601).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration; Veterans Administration; Railroad Retirement Board.
Abstract: The integrity of the four Social Security programs which pay monthly benefits to aged and disabled persons or their survivors and dependents depends on recipients voluntarily reporting changes in their income, resources, and other eligibility circumstances. During fiscal year 1978, $257.4 million in payment errors were made because Supplemental Security Income (SSI) recipients provided inaccurate or incomplete information, or failed to report changes in their circumstances. ***Findings/Conclusions:*** While many programs at the State and local levels can affect SSA benefit programs, no SSA group has the responsibility for systematically organizing, coordinating, and directing a unified approach to obtain State data for use on all SSA programs. Principal efforts by SSA to verify State data have been in the SSI program, and have consisted of trying to develop an informational exchange between State payment files and the SSI State data exchange record given the States for their use. The SSI program is the only program measuring overpayments and underpayments for failures of reporting. Although SSA has successfully obtained and verified benefit information from other Federal agencies to help minimize incorrect payments, little has been done to obtain information maintained by State and local governments which could be used to further reduce erroneous payments. Obstacles confronting SSA in obtaining State data include no specific legislative requirements for States to provide the data, the large number of agencies within a State, and the degree of automation of State records. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare (HEW) should direct the Commissioner of SSA to develop and implement a comprehensive national effort to obtain and use State and local data, noting, where appropriate, legislative and administrative impediments to obtaining such data. Significant impediments

should be brought to the attention of Congress or HEW for resolution. In addition, SSA should be directed to immediately request the assistance of California and New York in obtaining unemployment compensation benefits, and should use these records as well as current Pennsylvania and Kentucky workmen's compensation data to verify the SSI and disability insurance records.

110600

[Potential Need for and Cost of Congregate Housing for Older People]. HRD-80-8; B-165430. October 15, 1979. 2 pp. plus 2 enclosures (13 pp.).

Report to Senate Special Committee on Aging; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Programs for the Elderly (1311).

Contact: Human Resources Division.

Budget Function: Education, Training, Employment and Social Services: Social Services (0506).

Organization Concerned: Department of Health, Education, and Welfare; Department of Health, Education, and Welfare: Administration on Aging.

Congressional Relevance: *Senate* Special Committee on Aging.

Abstract: A study was made of the well-being of older people, their need for services, and the cost of providing those services for older people living in public housing, congregate housing, and institutions. ***Findings/Conclusions:*** Information obtained showed that older people living in public housing had worse personal conditions than those living in private housing and had a significantly greater need for social-recreational, medical, and personal or nursing care services than people living in private housing. Congregate housing, for the purposes of the report, was defined as housing where eight main services are provided, namely: meals, social-recreational, education, transportation, medical care, homemaker, counseling, and security. Institutions, as used in the report, differ in that they provide such services as full-time nursing care and continuous supervision. A comparison of the cost of the three living arrangements discussed showed the average daily cost of maintaining an institutionalized older person, based on fiscal year 1977 cost levels, to be $15.27 compared to $13.95 in private housing or $11.32 for congregate housing. It was found that about 18 percent of the older noninstitutionalized people and 11 percent of the older institutionalized people could live in congregate housing.

110606

[Supplemental Security Income Computerized System Development Process]. HRD-80-5; B-164031(4). October 16, 1979. 12 pp. plus 2 enclosures (9 pp.).

Report to Patricia Roberts Harris, Secretary, Department of Health, Education, and Welfare; by Philip A. Bernstein (for Gregory J. Hart, Director), GAO Human Resources Division.

Issue Area: Income Security and Social Services: Program Monitoring and Administration (1303). Automatic Data Processing: Use of Computer Systems for Agency Mission Requirements and Support Functions (0108)

Contact: Human Resources Division

Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).

Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration; Die Mesh Corp.

Abstract: The Social Security Administration (SSA) needs to develop a structured and planned approach for managing and controlling the design, development, and modification of its Supplemental Security Income (SSI) computerized system. The system is used to help maintain beneficiary information and administer benefit payments to over 4 million needy aged, blind, and disabled individuals. Erroneous payments have occurred because of control weaknesses. ***Findings/Conclusions:*** The computer program and system documentation have not been properly developed and maintained. System modifications are placed into normal operating environment without being adequately validated. Field office users' needs are not always met. Futhermore, the Department of Health, Education, and Welfare (HEW) Audit Agency review and participation are needed to help ensure that adequate automated controls and audit trails are designed into SSA computerized systems. These weaknesses can be overcome by implementing a structured, management-controlled approach to the system design, development, and modification process. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Commissioner of SSA to: establish a system development life cycle technique which divides the automatic data processing system into distinct phases so that management can review the process at appropriate decision points; use existing program and system documentation standards and procedures provided by the National Bureau of Standards; provide management support to ensure that the systems validation group has enough staff to thoroughly perform the system validation function; and establish control procedures for the validations group so that they can have an effective means for controlling program and system modifications. The Secretary should also direct the Inspector General to have the Audit Agency: expand its efforts to include the review of automated system controls; and actively participate in reviewing the system design, development, and modification process.

110630

[Navy Efforts To Protect Workers From Asbestos Exposure]. HRD-80-2; B-163375. October 18, 1979. ***Released*** October 22, 1979. 10 pp. plus 3 enclosures (16 pp.).

Report to Rep. Glenn M. Anderson; Rep. Jerry M. Patterson; by Robert F. Keller, Acting Comptroller General.

Issue Area: Consumer and Worker Protection: Employers' Compliance With Occupational Safety Health Standards (0912).

Contact: Human Resources Division.

Budget Function: Health: Consumer and Occupational Health and Safety (0559).

Organization Concerned: Department of the Navy; Department of the Navy: Long Beach Naval Shipyard, CA; United States Civil Service Commission; Occupational Safety and Health Administration; California: Occupational Safety and Health Consultation Service; Department of the Navy: Norfolk Naval Shipyard, Portsmouth, VA; Department of Defense.

Congressional Relevance: *Rep.* Jerry M. Patterson; *Rep.* Glenn A. Anderson.

Authority: Federal Employees' Compensation Act. Longshoremen's and Harbor Workers' Compensation Act. OPNAVINST 6260.1.

Abstract: GAO reviewed the Navy's efforts to protect workers from asbestos exposure at the Long Beach and Norfolk Naval Shipyards. Specifically reviewed were the use of asbestos in Navy ships, the cost of removing asbestos from Navy ships, and compensation programs for asbestos-related disabilities. The Navy's 1975 policy was to remove and replace with nonasbestos materials only insulation that was damaged or had to be removed to accomplish necessary repairs. This policy was modified in 1979 to include selectively replacing asbestos insulation in high-maintenance areas where repairs would be expected during a ship's next operating cycle. ***Findings/Conclusions:*** The Navy has made considerable efforts to protect workers from asbestos. Although recently constructed Navy ships have little or no asbestos thermal insulation, other Navy ships contain large quantities of asbestos. The Navy does not plan a one-time asbestos removal and replacement program, primarily because in most cases the $2 billion cost can not be justified by

necessity. However, better supervision, training, and workplace monitoring, as well as increased use of engineering controls, can help further reduce exposure. As long as ships contain asbestos insulation, some exposure is probably inevitable. Several disability compensation programs are available for present and former naval employees who believe an asbestos-related health problem resulted from their Navy employment. The compensation program which applies will generally depend on the employment status of the individual affected. ***Recommendation To Agencies:*** The Secretary of Defense should ensure that naval shipyard asbestos control and personnel protection programs are effectively monitored and enforced. The Secretary should also provide sufficient resources to effectively implement these programs.

110631

[Potential Effects of a Proposed Amendment to Medicaid's Nursing Home Reimbursement Requirements]. HRD-80-1; B-164031(3). October 15, 1979. ***Released*** October 17, 1979. 10 pp.
Report to Rep. Claude D. Pepper, Chairman, House Select Committee on Aging; by Harry R. Van Cleve, Acting Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Congressional Budget Office.
Congressional Relevance: *House* Select Committee on Aging; *Senate* Committee on Finance; *Rep.* Claude D. Pepper.
Authority: Social Security Act. Alabama Nursing Home Ass'n, et al. v. Califano, et al., Civ. Act. No. 77-52-N (M.D. Ala. 1979).
Abstract: Currently, States are required to pay nursing homes on a reasonable cost-related basis, using cost-finding methods approved and verified by the Department of Health, Education, and Welfare (HEW). Legislation which has been proposed in an attempt to control Medicaid costs would require each State to pay nursing homes based on methods and standards developed by the State. There is consumer and senior citizen concern that the legislation would cause potential adverse affects, and that it would remove the Federal Government from its verification obligation. ***Findings/Conclusions:*** Because at least half of the Medicaid money spent on nursing home care is from Federal funds, HEW, as the responsible Federal agency, should maintain some control of nursing home payment rates. Detailed cost reports have been very important in prosecuting nursing homes that commit fraud and in assuring accurate reimbursements. Under the new legislation, a State should be required to include, in its reimbursement methods and standards, requirements for filing cost reports. Without the cost reports, States could not reasonably attain the assurance required by the proposed amendment that nursing home rates reflect the costs incurred by efficiently and economically operated facilities. The rates should also assure the reasonable availability of nursing home services so that Medicaid recipients can receive such services at least to the extent they are available to the general public. In the past, GAO has found that nursing homes in some States may be able to demonstrate that their current payment rates do not assure that services are available to the degree contemplated by the proposed amendment. The legislation would increase availability to the public, but there would also be an increase in nursing home reimbursements. Thus, it is important to assure that adequate utilization review programs are in place. ***Recommendation To Congress:*** Congress should not amend the nursing home reimbursement provision until HEW assures Congress that adequate utilization controls are in place.

110648

[Duplicate Payments for Medical Services by VA and Medicare Programs]. HRD-80-10; B-133044. October 22, 1979. 4 pp. plus 1 enclosure (20 pp.).
Report to Max Cleland, Administrator, Veterans Administration; Patricia Roberts Harris, Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703). Health: Health Care Services (0551).
Organization Concerned: Veterans Administration; Department of Health, Education, and Welfare; Health Care Financing Administration; Office of Management and Budget.
Congressional Relevance: *House* Committee on Veterans' Affairs; *House* Committee on Ways and Means; *House* Committee on Government Operations; *House* Committee on Appropriations; *Senate* Committee on Veterans' Affairs; *Senate* Committee on Finance; *Senate* Committee on Governmental Affairs; *Senate* Committee on Appropriations.

Abstract: A review was performed to determine the number of duplicate payments made by the Veterans Administration (VA) and the Medicare programs for certain services provided to veterans eligible for both programs. The review, which was performed in Florida and California, dealt with three VA medical service categories: unrestricted outpatient medical care, contract hospitalization with prior VA authorization, and kidney dialysis treatment. The review also briefly surveyed duplicate payments by VA and Medicaid programs. ***Findings/Conclusions:*** A sample of about 800 dual-eligible veterans and about 4,600 claims revealed: (1) duplicate Medicare payments involving 153 veterans and 433 claims, amounting to more than $72,000, before voluntary refunds by providers totaling about $31,000 were deducted; (2) misapplied deductibles involving 77 veterans amounting to more than $3,100; and (3) duplicate Medicaid claims involving 11 veterans and 27 claims amounting to about $1,700. It was estimated that duplicate payments, after deducting voluntary refunds and misapplied deductibles, exceeded $242,000 in Florida and $236,000 in California in 1976 for the three VA categories reviewed. While the statistical sample from Florida and California could not be projected nationally, it was considered likely that the practices found during the review were occurring nationally since both programs operate under national guidelines. ***Recommendation To Agencies:*** The Administrator of Veterans Affairs and the Secretary of Health, Education and Welfare (HEW) should: (1) Continue to recover the duplicate payments which GAO identified in Florida and California; (2) find out how frequently duplicate payments are occurring throughout the Nation for all medical service categories available to eligible veterans; (3) better coordinate claims processing activities for patients who may be eligible for medical benefits from both programs; and (4) identify dual-eligible individuals when they become eligible for both programs, perhaps by issuing unique identification cards or by adding a digit to their enrollment numbers. If VA and HEW efforts show that the duplicate payment problem is widespread and involves significant dollar amounts, the Administrator of Veterans Affairs should: (1) consider changing VA provider numbers and procedure codes to make them compatible with the Medicare program and to facilitate the identification of duplicate billings and payments; (2) develop a standardized claim form which would require authorized providers to certify that no other Federal program would be billed for the same costs for the same services; (3) issue timely reminders and sanctions to providers when dual billing and dual payments are found; (4) and initiate procedures to fully consider the possibility of dual eligibility each time authorization for medical service outside the VA health care system

is requested or renewed. In addition, the Secretary of HEW should direct the Administrator, Health Care Financing Administration, to require that Medicare intermediaries and carriers: (1) determine whether VA has authorized payment or already paid for services whenever dual eligibility is indicated; and (2) regularly sample batches of claims and compare the information with VA records to determine if eligibility information is correct and detect duplicate payments.

110697

[Implementation of a Civilian-Military Contingency Hospital System Should Be Suspended]. HRD-80-21; B-133044. October 25, 1979. 4 pp.

Report to Harold Brown, Secretary, Department of Defense; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Providers (1202). Military Preparedness Plans: Mobilization Needs (0807); Health Programs: Quality Care and Its Assurance (1213).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554). National Defense: Defense-Related Activities (0054).
Organization Concerned: Department of Defense; Department of Defense: Assistant Secretary of Defense (Health Affairs); Maximus, Inc.; American Hospital Association; American Medical Association; American College of Surgeons; American Association of Medical Colleges; Selective Service System; Federal Emergency Management Agency; Department of Health and Human Services;
Congressional Relevance: *House* Committee on Armed Services: Military Personnel Subcommittee; *House* Committee on Armed Services: Military Compensation Subcommittee.
Abstract: Department of Defense (DOD) plans to use non-military hospitals to provide medical care to wartime casualties were reviewed. Several basic problems were found with the report that DOD planned to use as the foundation for this Civilian-Military Contingency Hospital System (CMCHS). ***Findings/Conclusions:*** The report identified excess acute care beds in several metropolitan areas, but visits were not made to the hospitals identified and there was no assurance that the beds were actually vacant. The impact of rapid population growth in some areas was not considered in the bed count. No analysis was made of the impact of divesting non-active-duty patients from military to civilian hospitals during mobilization. The report concentrated on acute care beds, when convalescent care beds would also be necessary. The report did not determine whether civilian hospitals in general would participate. Several issues concerning the use of civilian medical resources by Federal agencies during wartime were not resolved. CMCHS might duplicate some functions already being carried out by existing military organizations. The full extent of Federal resources was not considered. Because many basic questions had not been resolved, GAO believed it was premature to establish the new organization. ***Recommendation To Agencies:*** The Secretary of Defense should suspend actions to establish CMCHS until the Subcommittee Chairmen have held their planned hearings.

110835

[Nutrition Training of Health Professionals]. November 8, 1979. 14 pp.

Testimony before the Senate Committee on Agriculture, Nutrition, and Forestry: Nutrition Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *Senate* Committee on Agriculture, Nutrition, and Forestry: Nutrition Subcommittee.
Abstract: Information was provided on the status of nutrition education in medical schools. It was determined that, despite the importance of nutrition in medicine, nutrition was not taught adequately in many U.S. medical schools; this, in turn, has limited the ability of many physicians to make the best nutritional assessments or provide patients with the best counseling on diet. Although the need to teach physicians more about nutrition has been known for years, efforts sponsored by concerned professional and public welfare organizations to upgrade the amount and quality of nutritional training received by physicians in U.S. medical schools have been largely unsuccessful. A survey of four medical schools and three of their teaching hospitals revealed approaches to the nutritional status of patients that varied widely in thoroughness and reliability. In the schools themselves, it was found that none offered a complete nutritional curriculum; that in three schools nutritional courses were offered on an elective basis available to only 10 percent of the student body; and that the fourth school offered a nutritional seminar limited to 30 students. These findings were supported by other studies conducted by professional organizations, Government agencies, and public welfare organizations. It was felt that this kind of inaccessibility would lead medical school graduates to underrate the importance of nutrition in the practice of medicine and may be evident in the work of some practicing physicians. Despite Congressional interest and legislation in the area of nutrition education, insufficient funds have been allocated on the agency level to achieve this goal. Where funds were applied, significant progress was made in developing nutrition education curricula. Failure to follow up on the results of nutrition education grants means that insight that would be valuable to medical schools interested in developing nutrition education curricula was lost. Funds made available in fiscal year 1979 for interdisciplinary training grants should aid in making medical students more aware of and more likely to use the services of other health professionals in the nutrition field. It was suggested that the Federal government take the lead in encouraging, through educational grants, the development of greater awareness among physicians of the importance of nutrition in medicine.

110840

Health Costs Can Be Reduced by Millions of Dollars if Federal Agencies Fully Carry Out GAO Recommendations. HRD-80-6; B-164031(3). November 13, 1979 28 pp. plus 16 appendices (178 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200).
Contact: Human Resources Division
Budget Function: Health: Health Care Services (0551). Health: Prevention and Control of Health Problems (0553); Health: Health Planning and Construction (0554)
Organization Concerned: Department of Health, Education, and Welfare; Department of Defense; Veterans Administration; Office of Personnel Management; Health Services Administration: Indian Health Service, Federal Health Resources Sharing Committee; Department of the Navy: Naval Hospital, New Orleans, LA.
Congressional Relevance: Congress
Authority: Dependents' Medical Care Act (Military) (P.L. 84-569). Legislative Reorganization Act of 1970 Military Medical Benefits Amendments of 1966 (P.L 89-614; 10 U.S.C. 1071 et seq.). National Health Planning and Resources Development Act of 1974. Social Security Act (42 U.S.C 1395). P.L. 92-603. P.L. 95-292 B-164031 (1974).
Abstract: Over the years, GAO has issued many reports on Federal and Federal/State health programs which contained recommendations to reduce program costs or control cost increases. The report is a study of all of the GAO cost control recommendations made between January 1, 1974, and December 31, 1978. It discusses

Federal programs which directly provide health care services through the health delivery systems of the Department of Defense, the Department of Health, Education and Welfare (HEW), and the Veterans Administration. It also deals with Federal programs which pay for health care services for the aged, the disabled, the poor, and Federal military and civilian personnel and their dependents. In addition, the report discusses GAO cost-saving recommendations related to the grant and contract health programs of the HEW Public Health Service. ***Findings/Conclusions:*** Millions of dollars have been saved by implementing GAO recommendations, and millions more could be saved if Congress or the responsible agencies implement the other recommendations. Congress and the agencies should act on all of the outstanding recommendations.

110855

[Administration of Contract Between HEW and Group Health Cooperative of Puget Sound]. HRD-80-3; B-164031(3). October 15, 1979. ***Released*** November 15, 1979. 10 pp.
Report to Jay B. Constantine, Chief, Health Professional Staff, Senate Committee on Finance: Health Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Maintenance Organizations' Compliance With Law (1214).
Contact: Human Resources Division.
Budget Function: Health (0550).
Organization Concerned: Department of Health, Education, and Welfare; Group Health of Puget Sound, WA.
Congressional Relevance: *Senate* Committee on Finance: Health Subcommittee.
Authority: Social Security Act.
Abstract: GAO examined a Seattle, Washington, health care cooperative's Medicare beneficiary enrollment practices and its receipt of an incentive payment for providing care to Medicare beneficiaries at a cost lower than the Department of Health, Education, and Welfare's (HEW) actuarial estimate of such costs. The investigation was made to determine if any part of the incentive payment could be recovered for failure to comply with "open enrollment requirements." ***Findings/Conclusions:*** HEW requires contractors to hold annual 30-day open enrollment periods for Medicare beneficiaries and to advertise these periods in the public media throughout the enrollment area. The cooperative previously excluded Medicare beneficiaries living in certain geographic areas from their open enrollment program and used low-key (nonpublic media) advertising of these programs. It was determined that the cooperative did not fully comply with the regulations, and that HEW did not effectively enforce them. However, this was not considered to be a valid basis for recovering all or part of the cooperative's incentive payment. Cost adjustments for race were not considered in HEW actuarial estimates because cost differences are negligible and the private insurance business does not make this distinction. The cooperative's savings from inpatient hospital care was attributed to lower daily inpatient care costs and lowered use of inpatient care.

110884

Identifying Boarding Homes Housing the Needy Aged, Blind, and Disabled: A Major Step Toward Resolving a National Problem. HRD-80-17; B-164031(4). November 19, 1979. 14 pp. plus 2 appendices (3 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services (1300).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration.
Congressional Relevance: Congress.
Authority: Freedom of Information Act (5 U.S.C. 552). Privacy Act of 1974 (5 U.S.C. 552a). Social Security Act. P.L. 94-566.
Abstract: Countless needy aged, blind, and disabled persons receiving Supplemental Security Income (SSI) live in boarding homes. In 1976, Congress enacted a section of the Social Security Act which required the States to establish, maintain, and ensure enforcement of standards for facilities, such as boarding homes, in which significant numbers of SSI recipients reside or are likely to reside. However, while many of these persons are abused and exploited by unscrupulous operators, State and local licensing inspection officials do not know the location of the homes. ***Findings/Conclusions:*** Many States lack the computer or programming capability to manipulate the data in the State Data Exchange file into a format usable for identifying boarding homes. This problem must be overcome if States are to fully enforce the standards that have been established. GAO developed a computerized data retrieval process which can be applied to Social Security Administration (SSA) records to identify addresses to which SSI checks are sent each month. GAO tested this process in Baltimore, Maryland, and Camden County, New Jersey, where it visited 38 boarding homes that it had identified. Fifteen of the homes were unlicensed and were either operating illegally or were not required to have a State or local license, and ten of them were unknown to authorities. The legal questions concerning the use of information obtained from the SSA records have been resolved, and SSA has begun action to overcome the technical barriers which may be preventing States from using this process of identification. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare should: (1) notify each State of the decision that information in the data exchange file may be used to assist in identifying boarding homes; (2) provide computer and programming assistance to any State that lacks the capability to manipulate the State Data Exchange file to produce data in a format usable for identifying potential boarding homes; and (3) monitor States' efforts to enforce the standards established under section 1616(e) and help resolve problems encountered.

110885

Indirect Costs of the Social Security Administration's Disability Programs Are Excessive and Should Be Reduced. HRD-80-23; B-164031(4). November 19, 1979. 14 pp. plus 1 appendix (1 p.).
Report to Rep. J. J. Pickle, Chairman, House Committee on Ways and Means: Social Security Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Program Resource Allocation and Utilization (1310).
Contact: Human Resources Division.
Budget Function: Income Security: General Retirement and Disability Insurance (0601).
Organization Concerned: Department of Health, Education, and Welfare; Social Security Administration; California: Department of Social Services; New York: Department of Social Services; Colorado: Department of Social Services; New York: Department of Social Services: Disability Determination Service.
Congressional Relevance: *House* Committee on Ways and Means: Social Security Subcommittee; *Rep.* J. J. Pickle.
Authority: Social Security Act. Executive Order 11893. FMC 74-4. OMB Circular A-87.
Abstract: The Department of Health, Education, and Welfare (HEW) reimburses States for costs they incur in making disability decisions under the Social Security Disability Insurance and Supplemental Security Income programs. HEW negotiators are responsible for approving plans for almost all indirect costs affecting the disability programs. GAO visited six States which together accounted for about 55 percent of the program's total indirect cost

in fiscal year 1978. GAO also looked at the extent of the Social Security Administration's (SSA) participation in the examination of indirect costs. ***Findings/Conclusions:*** HEW pays more than its appropriate share of the indirect costs and reduction of the costs has not been pursued effectively. Between fiscal years 1974 and 1978, indirect disability program costs increased from $9 million to $19.5 million annually. In four of the six States, disability programs were overcharged at least $645,000 for services that did not benefit them. Disability programs in the other two States were also charged indirect costs which exceeded benefits received from State services. HEW negotiators do not adequately analyze the propriety of indirect costs and HEW headquarters has no adequate mechanism to assure itself that the regional negotiation procedures are applied effectively and uniformly. SSA officials generally are not knowledgeable of indirect cost principles and do not aid HEW in identifying improper charges. ***Recommendation To Agencies:*** The Secretary of HEW should eliminate inappropriate charges to the disability programs by: (1) assuring that HEW negotiators verify that services being paid for actually are benefiting the programs; (2) assuring that HEW negotiators consider the most equitable method of allocating indirect costs; and (3) monitoring the effectiveness of the procedures under which HEW negotiators approve indirect costs. The Secretary should also direct the Commissioner of Social Security to assure that SSA regional offices have a capability in the area of indirect cost principles so that they can effectively participate in the negotiation process.

110904

Formulated Grain-Fruit Products: Proposed Restrictions on Use in School Breakfast Program Should Be Reevaluated. CED-79-12; B-176994. December 26, 1978. 7 pp. plus 2 appendices (36 pp.).
Report to Sen. James O. Eastland; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Domestic Food Assistance Programs (1710).
Contact: Community and Economic Development Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Agriculture.
Congressional Relevance: *Sen.* Herman E. Talmadge; *Sen.* John C.
Stennis; *Sen.* James O. Eastland; *Sen.* James B. Allen.
Authority: Child Nutrition Amendments of 1978 (P.L. 95-627). S. Rept. 95-884. H. Rept. 95-1579.
Abstract: The Department of Agriculture proposed to prohibit using the two-component meal of formulated grain-fruit products (fortified pastries) and milk in the school breakfast program. Although grain-fruit products are not used widely or frequently, some schools find them to be popular, convenient, and less costly. The controversy over the proposal to withdraw authorization of the two-component breakfast centered on whether a breakfast of milk and a formulated grain-fruit product may be served to children in place of a three-component conventional breakfast of bread or cereal, fruit or juice or vegetables, and milk. In 1974 the Department of Agriculture authorized schools to use the two-component breakfast in which the formulated product replaces both the bread/cereal and fruit/juice/vegetable components. It was decided this would: (1) encourage more schools to enter the program, (2) provide a convenient, less costly breakfast, (3) add variety to school breakfasts, and (4) help eliminate plate-waste. Agriculture wants to ban the two-component breakfast because many nutritionists believe it has too much sugar and fat, may lack trace elements and other unknown nutrients, and may teach poor eating habits. ***Findings/Conclusions:*** Little knowledge exists about most of the issues raised in connection with the Department's proposal The sugar and fat levels in the two-component breakfast are as low as or lower than those in several other breakfasts whose approval would be continued. In contrast to the uncertainty surrounding the complaints about certain nutritional aspects of grain-fruit products, it is firmly established that under today's standards these products contain ample quantities of many nutrients long recognized as being important for good health. Furthermore, no studies exist which show that serving the two-component breakfast might teach children that pastries are acceptable breakfast foods and that this idea might carry over into adulthood. It also seems that a well-planned nutrition education program could specifically teach children that fortified products, such as grain-fruit products, are different from unfortified ones and that they have certain benefits and limitations when compared with other types of breakfast. Adequacy of cooking and serving facilities is not a significant issue. Both two-component and three-component meals require only refrigeration and a place for the children to eat. Conclusive proof is difficult to obtain and many questions are unanswered in the nutrition field. ***Recommendation To Agencies:*** Because of the uncertainties involved in the issues surrounding grain-fruit products and because some schools find the two-component breakfast to be popular, convenient, and a less costly alternative to conventional breakfast patterns, the Department of Agriculture should carefully evaluate and consider the following alternatives to banning the two-component breakfast: require that grain-fruit products be made with whole grains; revise the products' specifications to require less sugar and fat; and limit the frequency with which the two-component breakfast may be served. In addition, the Department of Agriculture should take the lead in getting any needed research performed on possible child nutrition problems related to fat, sugar, fiber, and trace elements. Research findings should be used as a basis for revising child nutrition program requirements, but instead of singling out one specific product, standards and requirements should be developed and applied broadly to the foods used in school feeding programs.

110925

Entering a Nursing Home--Costly Implications for Medicaid and the Elderly. PAD-80-12; B-164031(3). November 26, 1979. 164 pp. plus 2 appendices (17 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Evaluation Guidelines and Methodology: Transfer of Evaluation Methods to GAO and the Federal Evaluation Community (2604). Health Programs: Access to Health Care (1204).
Contact: Program Analysis Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; National Center for Health Statistics; Health Care Financing Administration; Public Health Service.
Congressional Relevance: Congress.
Authority: Social Security Act. Social Security Amendments of 1965.
Abstract: Medicaid is the chief support for the long-term care of the chronically impaired elderly in nursing homes. In fiscal year 1978 it financed, at a cost of $7.2 billion, 46 percent of the total national nursing home bill. A widely recognized problem with Medicaid's extensive support is that many elderly persons neither need nor prefer nursing home care. ***Findings/Conclusions:*** Three issues contribute to the nursing home placement of the chronically impaired elderly even when community-based long-term care is preferred and appropriate: (1) Medicaid's eligiblity policies which create financial incentives to use nursing homes; (2) barriers encountered by the elderly who attempt to obtain community services; and (3) Medicaid assessment procedures for determining the need for nursing home care. As long as Medicaid's nursing home coverage is the only readily available source of financial assistance for long-term care, many chronically impaired elderly will be placed in nursing homes even though this is a more intensive care level than is

needed. Another problem is that many of the elderly need a variety of health and social services which involve a maze of providers, each one having its own eligibility criteria, assessment procedures, and application forms. Generally, there is no one to turn to for assistance in planning and obtaining the services needed, and nursing home placement offers a packaged solution to the long-term care problems. Medicaid cannot adequately control avoidable nursing home utilization because of inadequate assessment mechanisms and lack of authority to screen all applicants for admission. Finally, State and local efforts to reduce Medicaid support for avoidable institutionalization are impeded by the fragmentation and gaps in Federal long-term care funding and the current structure of the Medicaid program. ***Recommendation To Congress:*** Congress may want to implement an approach proposed by GAO as a community-wide long-term demonstration project in several areas to obtain more concrete information on costs, people who could be served, service utilization, and systemwide effects. The approach includes establishing a Preadmission Screening Program with the following components: (1) comprehensive needs assessments for all applicants to nursing homes; (2) assistance in planning and obtaining services to help individuals stay in the community; (3) coordination and monitoring of community care; (4) payment for services outside a nursing home; and (5) control over costs and utilization. The Preadmission Screening Program could be located in the Department of Health, Education, and Welfare, with responsibility assigned to public health departments at the State and local level. Data obtained from the needs assessments should be used in developing a more reliable basis for projecting nursing home bed needs than presently exist. This approach has been developed to focus on those individuals who would be directly admitted to a nursing home if they did not receive supportive in-home or community-based services. Controls on costs for each individual served could be maintained at the comparable level of expenditures for nursing home care.

110926

Placing Resident Inspectors at Nuclear Powerplant Sites: Is It Working? EMD-80-28; B-164105. November 15, 1979. 16 pp.

Report to Sen. Jennings Randolph, Chairman, Senate Committee on Environment and Public Works; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Supply (0271).
Organization Concerned: Nuclear Regulatory Commission.
Congressional Relevance: *Senate* Committee on Environment and Public Works: Nuclear Regulation Subcommittee; *Senate* Committee on Environment and Public Works; *Sen.* Alan K. Simpson; *Sen.* Robert T. Stafford; *Sen.* Jennings Randolph; *Sen.* Gary W. Hart.
Abstract: The nuclear industry and the Nuclear Regulatory Commission (NRC) have complementary responsibilities in assuring the safe operation of commercial nuclear powerplants. In the past, regional (NRC) inspectors traveled from five offices to inspect nuclear reactor sites and other facilities. About 25 percent of the regional inspector's time was spent onsite, and the balance of the time was spent in regional offices preparing for and evaluating inspections. In June, 1974, a 2-year trial program was begun in which inspectors were assigned to locations at or near nuclear power reactor sites. The program involved assigning two NRC inspectors to locations from which they could inspect a total of four reactor sites. ***Findings/Conclusions:*** After a study of the program was made in 1977, the Commissioners approved the use of resident inspectors and began assigning resident inspectors to 20 reactor sites. NRC now believes that there is a need to assign more than one resident inspector to some powerplant sites. When a site includes one or more plants in operational or pre-operational testing status, NRC plans to assign one resident for each of those plants plus another resident to be responsible for the overall site inspection effort. This latter resident will coordinate activities of the plant residents and regional inspectors, and be the principal contact with the reactor owner. Under this concept, NRC plans to increase the number of residents to 174 by the end of fiscal year 1981. This new system will enable NRC to compare different reactors and utilities and adjust its inspection methods accordingly. The regions can also maintain overall unified management and direction. In essence, NRC's regional and resident inspection approaches working together will lead to an overal inspection effort that will be more effective in ensuring nuclear reactor safety. ***Recommendation To Agencies:*** The Chairman of NRC should resolve present weaknesses by taking the following steps during implementation of the revised inspection program: (1) require that resident inspectors perform more direct observations than review of records and provide resident inspectors with more administrative support; (2) define the role of the resident inspectors and establish what qualifications and training they need, specifically requiring them to have plant-specific training, and a level of training comparable with a reactor operator; (3) assign resident inspectors to those reactor sites that are most in need of regulatory attention; (4) coordinate the interface between the existing regional inspection approach and the evolving resident inspection approach; and (5) reevaluate and restructure the performance appraisal team and develop appropriate goals and measures of effectiveness for its nuclear powerplant inspection program.

110927

Federal Efforts To Ensure the Effectiveness and Safety of Thermal Insulation Can Be Improved. EMD-80-4; B-178205. November 26, 1979. 34 pp.

Report to Chairman, Federal Trade Commission; Secretary, Department of Energy; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Issue Area: Energy: Effect of Federal Efforts on Energy Conservation Action (1607). Consumer and Worker Protection: Identification of the Most Hazardous Consumer Products (0958).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Conservation (0272).
Organization Concerned: Federal Trade Commission; Department of Energy; General Services Administration; Department of Commerce; Department of Housing and Urban Development; Residential Conservation Service; Consumer Product Safety Commission.
Authority: Energy Tax Act of 1978 (P.L. 95-618). National Energy Conservation Policy Act (P.L. 95-619). Emergency Interim Consumer Product Safety Standard Act of 1978 (P.L. 95-319).
Abstract: Three major Federal energy conservation programs give considerable emphasis to the installation of thermal insulation material in residences. Questions have been raised as to the availability, effectiveness, and safety of insulation material installed in homes. An evaluation of these problems and the actions taken by Federal agencies to alleviate them was made. ***Findings/Conclusions:*** In 1977 a shortage of fiberglass insulation, the primary insulation material used to retrofit homes, occurred because of increased demand. While this shortage was alleviated by substituting cellulose insulation, there may be another insulation shortage in early 1980. The shortage has been predicted because demand is expected to increase again, yet fiberglass and boric acid, new safety requirements in cellulose, are not expected to be on production until mid- to late 1980. Improper installation of insulation results in lower thermal resistancy and potential safety hazards, including fires, structural corrosion, and the release of noxious fumes. The Department of Energy (DOE) has taken action to

alleviate these problems by proposing various installation and inspection standards under its Residential Conservation Service Program. However, there are several provisions which should be strengthened or amended. Various Federal agencies have also proposed labeling requirements and acccompanying tests, but they have not suggested a way to certify laboratory competence. ***Recommendation To Agencies:*** DOE should amend its proposed rules for the Residential Conservation Service Program by specifying that utilities be responsible for randomly conducted post-installation inspections for the life of the program and for any extensions thereof, and that the utilities make such inspections available to all customers at customer expense. The Federal Trade Commission (FTC) should take the lead role in coordinating insulation material labeling requirements of all Federal agencies. In this role, the FTC should stress the need for a single label to satisfy all the agencies' requirements.

110928

Prison Mental Health Care Can Be Improved by Better Management and More Effective Federal Aid. GGD-80-11; B-133223. November 23, 1979. 83 pp. plus 3 appendices (15 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Law Enforcement and Crime Prevention: Effectiveness of Correctional Programs (0514). Health Programs (1200).
Contact: General Government Division.
Budget Function: Administration of Justice: Criminal Justice Activities (0754). Health: Health Care Services (0551); Administration of Justice: Federal Correctional Activities (0753); Health: Health Planning and Construction (0554).
Organization Concerned: Bureau of Prisons; Department of Health, Education, and Welfare; Law Enforcement Assistance Administration.
Congressional Relevance: *House* Committee on the Judiciary; *Senate* Committee on the Judiciary; Congress.
Authority: Narcotic Addict Rehabilitation Act of 1966 (P.L. 89-793, 10 80 Stat. 1438-1448). Federal Youth Corrections Act (18 U.S.C. 5023-5026). 18 U.S.C. 4042.
Abstract: Correctional officials, courts, and legislatures have concluded, to varying degrees, that inmates must have access to adequate health care. Adequate mental health care involves identifying inmates' individual problems or needs and providing treatment tailored to meet their needs. ***Findings/Conclusions:*** The mental health care delivery systems of most prisons did not identify all inmates needing help or provide proper care. While Federal and State prisons required that new inmates be screened to determine their needs, this was not always adequate to identify mental health problems. The services provided inmates varied among prisons, but, in general, treatment efforts focused on inmates who were dangerous to themselves or others. Shortages of beds and staff limited the ability of most prisons to provide adequate care on either a daily or long-term basis. The Bureau of Prisons and three of the five States visited by GAO tended to treat behavioral disorders only when inmates requested help or when a crisis arose. A lack of standards hampered a Bureau effort to provide treatment programs for drug abusers, and the Bureau gave less attention to programs for alcohol abusers. State programs to treat drug and alcohol abusers reached relatively few inmates. Although limited funds and shortages of qualified staff will likely continue, improved administration could minimize many of the current inadequacies. In addition, better use of the variety of financial and technical assistance programs designed to help States improve the availability of treatment services for prison inmates could assist in bringing about coordinated planning by State criminal justice and health agencies to identify inmates' needs, support development of treatment programs and management, and provide research and training assistance. ***Recommendation To Agencies:*** The Bureau of Prisons should: (1) revise its inmate screening policy; (2) improve the basis for assessing program needs by regularly compiling and summarizing available information on the extent and nature of inmates' mental health problems; (3) require the establishment of a central psychological file for each inmate and reemphasize the need for adequate records of inmate problems and treatment actions; (3) establish greater management control over the quality and performance of substance abuse treatment programs; and (4) increase management surveillance of the quality of mental health services by expanded use of independent reviews by outside professional organizations. The Law Enforcement Assistance Administration should: (1) work with State criminal justice agencies to identify the extent of mental health problems in prisons, and (2) strengthen procedures for reviewing State criminal justice agencies' comprehensive plans to ensure that the plans adequately address the alcohol and drug treatment needs of prison inmates and provide for effective coordination with State substance abuse agencies to plan and program implementation actions. The Department of Health, Education, and Welfare should: (1) strengthen procedures for viewing State health and substance abuse agencies' comprehensive plans to ensure that the plans adequately address the mental health, alcohol, and drug treatment needs of prison inmates; and (2) revise program guidelines for participating State mental health and alcohol abuse agencies to make clear that the agencies should address the needs of prison inmates.

110930

U.S. Ground Troops in South Vietnam Were in Areas Sprayed With Herbicide Orange. FPCD-80-23; B-159451. November 16, 1979. 9 pp. plus 4 appendices (12 pp.).
Report to Sen. Charles H. Percy, Senate Committee on Governmental Affairs: Permanent Subcommittee on Investigations; by Elmer B. Staats, Comptroller General.

Issue Area: Personnel Management and Compensation (0300).
Contact: Federal Personnel and Compensation Division.
Budget Function: National Defense (0050).
Organization Concerned: Department of Defense; Veterans Administration; Department of Health, Education, and Welfare; Environmental Protection Agency; Department of the Army; United States Marine Corps.
Congressional Relevance: *Senate* Committee on Governmental Affairs: Permanent Subcommittee on Investigations; *Sen.* Charles H. Percy.
Abstract: From 1965 to 1970 the Department of Defense (DOD) sprayed 10.65 million gallons of herbicide orange in Vietnam. DOD considered the herbicide to be a low health hazard and took few precautions to prevent troops' exposure to it. ***Findings/Conclusions:*** Marines who may have been exposed to herbicide orange can be identified, but Army records are incomplete concerning personnel exposure. Although DOD has consistently stated that ground troops' exposure was not likely until 4 to 6 weeks after spraying, GAO found that they may have been exposed considerably sooner than the DOD estimate. The Veterans Administration (VA) began receiving herbicide-related compensation claims in late 1977. As of September 30, 1979, 750 persons had submitted claims. The VA has allowed no claims based solely on herbicide exposure, and actions to resolve the claims have been hampered by inconclusive information on the herbicide's long-term effects on health. ***Recommendation To Congress:*** Congress should direct DOD, VA, the Department of Health, Education, and Welfare, or the Environmental Protection Agency to determine whether a study is needed on the health effects of herbicide orange on ground troops identified in our analysis. This determination should be based on: the feasibility and value of a new or expanded health effects study, and the need to resolve veterans' concerns over the alleged health risks attributed to herbicides.

110971

[Inpatient Care at Quantico Naval Hospital Should Not Be Resumed]. HRD-80-26; B-161475. November 29, 1979. 10 pp. plus 1 enclosure (1 p.).

Report to Rep. Herbert E. Harris, II; by Philip A. Bernstein, Acting Director, GAO Human Resources Division.

Issue Area: Health Programs: Appropriate Numbers of Health Facilities (1217); Health Programs: Quality Care and Its Assurance (1213).

Contact: Human Resources Division.

Budget Function: Health: Consumer and Occupational Health and Safety (0559); National Defense: Defense-Related Activities (0054).

Organization Concerned: Department of Defense; Department of the Navy; Department of the Navy: Naval Hospital, Quantico, VA; Department of the Navy: Naval Regional Medical Clinic, Quantico, VA; Department of the Army: Dewitt Army Hospital, Fort Belvoir, VA.

Congressional Relevance: *Rep.* Herbert E. Harris, II.

Abstract: GAO was requested to determine the cost effectiveness of discontinuing inpatient care at Quantico Naval Hospital, Quantico, Virginia, and to determine the adequacy of emergency facilities at Quantico. A Navy feasibility study predicted a savings of $439,000 to the Government from discontinuing inpatient care at the facility. However, a GAO review of this study identified deficiencies in the methods used to calculate the gross savings from the discontinuance and the cost of providing care at other military and civilian facilities. Many of these deficiencies resulted in an understatement of the potential cost savings. By overstating the cost to the Government of providing care at other facilities for those past users of Quantico, the Navy underestimated savings to the Government from the discontinued service at Quantico. Inpatient care is available to Quantico beneficiaries at Dewitt Army Hospital, Fort Belvoir, Virginia, and the National Naval Medical Center, Bethesda, Maryland. Although the emergency room at Quantico has been closed, emergency care is available at Dewitt Army Hospital and three civilian hospitals within a 25-mile radius of the former Quantico hospital: Potomac Hospital, Woodbridge, Virginia; Mary Washington Hospital, Fredricksburg, Virginia; and Prince William Hospital, Manassas, Virginia. Ambulances and helicopters are available to transport, and a direct telephone line has been installed between the Quantico clinic and the emergency room at Dewitt. Because of the continuing decline of inpatient workload at Quantico and the availability of care for Quantico beneficiaries at Dewitt, GAO believes resuming inpatient care at Quantico would not be cost effective.

110972

[Survey of Reported Chemical and Biological Contamination at the Fort Greely Gerstle River Test Center]. LCD-80-25; B-161507. November 30, 1979. 2 pp. plus 1 enclosure (4 pp.).

Report to Clifford L. Alexander, Jr., Secretary, Department of the Army; by Richard W. Gutmann, Director, GAO Logistics and Communications Division.

Issue Area: Facilities and Material Management: DOD's Floor on Maintenance Expenditures (0714).

Contact: Logistics and Communications Division.

Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051).

Organization Concerned: Department of Defense; Department of the Army: Gerstle River Test Center, Fort Greely, AK; Department of the Army.

Authority: Public Land Order 910. A.R. 405-90.

Abstract: Biological and chemical warfare testing occurred at the Fort Greely Gerstle River Test Center in Alaska until the late 1960's. Some of the agents tested included nerve agents, mustard gas, and biological substances. The land was declared to be excess in 1972 and scheduled for return to the public domain as soon as it could be certified as free of contamination. This proved to be impossible, however, because the essential records which provide details on the tests were not available. ***Findings/Conclusions:*** Records of the testing period at the Center were incomplete and subsequent records were so poor that the Army could not certify that the land was free from contamination even though three clean-up efforts had been made. The Bureau of Land Management and the General Services Administration will not accept contaminated land. In 1979 the land was removed from excess status because of the lack of certification, and it is currently being used by the Army for nonbiological testing. No tests have been performed at the disposal sites to insure that they are completely decontaminated. If canisters of a chemical agent should surface, decontamination gear and treatment are not available at the Center. Although they are available at Fort Greely, a 15-minute helicopter ride away, they would be of little use because a person exposed to the chemical agents could die within 5 minutes of exposure. ***Recommendation To Agencies:*** The Secretary of the Army should require tests to insure that all debris buried in the pits at Gerstle is in fact neutralized and that no contamination has spread from the confines of the pit areas. If contamination is found, he should direct that all contaminated areas be exhumed and the contents decontaminated again. The Secretary should require that emergency treatment equipment be maintained at the Center and that the Center's permanent personnel be trained in its use. The quantity of supplies should be sufficient to treat the maximum number of personnel which could be exposed to chemical or biological contamination at any time. The Secretary should insure that lands used for chemical and biological testing are not returned to the public domain without first having been decontaminated and a clearance certificate provided. He should determine which lands returned to the public domain were used for such tests, and if these lands were not verified as being free of contamination, take all steps necessary to decontaminate the land and prepare the proper certification. Finally, the Secretary should require that existent and future records pertaining to chemical and/or other substances harmful to life be kept permanently. These records should be kept in a readily retrievable form.

110980

Minimum Benefit Provision of the Civil Service Disability Retirement Program Should Be Changed. FPCD-80-26; B-179810. November 30, 1979. 10 pp.

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Personnel Management and Compensation: Retirement Policies and Practices (0307).

Contact: Federal Personnel and Compensation Division.

Budget Function: Income Security: Federal Employee Retirement and Disability (0602).

Organization Concerned: Department of the Air Force; Office of Personnel Management.

Congressional Relevance: Congress.

Authority: 5 U.S.C. 83. 38 U.S.C. 3105.

Abstract: GAO has issued several reports pointing out the seriousness of increasing civil service disability costs and the need for reform. Disability benefits are payable to employees with 5 or more years of service and are calculated under the same formula as other benefits under the civil service retirement system. In 1956 minimums were established to provide disabled employees with limited service a reasonable income. ***Findings/Conclusions:*** It was found that minimum benefits were being paid to many retirees who were not, in fact, short-term Federal employees, and many who were also receiving benefits from prior careers in the military. At

the time of the report, there were over 140,000 retired military personnel employed in the Federal civilian work force who were subject to the civil service retirement system. These employees were eligible for the guaranteed minimum disability annuities even though they were receiving benefits from their prior military service. A review of a sample of the 1,102 retirees who were receiving both Air Force and civil service benefits during 1976 to 1978 indicated they worked an average of 10.8 years in civilian jobs after retiring from their military careers. Because of the guaranteed minimum annuity provisions, these retirees will receive an estimated $54 million more in lifetime civil service benefits than they would have received if their disability annuities had been based on their actual civilian service. Since this estimate applied only to Air Force retirees who retired from the civil service during 1976 to 1978, the total additional cost of the minimum benefit provisions for such retirees would be significantly greater when all military service retirees in the civil service are also considered. GAO believed that the payment of minimum disability benefits to employees who are retiring from their second Federal career is inconsistent with the purposes of the minimum disability provisions. ***Recommendation To Congress:*** Congress should amend the civil service retirement law to limit disability retirement annuities to the amount earned during actual civilian service in those cases where the annuitants are also receiving retirement benefits from prior Federal service in the military. To assure that all retirees receive total benefits at least equal to the civil service minimum, the law should allow for appropriate adjustments to be made where the combination of benefits available from former military careers and the regular civil service formula would be less than the civil service guaranteed minimum.

110991

[Senate Bill 1938]. December 4, 1979. 13 pp.

Testimony before the Senate Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.

Organization Concerned: Nuclear Regulatory Commission; Occupational Safety and Health Administration; Food and Drug Administration; Federal Council on Radiation Protection.

Congressional Relevance: *Senate* Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee.

Authority: S. 1938 (96th Cong.).

Abstract: A report, "Radiation Control Programs Provide Limited Protection," and an ongoing review of the direction of ionizing radiation research effort, are discussed as they relate to proposed legislation which seeks to ensure adequate protection of workers, the general public, and the environment from harmful radiation exposure. The report disclosed that many sources of radiation were not regulated, coverage of many regulated sources was limited, and there was very little assurance that identified hazards were corrected. The proposed legislation calls for actions which are needed to protect the public more effectively from the hazards of radiation. High priority would be given to evaluations of the adequacy of Federal and State radiation programs and the coordination among Federal and State regulatory agencies by the Federal Council on Radiation Protection, created under the bill. The ongoing study of the research efforts in ionizing radiation was undertaken to consider the scientific questions about the health effects of low-level ionizing radiation apart from the political ones. The bill provides for identifying and setting priorities for research needs, evaluating research proposals, and coordinating research activities relating to ionizing radiation. GAO agreed with the bill's provisions that would require proposed epidemiological studies to be carefully reviewed to assure that they are of sufficient scientific merit Application of the bill's provisions to nonionizing radiation should be considered because, although their effects are uncertain and controversial, the number of their sources is increasing.

111002

[Assessment of Information Needs for Veterans Administration, Department of Medicine and Surgery]. PAD-79-8. February 27, 1979. 60 pp.

Report to Senate Committee on Appropriations: HUD-Independent Agencies Subcommittee; House Committee on Appropriations: HUD-Independent Agencies Subcommittee; by GAO Program Analysis Division.

Contact: Program Analysis Division.

Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).

Organization Concerned: Veterans Administration: Department of Medicine and Surgery.

Congressional Relevance: *House* Committee on Appropriations: HUD-Independent Agencies Subcommittee; *Senate* Committee on Appropriations: HUD-Independent Agencies Subcommittee.

Authority: Congressional Budget Act of 1974. Legislative Reorganization Act of 1970. 38 U.S.C. 17. 38 U.S.C. 73. 38 U.S.C. 81. 38
U.S.C. 82. 38 U.S.C. 610.

Abstract: The Veterans Administration (VA) medical care programs are significant because of the size of their appropriations and the very large numbers of patients treated. This Information Requirements Document contains recommendations for revising the display of budget and program information concerning the programs and activities funded through the medical care appropriation account and three related accounts of the VA. It is designed to reflect the emphasis of the authorizing legislation on types of care and methods of care delivery, with data on beneficiary groups being a separate information element for each type of care. The goal in analyzing these accounts was to develop improvements concerning the classifications structures which display information concerning the programs funded through these accounts, and information elements provided for each level of the classification structure. The principal objectives of the proposed structure are to: (1) provide a comprehensive overview presentation of the total funding for medical care and related programs and activities carried out by the VA; and (2) provide a uniform framework for viewing medical care programs funded through various accounts. ***Findings/Conclusions:*** Some of the specific changes in the GAO proposal concern the information display for: (1) hospital care, nursing home care, and domiciliary care; (2) methods of care delivery and financial assistance to State homes; (3) outpatient care; (4) education and training, and the expenses for them; and (5) miscellaneous benefits and services. ***Recommendation To Agencies:*** The proposed structure should be used for overview purposes in presenting budgetary and other information on the various medical care programs and activities. Initially, the integrated structure should be used for informational purposes in the form of a supplemental overview in the VA budget justifications. However, once the structure has been tried and tested, the individual classification structures used for each of the medical care related accounts should be revised to conform to the appropriate elements of the integrated structure.

111032

Errors in Health Benefits Enrollment Data Push Up Health Insurance Costs. FGMSD-80-8; B-164562. December 6, 1979. 15 pp.

Report to Alan K. Campbell, Director, Office of Personnel Management; by Donald L. Scantlebury, Director, GAO Financial and General Management Studies Division.

Issue Area: Accounting and Financial Reporting: Reporting Systems' Adequacy To Disclose the Results of Government

Operations and To Provide Useful Information (2811); Health Programs (1200).
Contact: Financial and General Management Studies Division.
Budget Function: Financial Management and Information Systems: Accounting Systems in Operation (1101).
Organization Concerned: Office of Personnel Management; Department of Justice.
Abstract: Discrepancies in enrollment data between Federal agencies' and health insurance carriers' records cause erroneous premium and benefits payments, cause inequities among carriers and employees, and unnecessarily increase health insurance costs for both the Government and its employees. Accurate data are needed to determine the coverage provided individual employees, employees' payroll deductions, and the premium payment to carriers, and to insure prompt payment of claims. An audit was conducted that focused on the frequency and effect of discrepancies in enrollment data in two categories: (1) enrollees who were recorded on the records of either Federal agencies or carriers but not both, and (2) enrollees who were recorded on the records of both Federal agencies and carriers but for whom data differed in those two sets of data. ***Findings/Conclusions:*** The discrepancies resulted mainly from the manual procedures prescribed by the Office of Personnel Management (OPM) for Federal agencies and carriers to exchange enrollment data. Such procedures invite error and are too costly to be effected fully. The discrepancy rate varied, but it appeared to be over 10 percent, with carrier records containing most of the errors. GAO estimated in 1978 that these errors cost $2 million to $5 million annually. OPM could significantly diminish, if not eliminate, the errors in enrollment data by prescribing procedures for exchanging enrollment data in computer-readable form. This also would reduce agency and carrier costs for exchanging data. ***Recommendation To Agencies:*** The Director of the Office of Personnel Management should adopt as policy the use of automated procedures to report health benefit enrollment data to carriers and to reconcile agency and carrier enrollment records, and accordingly direct subordinates to: (1) develop and arrange with carriers the use of a common identifying number for each enrollee to facilitate identifying enrollment data transmitted between carriers and Federal agencies; (2) have agencies and carriers develop a standard format for exchanging enrollment information; (3) require carriers to provide payroll offices with verification enrollment data on claimants of the reporting period in computer-readable form; and (4) prepare instructions for agencies on automated reporting and reconciliation of enrollment data.

111033

Need To Better Use the Professional Standards Review Organization Post-Payment Monitoring Program. HRD-80-27; B-164031(3). December 6, 1979. 20 pp.
Report to Patricia Roberts Harris, Secretary, Department of Health, Education, and Welfare; by Philip A. Bernstein, Acting Director, GAO Human Resources Division.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207); Health Programs (1200); Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). Health (0550).
Organization Concerned: Department of Health, Education, and Welfare; Health Care Financing Administration; Blue Cross Association; Aetna Insurance Co.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee.
Authority: Legislative Reorganization Act of 1970. Social Security Act.
Abstract: Professional Standards Review Organizations (PSRO) are responsible for reviewing the medical necessity and appropriateness of inpatient admissions to hospitals and length of patient stays. Under the post-payment monitoring program, intermediaries, such as Blue Cross and Aetna Life and Casualty sample and review 20 percent of Medicare claims for hospital services. This program was the subject of a review. ***Findings/Conclusions:*** While the program could be a useful tool to improve the cost effectiveness of the entire PSRO program, it has not met the objectives of: (1) being an educational tool; and (2) helping the Department of Health, Education, and Welfare (HEW) assess the effectiveness of patient reviews performed by individual PSROs. In some cases it was found that PSROs had certified days of care as necessary while the intermediaries questioned the necessity of both admission and length of stay. A recent analysis of the program by HEW established that it was cost effective as a result of reducing Medicare hospital utilization by 1.5 percent. However, another analysis determined that PSROs must reduce utilization by 2.9 percent in order to be cost effective. A major cause of the program's ineffectiveness is that HEW has not issued guidelines or instructions on what data is appropriate for intermediaries to report and how the reports are to be used to meet program objectives. It was also noted that intermediaries do not always randomly select claims for review. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Administrator of the Health Care Financing Administration to issue guidelines and instructions outlining how the post-payment monitoring system should work. These instructions should emphasize how the program should be used: to identify the causes of and eliminate, to the extent practicable, unnecessary days of hospitalization and, thus, improve the cost effectiveness of individual PSROs; to educate PSRO and hospital personnel on new and proper techniques for reviewing the appropriateness of patient care; and by HEW as a potential indicator of the effectiveness of the patient care reviews made by PSROs. The Secretary should also direct the Administrator to revise the instructions to intermediaries to require the reporting of total days of care sampled and to remind the intermediaries of the importance of existing instructions requiring the use of random sampling methods.

111041

Radiation Control Programs Provide Limited Protection. HRD-80-25; B-163375. December 4, 1979. 29 pp. plus 6 appendices (33 pp.).
Report to Sen. Abraham A. Ribicoff, Chairman, Senate Committee on Governmental Affairs; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Employers' Compliance With Occupational Safety Health Standards (0912).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Nuclear Regulatory Commission; Occupational Safety and Health Administration; Food and Drug Administration; Department of Health, Education, and Welfare.
Congressional Relevance: *Senate* Committee on Governmental Affairs; *Sen.* Abraham A. Ribicoff.
Abstract: A survey was made of the radiation control programs of the Nuclear Regulatory Commission, Occupational Safety and Health Administration, Food and Drug Administration, and eight States: California, Colorado, Massachusetts, Missouri, North Carolina, Texas, Vermont, and Virginia. ***Findings/Conclusions:*** Despite widespread recognition of the hazards of radiation, no comprehensive program existed to protect the public from the hazards radiation presents. Federal programs did not cover many sources of radiation and often provided only limited protection in the areas they did cover; some State programs were broad in scope but often lacked depth and received only minimal Federal support. As a result of a study completed in June 1979 by an interagency task

force, the Secretary of Health, Education, and Welfare recommended to the President that a Radiation Policy Council be established. On October 23, 1979, the President announced his approval for the establishment of such a body. ***Recommendation To Agencies:*** The Chairman of the Nuclear Regulatory Commission should require that: (1) the Commission and its agreement States establish followup procedures to verify that serious violations identified during inspections of licensees are corrected; (2) copies of Commission evaluation reports be provided to agreement States; (3) Commission evaluators determine whether licensing and inspection deficiencies identified in previous State evaluations have been corrected. The Secretary of Health, Education, and Welfare should direct the Commissioner of the Food and Drug Administration to develop procedures to assure that followup tests are made in cases where X-ray assembly field tests have identified serious hazards. When an interagency Radiation Policy Council is established, the council should give high priority to evaluating the adequacy of Federal and State radiation programs and the need for more coordination among Federal and State regulatory agencies.

111044

Coal Creek: A Power Project With Continuing Controversies Over Costs, Siting, and Potential Health Hazards. EMD-80-16; B-149244. November 26, 1979. ***Released*** December 27, 1979. 64 pp. plus 2 appendices (10 pp.).

Report to Rep. Richard M. Nolan, Chairman, House Committee on Agriculture: Family Farms, Rural Development, and Special Studies Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Effect of Federal Financial Incentives, Tax Policies, and Regulatory Policies on Energy Supply (1610).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Supply (0271). Natural Resources and Environment: Conservation and Land Management (0302).
Organization Concerned: Rural Electrification Administration; Cooperative Power Association; United Power Association.
Congressional Relevance: *House* Committee on Agriculture: Family Farms, Rural Development, and Special Studies Subcommittee; *Rep.* Richard M. Nolan.
Authority: Power Plant Siting Act (Minnesota).
Abstract: The Coal Creek power project is a joint venture by two rural electric power cooperatives financed by Rural Electrification Administration insured and guaranteed loans. Changing economic, environmental, and regulatory factors, public opposition expressed in court suits and acts of vandalism, and certain management decisions have resulted in increases in estimated costs from $537 million in 1973 to over $1.2 billion in 1979. A GAO report examined the large increase in costs; the transmission line siting process in North Dakota and Minnesota; and the potential adverse health, welfare, and environmental effects from extra high voltage direct-current transmission lines. ***Findings/Conclusions:*** The wisdom of certain management decisions with regard to the construction and development of the project could not be determined at the time of the study. It was believed, however, that there was inadequate initial planning for a project of the magnitude envisioned and that the decision to proceed with the project should have been reevaluated as conditions changed following a 1973 feasibility study and the oil embargo of that year. Regarding the siting issue, GAO found that (1) the enactment of power plant and transmission siting laws in both North Dakota and Minnesota probably exacerbated discontent over the project; (2) there were differences in state applications of siting procedures which affected the balance of environmental, agricultural, and cost priorities; (3) while the actual loss of land for crop use was not extensive, factors such as aesthetics, access to rights-of-way and disruption of normal farming practices also needed to be considered; and (4) siting costs, delays, and public resentment against the project could have been reduced through more openness with the public. GAO found no conclusive evidence that being near direct-current transmission lines is a direct threat to human health. The rural electric cooperatives have been required to conduct a 2-year study of ozone generated by the transmission line to determine its effect, if any, on the atmosphere.

111075

[Entering a Nursing Home: Costly Implications for Medicaid and the Elderly]. December 11, 1979. 13 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Harry S. Havens, Director, GAO Program Analysis Division.

Contact: Program Analysis Division.
Organization Concerned: State Medicaid Directors' Council.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee.
Authority: Social Security Act.
Abstract: The use of nursing home care, when community-based care would have been preferred or appropriate, has serious implications. Premature or avoidable institutionalization results in high human costs for individuals who must give up their independence and accustomed way of life when they enter a nursing home. It also represents ineffective use of Medicaid funds. Avoidable use of nursing homes is partly a result of problems in the admissions process. These problems include: Medicaid's eligibility policies, which create financial incentives to use nursing homes rather than community services; inaccessible or unavailable community services; and Medicaid assessment procedures for determining the elderly's need for nursing home care. Most admission reviews take place after admission when it is difficult to discharge the resident, and they focus primarily on medical conditions without taking other factors into consideration. Another problem in nursing home admissions is that private pay applicants are not required to go through any assessment procedures, and since they are charged higher rates than Medicaid residents, they are often admitted over Medicaid patients regardless of who has the most critical need for care. Specific changes are needed to assure that the elderly who are at risk of institutionalization are offerd a viable alternative to nursing home placement. The Preadmission Screening Program has been proposed as an approach designed to intervene in the admissions process to offer individuals community-based long-term care options.

111099

[Workplace Safety and Health Hazards at DOD Installations]. HRD-80-20; B-163375. December 12, 1979. ***Released*** December 17, 1979. 12 pp. plus 9 enclosures (51 pp.).

Report to Rep. Jamie L. Whitten, Chairman, House Committee on Appropriations; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection. Employers' Compliance With Occupational Safety Health Standards (0912).
Contact: Human Resources Division
Budget Function: Health: Consumer and Occupational Health and Safety (0559)
Organization Concerned: Department of Defense; Department of the Army; Department of the Air Force; Department of the Navy.
Congressional Relevance: *House* Committee on Appropriations; *House* Committee on Appropriations: Military Construction Subcommittee; *Senate* Committee on Appropriations; *Rep.* Jamie L. Whitten.
Authority: Occupational Safety and Health Act of 1970 (29 U.S.C. 651).
Abstract: A review was conducted of the efforts made to identify and correct workplace safety and health hazards at Department of

Defense (DOD) installations. ***Findings/Conclusions:*** DOD has identified and corrected many hazards as part of its safety and health programs. However, many serious hazards have remained uncorrected for long periods of time. The primary reason why hazards remain uncorrected is a lack of funds; many hazards would be costly to correct. The DOD cost estimate of $500 million to correct all serious hazards is significantly understated. However, many corrections could be made at little cost. In such cases, greater management attention is needed to assure compliance with existing safety and health standards. Since the Occupational Safety and Health Administration cannot require DOD installations to correct the hazards, DOD must enforce standards itself. An effective program to correct existing safety and health hazards requires a realistic estimate of how many hazards exist in the workplace and how much it would cost to correct them. Although DOD Instructions provide for such estimates for each installation, it does not require the consolidation of these estimates into a DOD-wide estimate. ***Recommendation To Agencies:*** The Secretary of Defense should annually advise the House and Senate Appropriations Committees in its budget justification of the funds needed to eliminate workplace hazards and what DOD has done to eliminate workplace hazards. For those hazards which can be corrected or minimized at a relatively small cost, the Secretary should require that installations: correct such identified hazards with available funds; provide appropriate personal protective equipment until engineering controls can be implemented, or for work situations where engineering controls are not feasible; and provide additional training as needed to workers and supervisors regarding the importance and proper use of personal protective equipment.

111184

[Greater Federal Efforts Are Needed To Improve Nutrition Education in U.S. Medical Schools]. CED-80-39; B-196805. January 2, 1980. 2 pp. plus 1 enclosure (14 pp.).

Report to Patricia Roberts Harris, Secretary, Department of Health, Education, and Welfare; by Ronald F. Lauve (for Philip A. Bernstein, Acting Director), GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Budget Function: Health: Education and Training of Health Care Work Force (0558).
Organization Concerned: Department of Health, Education, and Welfare; Health Resources Administration; Association of American Medical Colleges.
Congressional Relevance: *Senate* Committee on Agriculture, Nutrition, and Forestry: Nutrition Subcommittee.
Abstract: Despite its importance to health, nutrition is not taught adequately in many medical schools. As a result, many physicians may not know as much as they should in order to make nutritional assessments or counsel patients about diet. ***Findings/Conclusions:*** Medical schools train physicians primarily to look for and treat nutrition related diseases after they occur rather than preventing them through nutritional assessment and dietary counseling. While current Federal spending for health programs totals about $63 million, in fiscal years 1972-79 the Bureau of Health Manpower spent less than $3 million for nutrition education grants to 23 medical schools. No evaluations have been made of the results of 10 completed grants, nor are there plans to evaluate them or the 13 ongoing grants that were funded at the end of fiscal year 1979. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare should direct the Administrator of Health Resources Administration to: evaluate the results of the Bureau's nutrition education grants to gain insight into how medical schools could most effectively incorporate nutrition into their curricula; set up 3-year demonstration projects at interested medical schools to show how nutrition curricula could be consolidated and emphasized; and make the results of the demonstration projects known for other schools' use. The Secretary should also consider: funding fellowships in the nutrition area and funding regional conferences of the Association of American Medical Colleges to discuss nutrition education.

111187

[Analysis of Potential Alternative Sites for the Proposed New San Diego Naval Hospital]. HRD-80-37; B-183256. January 2, 1980. 3 pp. plus 1 enclosure (17 pp.).

Report to Rep. Jamie L. Whitten, Chairman, House Committee on Appropriations; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208). Facilities and Material Management: Non-Line-of-Effort Assignments (0751).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554).
Organization Concerned: Department of the Navy; Department of Defense.
Congressional Relevance: *House* Committee on Appropriations; *Rep.* Jamie L. Whitten.
Authority: Military Construction Authorization Act, 1978 (P.L. 95-82). Military Construction Authorization Act, 1980 (P.L. 96-125). B-183256 (1976).
Abstract: A request was made for an evaluation of the advantages and disadvantages of the sites the Navy is considering for the new Naval Regional Medical Center in San Diego, California. The three primary site alternatives are Florida Canyon, Helix Heights, and Balboa Park. The Secretary of the Navy approved the decision to acquire, through condemnation, the Florida Canyon property. ***Findings/Conclusions:*** The question of ownership of the property on which the hospital is to be located is of utmost importance. With the Navy having a major presence in terms of military facilities and personnel in San Diego, there is every reason to expect that there will be an indefinite, continuing need for a Naval hospital to serve the area. Also, given the magnitude of the required capital investment for the project and the probable need for continued additional capital investments over the life of the medical center, fee-simple ownership should be a basic requirement. Therefore, while the Florida Canyon site has the most advantages and fewest disadvantages of the three alternatives, if the terms of final land acquisition call for the Navy to accept a lease, rather than ownership, as contemplated by the Navy and the city of San Diego, the Navy should reconsider its present opposition to the Balboa Park site. ***Recommendation To Agencies:*** The Secretary of the Navy should proceed with condemnation action to acquire fee-simple ownership of the Florida Canyon property needed for construction of the new Naval Medical Center. As a first step in the action, the Secretary should begin negotiations with the city of San Diego to acquire the property under a friendly condemnation through payment or land exchange, but not under a leasing arrangement as contemplated in the Navy's earlier memorandum of understanding with the city. If fee-simple ownership cannot be acquired, construction at the southern end of the Balboa Park site should be considered.

111276

World Hunger and Malnutrition Continue: Slow Progress in Carrying Out World Food Conference Objectives. ID-80-12; B-159652. January 11, 1980. 50 pp. plus 1 appendix (1 p.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Improvement of Food Supplies and Nutrition Worldwide (1713). International Affairs: Impact of Economic Assistance (0603).
Contact: International Division.

Budget Function: International Affairs: Foreign Economic and Financial Assistance (0151).
Organization Concerned: Department of State; Department of Agriculture; Office of Management and Budget; Department of Transportation; United Nations: World Food Council; United Nations: Food and Agriculture Organization; President's Commission on World Hunger; Agency for International Development.
Congressional Relevance: *House* Committee on Foreign Affairs; *Senate* Committee on Foreign Relations; *Senate* Committee on Agriculture, Nutrition, and Forestry; Congress.
Authority: Foreign Assistance Act of 1974. Agricultural Trade Development and Assistance Act of 1954 (P.L. 83-480).
Abstract: The World Food Council was created as the coordinator and implementor of resolutions passed at the 1974 World Food Conference in Rome. The Council is responsible for publicizing the needs, encouraging actions, seeking support, and coordinating the participation of nations and international organizations regarding world food problems. The billion-dollar International Fund for Agricultural Development began operations in 1977 with commitments of $436 million from oil-exporting countries, $200 million from the United States, and $367 million from other developed countries. ***Findings/Conclusions:*** Although a great deal has been accomplished to alleviate world hunger and malnutrition since the 1974 Conference, increases in food production have not reached the modest goals which were set. Attitudes of complacency and lack of political will are evident; calls to reduce military expenditures have not been successful; continued population growth has worsened the balance between food supplies and population growth; and efforts to include women in food and development projects have been minimal. Moreover, a unique situation exists wherein available funds tend to exceed suitable projects. Food production assistance increased 3.1 percent in 1976, with only a 1.2 percent increase in the most needy countries. Malnutrition is even more prevalent in the world today due to a lack of understanding of nutrition, the low priority it receives, and lack of an overall assessment of nutritional problems. A long overdue international wheat agreement and a food aid convention are needed. Little has been accomplished in the area of food trade due to export restrictions in developing countries, and fear of political and economic repercussions. Although funds for agrarian reform and rural development have increased impressively since 1973, progress has been slow because identification and preparation of suitable projects has not kept pace with the available funds. The issues of hunger and malnutrition no longer have the visibility or priority they had at the time of the 1974 Conference, despite the fact that the problem is just as serious now as it was then. ***Recommendation To Agencies:*** The Secretaries of State and Agriculture and the Administrator of the Agency for International Development (AID), working with other concerned executive agency officials, should: (1) increase their commitments on behalf of world hunger especially through greater cooperation and accomodation with their developing- country and international-organization counterparts, and by fostering the political will needed to significantly reduce the level of global hunger and malnutrition; (2) encourage donor countries to unite in urging developing countries to prepare food and agricultural development plans and projects which include measures to remove deterrents to increased food production; and (3) urge developing countries to make increased food production one of their highest development priorities, and significantly increase their own capital, labor, and related resources. In addition, the heads of U.S. agencies involved in development activities, particularly those of Agriculture and AID, should direct that more of their administrative resources and funds allocated for food and agriculture be devoted to assisting those countries needing more technical aid in the design of suitable development proposals and strategies A small, high-level office should be established to lead and coordinate U.S. efforts in overcoming world hunger and malnutrition.

111343

Savings Claimed for the Oklahoma Hospital Utilization Review System Were Overstated. HRD-80-42; B-197131. January 11, 1980. *Released* January 21, 1980. 20 pp. plus 2 appendices (3 pp.).
Report to Sen. Henry L. Bellmon; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Oklahoma Foundation for Peer Review; Health Care Financing Administration.
Congressional Relevance: *Sen.* Henry L. Bellmon.
Authority: Social Security Act (P.L. 92-603).
Abstract: The Oklahoma Utilization Review System (OURS) is an alternative for the Professional Standards Review Organization (PSRO) system which reviews Medicare and Medicaid patients' needs for medical care while they are in the hospital. Essentially, OURS is a statistical screening system to assess each hospital in the State in terms of specific performance measures related to utilization. It was funded as a demonstration project through a Department of Health, Education, and Welfare (HEW) grant, and managed by the Oklahoma Foundation for Peer Review. The 12 month demonstration period was extended for another 3 months with no additional Federal funding. In its study of OURS, GAO reviewed Medicare and Medicaid claims data and population statistics relating to Medicaid and Medicare eligibles. Six hospitals in the State were visited to discuss OURS, and officials responsible for monitoring the managing foundation's performance were interviewed. ***Findings/Conclusions:*** The foundation used two methods to prepare estimates of cost savings that resulted from the operation of OURS. One method estimated a savings of $6.8 million based on a reduction in the number of days Medicare and Medicaid patients spend in the hospital. The other method estimated a savings of $15.1 million based on a reduction in the number of Medicare and Medicaid claims for hospital care. However, these estimates were based on many items of incorrect or imcomplete data. The foundation also failed to consider some other factors. Its estimates did not recognize the cost of operating OURS which GAO computed as being $911,019. It also ignored the fact that there is not a one-to-one relationship between a hospital day saved and the reduction in per diem reimbursement because of the fixed cost of maintaining an empty bed and offsetting costs for alternate forms of care. HEW estimated that an average of only 36 percent of per diem costs are saved when a PSRO eliminates a day of hospitalization. In the opinion of GAO, the claimed savings were questionable because other factors that may have contributed to the reductions were not taken into consideration.

111349

Better Management and More Resources Needed To Strengthen Federal Efforts To Improve Pregnancy Outcome. HRD-80-24; B-197334. January 21, 1980. 151 pp. plus 18 appendices (61 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Education To Change Health Habits (1210). Health Programs: Grantees and Contractors Providing Treatment Services (1215); Food: Federal Domestic Food Assistance Programs (1710).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). Health: Health Research and Education (0552); Health: Prevention and Control of Health Problems (0553); Education, Training, Employment and Social Services: Elementary, Secondary, and Vocational Education (0501).
Organization Concerned: Department of Health, Education, and Welfare; Department of Agriculture; Department of Health,

Education, and Welfare: Bureau of Community Health Services; Department of Health, Education, and Welfare: National Health Services Corps.
Congressional Relevance: Congress.
Authority: Elementary and Secondary Education Act of 1965 (20 U.S.C. 1813). Emergency Health Personnel Act of 1970 (P.L. 91-623). National Health Planning and Resources Development Act of 1974. Public Health Service Act (42 U.S.C. 300). Social Security Amendments of 1967. 42 C.F.R. 447.204. P.L. 93-641. P.L. 94-484. P.L. 95-626.
Abstract: The Federal Government, along with State and local health agencies, has a number of health care programs directed at preventing or better timing pregnancies and improving the health and well-being of mothers and infants. However, a comprehensive national strategy for using and coordinating funds and staff involved in these numerous and fragmented programs is lacking. Federal funds have been inadequate for extending health care services to all areas and to all of those in need, while some areas have duplicate projects. ***Findings/Conclusions:*** The two major Federal programs targeted at improving pregnancy outcome are the Maternal and Child Health (MCH) program administered by the Department of Health, Education, and Welfare (HEW) and the Special Supplemental Food Program for Women, Infants, and Children administered by the Department of Agriculture. Family planning programs in recent years have helped to prevent unwanted or unplanned pregnancies. However, many women continue to have unwanted, unplanned, or ill-timed pregnancies and significant amounts of welfare costs can be attributed to adolescent pregnancy. The effect of the HEW programs to prevent pregnancies, especially high-risk ones, is questionable because services are not always available, accessible, or effectively used. Although progress has been made, women and infants in some locations still do not have easy access to appropriate labor and delivery services or infant care units, and many areas still do not have regionalized systems of perinatal care. Despite the problems that persist, some Federal agencies and programs, such as MCH, Medicaid, National Health Service Corps (NHSC), Improved Pregnancy Outcome, and Improved Child Health, have helped to provide access to health care for many women and infants. ***Recommendation To Congress:*** Congress should: consolidate Federal programs funding similar types of activities, or if not feasible, require coordination of activities; provide funding for an education and information campaign; designate one agency official to be responsible for coordinating Federal efforts for improving pregnancy outcome; revitalize the MCH program; direct HEW to identify those Federal programs which affect pregnancy outcome and require through legislation that the administering agencies give State MCH agencies an opportunity to participate in monitoring and evaluation; earmark funds for family life education programs; amend Title X of the Public Health Service Act to give priority to family planning services for low-income women and to designate one organization to provide family planning services in each State and local area; increase Federal training funds for nurse-midwifery; require States to extend Medicaid eligibility for prenatal and delivery care for low-income women regardless of family status; require State Medicaid programs to cover essential prenatal and delivery services; direct HEW to give higher priority to improving pregnancy outcome in project grant programs; consider making more Federal funding available for prenatal care, preventing adolescent pregnancy, and health education; and clarify section 334 of the Public Health Service Act to include State and local governments among those eligible for cost reimbursement waivers for NHSC personnel. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Assistant Secretary for Health to: formulate national goals for improving pregnancy outcome; consider the feasibility of formulating goals for alleviating infant morbidity or birth defects and providing infant care; and consider possible Federal actions to help poor persons gain access to in-hospital obstetrical or infant care. The Secretary of HEW should: designate one official to be responsible for planning, coordinating, promoting, and evaluating HEW efforts to improve pregnancy outcome; direct that State MCH agencies be able to comment during the HEW review process; require component agencies to develop a comprehensive plan for each State; develop a strategy for integrating agency resources with public health department and private organization efforts; inform public and private health care organizations and school officials at the local level of resources that can be used to improve pregnancy outcome; define what constitutes satisfactory progress in improving pregnancy outcome and monitor States' performance against this definition; specify how and to what extent States are to give priority to using MCH funds; define the essential elements and develop milestones so that State progress in developing regionalized perinatal health services can be evaluated and monitor progress; consider what incentives would be appropriate to encourage and assist States to hasten efforts to regionalize perinatal care and integrate public and private health care sectors and make recommendations to Congress; enforce requirements for Community Health Centers to provide prenatal care, perinatal care, family planning, and well baby care and provide assistance that such grantees may need to comply; consider the feasibility of additional MCH funds earmarked specifically for prenatal care until sufficient resources are available; work with professional organizations; require health planning agencies to assess the extent to which physician refusal to accept Medicaid or other low-income patients; launch a major nationwide information and education campaign; determine whether State Medicaid fee structures comply with HEW regulations requiring that they be designed to enlist the participation of a sufficient number of providers; encourage greater use of nurse-midwife/obstetrician teams; and identify what HEW will consider minimally acceptable prenatal care in Federal assistance programs. Other recommendations are listed in the report.

111351
[Hearing Loss Claims Processing Delays Under the Federal Employees' Compensation Act]. HRD-80-19; B-197407. January 21, 1980. ***Released*** January 23, 1980. 10 pp. plus 1 enclosure (3 pp.).
Report to Rep. Tom Steed; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Personnel Management and Compensation (0300). Income Security and Social Services: Payment Processes (1309).
Contact: Human Resources Division.
Budget Function: Income Security: Federal Employee Retirement and Disability (0602).
Organization Concerned: Office of Workers Compensation Programs; Department of Labor.
Congressional Relevance: *Rep.* Tom Steed.
Authority: Federal Employees' Compensation Act (5 U.S.C. 8101).
Abstract: The growth of hearing loss claims by Federal employees over the last 10 years, coupled with the growth of higher priority claims, has led to a large backlog of hearing loss claims. The Hearing Loss Task Force was established to reduce the claims backlog. The task force was established as a temporary group and staffed primarily with temporary employees under the supervision of two experienced examiners. The Department of Labor planned to disband the task force and return adjudication of hearing loss claims to its district offices. GAO was asked to review and suggest ways to expedite the processing of these claims. ***Findings/Conclusions:*** GAO found that because of case backlog and insufficient expertise in case processing, examiners were not able to review claims as they came in. There was a lack of response to claimant requests for claim status. Agency officials said that claimant inquiries were not answered because a response would require preempting the processing of other cases to review the inquirer's file. District office claims examiners appeared to lack expertise and did not adequately

evaluate audiometric testing results. The task force's approach to evaluating the claims produced more accurate awards. However, the claims could have been resolved more quickly had the examiners been familiar with the technical aspects of hearing loss. GAO felt that the process could be improved by hiring more full-time examiners instead of temporary ones. Also, maintaining the centralized hearing loss unit could result in greater efficiency. There would be greater sharing of knowledge derived from a wide variety of cases, more efficient training of new examiners, and the availibility of an expert audiologist staff for consultation on technical matters. ***Recommendation To Agencies:*** In order to more quickly process and decide hearing loss compensation claims in an equitable manner, the Secretary of Labor should maintain the specialized unit for processing hearing loss claims and use full-time claims examiners as much as possible.

111392

Hospitals in the Same Area Often Pay Widely Different Prices for Comparable Supply Items. HRD-80-35; B-197201. January 21, 1980. ***Released*** January 28, 1980. 25 pp. plus 7 appendices (28 pp.).

Report to Sen. Herman E. Talmadge, Chairman, Senate Committee on Finance: Health Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Health Care Financing Administration; Department of Health, Education, and Welfare.
Congressional Relevance: *Senate* Committee on Finance: Health Subcommittee; *Sen.* Herman E. Talmadge.
Abstract: A review was made of the procurement practices of 37 hospitals in 6 cities to determine (1) the prices paid for selected routine hospital items, and (2) whether there are significant variations in prices paid for the same or similar hospital items within the same geographical area. ***Findings/Conclusions:*** GAO identified significant differences in prices paid by different hospitals in the same geographic area for the same items. The overall weighted impact of the differences in terms of total annual usage was 10 percent, although in some instances the difference ran as high as 300 percent. No adequate explanation for the variations was apparent; however, the most plausible explanations were (1) that purchasing agents did not share or exchange price information, and (2) that the higher prices for some items were due to other services furnished by vendors. Although the Department of Health, Education, and Welfare (HEW) and its Medicare intermediaries did not believe that scrutiny of the prices paid for hospital supplies would be cost effective, GAO identified 5 items which offered potential aggregate savings of about $150,000, or 4 percent aggregate volume of those items, for hospitals in two or more cities. The potential savings on the five items alone could amount to millions of dollars. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Administrator of the Health Care Financing Administration (HCFA) to instruct Medicare intermediaries to gather and compile price information in various areas on the five items GAO identified that appeared to offer the greatest potential for cost savings and to communicate such information to the hospitals they service. The intermediaries should be instructed to monitor their hospitals' purchases of these items periodically and report back to HCFA so it can (1) assess whether monitoring prices may result in cost savings, and (2) determine whether monitoring should be expanded to include other hospital supply items.

111441

Does Nitrite Cause Cancer? Concerns About Validity of FDA-Sponsored Study Delay Answer. HRD-80-46; B-196965. January 31, 1980. 79 pp. plus 5 appendices (10 pp.).

Report to Rep. Charles E. Grassley; Rep. Thomas M. Hagedorn; Rep. James G. Martin; Rep. Richard M. Nolan; Rep. Ike Skelton; Rep. William C. Wampler; Rep. Charles O. Whitley; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Safety of Food Additives (0953). Food: Improvement of Federal Effectiveness Throughout the Food Decision System (1715).
Contact: Human Resources Division.
Budget Function: Health: Education and Training of Health Care Work Force (0558).

Organization Concerned: Food and Drug Administration; Massachusetts Institute of Technology, Cambridge, MA; Department of Agriculture; Department of Health, Education, and Welfare.
Congressional Relevance: *Rep.* Charles O. Whitley; *Rep.* William C. Wampler; *Rep.* Skelton. Ike; *Rep.* Richard M. Nolan; *Rep.* James G. Martin; *Rep.* Thomas M. Hagedorn; *Rep.* Charles E. Grassley.
Authority: Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.). Poultry Products Inspection Act (21 U.S.C. 451 et seq.). Federal Meat Inspection Act (21 U.S.C. 601 et seq.). 41 C.F.R. 3.802-50. 21 U.S.C. 348.
Abstract: A recent study conducted for the Food and Drug Administration (FDA) indicated that nitrite may cause cancer. Legislation provides that any substance determined to cause cancer in humans or animals may not be used as a food additive. This same legislation also states that a substantial unresolved question about the safety of a food additive is also a basis for its removal from use. For several years, nitrite has been used to preserve, color and flavor meat, poultry, and fish. It also protects against the formation of botulism toxin. The FDA and the Department of Agriculture are faced with a regulatory dilemma in that the use of nitrate protects consumers against one serious problem, and may cause another. Because nitrite is widely used, is important, and lacks an acceptable chemical substitute, FDA, with Department of Agriculture concurrence, planned to phase out its use over several years. However, the Department of Justice determined that no authority exists for such a phase out and that removal of a cancer-causing substance may not be delayed. ***Findings/Conclusions:*** Questions have been raised about the validity of the nitrite study. Site visits to the researcher's laboratory were to be used to assess contractor performance, but this was not done until a critical phase of the study was nearly completed. When progress reports, the primary tool for monitoring the study, were submitted late or not at all, agency officials did not follow up with the researcher and did not make a prompt written evaluation of the reports received. The FDA review of long-term study results did not include a reexamination of animal tissue slides which, along with notes from the physical examination of the animal, are the basis for pathology diagnoses used to assess the cancer-causing potential of a substance. Because the contract for this study did not specify the types of data the FDA would need to evaluate study results, some data were submitted late or not recorded. FDA does not have guidelines for design data recording and reporting, and statistical evaluation for long-term toxicity studies such as this one. Statistical procedures used in evaluating test data were criticized by reviewers. Many deviations from acceptable laboratory procedures were revealed in a FDA inspection of the nitrite researcher's laboratory. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare should direct the FDA Commissioner to: establish guidelines on when site visits are appropriate during long-term toxicity studies; develop a system for ensuring the accuracy of pathological diagnoses for FDA-sponsored studies on which regulatory action is contemplated and consider the need for verifying tissue slide diagnoses as part of that process; and develop guidelines for design and data collection and reporting of long-term toxicity studies and establish standards and methods for statistically evaluating such studies.

111444

Aging in America: An Overview. 1980. 3 pp.
By Neal P. Curtin, Supervisory Management Analyst, GAO Human Resources Division.
In The GAO Review, Vol. 15, Issue 1, Winter 1980, pp. 18-20.

Contact: Human Resources Division.
Organization Concerned: Department of Health, Education, and Welfare: Administration on Aging.
Authority: Older Americans Act of 1965.
Abstract: There were 24 million Americans aged 65 or over in 1979. They represent 11 percent of the population; and their problems, needs, and desires, are gaining increasing attention. The needs of the elderly include income, shelter, health care, nutrition, a sense of belonging, and satisfaction. Fulfilling these basic needs can become critical problems, since the elderly are among the poorest group in the Nation. Inflation has had a devastating effect on retirement income. Rising health care costs are a vital concern. The Federal Government has responded to the plight of the elderly with several programs. Social Security, Medicare, and Medicaid provide significant financial assistance. The Government has established the Administration on Aging which administers programs for planning and social services, nutrition, multi-purpose senior centers, research and development in aging, model projects demonstrating innovative delivery techniques, training for careers in gerontology, community service employment, and volunteer work programs. The Federal programs are important but they do not solve all the problems of old age. Issues concerning the elderly are gaining increasing attention. In addition to Social Security and national health insurance, Congress will be considering: a national policy for long-term care of the elderly; the need for a Cabinet-level national aging office; and whether the Older Americans Act programs should continue to serve all citizens over age 60 or older or focus on the elderly over age 75.

111501

[Comparison of Well-Being of Older People in Three Rural and Urban Locations]. HRD-80-41; B-165430. February 8, 1980. 2 pp. plus 3 enclosures (19 pp.).
Report to Senate Special Committee on Aging; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services (1300). Income Security and Social Services: Programs for the Elderly (1311).
Contact: Human Resources Division.
Budget Function: Education, Training, Employment and Social Services: Social Services (0506).
Organization Concerned: Department of Health, Education, and Welfare: Administration on Aging; Social and Rehabilitation Service; Health Resources Administration; Department of Health and Human Services.
Congressional Relevance: *Senate* Special Committee on Aging.
Abstract: GAO assessed the well-being of older people in rural and urban areas. Information was provided about older people living in Cleveland, Ohio, Lane County, Oregon, and the Gateway Health District, northeastern Kentucky. The locations were selected because comparable data were available for people 65 years old and older living there. Information was obtained about five areas of functioning: social, economic, mental, physical, and activities of daily living. ***Findings/Conclusions:*** With respect to health, security, loneliness, and outlook on life, GAO found that the people in rural northeastern Kentucky were generally in worse condition than those in Cleveland or Lane County. Older people living in Lane County were the least impaired in terms of their ability to do daily tasks such as preparing meals and bathing. At all of the locations, a significant percentage of the older people needed one or more kinds of help. Many of those needing help were not receiving all the help needed. This unmet need was greatest in Kentucky. The predominant source of help for older people in rural Lane County and in Kentucky was family and friends. Help in urban Lane County and in Cleveland was more likely to come from a combination of agency assistance and family and friends.

111614

[Agent Orange]. February 21, 1980. 7 pp.
Testimony before the Senate Committee on Veterans' Affairs; by Hyman L. Krieger, Director, GAO Federal Personnel and Compensation Division.

Contact: Federal Personnel and Compensation Division.
Organization Concerned: Department of Defense; Veterans Administration.
Congressional Relevance: *Senate* Committee on Veterans' Affairs.
Authority: P.L. 96-151.
Abstract: From 1965 to 1970, the Department of Defense (DOD) sprayed over 10 million gallons of agent orange in Vietnam. Over 2 million military personnel served in Vietnam during that period. Since 1977, the Veterans Administration (VA) has been contacted by veterans about health problems they believe were caused by exposure to the herbicide. The Government's efforts to resolve the veterans' concerns have been hampered by a lack of personnel information documenting troop exposure and the lack of conclusive scientific information on the long-term health effects of exposure. Army records from the Vietnam conflict were neither complete nor well organized making it difficult to correlate Army troop locations with spraying missions. Marine reports contained more detailed troop location information and were compared with spraying missions. Although it was possible to determine which Marine troops had the highest potential for exposure, the actual exposure or degree of exposure could not be documented. Several studies are being conducted concerning the term health effects of exposure to agent orange including a VA study of the long-term effects of dioxins on Vietnam veterans. GAO has suggested that Marine troop records be used for this study. In the short run, GAO believed that emphasis should be placed on providing thorough and compassionate treatment of veterans with illnesses which they believe are related to herbicide exposure.

111641

[GAO Recommendation for Future Flu Vaccine Contracting Procedures]. HRD-80-40; B-197389. January 25, 1980. ***Released*** February 25, 1980. 2 pp.
Report to Rep. John D. Dingell, Chairman, House Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; Rep. Henry A. Waxman, Chairman, House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553). Procurement--Other Than Defense (1007).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; *Rep.* Henry A. Waxman; *Rep.* John D. Dingell.
Abstract: A report provided recommendations for future flu vaccine contracting procedures. ***Findings/Conclusions:*** The contracting procedures described in existing Federal procurement regulations are adequate and should be followed to the extent possible for

future vaccine purchases. Problems which arose in past purchases of vaccine by the Department of Health, Education, and Welfare resulted from deviations from standard contracting procedures necessitated by special legislation. Future deviations from standard procurement procedures should be considered only when existing procedures would not result in timely vaccine procurements. Moreover, any deviation from Federal procurement regulations should be made in accordance with the regulatory provisions for obtaining a deviation.

111645

[Civil Service Disability Retirement]. February 26, 1980. 6 pp.
Testimony before the House Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; by Hyman L. Krieger, Director, GAO Federal Personnel and Compensation Division.

Contact: Federal Personnel and Compensation Division.
Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee.
Abstract: Minimum benefits that are guaranteed to all disability retirees under the civil service retirement program need to be changed. These provisions were adopted by Congress in recognition of the fact that the regular formula used to calculate benefit amounts would provide a very limited income to employees who became disabled early in their Federal careers. About 153,000 disability retirees receive benefits under the guaranteed minimum provisions. Many of these retirees are not, in fact, the short-term Federal personnel that the law was intended to serve as they are also receiving benefits from prior careers in the military. A comparison of former military personnel, who might be receiving both military retirement and minimum civil service disability annuities, showed that 1,202 of the retirees were receiving military retirement pay and/or veterans compensation in lieu of retirement pay and benefits under the civil service retirement program. For these Air Force-civilian retirees, it was estimated that the minimum benefit provision will add about $54 million to their lifetime annuity payments. Since this amount covers only Air Force retirees who retired again from the civil service in a 3-year period, the numbers would be much greater when all Air Force retirees and other military service retirees are also considered. GAO is concerned that the minimum benefit provisions may provide a disincentive for disabled employees who are receiving retirement income from previous military careers to continue working or to seek other jobs that they may be capable of performing. With the guaranteed minimum, disability retirement is generally more advantageous to them than the system's other retirement provisions. A recent GAO report recommended that Congress amend the civil service retirement law to provide that only the benefits earned under the regular formula be given to military retirees. The minimum annuity provisions were designed to protect employees who are required to prematurely terminate their Federal careers because of disability. To cover instances in which the combination of benefits available from former military careers and the regular civil service minimum may be less than those guaranteed, the law should allow for appropriate adjustments to assure that these retirees receive total benefits at least equal to the civil service minimum.

111660

[Comments on the Agency's Plan To Evaluate the Occupant Crash Protection Standard]. CED-80-70; B-197779. February 28, 1980. 2 pp. plus 1 enclosure (12 pp.).
Report to Joan Claybrook, Administrator, National Highway Traffic Safety Administration; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Transportation Systems and Policies: Safe Motor Vehicle-Highway Transportation System (2408).
Contact: Community and Economic Development Division
Budget Function: Transportation: Ground Transportation (0401).
Organization Concerned: National Highway Traffic Safety Administration; Department of Transportation.
Authority: 44 Fed. Reg. 205.
Abstract: Comments were provided on the Evaluation Plan for Federal Motor Vehicle Safety Standards 208. The review was limited to an overview of the potential for making the evaluation and of the data sources to be used in the evaluation plan. The National Highway Traffic Safety Administration proposes to use three accident data bases to evaluate the effectiveness of Federal Motor Vehicle Safety Standard 208. Included are (1) the National Accident Sampling System (NASS); (2) the Fatal Accident Reporting System (FARS); and (3) selected State accident data files. Of these three systems, the Safety Administration has the most confidence in NASS. Although NASS will be the primary data source for the overall plan and will be used to estimate the effectiveness of different automatic restraint systems, not enough data from that system will be available until late in the evaluation period for measurements of injury reductions and even later for measurements of fatality reductions. Meanwhile, FARS data and State accident data will be used to obtain initial effectiveness estimates and interim answers to some of the basic questions. The Safety Administration believes that the importance of Standards 208 demands that data collection on the worth of the standard should begin as soon as possible in spite of the fact that this information will be less detailed and less desirable. FARS will be used to provide interim answers of automatic restraint effectiveness in reducing fatalities. The FARS data file contains a census of all fatal traffic accidents which occur in the United States. The information in this data file is derived primarily from State accident report forms, supplemented with additional information made available by the States. Additionally, effectiveness estimates calculated from State data will be used initially to calculate the injury reduction effectiveness of the air bag system and the automatic belt system. ***Findings/Conclusions:*** The success of the plan is highly dependent upon the expansion and full implementation of NASS. A major difficulty which must be faced in using NASS data to evaluate Standard 208 is sample size. Additionally, the plan fails when describing the when and how, nor does the plan provide an estimate of when NASS will have data available to estimate the fatality-reducing effect of specific restraint systems. Though NASS is the major data system used, FARS will be used to provide interim answers of automatic restraint effectiveness. While FARS contains data on fatal accidents involving vehicles equipped with active restraints, it does not provide a direct measure of the exposure of those vehicles to accidents. Rather, some indirect measure exposure must be derived for the automatic-restraint-equipped and the active-restraint-equipped vehicles. Once this measure of exposure is defined, then fatality rates for vehicles equipped with automatic restraints and active restraints can be compared, and an estimate of the relative effectiveness of automatic restraints in reducing fatalities can be calculated. Further, because FARS data are difficult to estimate the effectiveness of automatic restraints in reducing fatalities, additional detail needs to be provided to resolve, or at least explain, the difficulties. Another system which will provide data in the interim is State data which are necessary to calculate injury reduction effectiveness estimates. This system creates problems because of its lack of uniformity. Thus, action must be taken to create consistent and reliable data. ***Recommendation To Agencies:*** The Safety Administration should: (1) publish the NASS Advisory Committee's comments and recommendations along with its disposition of them in a public document; (2) separate itself from the analysis and conclusion phases of the evaluation by having independent contractors perform this work; and (3) have general agreement from all parties affected by Standard 208

concerning the types of data to be collected and the methods of analyzing that data.

111672

[Veterans Administration's Vocational Rehabilitation Program]. February 28, 1980. 27 pp.

Testimony before the Senate Committee on Veterans' Affairs; by Edward A. Densmore, Deputy Director, GAO Human Resources Division.

The report referred to is "New Legislation and Stronger Program Management Needed To Improve Effectiveness of VA's Vocational Rehabilitation Program" (HRD-80-47, Feb. 26, 1980).

Contact: Human Resources Division.

Organization Concerned: Veterans Administration; Veterans Administration: Regional Office, Los Angeles, CA; Veterans Administration: Regional Office, Denver, CO; Veterans Administration: Regional Office, Cleveland, OH.

Congressional Relevance: *Senate* Committee on Veterans' Affairs.

Authority: Rehabilitation Act of 1973. P.L. 78-16. 38 U.S.C. 31.

Abstract: The results of a review of the Veterans Administration's (VA) vocational rehabilitation program are discussed. The program's purpose is to restore employability lost due to a service-connected disability. Program expenditures for fiscal years 1978, 1979, and 1980 are averaging about $100 million annually. Analysis of the available data showed that the program was much less effective than it could have been because of several factors. The most significant problem has been a lack of strong central management and accountability for program results; specifically, fragmented program responsibilities, inadequate goals and objectives, and an inadequate management information system. Competition from other VA benefits has also hampered the program's effectiveness. A veteran may receive directly more money under the GI bill than under the rehabilitation program, and financial disincentives may cause many seriously disabled veterans to avoid employment even after training as they could lose large portions of their disability compensation and other benefits. A further problem with the program is that while VA is not contacting and enrolling all potentially eligible veterans through outreach, lenient entry criteria have allowed veterans into the program who do not need vocational rehabilitation. Finally, there is a lack of comprehensive rehabilitation services over and above financial assistance, particularly for those with severe employment handicaps. An amendment has been proposed which would revise existing legislation to improve, expand, and modernize the program. However, the extent to which these provisions would ameliorate or solve some of the problems will depend in large part on the manner in which VA implements the legislative changes since sound program management cannot be legislated. Some reservations about certain provisions of the proposed amendment are expressed.

111694

What Have HUD and EPA Done To Deal With High Radiation Levels in Two Montana Cities? CED-80-63; B-197599. February 8, 1980. ***Released*** March 10, 1980. 12 pp. plus 3 appendices (11 pp.).

Report to Sen. Max S. Baucus, Chairman, Senate Committee on the Judiciary: Limitations of Contracted and Delegated Authority Subcommittee; by Robert F. Keller, Deputy Comptroller General.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211). Domestic Housing and Community Development: Adverse Effects on Communities From Natural Catastrophes (2158).

Contact: Community and Economic Development Division.

Budget Function: Community and Regional Development: Community Development (0451).

Organization Concerned: Department of Housing and Urban Development; Department of Agriculture; Veterans Administration; Environmental Protection Agency; Farmers Home Administration; Montana: Department of Health and Environmental Sciences.

Congressional Relevance: *Senate* Committee on the Judiciary: Limitations of Contracted and Delegated Authority Subcommittee; *Sen.* Max S. Baucus.

Authority: Atomic Energy Act of 1954. Federal Water Pollution Control Act (33 U.S.C. 1364). Housing Act of 1964. National Housing Act (12 U.S.C. 1709(a)). Resource Conservation and Recovery Act of 1976 (P.L. 94-580). Safe Drinking Water Act (42 U.S.C. 300i). HUD Policy Guidance Notice 79-33. Presidential Reorganization Plan No. 3 (1970). 42 U.S.C. 2021(h).

Abstract: Pursuant to a Congressman's request, a review was made of Department of Housing and Urban Development (HUD) and Environmental Protection Agency (EPA) activities and responsibilities concerning the recently disclosed raised levels of radiation in the areas of Butte and Anaconda, Montana. Of specific concern were: (1) the HUD criteria used for restricting Federal funding for housing and other investments in areas of potential hazards; (2) HUD attempts to balance community economic needs with considerations of potential hazards in HUD-supported housing; (3) the responsibility of the costs for testing homes for radiation and whether EPA is able to meet the demand of the required testing; (4) whether this is an isolated incident, and if not, what activity is underway to identify other hazardous sites; (5) remedies HUD and EPA can offer occupants of federally supported housing where hazardous substances have been found; (6) interagency coordination concerning hazardous substances; (7) EPA responsibility for, and administration of, monitoring residential and working area radiation levels in the United States; (8) attempts to study areas of abnormally high cancer rates in order to establish causal relationships; and (9) Veterans Administration (VA) and Farmers Home Administration (FmHA) procedures for handling hazardous substance problems in housing. Observations were also made on the Federal responsibility for monitoring and regulating hazardous substances affecting housing. ***Findings/Conclusions:*** HUD has no consistent procedures for restricting Federal funding for housing where hazardous substances create a potential hazard, nor does it have any formal procedure for balancing its actions regarding community economic needs with considerations of potential hazards in HUD-assisted housing. While radiation tests conducted on individual homes have traditionally been considered an expense of sale by the owner, under a HUD technical assistance grant, the Montana Department of Health and Environmental Sciences has been conducting site tests at a rate sufficient to meet the level of requests. Neither HUD nor EPA have any general cleanup authority or testing responsibilities, radiation monitoring programs, or programs to help occupants of federally assisted housing contaminated by hazardous substances. HUD has established a task force to promote interagency cooperation regarding hazardous substances, although there is no general cooperative agreement between HUD and EPA, and EPA has no agreements with any agency regarding radon gas. Neither VA nor FmHA have any specific procedures for handling hazardous substances problems in housing.

111699

How To Improve the Federal Aviation Administration's Ability To Deal With Safety Hazards. CED-80-66; B-197116. February 29, 1980. ***Released*** March 3, 1980. 69 pp. plus 3 appendices (36 pp.).

Report to Rep. Harold T. Johnson, Chairman, House Committee on Public Works and Transportation; Rep. Elliott H. Levitas; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies (2400). Transportation Systems and Policies: Air Transportation System (2413); Consumer and Worker Protection: Non-Line-of-Effort Assignments (0951).

Contact: Community and Economic Development Division.
Budget Function: Transportation: Air Transportation (0402).
Organization Concerned: Department of Transportation; Federal Aviation Administration; National Transportation Safety Board; Mitre Corp.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Rep.* Elliott H. Levitas; *Rep.* Harold T. Johnson.
Authority: Airline Deregulation Act of 1978 (P.L. 95-504). Airport and Airway Development Act of 1970. Airport and Airway Development Act Amendments of 1976. Federal Aviation Act of 1958 (49 U.S.C. 1421). Executive Order 12044. 49 Fed. Reg. 65550. DOT Order 5800.2.
Abstract: The Federal Aviation Administration (FAA) is responsible by law for ensuring the safe and efficient use of the Nation's airspace and fostering civil aeronautics and air commerce. FAA attaches great importance to its safety-related programs. Aviation, compared with other transportation modes, has a good safety record. ***Findings/Conclusions:*** However, FAA has not been effective or timely in developing systems to identify safety hazards because it has not: (1) recognized their importance; (2) emphasized information gathering and analysis, nor (3) undertaken long-term planning for comprehensive identification systems. Organizational problems along with the lack of a comprehensive planning process for addressing aviation safety issues have also hampered the effectivenss of FAA. Without this process, management lacks a reference frame for planning, approving, implementing, and evaluating specific safety projects. Also, once FAA has identified its overall safety priorities, it must have a procedure to insure that safety project plans are prepared, reviewed, and approved To date, such a procedure has either been incomplete or nonexistent. Additionally, FAA management needs a system of controls to govern the implementation phase of safety projects. The difficulties that FAA has had regarding priorities, requirements, cost-benefit analyses, interim corrective actions, internal coordination, staffing-workload analyses, and accountability in safety projects need to be documented in project files. Previously, safety projects have not always been adequately monitored as FAA has no agencywide requirement for recording actual time charged on safety project work. ***Recommendation To Agencies:*** The Secretary of Transportation should direct the FAA Administrator to: (1) prepare a long-range plan to improve the identification of safety hazard problems, the integration of various systems to solve them, and milestones for arriving at solutions; (2) monitor the progress of the safety information effort at the highest management levels within FAA and periodically report progress to the Secretary of Transportation; (3) adhere to milestones for plan implementation; (4) explore all means for obtaining a common FAA/National Transportation Safety Board approach to accident information; (5) achieve better coordination of human factors research by establishing an agencywide human factors spokesman and preparing a statement of position on human factors, an FAA human factors definition, an agency long-range plan, and a summary of dollars spent or needed on human factors research; (6) establish a planning process which defines organizational goals, objectives, policies, and priorities to guide the overall safety mission and provides a reference frame for planning and approving specific safety efforts, implementing individual safety project plans, and evaluating safety projects; (7) establish a top management group to identify overall safety priorities; (8) develop formal safety project plans showing how the total agencywide solution is to be accomplished; (9) require that formal plans for individual safety projects be reviewed and approved at the Associate Administrator level; (10) develop a system of controls to guide and monitor safety project work both before and during the rulemaking process; (11) develop a mandatory, written progress report system; (12) implement a system of recording in project folders staff time charged to safety projects; (13) see that each safety project is monitored continually; (14) prepare an annual report on the safety evaluation activities, both as planned and achieved by the Office of Aviation Safety; (15) assign appraisal responsibilities and the requisite manpower resources to the Program Review Staff to conduct independent and objective agencywide evaluations of major issues of concern, or assign this responsibility to a new organizational component reporting to the FAA Administrator; (16) establish permanent procedures to ensure that adequate feedback about compliance is obtained on nonregulatory safety actions; and (17) have the management of the safety mission of FAA periodically evaluated.

111765

Increased Use of Expanded Function Dental Auxiliaries Would Benefit Consumers, Dentists, and Taxpayers. HRD-80-51; B-197718. March 7, 1980. 121 pp. plus 42 appendices (101 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Providers (1202). Health Programs (1200).
Contact: Human Resources Division.
Budget Function: Health (0550). Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare; Veterans Administration; Federal Trade Commission; Department of Defense; Office of Management and Budget; Department of Transportation; Department of Justice; American Dental Association; Council of State Governments.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Human Resources: Health and Scientific Research Subcommittee; *Senate* Committee on Finance: Health Subcommittee; *Senate* Committee on Labor and Human Resources; Congress.
Authority: Health Professions Educational Assistance Act of 1976.
Abstract: Making better use of expanded function dental auxiliary (EFDA) personnel is one way to increase the efficiency of dental health care delivery and the availability of care. EFDA's are dental assistants or dental hygienists who have obtained additional education or training to perform a wide range of expanded clinical functions and patient care procedures under dentists' supervision. Using an EFDA to complete restorations (fillings) enables a dentist to concentrate on more complex dental tasks and treat additional patients. This increased productivity can help alleviate dental shortages and, to the extent dentists are willing to pass on savings realized from productivity gains, can also help contain dental care costs. Because experts believe and Congress has recognized that EFDA's are most productive when used to complete restorations, the study focused on this area. Questionnaires were sent to dentists in private practice in both States that allow the use of EFDA's in this manner and those that legally preclude the use of EFDA's to complete restorations. City public health department administrators in various cities in both types of States were contacted, and public health dental clinics in both types of States were visited. ***Findings/Conclusions:*** Most States have dental laws or regulations prohibiting private dentists and public health departments, if they so desire, from employing EFDA's to complete restorations. The American Dental Association (ADA) also opposes using EFDA's to complete restorations because it believes that performing this procedure effectively and safely requires knowledge acquired in professional dental education. While the emphasis of the Federal Government has been on training additional dentists, since the early 1970's, Congress has increasingly supported the training and use of EFDA's. State dental boards, consisting mostly of dentists, are responsible for enforcing dental laws to protect the public from poor quality dental care and unqualified practitioners. Although the boards believed that EFDA's do not have the training and skill to safely perform this function, factual evidence to support this

position was not provided. GAO believed the boards' rationale, and the ADA policy could not be supported or justified by available evidence and that the States should change laws to permit dentists to employ EFDA's to complete fillings. Dentists and public health departments in States precluding the use of EFDA's to perform expanded functions indicated that they would employ EFDA's in this manner if legally permitted to do so. Federally operated dental programs can employ EFDA's to perform a full range of expanded functions, but the Office of Management and Budget (OMB) has not established an overall policy requiring their use to the extent possible in all Federal direct care dental programs. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare (HEW) should: resume and intensify the HEW efforts in cooperation with the Council of State Governments and the dental profession, to persuade States to change laws and allow EFDA's to complete restorations under a dentist's supervision; monitor States' progress in amending laws; determine whether enough trained EFDA's exist in States where they can be legally employed and whether additional Federal support is needed to alleviate any shortage; publish the results of research on the use of EFDA's to complete fillings; seek appropriate legislative action if States do not change their laws; meet with ADA representatives to urge them to reconsider their policy and to encourage State governments to modify their dental practice acts; implement promptly the HEW policy on employing EFDA's in Public Health Service agencies, and develop a similar policy for HEW grant- and contract-funded programs; and direct the Administrator of the Health Services Administration to conduct expeditiously the study of the appropriate conditions for the assignment and use of EFDA's in HEW-designated dental shortage areas. The Secretary of Defense should establish a policy requiring the military services to employ EFDA's to complete fillings whenever and wherever feasible. The Administrator of Veterans Affairs should expand the employment of EFDA's in the Veterans Administration dental care system. The Director of OMB should establish a policy (1) requiring the employment of EFDA's to complete restorations to the extent possible in all federally operated dental programs, (2) promoting their use in federally funded programs, and (3) requiring budget examiners reviewing dental program budget requests to consider whether agencies have adopted this approach when feasible to do so.

111784

[Indian Health Service Contracts With Alaska Native Health Organizations]. HRD-80-60; B-197671. March 11, 1980. ***Released*** March 13, 1980. 10 pp.

Report to Sen. Mike Gravel; by Gregory J. Ahart, Director, GAO Human Resources Division..

Issue Area: Health Programs: Grantees and Contractors Providing Treatment Services (1215).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). Financial Management and Information Systems: Review and Approval of Accounting Systems (1102).
Organization Concerned: Health Services Administration: Indian Health Service; Health Services Administration: Indian Health Service: Alaska Area Native Health Service; Department of Health, Education, and Welfare; Norton Sound Health Corp.
Congressional Relevance: *Sen.* Mike Gravel.
Authority: Indian Self-Determination and Education Assistance Act (25 U.S.C. 450). Alaska Native Claims Settlement Act (43 U.S.C. 1606). Buy Indian Act (25 U.S.C. 47).
Abstract: The Indian Health Service (IHS), a component of the Health Service Administration (HSA) of the Department of Health, Education, and Welfare (HEW), is responsible for providing comprehensive health care to Indians and Alaska Natives. The Alaska Area Native Health Service (AANHS) is the IHS component responsible for providing health care services to Alaska Natives. The Indian Self-Determination and Education Assistance Act permits Indian tribes and Alaska Natives to assume control over Federal Indian programs. Under the Act, tribes must request to contract with the Secretaries of the Interior and HEW to plan and conduct programs which the Bureau of Indian Affairs and/or IHS administers for Indians and Alaska Natives. Alaska Natives have formed nonprofit Native health organizations in each of the 12 regions of Alaska which were established by the Alaska Native Claims Settlement Act. AANHS has contracted directly with the 12 Native health organizations to provide a variety of health services to Alaska Natives. Pursuant to a congressional request, GAO attempted a comparison of the costs IHS incurred in contracting with Native health organizations for administering health service programs with the costs IHS previously incurred in administering such programs directly. ***Findings/Conclusions:*** A meaningful comparison could not be made because of the unavailability of accounting records, the creation of new programs, the frequency with which funds were shifted among programs, the lack of a system within IHS for assigning indirect costs to individual programs, and the fact that many of the health service programs administered by Native health organizations had previously been administered by Natives under earlier legislation. However, the study revealed a number of problems which strained the working relationships among AANHS and several Native health organizations which in some cases either delayed the start of new health service programs or disrupted ongoing programs. Native health organizations believed that IHS and AANHS were not supporting the intent of the Indian Self-Determination Act because IHS had not developed a system for identifying all of its costs and for assigning total costs to individual programs and program segments; (2) IHS and AANHS did not provide information promptly to facilitate contract negotiations and agreement before the beginning of the contract period and to reduce frequent contract modifications; and (3) unnecessarily restrictive provisions were included in the contracts. IHS and AANHS stated that procurement regulations and the need to satisfy their fiscal and program accountability responsibilities required that contract provisions be explicit in stating the tasks and costs that will be incurred under the contracts and that contracts include certain controls. ***Recommendation To Agencies:*** IHS and AANHS should continue to demonstrate to the Native health organizations their support of the provisions of the Indian Self-Determination Act. The establishment of a Program Formulation Branch within AANHS was a positive action in that direction. In addition, the Secretary of HEW should require that the Director of IHS (1) expedite efforts to develop a financial management information system that provides for allocating indirect costs to programs and activities subject to tribal and Native health organization contracting; (2) expedite training development activities assigned to the recently established AANHS Program Formulation Branch; and (3) expedite efforts to fill vacancies in the AANHS Native contract unit and monitor the workload of the AANHS contracting unit to determine if additional positions are needed.

111787

[Unreliability of the American Health Planning Association's Savings Estimate for the Health Planning Program]. HRD-80-49; B-197538. March 13, 1980. 19 pp. plus 2 enclosures (15 pp.).

Report to Patricia Roberts Harris, Secretary, Department of Health, Education, and Welfare; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs (1200). Health Programs: Viable Health Planning System (1218).
Contact: Human Resources Division.
Budget Function: Health (0550). Health: Health Planning and Construction (0554).

Organization Concerned: Department of Health, Education, and Welfare; American Health Planning Association.
Authority: Health Planning and Resources Development Act (P.L. 93-641). Social Security Amendments of 1972 (P.L. 92-603).
Abstract: In early 1979, the American Health Planning Association, a national organization representing areawide and State health planning agencies established under the 1974 National Health Planning and Resources Development Act, completed a survey of the impact of the health planning program. The Association reported that planning agencies had disapproved or discouraged proposed capital investment projects totaling $3.4 billion between August 1976 and August 1978 and that disapproval of these projects would save at least another $10 billion in related operating costs during the 1980's. ***Findings/Conclusions:*** In the course of a study of the implementation of the 1974 Act, GAO found that data supporting the Association's $3.4 billion total savings estimate were unreliable and, therefore, not an accurate measure of the health planning program's impact. Specifically, of the $2.2 billion related to reviews of proposed projects, $1 billion could not be supported from available data, and $1.2 billion was questionable because of deficiencies in the development of questionnaires used in the reviews. The findings related only to the reliability of the Association's overall savings estimate and did not indicate that the health planning program had not prevented unneeded investment in the health care system.

111789

Food: Food Related Reports Issued From January 1977 Through December 1979. January 1980. 85 pp.
By Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Agriculture; Food and Drug Administration; Farmers Home Administration; Department of Health, Education, and Welfare; Commodity Credit Corp.; Agricultural Stabilization and Conservation Service; Agency for International Development.
Abstract: Summaries are presented of GAO reports directly and indirectly related to food which were issued between January 1977 and December 1979. The subjects of the reports include, but are not limited to, agricultural programs, food aid programs, agricultural assistance, food inspection, agricultural trade, natural resource conservation and development, water supply management, fisheries management, program administration, and financial disclosure.

111821

Legislation Authorizing States To Reduce Workers' Compensation Benefits Should Be Revoked. HRD-80-31; B-197700. March 6, 1980. ***Released*** March 17, 1980. 16 pp.
Report to Rep. Al Ullman, Chairman, House Committee on Ways and Means; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Payment Processes (1309).
Contact: Human Resources Division.
Budget Function: Income Security: General Retirement and Disability Insurance (0601).
Organization Concerned: Social Security Administration.
Congressional Relevance: *House* Committee on Ways and Means; *Rep.* Al Ullman.
Authority: Social Security Act.
Abstract: The combined benefits available to workers under the Social Security Disability Insurance program and State workers' compensation programs can amount to more than some workers were earning before becoming disabled. In 1965, Congress added the workers' offset provision to the Social Security Act in order to limit the combined payments to 80 percent of a disabled worker's wages at the time of injury and to provide disabled workers with a financial incentive to return to work. Either the Social Security Administration (SSA) or a State can offset its benefits under the provision, but not both. If a State offsets its workers' compensation benefits, SSA cannot offset its disability insurance benefits. Eleven States have exercised this option and are offsetting benefits. ***Findings/Conclusions:*** Allowing States to reduce workers' compensation payments can cause the financial responsibility for work-related injuries to be shifted from employers to the Social Security taxpayers and reduce the money that SSA saves annually by offsetting disability benefits. SSA expects these savings to exceed $160 million by 1981 if no additional States offset benefits. The offsetting provision has been the cause of some inequities in benefits to disabled workers. Because States are not required to follow the 80-percent limit in offsetting workers' compensation benefits, workers in States which take advantage of the provision may receive more in combined benefits than they would have received if SSA had made the offset. Also, since SSA begins offsetting disability insurance payments in the month after it is notified that a disabled worker is receiving workers' compensation rather than when he begins receiving the compensation, workers who do not report workers' compensation benefits to SSA or who report them late are financially rewarded. Thus, this procedure allows some recipients to receive excessive combined benefits, reduces the monies Social Security could save by offsetting, and contradicts the intent of the offset provision.

111857

[The Effectiveness of the Occupational Safety and Health Administration's Complaint Procedures]. March 21, 1980. 5 pp. plus 1 attachment (3 pp.).
Testimony before the Senate Committee on Labor and Human Resources; by Franklin A. Curtis, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Occupational Safety and Health Administration.
Congressional Relevance: *Senate* Committee on Labor and Human Resources.
Authority: Occupational Safety and Health Act of 1970.
Abstract: A GAO report dated April 9, 1979, discussed the complaint policies and procedures of the Occupational Safety and Health Administration (OSHA) and made recommendations for improving those policies and procedures to the Secretary of Labor and the Congress. Based on information collected in OSHA offices in six representative States, the report found that virtually every complaint that OSHA and States received resulted in an inspection. However, most of the alleged hazards did not violate safety or health standards and did not involve high-risk industries. Because OSHA did not have sufficient manpower to make prompt investigations of all complaints, potentially serious hazards sometimes were not investigated in a timely manner, and high-risk industries did not receive adequate attention and followup inspections. GAO recommended that (1) the Congress amend the Occupational Safety and Health Act of 1970 to give OSHA authority to resolve formal complaints without inspections when the complaints do not involve potential hazards that can cause death or serious physical harm, and (2) the Secretary of Labor direct OSHA and the States to develop criteria for screening safety and health complaints. Effective September 1, 1979, OSHA revised its procedures for handling worker complaints to enable the agency to respond promptly to serious hazards and to deal with many less serious hazards without inspections. Although no evaluation had been made of the new procedures, OSHA inspection data for the first 4 months of fiscal year 1980 showed that complaint inspections comprised about

27 percent of OSHA inspection activity, a drop of about 8 percent from the previous year.

111858

[Comments on "Health Costs Can Be Reduced by Millions of Dollars if Federal Agencies Fully Carry Out GAO Recommendations" (HRD-80-6)]. March 21, 1980. 23 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Elmer B. Staats, Comptroller General.

Contact: Office of the Comptroller General.

Organization Concerned: Department of Defense; Department of Health, Education, and Welfare; Public Health Service; Veterans Administration.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee.

Abstract: Information was provided on the cost containment implications of a November 13, 1979, report on GAO recommendations in the area of health costs made between January 1, 1974, and December 31, 1978. The report discussed GAO recommendations for improving three general types of Federal programs: (1) programs which provide direct health care services through the health delivery systems of the Departments of Defense and Health, Education, and Welfare (HEW), and the Veterans Administration; (2) programs which pay for health care services for the aged, the disabled, the poor, and Federal military and civilian personnel and their dependents; and (3) grant and contract health programs of the Public Health Service. The discussion included reference to the cost containment implications of specific reports dealing with Medicaid expenditures for possibly ineffective drugs, the prevention of mental retardation, the Medicaid Management Information System, hospital supply prices, professional cost containment review programs, Medicaid fraud and abuse prevention, hospital cost containment efforts, and efforts to recover and properly return Medicaid overpayments. It was pointed out that, although millions of dollars have already been saved by implementing GAO recommendations, millions more could be saved if the Congress and the responsible agencies were to implement the outstanding recommendations.

111866

Delays and Unresolved Issues Plague New Pesticide Protection Programs. CED-80-32; B-196815. February 15, 1980. ***Released*** March 21, 1980. 57 pp. plus 4 appendices (32 pp.).

Report to Chairman, Senate Committee on Labor and Human Resources: Health and Scientific Research Subcommittee; Sen. Edward M. Kennedy, Chairman, Senate Committee on the Judiciary; by Elmer B. Staats, Comptroller General.

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment (0300). Health: Consumer and Occupational Health and Safety (0559); Agriculture (0350).

Organization Concerned: Department of Agriculture; Environmental Protection Agency; Department of Health, Education, and Welfare; Food and Drug Administration.

Congressional Relevance: *Senate* Committee on the Judiciary; *Senate* Committee on Labor and Human Resources: Health and Scientific Research Subcommittee; *Sen.* Edward M. Kennedy.

Authority: Federal Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. 136 et seq.). Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.).

Abstract: GAO reviewed three of the Environmental Protection Agency's (EPA) new major programs to protect the public from hazardous pesticides. These programs were: (1) registration standards, (2) rebuttable presumption against registration (RPAR), and (3) laboratory inspection. ***Findings/Conclusions:*** Registration standards, the most recent and ambitious program, is designed to reassess the safety of the 35,000 pesticide products the Government has registered over the past 30 years. A costly and comprehensive effort, it could last 15 years. The slowly progressing program has many basic policy and procedural issues which have not been resolved by EPA. While the program will be the primary means for EPA to reassess the safety of each of the 6,000 pesticide tolerances approved by the Government during the past 30 years, EPA has not yet determined how it will perform these reassessments. Further, EPA has not yet completed the promised comprehensive review of its overall tolerance-setting procedures. The RPAR program concentrates on evaluating the risks and benefits of pesticides suspected of causing serious health or environmental problems. Since its 1975 inception, the program has led to the cancellation of some or all uses of about 20 dangerous pesticides. However, the program is progressing too slowly, and the public may be exposed to hazardous pesticides longer than necessary. In 1977, EPA and the Food and Drug Administration (FDA) began inspecting private labs performing federally required safety tests on pesticides, food additives, and drugs. The agencies determine whether labs follow acceptable procedures so that test results are accurate and reliable. While the inspection program is a positive step toward improving the quality of pesticide safety testing, more authority is needed for effective program administration. ***Recommendation To Agencies:*** The Administrator of EPA should: establish written operating procedures for all phases of registration standards development; rank the 514 registration standards pesticides in order of their potential risk; promptly finalize the proposed reregistration guidelines; identify key health and safety tests required by EPA regulation, require registrants to submit missing tests, and cancel registrations of firms not complying; require each registrant to submit a list of all health and safety tests for each pesticide and have EPA review the lists to identify and request copies of those tests it needs to complete a standard; publish a Federal Register notice inviting public comment on pesticides undergoing standards development; develop a tracking system to monitor a pesticide as it goes through the registration standards system and institute procedures to identify and alleviate obstacles impeding progress; have an independent office monitor the overall EPA progress in reregistering pesticides and reexamining tolerances; review the Science Advisory Board's recommendations and implement the accepted ones; reevaluate the issues and procedures not reevaluated by the Board; issue and require EPA to follow a formal RPAR operating manual; decide if pending referrals should be accepted or rejected and implement procedures to evaluate future referrals quickly; require registrants to submit nondietary exposure test data during RPAR; conduct pesticide food residue tests with FDA on individual RPAR pesticides; consult the Department of Agriculture (USDA) to determine what residue testing assistance it can provide; and require that RPAR benefits analyses fully explain the bases for assumptions used to calculate benefits estimates and show the range in benefits estimates which alternative data and assumptions would produce. The EPA Administrator should submit an amendment to Congress to authorize EPA to take appropriate regulatory action, including suspension, on pesticides which it later determines were not supported by valid safety tests when registered. Finally, the EPA Administrator should arrange with the USDA to receive results of its lab inspection program.

111885

[New York Medicaid Fraud Control Unit and Audit Exceptions]. March 14, 1980. 2 pp.

Report to Richard B. Lowe, III, Acting Inspector General, Department of Health, Education, and Welfare; by Robert E. Iffert, Group Director, GAO Human Resources Division.

Issue Area: Health Programs: Fraud and Abuse Exist in the Financing Program (1206). Law Enforcement and Crime Prevention: Law Enforcement Agencies' Coordination (0518); Internal Auditing Systems: Management Control Systems in Federal Agencies for the Prevention of Fraud and Abuse (0206).
Contact: Human Resources Division.
Budget Function: Health: Education and Training of Health Care Work Force (0558).
Organization Concerned: Department of Health, Education, and Welfare: Office of the Inspector General; New York: Medicaid Fraud Control Unit.
Authority: Medicare-Medicaid Anti-Fraud and Abuse Amendments (P.L. 95-142). 45 C.F.R. 74.42.
Abstract: In an effort to determine the effectiveness of the New York Medicaid Fraud Control Unit, an evaluation was made of the reasonableness of the New York Fraud Unit's budget and a check was made on the validity of their expenditures. ***Findings/Conclusions:*** During the review, unallowable expenses and an unreported Federal share of program income were identified. The unallowable expenses consisted of funds charged to section 17 of the Medicare-Medicaid Anti-Fraud and Abuse Amendments for the balances of certain imprest funds in the New York Fraud Unit's expense reports. Since imprest funds are assets, the treatment of these funds as expense items is unallowable. Additionally, Federal regulations require that program income be used to reduce expenses reimbursed by the Federal Government. The Federal share of the New York Fraud Unit's program income was neither reported nor used to reduce expenses. ***Recommendation To Agencies:*** The Acting Inspector General, Department of Health, Education, and Welfare, should initiate action to collect the $65,230 due the Federal Government from the New York fraud unit.

111912

[The Child Care Food Program]. March 26, 1980. 18 pp.
Testimony before the House Committee on Education and Labor: Elementary, Secondary and Vocational Education Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Agriculture; Food and Nutrition Service.
Congressional Relevance: *House* Committee on Education and Labor: Elementary, Secondary and Vocational Education Subcommittee.
Authority: Child Nutrition Amendments of 1978. P.L. 95-627.
Abstract: The Child Care Food Program, one of several child nutrition programs funded and administered by the Department of Agriculture (USDA) to improve the nutritional intake of the Nation's children, provides commodities and financial assistance to food service programs serving children in day care centers, head-start centers, centers for the handicapped, and family day care homes. The program, which operates in 53 States and territories, is a tripartite program involving USDA, State Governments, and participating institutions. State education agencies usually administer the program under the regional offices of the USDA Food and Nutrition Service. However, in 12 States, a cognizant service regional office administers the program. Public or private nonprofit institutions, called sponsors, manage the program locally. All children receive their meals free or at less than cost depending on family income. Peak average daily attendance has risen from about 40,000 in 1969 to more than 650,000 in 1979, and the number of meals has increased from 8 million to almost 400 million. Annual program costs have risen from $1.2 million to about $192 million. Tests of meals served at the feeding sites visited showed that 62 percent did not meet USDA meal service standards. Component weight and volume standards were not complied with in 69 meals, and 12 others lacked one or more of the required components. At 24 of the 115 sites visited, conditions were observed which could adversely affect children's health. Financial management was poor. Records supporting expenditures, meal counts, and reimbursement rate entitlement were either missing, unavailable, incomplete, or inaccurate. These deficiencies have resulted in part from poor Federal and State program policies and management. The Food and Nutrition Service has not fulfilled certain of its mandated managerial responsibilities nor initiated all the necessary management actions to assure program effectiveness and efficiency. The implementation of the 1978 Child Nutrition Amendments will increase program costs and may exacerbate problems caused by poor management. The legislative measures and implementing regulations need to be reexamined to assure that the health and well-being of the Nation's children is best served. Agency officials believe that the program's shortcomings resulted from the lack of aggressive management and certain constraints including personnel ceilings and financial limitations.

111919

[Review of the National Cancer Institute's Acquisition and Screening of Plant Extracts]. HRD-80-53; B-197656. February 28, 1980. ***Released*** March 28, 1980. 9 pp.
Report to Sen. Edward M. Kennedy, Chairman, Senate Committee on Labor and Human Resources: Health and Scientific Research Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: More Efficient and Effective Administration of Programs (1265).
Contact: Human Resources Division.
Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Department of Health, Education, and Welfare; National Institutes of Health; Department of Agriculture; National Institutes of Health: National Cancer Institute.
Congressional Relevance: *Senate* Committee on Labor and Human Resources: Health and Scientific Research Subcommittee; *Sen.* Edward M. Kennedy.
Authority: National Cancer Act of 1971 (42 U.S.C. 281).
Abstract: The National Cancer Institute's (NCI) goal is to develop the means for reducing the incidence, morbidity, and mortality of cancer. In 1972, NCI established the National Cancer Program. The Division of Cancer Treatment, the main organizational component of the cancer program, became responsible for coordinating cancer treatment research within NCI. The major emphasis in cancer treatment research is searching for antitumor drugs and developing and improving combined methods of therapy using drugs singly or in combination with other forms of therapy, including surgery and radiotherapy. The Developmental Therapeutics Program (DTP), a subdivision of the Division of Cancer Treatment, administers the search for new anticancer agents. DTP acquires various chemicals and natural products for evaluation as potential sources of new cancer treatment drugs. These may be of synthetic origin or come from microbiological, plant, and animal sources. A review of the DTP research program was undertaken which focused on the activities within two branches: (1) the Natural Products Branch (NPB), which arranges for acquiring plants; and (2) the Drug Evaluation Branch (DEB), which is responsible for screening new agents for anticancer activity. NPB arranges for worldwide collection of plants. Collections are made primarily under an interagency agreement with the Department of Agriculture (USDA) which obtains about 90 percent of its collections from contract suppliers in about 60 countries and the remainder from USDA personnel throughout the world. Other sources include a contract with the University of Hawaii and occasional submissions from research institutions, interested scientists, and universities. DEB is responsible for screening new materials to identify those that can kill cancer cells. Screening is performed in two phases: (1)

a prescreen to identify any compounds with the potential to kill cancer cells; and (2) the detailed screening process which further analyzes those compounds identified in the prescreen. ***Findings/Conclusions:*** In 1977, DTP found substantial duplication in the plant program because of lack of controls over activities of collection contractors. Some duplication of plants is acceptable if they are collected in different seasons or from different countries because plants' chemical composition may vary based on those factors. However, NPB determined that 60 percent of the plants being collected were identical to plant species already collected and screened. To improve this situation, NPB established a control system designed to limit the repetitive collecting of plant species. The categorization process of this system allowed NPB to categorize, as not wanted, samples which came from only one country. This process should be modified so that plants are not categorized as not wanted until samples have been screened from two or more countries. By assuring that samples are obtained from two or more countries before a plant is categorized as not wanted, the chances of missing plants with anticancer potential would be reduced. NPB should review the list of 67,000 plants categorized as not wanted and reinstate those plants collected from only one country. On the other hand, DEB believes the development and application of better in vitro test systems prescreens, which test for the cell-killing ability of an extract and uses human cells grown in culture media, would identify a greater number of compounds. These screens can be designed to detect compounds with specific biochemical activities which cannot be detected by the current screens and should also be less costly. ***Recommendation To Agencies:*** The Director of the National Cancer Institute should revise the criteria of NPB for deleting plants after six screenings to assure plants are not dropped when samples have been collected from only one country. For those plants in this category, the list of plants not wanted should be modified to identify the specific country from which the plant is no longer desired, thus allowing contractors to collect the plant in other countries.

112049

The Problem of Disposing of Nuclear Low-Level Waste: Where Do We Go From Here? EMD-80-68; B-194786. March 31, 1980. 30 pp. *Report* to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608). Environmental Protection Programs: Solid Waste Disposal and Resource Recovery (2206).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).
Organization Concerned: Nuclear Regulatory Commission; Department of Energy.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; Congress; *Rep.* John D. Dingell.
Abstract: A problem has developed in nuclear waste disposal. As late as 1975, six commercial low-level nuclear waste burial sites were licensed to operate in the United States. Now only three sites remain; Washington, Nevada, and South Carolina. Of these, two were temporarily shut down during the past year and the third has restricted the annual volume of waste it will receive. Low-level radioactive waste that has been disposed of at burial sites comes from several different sources: institutions, such as hospitals and universities; industry; commercial power reactors; and Federal Government installations. ***Findings/Conclusions:*** The Governors of Nevada, South Carolina, and Washington feel it is not appropriate for the citizens of their three States to shoulder the burden of disposing of the commercial low-level wastes from all States. They have urged the other States to develop regional sites adequate to handle the wastes generated in each region. Implicit in their remarks and actions is the possibility that unless the regional imbalance in low-level waste disposal is relieved, the three States may unilaterally decide to close their sites or restrict disposal. In response to the Governors' concerns the Nuclear Regulatory Commission proposed a sequence of steps to increase disposal capacity. The Commission plans to assign high priority to applications for increased storage capacity and waste volume reduction operations, and provide technical assistance to State Governments to formulate storage requirements. ***Recommendation To Agencies:*** The Chairman of the Commission should not license any new shallow-land burial sites while the Department of Energy (DOE) is developing a national low-level waste plan. The Secretary of Energy should: (1) agree with other Federal agencies and parties on the number, type, and general location of waste disposal sites needed on a regional basis; (2) define the Federal versus State responsibility for low-level waste disposal; (3) evaluate the feasibility of using existing DOE facilities for disposal of commercial low-level waste; (4) investigate the possibility, in conjunction with the Commission, of reopening the closed commercial sites; and (5) have DOE act as an overall Federal focal point for low-level waste matters other than licensing and regulation which are the responsibility of the Commission and the agreement States.

112053

Action Needed To Improve Management and Effectiveness of Drug Abuse Treatment. HRD-80-32; B-197243. April 14, 1980. 79 pp. plus 4 appendices (13 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Grantees and Contractors Providing Treatment Services (1215).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Alcohol, Drug Abuse, and Mental Health Administration: National Institute on Drug Abuse; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *Senate* Committee on Labor and Human Resources: Alcoholism and Drug Abuse Subcommittee.
Authority: Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255; 86 Stat. 65). P.L. 94-237. 90 Stat. 241. 93 Stat. 282. 88 Stat. 125.
Abstract: The Nation's drug abuse treatment system has grown from a handful of clinics in the early 1970's to a network of over 3,200 treatment units. Nationwide, approximately $518 million is spent annually on treatment programs. The National Institute on Drug Abuse (NIDA) supports about 1,500 clinics at an annual cost of $130 million. A GAO review identified a number of program policies and management problems that operated as disincentives to providing adequate treatment to the greatest number of drug abusers and revealed that NIDA spends millions on some treatment methods that may not be effective. ***Findings/Conclusions:*** The NIDA treatment program does not serve the maximum possible number of high-priority abusers. GAO found that some treatment slots are taken by ineligible people, that others go unused, and that providers are not treating as many people as reported. The current funding method employed by NIDA, which requires providers to show only that minimal services are furnished, does not motivate providers to furnish their clients with adequate treatment. In addition, NIDA cost ceilings may not reflect the amounts required to provide necessary treatment, and providers rely on incomplete medical histories and treatment plans and fail to follow NIDA guidelines. NIDA contributes about $3.6 million annually to support a methadone detoxification program, although studies have shown the treatment method employed to be ineffective; and NIDA supports another treatment program that a NIDA-financed study showed was relatively ineffective. Certain elements of the

criteria used to determine NIDA funding to providers are so vague that they cannot be uniformly interpreted and/or enforced, and the criteria do not address certain important elements necessary for quality drug abuse treatment programs. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare should: (1) evaluate reasons for the wide variance in slot utilization rates and apply the knowledge gained to increase overall utilization; (2) increase the minimum required number of monthly client contacts and establish criteria defining what should be considered as contacts; (3) increase efforts to convince the States to require providers to keep adequate treatment records; (4) require that providers offering outpatient methadone detoxification incorporate it into a longer-term treatment plan; (5) assure that the necessary evaluation procedures for the revised funding method are completed in a timely manner and, if proven successful, assure that the revised method is implemented by early 1982; and (6) upgrade and clarify the funding criteria.

112074

Congressional Monitoring of Planning for Indian Health Care Facilities Is Still Needed. HRD-80-28; B-198088. April 16, 1980. 40 pp. plus 1 appendix (6 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216). Health Programs: Factors Impacting on the Fiscal Viability of Health Facilities (1212).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). Health: Health Planning and Construction (0554).
Organization Concerned: Department of Health, Education, and Welfare; Navajo Tribal Council; Bureau of Indian Affairs; Health Services Administration: Indian Health Service.
Congressional Relevance: *Senate* Committee on Appropriations: Interior and Related Agencies Subcommittee; Congress.
Authority: Indian Health Care Improvement Act (P.L. 94-437). Indian Self-Determination and Education Assistance Act (25 U.S.C. 450). P.L. 93-638. 42 U.S.C. 2001 et seq.
Abstract: GAO studied the adequacy of the Indian Health Service's hospital planning activities. The Service is responsible for providing comprehensive health care to Indians and Alaska Natives. In May 1977, GAO reported to Congress that the Service's methodology for determining the number of hospital beds needed in the Navajo area would result in too many acute care beds. Because the Service used the same methodology for planning hospitals throughout its system, GAO estimated that similar problems probably existed elsewhere. Thus, the Appropriations Committees recommended, and Congress approved, a moratorium on the use of planning funds until the Service recognized the declining need for acute care beds. However, after the Service made some revisions to its planning procedures, Congress provided limited funding for two projects, the Chinle and the Talequah hospitals, that were being funded when the moratorium was imposed. ***Findings/Conclusions:*** The Service's revised methodology appears to be a reasonable method for determining the need for acute care beds. However, the assumptions used in applying this methodology can result in overestimating or underestimating future demand. GAO believes the Service needs to further address the problems of availability and acceptability of health services in the Navajo area. Additionally, the revisions the Service made in its hospital planning and construction procedures are not completely responsive to the congressional directives. In an effort to limit cost overruns and make the Service's planning procedures more responsive, Congress has limited the number of acute care beds and the amount of gross square footage for the Chinle hospital. However, the Service has plans which call for a hospital and leased annex which, in total, will exceed the square footage limitation of the Chinle hospital, and estimates that construction costs on the Chinle hospital will exceed the original estimate by $6 million. ***Recommendation To Congress:*** Congress should continue the funding moratorium until the Indian Health Service fully complies with the congressional directives to improve its hospital construction program. ***Recommendation To Agencies:*** The Secretary of HEW should: (1) revise assumptions used in the planning methodology for the Service hospital projects; (2) limit construction of additional acute care beds to those for which the Service can demonstrate a need; (3) coordinate with the Bureau of Indian Affairs and consult with appropriate congressional committees before taking any action to relax Indian ancestry eligibility requirements for health services in the Oklahoma area; (4) improve routine and emergency transportation services for patients because the Service's plans for locating a hospital in each Navajo service area will not eliminate patients' transportation problems; (5) establish target dates for completing work on the Service's hospital planning proposals that have been mandated by Congress; (6) require that the Assistant Secretary for Health monitor progress in satisfying congressional directives and direct the Service to use a reliable system for identifying and giving priority to the most urgently needed Indian facilities; (7) direct the Service to develop a master plan for Navajo reservation health facilities, to revise the report on controls to prevent hospital project overruns, to construct the specified number of acute care beds and square footage for Service hospital projects at Chinle, Arizona, and to justify the size of the Tahlequah, Oklahoma, project; (8) assure that proposed Service submissions to Congress are independently reviewed and evaluated; and (9) explain in detail to Congress the circumstances surrounding the Chinle hospital design contract and the reasons for the escalation of construction cost estimates.

112075

GSA Found Lax in Enforcing Leases on Westwood Complex. LCD-80-42; B-196464. April 7, 1980. ***Released*** April 17, 1980. 14 pp. plus 3 appendices (7 pp.).
Report to Rep. Michael D. Barnes; by Elmer B. Staats, Comptroller General.

Contact: Logistics and Communications Division.
Budget Function: General Government: General Property and Records Management (0804).
Organization Concerned: General Services Administration; Department of Health, Education, and Welfare; Westwood Joint Venture; National Institutes of Health.
Congressional Relevance: *Rep.* Michael D. Barnes.
Abstract: GAO reviewed the General Services Administration's (GSA) lease administration and enforcement policies and procedures and GSA, Department of Health, Education, and Welfare (HEW), and National Institutes of Health (NIH) records pertinent to the leases and services at the two Westwood buildings over the last five years. A recent fire inspection identified numerous violations, including faulty fire doors on eight floors of one building and seven floors of the other building. GSA, HEW, NIH, and Montgomery County fire departments were interviewed by GAO concerning building services and conditions such as firesafety, maintenance, and cleaning, and parking. ***Findings/Conclusions:*** GSA has now determined responsibility for repair of the fire doors and other violations and has taken action to have the violations corrected. The efforts of GSA to secure maintenance and cleaning services for the Westwood complex have been ineffective. GSA should more aggressively discharge its responsibility to see that public funds are not used to pay for services that have not met contract requirements. ***Recommendation To Agencies:*** The Administrator of General Services should direct the contracting officer for the two Westwood building leases to enforce the Government's contractual rights more effectively.

112076

States Can Be Better Prepared To Respond to Disasters. CED-80-60; B-197570. March 31, 1980. ***Released*** April 16, 1980. 49 pp. plus 2 appendices (2 pp.).
Report to Rep. Norman Y. Mineta, Chairman, House Committee on Public Works and Transportation: Oversight and Review Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Domestic Housing and Community Development: Adverse Effects on Communities From Natural Catastrophes (2158).
Contact: Community and Economic Development Division.
Budget Function: Community and Regional Development: Disaster Relief and Insurance (0453). Education, Training, Employment and Social Services: Other Labor Services (0505).
Organization Concerned: Federal Emergency Management Agency; Federal Disaster Assistance Administration.
Congressional Relevance: *House* Committee on Public Works and Transportation: Oversight and Review Subcommittee; *Rep.* Norman Y. Mineta.

Authority: Disaster Relief Act (P.L. 91-79; P.L. 91-606; 42 U.S.C. 5131). Reorg. Plan No. 3 of 1978. 5 U.S.C. 901 et seq.
Abstract: After a major disaster occurred in Massachusetts, GAO was asked to evaluate how well that State was prepared to respond to the disaster. It was also asked to review the preparedness in six other States with regard to the development of implementing procedures for use by State agencies in carrying out tasks assigned under the State emergency plans. ***Findings/Conclusions:*** Massachusetts agencies incurred problems in implementing tasks assigned under the State emergency plan because procedures had not been developed to show how the tasks were to be performed. The review of the plans for six other States revealed that the plans assigned various functions to State agencies and also assigned specific tasks to be performed by each State agency. A majority of State agencies had not developed standard operating procedures for their assigned tasks or had developed documents which did not provide detailed procedures to allow agencies to fulfill their responsibilities adequately. The only individual assistance program which had detailed procedures in each State was the individual and family grant program which provides Federal and State shared grants to individuals or families with disaster-related expenses or serious needs. Emergency preparedness agencies in these States were unable to require other State agencies to develop operating procedures for their disaster tasks. In four States, emergency preparedness agencies provided little encouragement to State agencies to develop such procedures. In five States, officials believed that local emergency plans needed to be revised to conform with the State emergency plan. In the sixth State, local plans were reviewed and found to be in conformance with the State plan. No State established disaster training programs with standards for liaisons or for other State agency personnel. ***Recommendation To Agencies:*** The Director of the Federal Emergency Management Agency should set minimum standards for disaster-type training of State and local personnel and incorporate both disaster training and civil defense training into a single program for emergency preparedness officials. The Director should also request that each Governor require the State civil preparedness agency and other State agencies to develop standard operating procedures for their disaster functions and training programs for State and local personnel in accordance with Federal Emergency Management Agency guidance and require or request local communities to develop or revise their emergency plans to make them compatible with the State emergency plan. For State-operated programs or functions it funds, the Federal Emergency Management Agency should require the States to develop standard operating procedures and obtain the Agency's approval of the procedures before participating in the programs.

112117

[Comments on Proposed Food-Labeling Regulations]. CED-80-89; B-198417. April 21, 1980. 6 pp.
Report to Hearing Clerk, Food and Drug Administration; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Food: Federal Good Nutrition Standards (1708). Education: Non-Line-of-Effort Assignments (3351); Education: Services To Prepare Students To Function in Society (3303).
Contact: Community and Economic Development Division.
Budget Function: Agriculture: Agricultural Research and Services (0352).
Organization Concerned: Department of Agriculture; Federal Trade Commission; Department of Health, Education, and Welfare.
Abstract: An analysis of food-labeling positions proposed by the Departments of Agriculture and Health, Education, and Welfare and the Federal Trade Commission was undertaken. The analysis focused on the agencies' intent to begin implementing new regulations and drafting new laws to correct the complex and sometimes duplicative and/or inconsistent regulations in effect. The agencies' method of correction is to develop an overall labeling strategy that would give consumers the information they want and need to make informed food choices. Moreover, the agencies expect their new labeling policies to be in full force within the next 2 years, and will implement the strategy in a piece-meal manner through a series of regulations. ***Findings/Conclusions:*** GAO believes that: (1) the Federal agencies' proposed food-labeling regulations should not be implemented at this time because they could result in information being placed on food labels that is not needed, used, or understood by most consumers; (2) existing knowledge and resources need to be brought together so that agreements and tradeoffs necessary to formulate a national food information policy or strategy can be reached and assessed; and (3) one vehicle for formulating a national food policy would be a Presidential committee composed of members from Federal, State, and local governments, industry, consumer groups, trade associations, communication specialists, educators, researchers, and health professionals. Moreover, the committee should be responsible for: (1) establishing and updating a nutrition and food data bank; (2) targeting information to all segments of the public; (3) setting interim and long-term goals and time-frames for measuring accomplishments; and (4) measuring and market-testing alternative information approaches.

112122

[Drug Abuse Problem in the Southwest]. April 14, 1980. 6 pp.
Testimony before the Senate Committee on Appropriations: State, Justice, Commerce, the Judiciary Subcommittee; by James T. Hall, Jr., Manager, GAO Field Operations Division: Regional Office (Los Angeles).

Contact: Field Operations Division: Regional Office (Los Angeles).
Congressional Relevance: *Senate* Committee on Appropriations: State, Justice, Commerce, the Judiciary Subcommittee.
Abstract: The drug abuse problem continues to persist throughout the nation because of the enormous supply of, and demand for, drugs. This situation has created a multibillion dollar business in which the risks are low relative to the profits that can be made. Drug trafficking attracts people from all walks of life including doctors, lawyers, accountants, businessmen, and entertainers, who see opportunities that far exceed those offered by legitimate business. Drug trafficking and abuse continue to flourish in the Southwest. The gains made against heroin are largely attributed to the success of Mexico's eradication program and to severe droughts. Unfortunately, as heroin availability has declined in the Southwest, the use of other synthetic alternatives has grown dramatically. Improved cooperation and intelligence sharing are important steps toward maximizing the effectiveness of the limited Federal, State, and local law enforcement resources that can be mounted against

increasingly sophisticated drug traffickers. However, these measures are not an adequate substitute for the well-integrated, coordinated effort necessary to make maximum advancements with available resources. Such an approach would require State and local agencies to play an active part in defining the overall drug strategy and the role each agency can most effectively play.

112127

[Overview of the Adult Expanded Food and Nutrition Education Program and Its Operation in California]. April 21, 1980. 18 pp. plus 1 appendix (1 p.).

Testimony before the House Committee on Agriculture: Domestic Marketing, Consumer Relations, and Nutrition Subcommittee; by William E. Gahr, Senior Group Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: California: University of California Cooperative Extension Service, Berkeley, CA; Department of Agriculture: Federal Extension Service.
Congressional Relevance: *House* Committee on Agriculture: Domestic Marketing, Consumer Relations, and Nutrition Subcommittee.
Authority: Food and Agriculture Act of 1977.
Abstract: Pursuant to a congressional request, information was provided on the efficiency and effectiveness of the Department of Agriculture's Expanded Food and Nutrition Education Program (EFNEP) and the extent to which EFNEP has been coordinated with the Food Stamp Program and State and local programs. In preparing the study, GAO investigated the management of EFNEP on the national level and related programs on the State and local level in California. EFNEP has the potential for improving and maintaining health through better diets and for saving money through knowledgeable food purchases. Although inadequate management information precluded a determination of the specific degree of effectiveness achieved by EFNEP, several areas were identified in which the program could be improved. Specifically, the program suffered from weak program administration, inadequate evidence to demonstrate the program's effectiveness, and dwindling funds. GAO believed that EFNEP managers should (1) develop communication and disseminate alternatives to offset budget constraints; (2) develop standards and evaluation tools to measure the program's success; (3) improve administrative practices; and (4) improve coordination within EFNEP and with other nutrition programs, particularly on the State and local level.

112147

Donor Coordination and Project Monitoring Practices--A Foreign Economic Assistance Project Study. ID-80-34; B-196507. April 24, 1980. 23 pp. plus 2 appendices (12 pp.).

Report to Douglas J. Bennet, Jr., Administrator, Agency for International Development; Thomas Ehrlich, Director, International Development Cooperation Agency; by J. Kenneth Fasick, Director, GAO International Division.

Issue Area: International Affairs: Impact of Economic Assistance (0603). Health Programs: Non-Line-of-Effort Assignments (1251).
Contact: International Division.
Budget Function: International Affairs: Foreign Economic and Financial Assistance (0151).
Organization Concerned: Agency for International Development; International Development Cooperation Agency.
Abstract: An indepth case study of the multidonor Maternal Child Health/Family Planning Project in Kenya was performed to learn more about trends in the Agency for International Development (AID) project management and donor coordination process. This project was selected for study because it was part of a long-range, multidonor effort containing several of the types of assistance usually offered by AID and it was nearing completion. AID assistance was to be in four major areas: technical assistance, participant training, commodities procurement, and recurring cost financing. ***Findings/Conclusions:*** GAO found that there was no formal arrangement among the donors to coordinate throughout the term of the project. The absence of donor coordination resulted in specific and overall program goals not being achieved in some assistance areas. Division of assistance responsibilities exacerbated the coordination problem in that the donors never compared for whom each was paying, and donors were not able to determine if the Government was paying its share of the recurring costs. Planned objectives were not met, partly due to the absence of a monitoring plan and the lack of required evaluations. The assistance promised in the project agreements generally bore little resemblance to the planned output for the specific years. There were major changes in the technical assistance and participant training areas that were not directed toward project goals. ***Recommendation To Agencies:*** The Director of the International Development Cooperation Agency and the Administrator of AID should take the lead in working with other donors and recipient governments to establish a coordinating mechanism for implementing projects or programs at the country level. The Administrator, AID, should: emphasize the need to include output targets in project agreements for areas of Agency assistance; insure that required annual evaluations are carried out and reported to provide a record of progress in meeting Agency output targets; include requirements in the project assistance handbook for specific identification of financial and program data needs for output monitoring; consider refinements to the present system of grant accounting to provide missions with information on costs funded from sources outside the project, particularly those associated with contracts centrally funded and managed by AID in Washington; and reemphasize the need for project managers to obligate funds only in pursuit of project goals and require that reasons for any changes during the project are adequately documented. The AID Auditor General should review the adequacy of the procedures supporting Government of Kenya salary cost reimbursement requests and take appropriate action to insure that the U.S. mission adequately documents these reimbursement requests, and disseminate information on findings having widespread application for area auditors general in reviewing other projects containing similar types of assistance.

112169

[Proposed Legislation for Federal Funding To Develop Nonanimal Alternatives for Research]. HRD-80-69; B-198011. March 28, 1980. ***Released*** April 28, 1980. 10 pp.

Report to Rep. Norman F. Lent; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: More Efficient and Effective Administration of Programs (1265).
Contact: Human Resources Division.
Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Department of Health, Education, and Welfare; National Institutes of Health; Animal and Plant Health Inspection Service.
Congressional Relevance: *Rep.* Norman F. Lent.
Authority: Animal Welfare Act of 1970. H.R. 4805 (96th Cong.).
Abstract: GAO was requested to comment on the feasibility and advisability of a legislative proposal to redirect 50 percent of Federal research funding for developing nonanimal alternatives to research and to review several issues regarding nonanimal alternatives. "Alternatives" is generally defined as not using any laboratory animals, reducing the number of animals required, or refining existing methods to minimize the amount of animal suffering and stress. The proposed legislation was introduced in response to the

concern expressed by an animal welfare rights organization that nonalternatives were not being used effectively by the research community. GAO discussed the use of alternatives with the National Institutes of Health (NIH). NIH stated that legislation of the scope and nature proposed was both unnecessary and unworkable. It noted that the bill would prohibit the use of funds for animal testing once an alternative was identified, and that requiring extensive reprogramming of funds from live animal research to alternatives would severely limit support for a large number of important research programs. Currently, no legislation or regulation exists pertaining directly to alternatives for using laboratory animals in research. The Animal Welfare Act, the primary legislation dealing with the use of animals in research, is concerned with ensuring that animals intended for use in research facilities are provided humane care and treatment. NIH policy statements and guidelines also have the same basic concern. While complete information on the amount of funds spent for nonanimal research or for developing other alternatives was not available, a study revealed that about 7 percent of the total NIH research budget was used in such research during 1978. NIH officials believe that adequate sources of information on alternative research methods are available to researchers and is planning a conference to address the advantages and limitations of the use of alternatives in biomedical research. ***Findings/Conclusions:*** GAO believed that more information is needed on the advantages and limitations of alternative methods and the extent of inappropriate animal experimentation before deciding whether legislation such as that proposed is needed. The extensive reprogramming of research funds proposed by the bill should be delayed pending further study. The planned NIH conference could provide beneficial information on the use of alternatives and leave NIH in a better position to inform Congress of the extent to which additional funds are needed. Additional funding would not necessarily require new legislation. Congress could request a status report from NIH on its efforts in developing and using alternatives. Then if Congress believed additional funding was warranted, it could direct NIH to emphasize that research under existing legislation. By monitoring the NIH efforts and assessing the impact of additional funding, Congress could determine whether additional legislation is needed.

112170

[Alternatives to Use of Animals in Research]. HRD-80-70; B-198010. March 28, 1980. ***Released*** April 28, 1980. 10 pp.
Report to Rep. Charles Pashayan, Jr.; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: More Efficient and Effective Administration of Programs (1265).
Contact: Human Resources Division.
Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Department of Health, Education, and Welfare; National Institutes of Health; Animal and Plant Health Inspection Service.
Congressional Relevance: *Rep.* Charles Pashayan, Jr.
Authority: Animal Welfare Act of 1970. H.R. 4805 (96th Cong.).
Abstract: GAO was requested to comment on the feasibility and advisability of a legislative proposal to redirect 50 percent of Federal research funding for developing nonanimal alternatives to research and to review several issues regarding nonanimal alternatives. "Alternatives" is generally defined as not using any laboratory animals, reducing the number of animals required, or refining existing methods to minimize the amount of animal suffering and stress. The proposed legislation was introduced in response to the concern expressed by an animal welfare rights organization that nonalternatives were not being used effectively by the research community. GAO discussed the use of alternatives with the National Institutes of Health (NIH). NIH stated that legislation of the scope and nature proposed was both unnecessary and unworkable. It noted that the bill would prohibit the use of funds for animal testing once an alternative was identified, and that requiring extensive reprogramming of funds from live animal research to alternatives would severely limit support for a large number of important research programs. Currently, no legislation or regulation exists pertaining directly to alternatives for using laboratory animals in research. The Animal Welfare Act, the primary legislation dealing with the use of animals in research, is concerned with ensuring that animals intended for use in research facilities are provided humane care and treatment. NIH policy statements and guidelines also have the same basic concern. While complete information on the amount of funds spent for nonanimal research or for developing other alternatives was not available, a study revealed that about 7 percent of the total NIH research budget was used in such research during 1978. NIH officials believe that adequate sources of information on alternative research methods are available to researchers and is planning a conference to address the advantages and limitations of the use of alternatives in biomedical research. ***Findings/Conclusions:*** GAO believed that more information is needed on the advantages and limitations of alternative methods and the extent of inappropriate animal experimentation before deciding whether legislation such as that proposed is needed. The extensive reprogramming of research funds proposed by the bill should be delayed pending further study. The planned NIH conference could provide beneficial information on the use of alternatives and leave NIH in a better position to inform Congress of the extent to which additional funds are needed. Additional funding would not necessarily require new legislation. Congress could request a status report from NIH on its efforts in developing and using alternatives. Then, if Congress believed additional funding was warranted, it could direct NIH to emphasize that research under existing legislation. By monitoring the NIH efforts and assessing the impact of additional funding, Congress could determine whether additional legislation is needed.

112187

Increased Federal Efforts Needed To Better Identify, Treat, and Prevent Child Abuse and Neglect. HRD-80-66; B-197055. April 29, 1980. 75 pp. plus 10 appendices (38 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Education: Quality of Life of Children and Their Families (3353).
Contact: Human Resources Division.
Budget Function: Education, Training, Employment and Social Services: Social Services (0506).
Organization Concerned: Department of Health and Human Services: National Center on Child Abuse and Neglect; Department of Health, Education, and Welfare; Department of Health, Education, and Welfare: Office of Human Development; American Humane Association; Department of Health, Education, and Welfare: Administration for Children, Youth, and Families.
Congressional Relevance: Congress.
Authority: Child Abuse Protection and Treatment Act (P.L. 93-247). Older Americans Act of 1965. Rehabilitation Act of 1973. Social Security Act. H. Rept. 93-685. Moore v. Sims, 47 U.S.L.W. 4693 (1979).
Abstract: Because of congressional and public concern about child abuse and neglect, GAO undertook a review of the problems States and localities are having in identifying, treating, and preventing child abuse and neglect. The National Center on Child Abuse and Neglect, established within the Department of Health, Education, and Welfare (HEW), is the focal point for Federal efforts to deal with child abuse and neglect. In the review, GAO evaluated the progress and problems of selected States and localities using as criteria the Center's recommended programs. However, the

number of reported cases of abuse and neglect continues to rise. According to HEW, reports have risen over 100 percent in the last 4 years. But it is generally recognized that the actual number of cases is much larger than reported. ***Findings/Conclusions:*** The Center estimates that each year 1 million children are abused or neglected and that 2,000 children die from injuries or conditions resulting from abuse and neglect. Moreover, GAO found that although States and localities have made progress in reporting, investigating, treating, and preventing child abuse, the States and localities do not have the capabilities to adequately provide treatment for abused and neglected children and their families. Also, the Center, who is responsible for helping States and localities develop prevention programs by identifying effective programs and approaches and by implementing, expanding, and improving such programs, has not provided adequate leadership and assistance to the States. Before 1978, the Center gave priority to identification, reporting, and treatment. But, the Center has not yet established criteria for assessing the effectiveness of prevention programs. This can in part be a result of the lack of support for the Center by HEW. Although responsibilities have increased, the Center's staff has remained about the same size since 1976, and in 1978 HEW withheld about $469,000 of the Center's research funds and transferred the money to a separate cross-cutting research program to fund projects with broader goals than child abuse and neglect. ***Recommendation To Agencies:*** The Secretary of HEW should require the National Center on Child Abuse and Neglect to: (1) help States assess how many professionals are and are not reporting child abuse cases; (2) identify problems that hinder professionals from reporting and attempt to resolve them; (3) encourage organizations of professionals required to make child abuse reports to emphasize their importance, (4) help clarify who is responsible for training and educating professionals to recognize and report abuse and neglect; (5) help resolve disagreements about whether State, local, or community organizations should develop standards and definitions of abuse and neglect; (6) encourage the use of definitions and standards for community education and decisions about abuse and neglect; (7) emphasize the need for investigating all reports within 24 hours and encourage States and localities to make this a requirement in their policies and procedures; (8) encourage State and local agencies to increase their minimum qualifications for child protective services investigative staff; (9) identify ways protective services units can increase their staffs or otherwise deal with excessive caseloads; (10) emphasize to the States the importance of contributions that multidisciplinary case consultation teams can make in dealing with abuse and neglect cases and the importance of developing and using written treatment plans, central registers for case management, and sufficient legal assistance for protective services staff; (11) better coordinate Federal programs and resources; (12) identify approaches and programs showing promise of success; (13) develop information on the progress of States and localities in addressing abuse and neglect; (14) resolve any problems regarding duplication of programs or problems that otherwise restrict effective coordination; (15) assist the States in obtaining additional treatment services and identifying ways to increase staff and qualifications; and (16) reassess the Center's position on the need to follow up on closed cases. Finally, if HEW finds that the Center does not have the resources it needs, HEW should consider furnishing the Center the necessary staff and resources to carry out its responsibilities.

112192

[Electronic Data Systems Federal Corporation's Performance as a Medicare Contractor in Illinois]. April 28, 1980. 28 pp.

Testimony before the House Committee on Ways and Means: Health Subcommittee; by Michael Zimmerman, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Health Care Financing Administration; Electronic Data Systems Federal Corp.

Congressional Relevance: *House* Committee on Ways and Means: Health Subcommittee.

Authority: Social Security Act.

Abstract: The Medicare program has three ongoing experiments which are testing competitive fixed-price procurement. Medicare contracts with carriers which process claims for physicians and other practitioner services (part B) and intermediaries which process claims for facility services (part A) have traditionally been on a cost reimbursement basis. In 1978, the Health Care Financing Administration (HCFA) used its authority to solicit fixed-price proposals to serve Illinois part B beneficiaries. The result has been disastrous. Beneficiaries and providers have experienced an entire year of poor performance by the Electronic Data Systems Federal Corporation (EDSF). Previous to the start of the experiment, GAO was asked to review the Illinois contract and two other experimental fixed-price contracts. GAO anticipated the potential for problems with the contract change. Not only was EDSF inexperienced in performing a number of carrier functions in Medicare, but simply changing from two contractors to one in a State wih a high claim volume could cause problems. GAO concluded that the experiments needed further evaluation before a broad change to competitive fixed-price contracting was legislatively authorized for Medicare. Unfortunately, the concerns proved to be valid. Three issues require immediate attention by HCFA. EDSF quality assurance reviews need to be improved so that the difference between EDSF and HCFA results are minimized. Improvements are needed in the area of beneficiary services, particularly with respect to the responsiveness and appropriateness of EDSF correspondence with beneficiaries. The reasonable charge update process should be utilized which bases reimbursements on claims data from the previous calendar year. Thus, the determination of amounts to be reimbursed for the year beginning July 1980 would be based on the claims processed during the calendar year 1979. It may not be in the best interest of the beneficiaries, providers, or the Government to permit this contract to run unchanged for 3 more years unless performance significantly improves. HCFA needs to develop a contingency plan for the whole or partial replacement of EDSF as the Medicare carrier for Illinois.

112195

What Foods Should Americans Eat? Better Information Needed on Nutritional Quality of Foods. CED-80-68; B-198160. April 30, 1980. 36 pp. plus 15 appendices (56 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Good Nutrition Standards (1708). Health Programs (1200).

Contact: Community and Economic Development Division.

Budget Function: Agriculture: Agricultural Research and Services (0352). Health: Health Research and Education (0552).

Organization Concerned: Department of Agriculture; Department of Health, Education, and Welfare; Federal Trade Commission; Food and Drug Administration; Interagency Committee on Nutrition Education; National Academy of Sciences: Food and Nutrition Board

Congressional Relevance: Congress.

Authority: Child Nutrition Act (P.L. 95-166; 91 Stat. 1345). Food and Agriculture Act of 1977 (P.L. 95-113). 45 Fed. Reg. 18. B-164031(3) (1973).

Abstract: Americans have a growing desire to select foods that promote good health. With thousands of food products to choose from, food decisions are becoming more difficult for consumers and the Government. In recent decades, the American food supply has changed so that more than half of the public's diet consists of

processed foods rather than fresh produce. This comes at a time, when Americans are less active than their counterparts in previous generations and therefore should consume fewer calories and/or be more physically active to maintain an ideal weight. ***Findings/Conclusions:*** Although attempts have been made to classify foods as nutritious, low nutritious, or junk foods, no food in isolation from a total diet should be characterized as good or bad. It is the combination of foods which complement each other that forms the basis for a nutritious diet. Thus, a greater Federal effort is needed to help consumers determine what foods and diet are best for their health, and to help Government carry out its food programs consistently and effectively. Additionally, recommended ranges, allowances, or other standards should be established on what is too much or too little intake for controversial food components. But the lack of data on the nutrient content of food limits the decisions that Government and others can make with respect to nutrition research, education, surveillance, labeling, advertising, and food delivery programs. Moreover, the relatively small effort by the Department of Agriculture (USDA) and others to increase the output of composition data is attributable to the low priority for performing nutrient analysis of food and the lack of adequate methods for analyzing the nutritional content of foods. ***Recommendation To Agencies:*** The Secretaries of Agriculture and Health, Education, and Welfare (HEW) should: (1) provide the leadership needed to jointly develop and disseminate a set of explicit and generally accepted nutrition principles for aiding consumers, Government, and the food industry in making food and nutrition related decisions; (2) convene a panel of experts, or request that a group be established by an organization such as the Food and Nutrition Board, National Academy of Sciences, to evaluate and recommend any necessary changes on the guidance the USDA/HEW interdepartmental ad hoc committee is developing on intake levels for controversial dietary substances; and (3) convene a panel of experts to develop guidelines on controversial dietary substances if USDA and HEW decide not to issue the guidelines. Additionally, the Secretary of Agriculture should examine the alternatives needed to improve food composition methodology, research, data assembly, analysis, and dissemination; evaluate the USDA priorities regarding food composition data; and place greater emphasis on obtaining timely output of more complete and needed food composition data.

112243

[How To Pay for Paraprofessionals in Mental Health and Substance Abuse Services]. May 5, 1980. 13 pp.

Speech before the Todays Mental Health Crisis: The Paraprofessionals' Response; by Beryce W. MacLennan, Principal Psychologist, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: National Education Center for Paraprofessionals in Mental Health; New York City University: Graduate School and University Center, New York, NY; Alcohol, Drug Abuse, and Mental Health Administration: National Institute of Mental Health; Alcohol, Drug Abuse, and Mental Health Administration; Joint Commission on Accreditation of Hospitals.

Authority: Social Security Act.

Abstract: Comments are provided on how paraprofessionals are financed in the fields of mental health and substance abuse services. With the exception of registered nurses, the term, paraprofessional, includes anyone with less than a masters degree who delivers direct care, educational, or treatment services related to mental health and substance abuse. Statistics indicate that the majority of paraprofessionals are employed in inpatient programs and paid for on salary. However, there are increasing numbers of paraprofessionals employed in a wide variety of community services with varying degrees of supervision. Most of these are also paid for on salary. Moreover, paraprofessionals appear to be more easily employed in organizations which are funded under grants, contracts, appropriations, or on a capitation basis rather than under a fee-for-services rendered basis. However, restrictions on the qualifications of those who may be reimbursed through third-party payments, State licensing practices, and standards for institutional accreditation, limit the flexibility of agencies to employ a range of paraprofessionals in their programs. Consequently, two major models of payment appear to be on the horizon. One method is that in which each unit of service and its appropriate provider is defined, costed out, and paid to render a range of services. In the second method, organizations are accorded provider status and paid to render a range of services. However, the individuals employed in such organizations may be required to be have credentials.

112250

[Environmental Protection Agency's Procedures for Suspending a Pesticide]. May 1, 1980. 10 pp.

Testimony before the House Committee on Agriculture: Department Investigations, Oversight, and Research Subcommittee; by Hugh J. Wessinger, Associate Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.

Organization Concerned: Environmental Protection Agency; Department of Agriculture; Environmental Protection Agency: Science Advisory Board; Environmental Protection Agency: Scientific Advisory Panel.

Congressional Relevance: *House* Committee on Agriculture: Department Investigations, Oversight, and Research Subcommittee; *Rep.* William C. Wampler.

Authority: Insecticide, Fungicide and Rodenticide Act. Environmental Research, Development, and Demonstration Authorization Act of 1978.

Abstract: As a result of congressional concern that the Environmental Protection Agency's (EPA) emergency suspension of major uses of two pesticides may not have been based on scientifically validated studies, GAO reviewed EPA procedures for suspending a pesticide's use. The dioxin pesticides in question were primarily used to kill or control undesirable vegetation in forests, range and pasture lands, rights-of-way, and rice fields. In 1978, after receiving a letter claiming that the dioxins had caused miscarriages in eight women, EPA began investigations to determine if there was a relationship between the miscarriages and the pesticide use. In 1979, the contractors completed their reports and submitted them to EPA, which issued a final report that concluded that there was a statistically significant increase in miscarriages in areas where the dioxins were used. EPA issued emergency orders immediately suspending forestry, right-of-way, and pasture uses. GAO reviewed EPA procedures for reviewing and validating epidemiological studies to determine whether EPA has followed the procedures. EPA has no written policy or procedures, but officials told GAO that EPA sometimes asks for peer reviews of a study's design before beginning a review and generally obtains peer reviews of study results after they are completed. These reviews are generally done by two to four scientists who are experts on the subject matter but who have not been involved in the project being reviewed. Officials said that EPA did not obtain reviews of the dioxin studies due to time contraints. There was little documentation of peer reviews of the study's results. EPA established a Scientific Advisory Panel to provide advice on the impact of its pesticide regulation actions. However, the Administrator of EPA waived the requirement for obtaining the Panel's comments in this case. GAO was concerned that there was apparently little independent scientific evaluation of important evidence EPA relied on when deciding to suspend use of the pesticides. It concluded that EPA should make more use of the Scientific Advisory Panel and the Science Advisory

Board on important pesticide regulatory actions. GAO felt that an amendment to the Insecticide, Fungicide and Rodenticide Act which would either require the Administrator to seek the Panel's advice before issuing a final suspension order or to develop regulations to seek the Panel's advice before issuing a final suspension order is desirable.

112262

[Management of and Results Obtained From the Health Care Financing Administration's Demonstration, Experiment, and Related Evaluation Activities]. May 8, 1980. 38 pp. plus 4 enclosures (38 pp.).
Testimony before the House Committee on Ways and Means: Oversight Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

0123.br **Contact:** Human Resources Division.
Organization Concerned: Health Care Financing Administration; Health Care Financing Administration: Office of Research, Demonstrations, and Statistics.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee.
Authority: Social Security Amendments of 1967 (P.L. 90-248). Social Security Amendments of 1972 (P.L. 92-603). P.L. 93-641. P.L. 95-142. P.L. 95-210. P.L. 95-292. H.R. 934 (96th Cong.). H.R. 5285 (95th Cong.).
Abstract: Comments were provided on the evaluation by GAO of the Department of Health, Education, and Welfare's Health Care Financing Administration (HCFA). In 1977, HCFA was established and given responsibility for administering the Medicare and Medicaid programs. This purpose was to be carried out through a wide variety of scientific investigations into the causes of rising health care costs and into methodologies which show potential for decreasing costs without adversely affecting the quality of care. In reviewing HCFA, GAO found that: (1) reports to Congress have not been submitted at the dates specified by law; (2) when reports were submitted, they did not meet the specifications contained in the law and/or related committee reports; (3) more recent mandated demonstrations have not been undertaken due to a shortage of staff or money; (4) demonstrations and experiments or the related evaluations were sometimes completed after Congress or its committees had already deliberated and acted on the issues involved; (5) the HCFA Office of Research, Demonstrations, and Statistics (ORDS) could not readily determine the specific outcomes or impacts of its demonstrations and experiments activities (D&E); (6) the processes for carrying out the ORDS D&E activities often involved long periods of time; and (7) congressionally mandated D&E activities have not been given priority over nonmandated ORDS research programs. Moreover, GAO believes that to effect improvement within HCFA: (1) there is a need for more involvement of policymakers in the planning process; (2) planning should include identification of the knowledge needed; (3) there is a need to arrange priorities to assure that the expectations of congressional mandates are timely met; (4) ORDS should identify, obtain, and retain raw data from D&E activities where the data are likely to prove useful in future research, and should verify the data to assure the accuracy and acceptability of project results; (5) there is a need for a control and tracking system which identifies the interim D&E results of ongoing projects by subject matter; (6) ORDS should take a formal position on the final results reported from each project as to their validity, policy implications, and usage; (7) there should be a systematic assessment of the utilization of the results of D&E activities and the outcomes of such utilization; and (8) there is a need for management to more explicitly inform professional staffs of what is expected of them.

112291

Health Maintenance Organizations Can Help Control Health Care Costs. PAD-80-17; B-197938. May 6, 1980. 31 pp. plus 5 appendices (44 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Evaluation Guidelines and Methodology: Non-Line-of-Effort Assignments (2651). Health Programs: Health Maintenance Organizations' Compliance With Law (1214); National and Regional Economic Problems (3500).
Contact: Program Analysis Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health, Education, and Welfare.
Congressional Relevance: Congress.
Authority: Health Maintenance Organization Act of 1973 (42 U.S.C. 300e). Health Maintenance Organization Amendments of 1976 (90 Stat. 1945). Health Maintenance Organization Amendments of 1978 (92 Stat. 2131).
Abstract: Advanced economic analysis was used to study the performance of health maintenance organizations (HMO) qualified to receive Federal assistance under the Health Maintenance Organization Act of 1973. The study was made to determine if these HMO's are performing efficiently in the provision of health care services. Proponents of HMO's contend that they can provide care more efficiently and control overall health care costs by altering the basic incentive structure affecting providers. ***Findings/Conclusions:*** Qualified HMO's were taking into consideration the relative costs of providing services when deciding whether to use the services of medical staffs, ambulatory health centers, and hospitals. Because the costs of these services are not affected by third party payments, HMO's should be able to allocate these resources efficiently and help control health care costs. If the HMO's analyzed continue to grow, the per unit cost of providing care will fall and maximum efficiency will be achieved. Beyond this point, further cost reductions will be unlikely without the discovery and use of new productivity-increasing technology. Also, with increased time in operation, the HMO's are experiencing increases in the real cost of providing care. This could lead to some deterioration in the financial positions of HMO's which continue to incur deficits and do not increase enrollments. GAO believes that a study organized by the Department of Health, Education, and Welfare (HEW) to determine the direction of its HMO research and evaluation activities should include the following topics: (1) a comparison of the performance of different types of HMO's; (2) a comparison of the performance of HMO's to that of the traditional system; (3) a more accurate determination of the minimum efficient size for HMO's; and (4) an analysis of the effect of HMO's on the public's health. ***Recommendation To Agencies:*** The Secretary of HEW should study the topics mentioned in the report and report the results of the study to Congress.

112293

[Evaluation of the Health Care Financing Administration's Proposed Home Health Care Reimbursement Limits]. HRD-80-84; B-198735. May 8, 1980. ***Released*** May 13, 1980. 3 pp. plus 1 enclosure (17 pp.).
Report to Rep. Sam M. Gibbons, Chairman, House Committee on Ways and Means: Oversight Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Health Care Financing Administration; Bureau of Labor Statistics; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee; *Rep.* Sam M. Gibbons.

Abstract: In response to congressional concern that the limits proposed by the Health Care Financing Administration (HCFA) on home health care reimbursements were too high, GAO reviewed the accuracy of the data base used to develop the limits, the methodology used, the accuracy of the HCFA estimated savings, and alternative methods HCFA could use to improve existing limits or develop subsequent home health reimbursement limits. A number of problems with the data base and HFCA procedures were identified: under the methodology used, relatively minor changes in the number of home health agencies included in the data base or the data themselves could result in substantial changes to the computed reimbursement limits; and small changes in the level at which the limits were set could have a relatively large impact on the savings resulting from implementation of the limits. ***Findings/Conclusions:*** In reviewing the data base, GAO found the following problems: (1) HCFA included home health agencies in the data base which should have been excluded and excluded agencies which should have been included; (2) it included information from unaudited, unsettled home health agency cost reports; (3) costs reported under certain cost reporting methods permitted by HCFA had to be allocated in order to obtain the data needed to compute the proposed limits; and (4) a computer programming error resulted in the limits being set too high. In addition, anomalies were noted with the wage index data used to establish the reimbursement limits for individual agencies. Because of the problems with the data base, GAO could not determine the correct levels at which the proposed limits should be set using the HCFA methodology, nor could it verify the accuracy of the estimated savings.

112366

[Comparison of Data on Older People in Three Rural and Urban Locations]. HRD-80-83; B-165430. May 23, 1980. 2 pp. plus 2 enclosures (15 pp.).

Report to Nelson H. Cruikshank, Chairman, Federal Council on Aging; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services (1300). Income Security and Social Services: Programs for the Elderly (1311).
Contact: Human Resources Division.
Budget Function: Education, Training, Employment and Social Services: Social Services (0506).
Organization Concerned: Federal Council on Aging; Department of Health and Human Services.
Abstract: The Federal Council on Aging asked for information on the transportation, housing, employment, and income of older people living in rural and urban locations. In response, information was obtained from data bases on older people living in three locations; Cleveland, Ohio (urban); Lane County, Oregon (rural and urban); and Gateway Health District, northeastern Kentucky (rural).0041.ft BI Findings/Conclusions: The source of transportation varied among the three locations. In Lane County, older people most often provided their own transportation and in northeastern Kentucky, family and friends provided most of the transportation. Fewer older people owned homes in Cleveland than in Lane County or northeastern Kentucky. Family incomes were lower in northeastern Kentucky than in the other two locations. Older people in northeastern Kentucky were more likely to receive Supplemental Security Income, food stamps, and/or Medicaid than were people at the other two locations. Only a small number of the older people in any of the locations were employed full time.

112393

[Federal Employees' Health Insurance Costs]. May 15, 1980. 8 pp.

Testimony before the House Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; by Wilbur D. Campbell, Deputy Director, GAO Financial and General Management Studies Division.

Contact: Financial and General Management Studies Division.
Organization Concerned: Office of Personnel Management; Blue Cross Association; Blue Shield Association; Department of Health, Education, and Welfare; Department of Justice; Aetna Insurance Co.
Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee.
Abstract: Comments were provided by GAO on its report about the differences between the enrollment data on records of Federal agencies and those of insurance carriers. In reviewing the Federal agencies enrollment data for insurance coverage, GAO found that the overall error rate ranged from 0.2 to 35.5 percent for the agency payroll office and insurance carrier records tested. Additionally, GAO found that the errors in the enrollment data: (1) resulted in underpayments of premiums and overpayments of benefits; (2) increased program costs between $2 and $5 million annually; (3) varied by agency and carrier; and (4) delayed payments of claims. As a result of its findings, GAO recommended that the Director of the Office of Personnel Management (OPM) should adopt the use of automated procedures to report health benefits enrollment data to carriers and to reconcile agency and carrier enrollment records. Moreover, the Director of OPM should direct subordinates to: (1) develop and arrange with carriers the use of a common identifying number for each enrollee; (2) have agencies and carriers develop a standard format for exchanging enrollment information; (3) require carriers to provide payroll offices with verification enrollment data in computer-readable form on claimants of the reporting period; and (4) prepare instructions for agencies on automated reporting and reconciliation of enrollment data. Finally, GAO stated that the results of its report and recommendations were that OPM is working with Blue Cross/Blue Shield and the Veterans Administration to develop a standard for the transmission of enrollment data in machine-readable form.

112431

EPA Should Help Small Communities Cope With Federal Pollution Control Requirements. CED-80-92; B-198486. May 30, 1980. 33 pp. plus 3 appendices (37 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Social and Economic Effects on the Public and Private Sectors (2209).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Public Works and Transportation; *Senate* Committee on Environment and Public Works; Congress.
Authority: Clean Air Act Amendments of 1977 (42 U.S.C. 7401). Clean Water Act of 1977 (P.L. 95-217). Federal Water Pollution Control Act (33 U.S.C. 1251). Resource Conservation and Recovery Act of 1976 (42 U.S.C. 6901). Safe Drinking Water Act (42 U.S.C. 300f).
Abstract: GAO selected nine small communities in New England and the Pacific Northwest to do an in-depth analysis of the social and economic problems caused by federally funded sewage systems. GAO also obtained information on an additional 20 communities affected by two or more Federal pollution control requirements, to determine if the multiple pollution control requirements caused problems in these communities. ***Findings/Conclusions:*** Small communities face higher per capita costs and a lack of technical expertise in complying with Federal environmental regulations. GAO believes the Environmental Protection Agency (EPA) must

make a special effort to help these communities. Among the problems discovered were inadequate justification for building new sewer systems, social and economic hardships, frustration by nontechnical local officials who are responsible for these highly technical projects, and overbuilt sewage systems. Many of these problems could be eliminated by better EPA review of project plans and more technical assistance for small communities. The increased costs of complying with multiple requirements of recent Federal pollution legislation compound the problems small communities face in meeting the requirements. GAO believes EPA needs to experiment with comprehensive approaches to pollution control for small communities such as: Federal block grants for the most pressing environmental problems, a special technical assistance coordinator to assist communities in planning programs, phased implementation of Federal requirements when concurrent implementation would be too costly, and suspension and waiver of requirements when costs are high and the potential environmental benefits are minimal or the project is environmentally harmful. ***Recommendation To Agencies:*** The Administrator of EPA should require EPA regional administrators to see that the States carefully review the facilities' plans for all pending and future grants for small community treatment systems, to make sure that the social and economic impacts of new treatment systems are clearly identified and the size and type of the new systems fully justified. The Administrator should develop methods of providing additional technical assistance to help small communities with new sewage treatment systems, especially during the planning process. Two possible approaches are using EPA field engineers and approving grants for independent technical specialists. Also, the Administrator should develop proposals to experiment with comprehensive pollution control approaches specifically tailored to address the environmental and social needs of small communities. EPA should present these proposals to Congress with recommendations for implementing them, including any needed legislative changes to allow for effective, comprehensive experimentation.

112450

FDA Drug Approval--A Lengthy Process That Delays the Availability of Important New Drugs. HRD-80-64; B-198724. May 28, 1980. ***Released*** June 6, 1980. 65 pp. plus 5 appendices (18 pp.).

Report to Rep. George E. Brown, Jr., Chairman, House Committee on Science and Technology: Science, Research and Technology Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Evaluation of Drug Safety and Efficacy Prior to Marketing (0907). Automatic Data Processing: Use of Computer Systems for Agency Mission Requirements and Support Functions (0108).

Contact: Human Resources Division.

Budget Function: Health: Consumer and Occupational Health and Safety (0559).

Organization Concerned: Food and Drug Administration; Department of Health, Education, and Welfare; Food and Drug Administration: Bureau of Drugs.

Congressional Relevance: *House* Committee on Science and Technology: Science, Research and Technology Subcommittee; *House* Committee on Science and Technology: Domestic and International Scientific Planning, Analysis and Cooperation Subcommittee; *Rep.* George E. Brown, Jr..

Authority: Food, Drug, and Cosmetic Act (21 U.S.C. 301). H.R. 4258 (96th Cong.). S. 1075 (96th Cong.).

Abstract: Responsible for regulating the testing and marketing of all human drugs in the United States, the Food and Drug Administration (FDA) must assure that the public health is protected by carefully assessing the risks and benefits associated with new drugs and making such drugs available to the public as soon as possible. The Federal Food, Drug and Cosmetic Act gives FDA the legal authority and responsibility for regulating and approving new drugs. The Act requires that FDA approve new drug applications (NDA's) within 180 days, or about 6 months after they are filed, or that FDA give an applicant notice of an opportunity for a hearing on the application's deficiencies. Where more time is needed, the Act permits the time to be extended by mutual agreement between FDA and the applicant. The GAO review of the FDA drug approval process consisted of (1) obtaining the views and concerns of the drug industry, pharmaceutical associations, and other knowledgeable members of academia and FDA officials; (2) comparing drug approval procedures in Canada and eight European countries with those of the United States; (3) analyzing the FDA review process for selected NDA's; (4) analyzing the workload of FDA physicians, chemists, and pharmacologists involved in reviewing NDA's; (5) interviewing FDA reviewers of NDA's for their perceptions of the drug approval process; and (6) reviewing the FDA use of scientific and management information systems in its drug approval activities. ***Findings/Conclusions:*** Of the 132 NDA's submitted in 1975, 52 percent had been approved by the end of May 1979. The average approval time for these applications was about 20 months. Many important drugs were approved in some foreign countries in less time than in the United States. Both FDA and the drug industry contribute to the time it takes to approve new drugs. Major factors affecting drug approval time were: (1) imprecise FDA guidelines, subject to varying interpretations; (2) scientific and professional disagreements between FDA and industry; (3) slow or inadequate FDA feedback to industry and a lack of promptness in notifying drug firms of deficiencies in applications; (4) lengthy chemistry and manufacturing control reviews; (5) limited time spent reviewing and uneven workload; and (6) incomplete NDA's and industry's slow rate of resolving deficiencies. Practices and policies in countries that tended to speed up approval included the development of postmarketing surveillance systems in which widespread usage of drugs after marketing indicate the safety and efficacy which is not obtainable through controlled clinical trials; the use of an expert committee to review and approve, or recommend approval of, important new drugs; and acceptance of foreign clinical data to demonstrate the safety and efficacy of a new drug. Legislation has been proposed which would require drug firms to collect and report adverse drug reaction information and provide informal procedures for resolving scientific disagreements between FDA and drug firms. ***Recommendation To Agencies:*** The Secretary of Health, Education, and Welfare (HEW) should direct the Commissioner of FDA to: monitor the FDA progress toward achieving the goals of reducing processing time for new drug applications 25 and 15 percent over a 3-year period and revise actions when necessary to assure that these goals are met; establish additional goals until the statutory 6-month time period is achieved or propose to Congress that it revise the 6-month timeframe; use paraprofessionals to assist reviewers, particularly those with heavy workloads; give the industry timely feedback on deficiencies in NDA's and instances where it is responsible for delaying approval of new drugs; expedite development of an improved postmarketing surveillance program and provide for feedback on program results to reporting physicians; and formally clarify the FDA policy on the acceptance of foreign data. Further, the Secretary of HEW should direct the FDA Commissioner to evaluate the Bureau of Drugs information systems to determine how well they serve the drug review process. This effort should consider the need to: increase the drug reviewers' awareness of existing information systems; make the existing systems more responsive to the needs of drug reviewers by conducting more comprehensive surveys of the reviewers' needs; encourage user participation in the development or redesign of information systems; and expedite the assessment of the potential benefits of using microfilm or microfiche submissions of new drug applications.

112486

[Office of Personnel Management's Comprehensive Medical Plans Network Experiment]. HRD-80-89; B-164031(5). May 30, 1980. 5 pp. plus 2 enclosures (27 pp.).

Report to Rep. Gladys N. Spellman, Chairman, House Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207). Personnel Management and Compensation: Non-Line-of-Effort Assignments (0351).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551).

Organization Concerned: Office of Personnel Management; Blue Shield Association; Blue Cross Association.

Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; *Rep.* Gladys N. Spellman.

Authority: Federal Employees' Health Benefits Act of 1959.

Abstract: The Office of Personnel Management's (OPM) administration of the Blue Cross and Blue Shield Comprehensive Medical Plans Network experiment in the Federal Employees Health Benefits (FEHB) program was reviewed. The Network, operated by the Blue Cross and Blue Shield Associations (Associations), was intended to provide new options for health benefits coverage to Federal employees and to relieve OPM of the administrative costs associated with contracting with a number of comprehensive plans. ***Findings/Conclusions:*** There is no specific reference in the FEHB Act to a network of comprehensive plans; OPM has not sought specific legislative guidance for conducting the Network experiment, but has amended its Health Benefits Plan regulations to provide for admission of comprehensive plan networks into the FEHB program. OPM failed to enforce certain basic statutory and other requirements of the FEHB program to permit new developing comprehensive plans to participate in the Network experiment. A 1978 OPM preliminary review of the 18 Network comprehensive plans indicated that 10 of the 18 did not meet one or more of the requirements of the FEHB Act, FEHB program regulations, or OPM admissions criteria. OPM did not adequately monitor the Associations' administration of the Network to ensure that individual plans conformed with FEHB program requirements, and the Associations did not advise OPM that two Network plans in one State did not have State certificates of authority required by the State to legally operate and thus were not eligible under Federal regulations to participate in the Network. The uniform premium rate has resulted in marketing problems for low-cost Network plans, subsidization of high-cost Netwok plans, and an expressed desire by some plans to disengage from the Network and apply individually for the FEHB program. Because the uniform premium rate is inconsistent with the community-rating concept, Network enrollees in low-cost areas pay higher premiums than they would if the plans had been offered individually through the FEBH program. ***Recommendation To Congress:*** Congress should decide whether continuation of a comprehensive medical plans network is appropriate. If it is determined that continuation is appropriate, it is recommended that specific legislation be enacted detailing financial, admission, and administrative requirements to be applied to this unique health care delivery system. ***Recommendation To Agencies:*** Pending congressional action, OPM should (1) improve monitoring to insure that FEHB program requirements are applied to all comprehensive plans in Networks; (2) develop an alternative to the present uniform rate system that is more closely tied to prevailing local costs in an individual plan's service area; (3) terminate from the Network plans that do not individually qualify for admission to the FEHB program; and (4) arrange for the orderly transfer of enrollees in terminated plans to other FEHB program plans.

112493

Food, Agriculture, and Nutrition Inventory: A New Dictionary on Food. June 1980. 3 pp.

By Todd D. Weiss, Supervisory Management Analyst, GAO Community and Economic Development Division.

In The GAO Review, Vol. 15, Issue 2, Spring 1980, pp. 66-68.

Contact: Community and Economic Development Division.

Organization Concerned: Department of Agriculture; Office of Management and Budget.

Congressional Relevance: *Senate* Committee on Appropriations: Agriculture and Related Agencies Subcommittee.

Abstract: GAO has developed a food, agriculture, and nutrition inventory at the request of a Senate subcommittee to gain a better grasp of the massive amounts of information which exist in this policy area. The inventory was designed to give a list of Government agency programs and activites in the food, nutrition, and agriculture areas. It was aimed at giving a rational baseline to work from in appropriating funds. The inventory was designed to be easily used and quickly accessible. It classified programs according to four broad characteristics: (1) food system sector, (2) function, (3) intended users, and (4) geographic scope. GAO created a questionnaire and collected all of the required program information, processed the data, and entered it on the Department of Agriculture computer system. The inventory is used by various Government agencies, as well as GAO, to prepare budgets and plan programs. The Department of Agriculture has been directed to update this useful inventory. A similar system has been requested for all Government programs, and one State legislature has shown interest in the system for its use. Among other growth steps envisioned is the addition of a system of possible future conditions to determine the most effective changes to Federal programs.

112502

Nursing Homes and the Elderly--An Evaluation of Avoidable Admissions. June 1980. 8 pp.

By Nancy G. Deck, Management Analyst, GAO Program Analysis Division.

In The GAO Review, Vol. 15, Issue 2, Spring 1980, pp. 36-43.

Contact: Program Analysis Division.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *House* Select Committee on Aging; *Senate* Committee on Finance; *Rep.* Henry A. Waxman; *Rep.* Claude D. Pepper.

Abstract: Entering a nursing home has become an irreversible costly decision. Many who enter these facilities could have remained in their homes or community if appropriate support systems could have been obtained. The major burden of illness in the United States has shifted from acute infectious disease to chronic and degenerative conditions. The United States faces the dilemma of designing a humane yet affordable system of providing long-term health and social services to the chronically ill and disabled population. Under an optimal long-term care system, an individual would be assured of receiving essential health and social services in a setting which fosters independent functioning. Nursing homes would be used only when community living is not a viable option. At present, 93 percent of all public funds for long-term care services goes to nursing homes and institutions, while only 7 percent finances community based care. Medicaid paid for 87 percent of all public expenses for nursing home care, because most private health insurance plans exclude long-term care from their coverage. Many elderly poor are ineligible for Medicaid benefits while living in the community, but upon entering a nursing home different standards apply. Many low or moderate income elderly enter nursing homes as private pay patients and become impoverished or transfer their money to relatives in order to become eligible for Medicaid coverage. Once institutionalized, far more medical services are covered

by Medicaid than are by Medicare. There is limited or no public financial or social support available to family caretakers of the elderly. A comprehensive assessment is needed to assure appropriate nursing home placement. Medicaid's assessment mechanisms have not been effective measures to control avoidable institutionalization. They occur too late, and focus on medical conditions and not the other factors involved. GAO proposed a program of preadmission screening to provide all applicants to nursing homes with community-based services based on a Federal/State cost sharing arrangement comparable to the Medicaid Program. Current congressional interest would expand the opportunities of the elderly to receive care in their own homes or communities rather than force them to impoverish themselves to qualify for public support and nursing home care.

112506

[Evaluation of the Health Care Financing Administration's Proposed Home Health Care Cost Limits]. HRD-80-85; B-198735. May 8, 1980. ***Released*** June 9, 1980. 3 pp. plus 1 enclosure (17 pp.).
Report to Sen. Bob Packwood; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208)
Contact: Human Resources Division
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Health Care Financing Administration; Bureau of Labor Statistics; Department of Health, Education, and Welfare
Congressional Relevance: *Sen.* Bob Packwood.
Abstract: In response to congressional concern that the limits proposed by the Health Care Financing Administration (HCFA) on home health care reimbursements were too high, GAO reviewed the accuracy of the data base used to develop the limits, the methodology used, the accuracy of the HCFA estimated savings, and alternative methods HCFA could use to improve existing limits or develop subsequent home health reimbursement limits. Under the methodology used, relatively minor changes in the number of home health agencies included in the data base or the data themselves could result in substantial changes to the computed reimbursement limits. And, small changes in the level at which the limits were set could have a relatively large impact on the savings resulting from implementation of the limits. ***Findings/Conclusions:*** In reviewing the data base, GAO found the following problems: (1) HCFA included home health agencies in the data base which should have been excluded and excluded agencies which should have been included; (2) it included information from unaudited, unsettled home health agency cost reports; (3) costs reported under certain cost reporting methods permitted by HCFA had to be allocated in order to obtain the data needed to compute the proposed limits; and (4) a computer programming error resulted in the limits being set too high. In addition, anomalies were noted with the wage index data used to establish the reimbursement limits for individual agencies. Because of the problems with the data base, GAO could not determine the correct levels at which the proposed limits should be set using the HCFA methodology, nor could it verify the accuracy of the estimated savings.

112517

Child Care Food Program: Better Management Will Yield Better Nutrition and Fiscal Integrity. CED-80-91; B-197374. June 6, 1980. 50 pp. plus 3 appendices (14 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Domestic Food Assistance Programs (1710). Health Programs: Non-Line-of-Effort Assignments (1251); Internal Auditing Systems: Management Control Systems in Federal Agencies for the Prevention of Fraud and Abuse (0206)
Contact: Community and Economic Development Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Agriculture; Food and Nutrition Service.
Congressional Relevance: *House* Committee on Education and Labor: Elementary, Secondary and Vocational Education Subcommittee; Congress; *Rep.* Carl D. Perkins; *Rep.* Elizabeth Holtzman.
Authority: Child Nutrition Amendments of 1978 (P.L. 95-627; 92 Stat. 3603). 7 C.F.R. 226.10. 7 C.F.R. 226.12(1). 7 C.F.R. 226.7. 7 C.F.R. 226.27. 7 C.F.R. 226.20. 7 C.F.R. 226.22. 7 C.F.R. 226.25. 7 C.F.R. 226.26. 7 C.F.R. 226.6(e).
Abstract: The Child Care Food Program was established to improve the nutritional levels of the diet of the Nation's children, primarily preschool children. Food and nutritional regional offices administer the program when State education agencies or other State agencies are unwilling or unable to do so. Public or private nonprofit organizations manage the program locally. Meals are provided by day care centers or in family or group day care homes. The program has grown significantly since its inception in 1969, and participation is expected to increase. GAO visited 98 sponsors and 715 feeding sites in four States during its study of the program's management. ***Findings/Conclusions:*** GAO felt improved management of the program is essential if substandard meals, unhealthy feeding site conditions, and questionable financial accountability are to be improved. During the GAO study, delivery of services and financial accountability were found unacceptable. The impact of recent legislation providing for the expansion of the program needs assessment. The management of State and regional program offices needs improvement as a lack of personnel hampers the program administration. Regional oversight must also be improved. ***Recommendation To Agencies:*** The Secretary of the Department of Agriculture (USDA) should direct the Administrator, Food and Nutrition Service, to eliminate the conditions which prevent program participants from receiving nutritious meals in healthy environs. Specifically, the Secretary should require the Administrator to establish an effective system to monitor feeding site conditions and compliance with USDA meal standards. Also, the Secretary should direct the Administrator to determine that the Service's new fiscal guidelines are completed in accordance with sound accounting and auditing principles and other appropriate Federal guidelines, including applicable GAO standards, and that program personnel are trained in their use; develop a system for monitoring the activities of the Service's regional offices and State agencies; and develop effective headquarters information systems to enhance program planning, policy development, and guidance. To provide Congress with some assurance that program expansion is carried out effectively and efficiently, the Secretary should be certain that current and future resources at all levels necessary to assure the nutritional and financial integrity of the Child Care Food Program are identified, an action plan for achieving mandated program expansion is developed, and the results of these efforts are communicated to the appropriate congressional committees. Further, to encourage States to retain responsibility for program management, the Secretary should identify for Congress measures which would support State program management and encourage States that had relinquished program control to resume responsibility. In addition, the Secretary should closely oversee State activities to identify obstacles to sound program management and to provide assistance in overcoming them.

112521

[Aviation Safety Hazards]. June 3, 1980. 15 pp.
Testimony before the House Committee on Public Works and Transportation: Oversight and Review Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Federal Aviation Administration; National Transportation Safety Board.
Congressional Relevance: *House* Committee on Public Works and Transportation: Oversight and Review Subcommittee.
Abstract: The Federal Aviation Administration (FAA) attaches great importance to its safety-related programs. However, it has not been effective or timely in developing systems to identify safety hazards because it has not (1) recognized their importance, (2) emphasized information gathering and analysis, nor (3) undertaken long-term planning for comprehensive identification systems. Organizational problems and a lack of a comprehensive planning process for addressing aviation safety issues have also hampered the effectiveness of FAA. Procedures for insuring that safety project plans are prepared, reviewed, and approved are either incomplete or nonexistent. The difficulties FAA has had regarding priorities, requirements, cost-benefit analyses, interim corrective actions, internal coordination, staffing-workload analyses, and accountability in safety projects have not always been monitored because FAA has no agencywide requirement for recording actual time charged on safety project work. The priority accorded the cabin safety issue has been inconsistent and FAA has been untimely and ineffective in establishing requirements for cabin materials. Various interim cabin safety corrective actions have been considered over the years, but no substantive rulemaking actions have occurred. The National Transportation Safety Board recommended that FAA give its highest priority to improving standards for seat systems. Although FAA spent years in seat strength research, it has never clearly established whether or not stronger seats are necessary. An examination of FAA documents indicated that internal FAA research showed that seat failures had occurred in survivable transport accidents. However, FAA officials stated that there was no evidence that the standards being used were inadequate. Each time proposals to increase seat strength standards have come to a decision point, FAA has claimed there was no evidence to justify the need. GAO believed that, without an estimate of the costs and benefits of increasing seat strength, FAA is in a weak position to make sound decisions on establishing requirements, initiating research, continuing research, or using the results of such research.

112540

States Should Intensify Efforts To Promptly Identify and Recover Medicaid Overpayments and Return the Federal Share. HRD-80-77; B-198129. June 10, 1980. 24 pp. plus 5 appendices (58 pp.).
Report to Patricia Roberts Harris, Secretary, Department of Health and Human Services; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Compliance With Financing Laws and Regulations (1207). Accounting and Financial Reporting: Systems To Insure That Amounts Owed the Federal Government Are Fully and Promptly Collected (2803).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services; Health Care Financing Administration; California; Florida; New York; South Carolina; Georgia.
Authority: 45 C.F.R. 201.66. 42 C.F.R. 447.296.
Abstract: GAO reviewed five State systems for recovering Medicaid overpayments to providers and for returning the Federal share of these overpayments to the Department of Health and Human Services (HHS). ***Findings/Conclusions:*** GAO found that at least $222.6 million in substantiated or potential overpayments had been identified but not collected, even though much of this amount has been outstanding for several years. The five States had recovered about $18.7 million in Medicaid funds for which they either had not returned or did not promptly return the Federal share. Moreover, many funds recovered by the States are deposited in interest-bearing accounts, but the States have not consistently shared this interest with the Federal Government. GAO believes that these conditions resulted because the Health Care Financing Administration (HCFA) had not established consistent policies and guidelines for States to use in administering overpayment recovery activities. Also, HCFA did not have a clear policy explaining when and under what circumstances Federal financial participation in outstanding overpayments would be denied. State systems for recovering overpayments and for returning the Federal share of such funds were fragmented, cumbersome, uncoordinated, and slow. ***Recommendation To Agencies:*** The Secretary of HHS should prescribe standards for States' Medicaid overpayment recovery systems. The standards should cover such areas as defining the responsibilities of organizational units involved in overpayment recovery; performance standards similar to Medicare for the States' overpayment recovery systems, including timely audits, resolution of appeals, recovery actions, and the return of the Federal share of recoveries; and accounting controls, including the recording and aging of accounts receivable. Also, HHS should take credit for overpayments on the first quarterly request for Federal Medicaid grant funds submitted after the overpayments are substantiated, unless the States demonstrate that their overpayment recovery systems are effective and in substantial conformance with HHS standards. If a State's system is effective and meets HHS standards, the State should be allowed a reasonable period for resolving disputes and recovering overpayments before returning the Federal share. Finally, HHS should require the States to return to the Federal Government a proportionate share of any interest earned on overpayment recoveries.

112543

Food, Agriculture, and Nutrition Issues for Planning. CED-80-94. June 11, 1980. 44 pp. plus 6 appendices (26 pp.).
Staff Study by Henry Eschwege, Director, GAO Community and Economic Development Division.

Issue Area: Food (1700).
Contact: Community and Economic Development Division.
Budget Function: Agriculture (0350). Natural Resources and Environment (0300); Health (0550); Income Security (0600).
Organization Concerned: Department of Agriculture; Department of Health, Education, and Welfare.
Abstract: The critical food, agriculture, and nutrition issues facing Congress and the Nation are identified and described as part of a continuing reassessment of critical national issues and as an aid in setting audit objectives. National and global factors affecting the food system are becoming increasingly uncertain, and the ability to respond to this uncertainty will depend on how effectively the food system is managed. Higher consumer food prices, unstable farm prices, limits on the resources of the industrialized food system, and food impact in world affairs have created new challenges for the 1980's which will warrant Government action. It is believed that efforts will continue to develop a national food policy incorporating the goals of the current agricultural, nutritional, food delivery, and international food systems. The underlying objectives upon which this policy will be determined are: developing and coordinating national and international food policies; fulfilling the Nation's commitment to help meet world food demand through humanitarian measures and commercial exports; assuring the availability of safe, nutritious food for all segments of the population; and maintaining the economic strength of the food system.

112566

Major Factors Inhibit Expansion of the School Breakfast Program. CED-80-35; B-198282. June 16, 1980. 43 pp. plus 6 appendices (22 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Domestic Food Assistance Programs (1710).

Contact: Community and Economic Development Division.

Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).

Organization Concerned: Department of Agriculture.

Congressional Relevance: Congress; *Sen.* Herman E. Talmadge; *Sen.* John C. Stennis; *Sen.* James O. Eastland; *Sen.* James B. Allen.

Authority: Child Nutrition and School Lunch Act Amendments of 1975 (42 U.S.C. 1773).

Abstract: The school breakfast program has not grown as quickly as Congress anticipated. Expansion has been hampered by: local attitudes toward the program and perceptions of local needs and responsibilities; program costs that exceed maximum Federal reimbursement; low participation, especially among teenagers; operating problems; and insufficient and/or misdirected promotion efforts. Legislation which was proposed requiring schools to provide breakfast programs if 50 percent of their students were eligible for free or reduced-price meals was rejected. Instead, Congress reaffirmed its position that programs should be made available in all schools where needed to provide adequate nutrition to students. Expansion of the program has been impeded by local opinions such as: the contention that a good breakfast is a family, not a school, responsibility; belief that the school's primary function, education, is weakened by the burden of the administration of such auxilliary functions; and the view held by many people that the program is primarily for children of low-income families and is not needed when a small proportion of such children are in a school. Low participation in the program raises questions about the need for the program, and may raise program costs. Present nutritional information systems are not adequate for deciding whether students are nutritionally needy. Financial losses seriously inhibit program growth as do various operational problems concerning bus and class schedules, food preparation and serving facilities, and supervision. The public information program for making the schools and public more aware of the breakfast program has been ineffective. ***Findings/Conclusions:*** A Federal mandate for school breakfast programs would be inappropriate. Although the School Breakfast Program is supposed to be targeted to the nutritionally needy, no data or criteria have been developed to determine which children would be affected. When operating costs are a barrier to growth of the program, the problem is not as readily solvable as some other operating problems. Participation in ongoing breakfast programs is low in most cases, even where sizeable numbers of students are from low-income families. The Federal role should be one of ensuring that parents and school officials are made aware of the program, its goals, and the degree of support the Federal Government offers. It is important to ensure that the local community has a voice in the decision of whether to provide a breakfast program or not. Congress has emphasized the need for better public information about the program, but it is too early to tell if the agency's response will be effective. ***Recommendation To Agencies:*** The Secretary of Agriculture should require that each school district, as part of its annual survey to determine which students qualify for free or reduced-price meals or through other effective means, determine whether parents are interested in establishing a school breakfast program. The results should be made public and given to the local school governing body to help it in deciding whether to start a breakfast program. Also, the Secretary, in consultation with the Secretary of Health and Human Services, should require that meaningful criteria be established and information gathered on the nutritional status of school children to provide a sounder basis for administering school food programs.

112578

[Questions About the Cost-Benefit Analyses of the Professional Standards Review Organization Program]. HRD-80-93; B-199164. June 12, 1980. ***Released*** June 17, 1980. 3 pp. plus 1 enclosure (2 pp.). *Report* to Rep. George M. O'Brien; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208).

Contact: Human Resources Division.

Budget Function: Health: Health Care Services (0551).

Organization Concerned: Congressional Budget Office; Department of Health and Human Services.

Congressional Relevance: *Rep.* George M. O'Brien.

Authority: Social Security Act.

Abstract: Inquiries were made concerning the cost-benefit analyses of the Professional Standards Review Organization (PSRO) program conducted by the Congressional Budget Office and the Department of Health and Human Services (HHS). Under the Social Security Act, PSRO's do not have statutory authority to review medical care services provided to nonfederally reimbursed patients. Private health insurers may contract with PSRO's to conduct reviews of health care services for which they reimburse patients. The cost of such a review must be fully paid by the insurer. In the absence of agreements among the private insurer, the health care institutions, and the PSRO, the institutions are not obligated to submit to PSRO review the health care services provided to other than Medicare/Medicaid patients. It may be appropriate to include costs relating to patients which PSRO's are not authorized to review so that, if through PSRO review, the Medicare costs per day are lowered when the Medicare utilization rate decreases, non-Medicare costs per day are increased. GAO was not aware of any other health programs administered by HHS which have been subjected to an extensive cost-benefit analysis. Other programs with purposes similar to the PSRO program have not been thoroughly analyzed from a cost-benefit viewpoint.

112607

[Office of Personnel Management's Comprehensive Medical Plans Network Experiment]. June 17, 1980. 17 pp.

Testimony before the House Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; by Michael Zimmerman, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Office of Personnel Management; Blue Cross Association; Blue Shield Association; Blue Cross of Maryland, Inc.; South County Health Plan, MD; Health Maintenance Organization of Minnesota; Free State Health Plan, MD.

Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee.

Authority: Federal Employees' Health Benefits Act (Retired). 5 U.S.C. 8903(4)(A).

Abstract: GAO discussed its review of the Office of Personnel Management's (OPM) administration of the Blue Cross and Blue Shield Associations' Comprehensive Medical Plans Network experiment in the Federal Employees Health Benefits (FEHB) program. The experiment was intended to provide new options for health benefits coverage to Federal employees and to relieve OPM of the administrative costs associated with contracting with a number of comprehensive plans. One problem with the plan was that OPM did not apply FEHB program entry requirements to individual plans admitted to the Association network. This could have resulted in the admission of some group plans which were obligated to refer patients at added costs to outside specialists, lack of commitment to cost containment objectives, avoidance of OPM experience and service capability requirements, and avoidance of OPM minimum

enrollment potential requirements. OPM needs to improve monitoring of Network administration. During 1980, two of the Network's comprehensive medical plans expanded their service areas or added new medical centers or other service providers without OPM approval. The Associations did not alert OPM to the comprehensive plans' certification problems. The uniform Network premium rate has resulted in marketing problems for low-cost Network plans, subsidization of high-cost Network plans, and an expressed desire by some plans to disengage from the Network and apply for individual FEHB participation. Network enrollees in low-cost areas pay higher premiums than they would if plans had been offered directly through the FEHB program. In a previous report, GAO recommended that the Director of OPM: improve the monitoring to insure that FEHB program requirements are applied to all comprehensive plans in networks; develop an alternative to the present uniform rate system that is more closely tied to prevailing local costs in individual plans' service areas; terminate from the Network plans that do not individually qualify for admission to the FEHB program; and arrange for the orderly transfer of enrollees in terminated plans to other FEHB program plans.

112630

[Reviews of Medicaid-Financed Drug Therapy in Nursing Homes]. June 25, 1980. 18 pp.

Testimony before the House Select Committee on Aging; by Murray Grant, Chief Medical Advisor, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health and Human Services; American Pharmaceutical Association; Department of Health, Education, and Welfare.
Congressional Relevance: *House* Select Committee on Aging.
Authority: Social Security Act. 42 C.F.R. 405.1127(a). 42 C.F.R. 442.336. 42 C.F.R. 483.25(h).
Abstract: GAO reported on the inadequacies in the medication review process established by the Department of Health and Human Services (HHS) to better assure the health and safety of patients. Under the nursing home standards, a monthly review is required of patient medications by a pharmacist or registered nurse. Analysis of the medication review process showed that: (1) HHS has not provided adequate information on monitoring and usage of drugs, particularly the frequency with which tests should be performed; and (2) HHS has not provided adequate medication review guidelines to pharmacists and nurses. Additionally, GAO found that: (1) pharmacists making medication reviews at many of the nursing homes were also filling prescriptions for the patients; (2) pharmacists and registered nurses charged with making medication reviews relied heavily on information shown on drug labeling; (3) a high percentage of patients taking certain drugs were not receiving recommended tests under the most liberal available criteria for frequency; (4) in a few instances, patients either received combinations of tranquilizers or sedatives which a professional standard review organization characterized as inappropriate utilization or had medical conditions which should have precluded the use of certain drugs; and (5) the scope of review described by about half of the pharmacists reviewed was less than that suggested by a professional standards review organization's training materials. To correct the inadequacies, GAO believes that HHS needs to establish minimum standards for the scope of coverage in the medication review and to assure that medication reviewers are apprised of acceptable review methodology.

112632

Problems Remain in Reviews of Medicaid-Financed Drug Therapy in Nursing Homes. HRD-80-56; B-198671. June 25, 1980. 58 pp. plus 8 appendices (29 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Quality Care and Its Assurance (1213).
Contact: Human Resources Division.
Budget Function: Health: Nursing Homes (0557).
Organization Concerned: Department of Health, Education, and Welfare; American Pharmaceutical Association; Department of Health and Human Services; Food and Drug Administration; Health Care Financing Administration; National Professional Standards Review Council.
Congressional Relevance: Congress.
Authority: Social Security Act (P.L. 89-97). 21 C.F.R. 201.57(f)(3). H.R. 4258 (96th Cong.). S. 1045 (96th Cong.). S. 1075 (96th Cong.).
Abstract: Medicaid pays for about half of all nursing home care in the United States. To help ensure the quality of that care, the Department of Health, Education, and Welfare (HEW) has set up a number of procedures, including a monthly review of each patient's drugs to determine if they are still needed, effective, and safe for the patient. Because of the major role drugs play in the treatment of elderly patients in nursing homes and the potential hazards of drug therapy, GAO evaluated the effectiveness of the medication review portion of HEW regulations and procedures. The review was limited to the examination of the records of randomly selected Medicaid nursing home patients. It adopted as a standard criteria based on standards developed by five professional standards review organizations. ***Findings/Conclusions:*** Using the limited criteria available, GAO found that medication reviews could be more effective if reviewers, pharmacists, or registered nurses had ready access to: (1) a single source of authoritative information on drugs commonly used in treating elderly patients; and (2) a clear definition of the scope of those reviews. Additionally, GAO found that: (1) 81 percent of the estimated Medicaid patients residing in nursing homes were not being tested as frequently as recommended; (2) patients took combinations of tranquilizers and sedatives that a professional standards review organization characterized as inappropriate utilization; (3) some patients took drugs with labels clearly stating that they should not be used for one or more of their medical conditions; (4) some pharmacists were unsure of their qualifications to review medications; (5) pharmacists were inhibited in making drug therapy recommendations; (6) pharmacists performed less comprehensive reviews than suggested in HEW-funded training materials; (7) some registered nurses did not consider all aspects of patient medications; and (8) pharmacists making medication reviews at many of the homes were associated with the retail pharmacies which filled prescriptions for the patients, creating a potential conflict of interest. ***Recommendation To Agencies:*** The Secretary of HEW should direct the Administrator, Health Care Financing Administration (HCFA), to: (1) gather the monitoring and usage criteria that have been developed by professional standards review organizations and others for drugs commonly taken by nursing patients and send the criteria that HCFA judges to have merit to every nursing home participating in the Medicare or Medicaid programs, revise and expand the criteria as professional standards review organizations and others gain experience in medication reviews and send these revisions to nursing homes, and share the criteria with the Food and Drug Administration for use in its efforts to improve prescription drug labeling; (2) direct the National Professional Standards Review Council to promote continued development of additional drug-monitoring criteria for drugs commonly used in nursing homes, with particular emphasis on drugs and combinations of drugs for which few or no criteria are currently available; (3) incorporate in nursing home regulations a clear definition of the scope of a medication review for both pharmacists and registered nurses; and (4) issue regulations requiring separation of pharmacist medication review and drug vendor functions whenever feasible.

112642

Better Controls and Data Needed To Distribute Defense Medical Supplies. LCD-80-77; B-198914. June 25, 1980. 25 pp. plus 3 appendices (8 pp.).

Report to Harold Brown, Secretary, Department of Defense; by Donald J. Horan (for Richard W. Gutmann, Director), GAO Logistics and Communications Division.

Issue Area: Logistics Management: Effective Material Distribution (3806). Health Programs: Non-Line-of-Effort Assignments (1251).

Contact: Logistics and Communications Division.

Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051).

Organization Concerned: Department of Defense; Defense Logistics Agency; Department of Defense: Defense Personnel Support Center, Philadelphia, PA; Department of the Army; Department of the Navy; Department of the Air Force.

Abstract: The Department of Defense's (DOD) multiple systems for distributing medical supplies to the military services were evaluated regarding medical supply purchasing, inventory control and distribution, and possible duplication among systems. The Surgeons General of the Army, Air Force, and Navy were among the officials consulted. Field medical activities in the United States, Japan, Korea, and the Philippines were visited to examine the distribution methods used and to analyze the data provided by these activities on supply distribution effectiveness. ***Findings/Conclusions:*** Distribution was hindered by excessive and old inventories, limited monitoring by the Defense Logistics Agency (DLA) of the diverse DOD purchasing and delivery systems, and weaknesses in the DLA centralized supply system. High medical supply inventories throughout the system increased cost and handicapped control over perishable items. The DLA personnel support center disposed of $12 million of its fiscal year 1978 medical inventory because the supplies were either outdated or no longer needed. Overseas depots stocked up to two and three times the authorized levels. These high inventories and inventory control weaknesses contributed to the high rates of loss for perishable supplies. During the first quarter of FY 1979, $10 million worth of perishable medical supplies were unusable or were of limited use because shelf lives would expire soon. Field activities experienced unnecessary losses when they received outdated supplies or did not properly store perishable items. Reporting on disposals was inadequate. DLA depots shipped too many supplies out of their assigned regions. Only Air Force requisitions regularly reached DLA within the DOD 2-day standard. The timeliness of Army and Navy orders was reduced by sequential edits and reviews by intermediate organizations. DLA experienced serious difficulty in meeting its goal of delivering nonstocked medical items within 30 days after receiving the requisition. Consolidating medical support functions in Japan, Korea, and Hawaii could reduce cost and improve control. ***Recommendation To Agencies:*** The Secretary of DOD should direct DLA and each military service to eliminate excess medical supply inventories, maintain future inventories more in line with authorized levels, and review and improve inventory management practices and controls over perishable medical supplies. To improve DLA management of locally purchased nonstandard items, the Secretary of DOD should instruct the Director, DLA, to take the following actions and require the military departments to cooperate in the DLA efforts to: establish a uniform numbering system for locally purchased nonstandard medical supplies; develop uniform criteria for reporting such supplies; prepare a DOD-wide directory of nonstandard medical supplies; and expand monitoring of local purchases to include all medical supplies shown on triservice reports, so that all possible candidates for central management can be considered. To reduce transportation costs, the Director, DLA, should prepare and approve a plan to reduce unnecessary out-of-area shipments by DLA depots and set a specific timetable to carry out the plan. To improve timely processing of requisitions for medical items, the Secretary of DOD should direct the military departments to reconsider the need for sequential edits of such requisitions being sent to the Defense Personnel Support Center. Further, the Director, DLA, should increase current efforts to improve timeliness of service by carrying out interim changes now, even where changes to the automated system are planned for the future. The Secretary of DOD should direct Defense Retail Interservice Program managers to prepare implementation plans to consolidate medical supply support in Japan, Korea, and Hawaii. Where the plans show opportunities to reduce medical support costs and to increase supply effectiveness, the Secretary should direct the military services to consolidate these functions.

112649

The Congress Should Mandate Formation of a Military-VA-Civilian Contingency Hospital System. HRD-80-76; B-196409. June 26, 1980. 37 pp. plus 5 appendices (14 pp.).

Report to Congress; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Providers (1202). Military Preparedness Plans: Mobilization Needs (0807); Health Programs: Quality Care and Its Assurance (1213).

Contact: Human Resources Division.

Budget Function: Health: Health Planning and Construction (0554). National Defense: Defense-Related Activities (0054).

Organization Concerned: Department of Defense; Department of the Air Force; Department of the Army; Department of the Navy; Veterans Administration; Federal Emergency Management Agency; Department of Health and Human Services; American Medical Association.

Congressional Relevance: Congress; *Rep.* Robin L. Beard.

Abstract: In response to a request, GAO reviewed the Department of Defense's (DOD) plans to use nonmilitary hospitals to treat battlefield casualties in the event of war or conflict. The need for developing a contingency hospital system consisting of DOD, the Veterans Administration (VA), and civilian medical resources is discussed. The primary emphasis is that the VA role should be greater than currently planned by DOD. The extent of support VA will provide DOD in treating returning battlefield casualties is the most important issue in developing a civilian-military contingency hospital system for medical treatment of wartime casualties. DOD has looked primarily to civilian medical resources to meet anticipated shortfalls should the United States become involved in war. Only recently has specific consideration been given to VA medical capability. DOD officials said that civilian resources would still be needed to treat battlefield casualties even if DOD and VA resources were fully used for that purpose. ***Findings/Conclusions:*** DOD recently revised several aspects of its original system. Major changes appear to be: (1) elimination of a new, possibly duplicative administrative structure as originally proposed; and (2) reliance on the military services for patient administration responsibilities. GAO agreeed with these revisions. DOD revised plans are still unclear about how civilian beds and staff would be made available. Available beds and staff should be identified assuming patients are discharged early whenever possible and nonemergency admissions are restricted during the war surge period. Failure to resolve issues regarding civilian physician and hospital reimbursement and liability could limit implementation of the planned system. VA should be much more involved in planning and caring for battlefield casualties than it would be in caring only for those who will not return to duty. Just how much VA can participate is questionable. DOD has not told VA what its needs are, nor has VA told DOD what its capabilities are. GAO believes that the Nation should prepare for a

possible conflict by planning to appropriately use Federal medical resources before calling on civilian resources. A strong peacetime medical resources sharing program could provide a more effective relationship between VA and DOD that could prove invaluable in war. ***Recommendation To Congress:*** Congress should enact legislation which provides that both DOD and VA fully participate in Federal medical planning for and care of returning wartime casualties. Such legislation should: (1) give VA the mission of providing direct medical support to DOD for treating battlefield casualties; (2) place battlefield casualties above veterans with non-service-connected, nonemergency conditions in priority for care; and (3) remove numerous obstacles to interagency sharing, as GAO previously recommended, so that VA and DOD may establish a strong peacetime medical resources sharing program to serve as an effective foundation for a military-VA-civilian contingency hospital system. ***Recommendation To Agencies:*** The Secretary of Defense and the Administrator of Veterans Affairs should jointly: (1) develop and establish the framework for a military-VA-civilian contingency hospital system; (2) analyze DOD and VA medical care resources to determine the Federal patient treatment capability on a time-phased basis; and (3) identify Federal and civilian capability that could be provided assuming that patients are discharged early whenever possible and nonemergency admissions are restricted during the war surge period. In addition, the Secretary should: (1) compare the medical care requirements calculated under various wartime scenarios with available Federal medical resources to determine how much and what type of civilian medical care capability would be needed to augment Federal capability; (2) determine the optimal number and placement of U.S. aeromedical staging facilities with emphasis on locations near concentration of military and VA medical resources; and (3) in concert with other agencies having contingency planning responsibilities, assume overall coordinating responsibility for plans jointly developed by DOD and VA using Federal medical resources and necessary civilian medical capability under the military-VA-civilian contingency hospital system. The Administrator also should: (1) provide estimates to DOD concerning VA potential facility and staffing capabilities to treat returning battlefield casualties regardless of whether those casualties would be expected to return to duty, and these estimates should be developed through the joint DOD-VA planning effort to establish system; and (2) ascertain the extent to which VA affiliated hospitals would be able to assist VA in treating battlefield casualties.

112674

[Efforts To Reduce Infant Mortality and Improve Pregnancy Outcome]. June 30, 1980. 29 pp. plus 2 appendices (10 pp.).

Testimony before the Senate Committee on Labor and Human Resources: Child and Human Development Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Department of Health and Human Services; Department of Health, Education, and Welfare: National Health Services Corps.

Authority: 42 C.F.R. 447.204. H.R. 4962 (96th Cong.). S. 1204 (96th Cong.).

Abstract: Substantial progress has been made in improving pregnancy outcome. Since 1950, the U.S. infant mortality rate has declined from 29.2 to 14.1 per 1,000 live births in 1977. In its contribution to this decline, the Federal Government has provided funds for: the construction of hospitals; training health care professionals; research aimed at reducing infant mortality; and a variety of formula grant, project grant, and health care financing programs to pay for the cost of health care and supplemental foods to meet the needs of many low-income, disadvantaged mothers and infants. Recently, the Department of Health and Human Services (HHS) has initiated a department-wide effort to better coordinate its health service delivery and health care financing programs. However, many problems persist: many areas of the country continue to experience excessively high infant mortality rates; nonwhites have a substantially higher infant mortality rate than whites; the percentage of all infants born alive with low birth weight has not changed significantly since 1950; more than 30.000 fetal deaths occur annually; and about 250,000 infants continue to be born with birth defects. The Government needs to act in the following major areas: develop a better planned, more systematic approach to the problems; expand Medicaid coverage to more low-income women; improve efforts to prevent or favorably time high-risk pregnancies; more aggressively promote and assist in efforts to develop and implement comprehensive, efficient systems of care for mothers and infants in local areas; see that more State and local governments are granted cost reimbursement waivers for National Health Service Corps personnel used to improve pregnancy outcome in high infant mortality areas; facilitate, promote, and expand use of nurse-midwives to make maternity care more readily accessible to low-income women; expand educational efforts for public awareness of preventing or favorably timing pregnancies that may be high-risk; and ensure high quality prenatal care.

112696

[Alternatives for the Disposal and Cleanup of Hazardous Waste]. July 2, 1980. 13 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.

Organization Concerned: Environmental Protection Agency.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee.

Abstract: Disposal of hazardous waste by land, injection into deep wells, and high temperature burning are discussed. Land disposal is the most commonly used method of disposing of hazardous substances because it is the least expensive method. It is limited by the amount of land available for disposal purposes and safety considerations such as proximity to drinking water sources. Deep well disposal is the subsurface injection of liquid wastes into permeable rock or other geological formations below potable groundwater supplies or other natural resources at depths ranging from less than 1000 to over 8000 feet. It requires a strong commitment by Government and industry to establish strict controls over the drilling technology used, monitor the well in the drilling and operating phases, and limit the types of substances that can be injected. The burning of hazardous wastes in incinerators may be another solution to the disposal problem. However, it is expensive and may not be energy efficient. Disposal facilities providing services on a regional or area-wide basis as an alternative to individual company on-site facilities offer economic and environmental advantages in the development of waste facilities. In 1979, the Environmental Protection Agency (EPA) revised its research strategy to reemphasize hazardous waste identification, uncontrolled waste site problems, hazardous waste technology, hazardous waste risk assessment, energy and mineral wastes, and non-hazardous wastes. It continues to consolidate information on closed and abandoned sites, but has yet to complete the type of national inventory and site assessment program that has been recommended. The recently published EPA hazardous waste regulations deal largely with prescribed record-keeping and reporting requirements and good management practices, which are not highly technical. More specific standards will be promulgated in phases II and III of the regulations. Phase II will be issued in the fall of 1980, but phase III will not be completed for several years.

112713

Discussion of Selected Issues Affecting Federal Immunization Activities. HRD-80-52; B-198648. June 6, 1980. ***Released*** June 6, 1980. 5 pp. plus 4 appendices (60 pp.).

Report to Sen. Jacob K. Javits; Sen. Edward M. Kennedy; Sen. Abraham A. Ribicoff, Chairman, Senate Committee on Governmental Affairs; Sen. Richard S. Schweiker; Sen. Harrison A. Williams, Chairman, Senate Committee on Labor and Human Resources; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211). Consumer and Worker Protection: Regulation of Biological Products To Insure Their Safety, Purity, Potency, and Efficacy (0908).

Contact: Human Resources Division.

Budget Function: Health: Prevention and Control of Health Problems (0553).

Organization Concerned: Department of Health, Education, and Welfare; Food and Drug Administration: Bureau of Biologics; National Institutes of Health: National Institute of Allergy and Infectious Diseases; Center for Disease Control; Department of Health and Human Services.

Congressional Relevance: *Senate* Committee on Labor and Human Resources; *Senate* Committee on Governmental Affairs; *Sen.* Harrison A. Williams; *Sen.* Richard S. Schweiker; *Sen.* Abraham A. Ribicoff; *Sen.* Edward M. Kennedy; *Sen.* Jacob K. Javits.

Authority: Poliomyelitis Vaccination Assistance Act of 1955 (P.L. 84-377). Public Health Service Act (42 U.S.C. 247b). P.L. 95-355. P.L. 95-482. P.L. 96-38. 42 U.S.C. 263.

Abstract: The Department of Health, Education, and Welfare's (HEW) immunization programs were reviewed. Specifically addressed were the HEW childhood disease and flu immunization programs' effectiveness, liability, adverse vaccine reactions, and vaccine supply. 0041.ft BI Findings/Conclusions: The Center for Disease Control (CDC), the Food and Drug Administration's Bureau of Biologics, and the National Institutes of Health's National Institute of Allergy and Infectious Diseases are primarily responsible for the HEW immunization programs. To date, three flu immunization programs have been conducted. These included the swine flu program during the 1976-77 flu season and two smaller programs during the 1978-79 and 1979-80 flu seasons. In reviewing these programs, GAO found that: (1) HEW statistics show that Federal immunization activities have had a significant influence in reducing childhood disease levels; (2) a comprehensive policy that stipulates the circumstances under which the Federal Government will assume liability for public immunization programs does not yet exist; (3) in several instances, pertinent data were excluded from vaccine information forms and recommended administrative procedures were not followed; (4) current adverse reaction monitoring systems have limited value in showing the risks associated with vaccination; and (5) current vaccine supplies seem adequate and manufacturers contend that they will continue providing vaccine. ***Recommendation To Agencies:*** The Secretary of HEW should: (1) direct the Director of CDC to undertake studies to test the reliability of disease reporting and to measure the variability and extent of non-Federal immunization resources; (2) establish policies and procedures to improve future immunization program coordination; (3) direct the Director of CDC to develop methods to help standardize varying State mandatory immunization laws and to help improve their enforcement; (4) request whatever Federal funding is needed to attain and maintain desired immunization goals for all childhood diseases; (5) expedite data gathering to determine the potential costs and other effects of the proposed liability alternatives; (6) establish a systematic procedure to obtain, consider, and act on comments on "Important Information Statement content from interested experts within and outside HEW and the Federal Government; (7) direct the Director of CDC and the Commissioner of the Food and Drug Administration to measure the reliability of existing vaccine reaction monitoring systems and to determine the feasibility of improving the reliability of existing systems; and (8) place the authority and responsibility for reaction data collection and dissemination with one agency or clearly divide and coordinate the responsibility.

112714

Answers to Questions on Selected FDA Bureau of Biologics' Regulation Activities. HRD-80-55; B-198648. June 6, 1980. ***Released*** June 6, 1980. 7 pp. plus 2 appendices (68 pp.).

Report to Sen. Jacob K. Javits; Sen. Edward M. Kennedy; Sen. Abraham A. Ribicoff, Chairman, Senate Committee on Governmental Affairs; Sen. Richard S. Schweiker; Sen. Harrison A. Williams, Chairman, Senate Committee on Labor and Human Resources; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Regulation of Biological Products To Insure Their Safety, Purity, Potency, and Efficacy (0908). Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).

Contact: Human Resources Division.

Budget Function: Health: Education and Training of Health Care Work Force (0558).

Organization Concerned: Department of Health, Education, and Welfare; Food and Drug Administration: Bureau of Biologics; Public Health Service; Advisory Committee on Vaccines and Related Biological Products.

Congressional Relevance: *Senate* Committee on Labor and Human Resources; *Senate* Committee on Governmental Affairs; *Sen.* Harrison A. Williams; *Sen.* Richard S. Schweiker; *Sen.* Abraham A. Ribicoff; *Sen.* Edward M. Kennedy; *Sen.* Jacob K. Javits.

Authority: Advisory Committee Act (Federal) (P.L. 92-463). Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.).

Abstract: The efforts of the Food and Drug Administration (FDA), Bureau of Biologics to regulate vaccines and allergenic products were examined. ***Findings/Conclusions:*** The review was made in accordance with the provisions of the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act. Results of the review showed that the Bureau was limited by: (1) a relatively weak science base for understanding these products; (2) problems in conducting adequate and well-controlled clinical investigations on these products; and (3) the large number of products on the market. ***Recommendation To Congress:*** Congress should amend the Public Health Service Act and the Food, Drug, and Cosmetic Act to specifically require that biological products meet effectiveness standards promulgated in regulations to be prepared by the Secretary of the Department of Health, Education, and Welfare (HEW). ***Recommendation To Agencies:*** The Secretary of HEW should direct the Commissioner of FDA to: (1) inform physicians who prescribe allergenic products of those products that have not been proven effective on the basis of scientific evidence; (2) require some form of patient package labeling or dissemination of information to patients on the lack of effectiveness data for allergenic products while waiting for the final regulations on these products to be published; (3) promulgate regulations to require that manufacturers submit better evidence to insure that the potency of their products will be the same or similar to the potency of the products identified in the license applications and that they establish their product's effectiveness; (4) establish a system that would provide, in summary form, information on the number and types of licensed allergenics produced by each manufacturer; (5) use statistical sampling procedures, in addition to the existing criteria, for determining which product lots to test; (6) require periodic review of all

approved biological product labeling to ensure that it is accurate, complete, and current; (7) modify the Bureau of Biologics' annual research report so that it could serve as a formal plan for the Bureau of Biologics' research efforts; and (8) ensure that the newly established Vaccines and Related Biological Products Advisory Committee periodically reviews all of the Bureau of Biologics' research activities and assesses the relative priority of proposed research activities.

112715

[Hospitals' Use of Contract Management Services]. June 30, 1980. 20 pp.

Report to Earl M. Collier, Jr., Acting Administrator, Health Care Financing Administration; by Thomas G. Dowdal, Group Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Health Care Financing Administration; Department of Health and Human Services.
Authority: Bankruptcy Act. HCFA Provider Reimbursement Manual (HIM 15) 24 2404.2F.
Abstract: GAO recently completed a review of hospitals' use of contract management services. It examined those arrangements where the management firm provides full service management and assumes responsibility for management of the day-to-day operation of the hospital. The cost of these contracts can be significant and hospitals' use of them is increasing at a rapid rate. These contracts frequently covered excessively long periods. The fees for many of the contracts were often based on a percentage of gross revenues and varied widely. Documentation of the services actually provided was inadequate. Adequacy of controls over payments to the firms was questionable. Medicare intermediaries generally were not reviewing the reasonableness of the fees charged. The Health Care Financing Administration (HCFA) had not developed adequate standards and instructions governing the reimbursement for the costs of the contracts. GAO visited Medicare intermediaries, HCFA headquarters, and the Blue Cross Association. It also reviewed the provisions of 66 contracts and did audit work at hospitals which were operated under management contracts. The contracts reviewed had many common characteristics. Although the management firm was responsible for management of the day-to-day operation of the hospital, the contracts contained specific provisions limiting the extent of the management firm's authority, with the hospital's board of directors retaining the ultimate control. Another major feature of the contracts was that they provided the hospital with a wide variety of administrative and health expertise. Hospitals that retain management firms generally have been characterized as being in serious financial trouble. Problems that the hospitals have and which the firms attempt to address included underutilization, overstaffing, excessive inventories, and untimely collection of receivables. The contracts which GAO reviewed did not contain any provision which provided any specific control over payments to the management firms. ***Findings/Conclusions:*** The reasonableness of the fees for management contracts should receive much greater attention by HCFA and its intermediaries. The magnitude and recurring nature of the fees coupled with the inadequacy of the documentation of services provided leaves too many unanswered questions. Most of the tasks enumerated in the contracts are ones that would be performed or supervised by a hopsital administrator and/or controller in the normal pursuit of their duties. The question arises about what services the hospital is receiving in return for the fees paid above and beyond a reasonable salary/fringe benefit package for the administrator and comptroller. The HCFA proposal to relate reasonableness of fees to time spent could lead to program abuse if action is not taken to ensure adequate independent checks over the use of consultation services. The decision to use a management firm's specialists rests with the hospital administrator and/or controller who are often firm employees. This arrangement is vulnerable to abuse and could serve as a vehicle for generating more revenue for the management firm. The management firms should be held strictly accountable for the use of the firm's specialists and keep the hospital board informed of the firm's performance. The hospital board should be required to countersign or control all checks made payable to the management firm. Management contract fees calculated through use of percentage formulas inherently raise a question of reasonableness. ***Recommendation To Agencies:*** The proposed revision to the Provider Reimbursement Manual should include provisions requiring providers to establish appropriate controls over payments to management firms, maintain strict management firm accountability for the use of the firm's specialists, and forward a copy of all new contracts and renewals to intermediaries as soon as they are consumated. Providers should be prohibited from using percentage arrangements as a basis for calculating the amount of management fees claimed for Medicare reimbursement. It should be emphasized to intermediaries that the reasonableness of these fees be addressed as part of the cost report settlement process.

112731

Many Water Quality Standard Violations May Not Be Significant Enough To Justify Costly Preventive Actions. CED-80-86; B-166506. July 2, 1980. 74 pp. plus 2 appendices (4 pp.).

Report to Congress; by Milton J. Socolar, Acting Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: Congress.
Authority: Water Pollution Control Act.
Abstract: The Environmental Protection Agency (EPA) administers a Construction Grants Program under the Water Pollution Control Act to restore and maintain the quality of the Nation's waters. EPA estimates that $10 billion will be needed through the year 2000 to construct advanced wastewater treatment facilities for municipal sewage for the program. GAO discussed wastewater treatment with Federal and State water quality officials and consultants in the field. Each State has developed water quality standards to protect its waterways and their uses. The standards help determine the type of wastewater treatment needed to protect waters for those uses. Advanced treatment, which may be required in municipalities, is very expensive. Violation of a water quality standard may not always mean that significant environmental, social, or public health damage has occurred. The scientific basis for the standard may be questionable, and the water may not be important to society. In many instances, municipalities are constructing treatment facilities which are more sophisticated than necessary to prevent predicted water quality standard violations. The mathematical models, upon which these predictions are based, produce highly uncertain results. The law does not require communities to consider adequately the costs of achieving water quality standards. An agency analysis of nine projects did not show the significance of the projects' advanced treatment portion to the environment, effect on public health, significance of the advanced waste treatment portion on established waterway uses, or social significance or benefits of the projects. ***Findings/Conclusions:*** GAO found that the water quality standard setting process is questionable, modeling to determine violations is often imprecise and inexact, Federal funding is insufficient to achieve water quality stand-

ards for all waterways within a reasonable period of time, obtaining downward reclassification from EPA is very difficult, and relating the impact of various treatment levels on water uses is difficult. GAO believes that advanced waste treatment, with few exceptions, may not be justified at this time. GAO concluded that funding of advanced waste treatment projects should be curtailed. Federal funds should not be spent to provide a level of treatment that produces such uncertain results These factors affect billions of dollars that have been or will be spent under the EPA Construction Grants Program. The standard setting process places too much emphasis on preventing all types of water quality standard violations rather than just significant violations. ***Recommendation To Agencies:*** The Administrator of EPA should take the following steps to improve the process of setting, revising, and implementing water quality standards and help ensure that advanced waste treatment plants provide meaningful improvements to the Nation and the environment: (1) become more realistic and cost conscious about the attainability of water quality standards when a State has made a reasonable showing that the standards are unattainable or too costly to attain; (2) not impede the downgrading process with burdensome evidentiary requirements; (3) reduce the cost criteria for what constitutes an expensive sewage plant; (4) accept, to a greater degree, State and local views that project costs are not commensurate with benefits; (5) permit variances in reclassification criteria in cases where stream improvement requires treatment beyond secondary to meet water quality standards but where ecological and social or public health improvements are not significant enough to justify the costs of improvements; (6) require EPA regions to be more consistent in approving variances of water quality standards and downgrading water quality standards; (7) require, when advanced waste treatment is an issue, that at least two thorough surveys of the waterway be done, one for calibrating the mathematical model and another for verifying the calibrated model; (8) develop material to help decisionmakers know the predictive accuracy of models used to justify advanced waste treatment and establish minimum requirements for the predictive accuracy of these models; (9) establish criteria to determine the degree of modeling reliability that will be acceptable; and (10) develop specific criteria governing what constitutes an adequate and cost-effective water quality survey for justifying advanced waste treatment projects. Finally, the Administrator should revise the advanced waste treatment review guidelines or, if necessary, suggest legislative changes to allow revisions to delete the provisions that allow projects not having significant water quality improvements to be funded because the projects will cost more if they have to be revised or redesigned to delete insignificant treatment processes, allow projects to be exempted from the review process if they involve land treatment, and allow projects to be exempted from the review process just because the State's definition of secondary treatment is more stringent than the EPA definition.

112755

The Objectives of the Cancer Control Program and the National Cancer Institute's Administration of Program Contracts. HRD-80-57; B-197753. June 13, 1980. ***Released*** July 11, 1980. 7 pp. plus 6 appendices (61 pp.).

Report to Rep. David R. Obey; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Research Keeping Pace With the Changes in Disease Patterns (1219). General Procurement: Non-Line-of-Effort Assignments (1951).

Contact: Human Resources Division.

Budget Function: Health: Health Research and Education (0552). Health: Prevention and Control of Health Problems (0553).

Organization Concerned: Department of Health, Education, and Welfare; National Institutes of Health: National Cancer Institute; President's Cancer Panel; National Institutes of Health: National Cancer Institute: Division of Cancer Control and Rehabilitation; Cancer Control Merit Review Committee; Advisory Committee on Cancer Control and Rehabilitation.

Congressional Relevance: *Rep.* David R. Obey.

Authority. Community Mental Health Centers Extension Act of 1978 (92 Stat. 3423). National Cancer Act Amendments of 1974 (88 Stat. 358). National Cancer Act of 1971 (P.L. 92-218; 42 U S.C. 282). National Cancer Institute Act (P.L. 75-244). Public Health Service Act (42 U.S.C. 286d). H.R. 6522 (96th Cong.). H.R. 11302 (92d Cong.). S. 988 (96th Cong.). S. 1828 (92d Cong.).

Abstract: The origin of the National Cancer Institute's (NCI) cancer control progam can be traced to the National Cancer Institute Act of 1937, which gave NCI responsibility for conducting research to prevent, diagnose, treat, and control cancer in humans. However, not until Congress enacted the National Cancer Act of 1971 was a separate cancer control program established. Originally, NCI administered the cancer control program from the NCI Director's Office, but in September 1974, NCI formed the Division of Cancer Control and Rehabilitation (DCCR), which is now responsible for program administration. DCCR administers the program through grants, contracts, and interagency agreements awarded to State and local health agencies, medical centers, and others. In the past 5 fiscal years, about 72 percent of the funds allocated for the cancer control program was obligated for contracts. GAO reviewed five NCI conracts to determine whether the cancer control program's objectives were being met, whether NCI was effectively administering the cancer control projects, whether funding and staffing levels were adequate, and whether advice provided by cancer control advisory groups was being implemented. ***Findings/Conclusions:*** GAO found that: (1) NCI did not award the contracts in accordance with Department of Health, Education, and Welfare contracting procedures or sound management practices; (2) DCCR has never done a study to determine the number of demonstration projects that are continued by localities and does not know the extent to which demonstration projects are continued by localities after Federal funding stops; (3) NCI did not effectively manage four of the five contracts; (4) contractors did not perform tasks specified in the contracts, and project officers failed to bring problems to the attention of contracting officers so that corrective actions could be taken; (5) a lack of cooperation existed between DCCR project officers and NCI contracting officers; and (6) DCCR has had difficulty in obtaining staff for the program.

112756

Federal Government Still Striving To Establish Single Drug Procurement System. HRD-80-59; B-196943. June 30, 1980. ***Released*** July 10, 1980. 69 pp. plus 12 appendices (40 pp.).

Report to Sen. Edward M. Kennedy, Chairman, Senate Committee on the Judiciary; by Milton J. Socolar, Acting Comptroller General.

Issue Area: General Procurement: Negotiation of a Price That Is Reasonable Based on Costs Incurred and No More Than a Fair Profit (1913). Health Programs: Health Care Costs (1208).

Contact: Human Resources Division.

Budget Function: National Defense: Department of Defense - Procurement & Contracts (0058). Procurement--Other Than Defense (1007); General Government: Executive Direction and Management (0802).

Organization Concerned: Office of Management and Budget; Department of Health and Human Services; Department of Defense; Veterans Administration; Office of Federal Procurement Policy.

Congressional Relevance: *Senate* Committee on the Judiciary; *Sen.* Edward M. Kennedy.

Authority: Property and Administrative Services Act. Federal Procurement Policy Act Amendments of 1979. 40 U.S.C. 471.

Abstract: In a review of the prescription drug procurement activities of the Department of Defense (DOD) and the Veterans Administration (VA), their efforts and those of the Office of Federal Procurement Policy (OFPP) to establish and implement a uniform system for the procurement of drugs among Federal agencies were examined. Such a system would eliminate duplication and reduce costs. Currently, drugs are bought centrally through each agency's depot system, through Federal Supply Schedule drug contracts, or locally from drug suppliers. An OFPP policy, which has guided executive agencies in this effort since 1977, requires the purchase of commercial off-the-shelf products when such products will adequately serve the Government's needs and the Government's use of commercial distribution channels in supplying these products. The commercial products policy relies on comprehensive market research and analysis to develop a suitable and cost effective acquisition strategy. ***Findings/Conclusions:*** In June 1978, DOD and VA established a DOD-VA Shared Procurement Program. The incompatibility of the two major supply systems was highlighted when both agencies issued contracts under the program. On the whole, DOD, VA, and OFPP have made only limited progress in fully implementing the program. Consideration of issues related to the commercial products policy would improve the agencies' market research and analysis efforts and result in better acquisition strategies for federally managed medical materiel items. Individually, DOD and VA centralized drug procurement systems have attempted to use competitive means to buy drugs. However, the number of drugs which can be bought competitively has been limited. Several additional supply sources which could have been solicited had been overlooked. Both agencies procured the same prescription drug items at different prices. Additional savings could have been possible by substituting lower priced therapeutically equivalent drugs for other higher cost drugs currently stocked by DOD and VA. As of 1972, the practice throughout the Government in procuring commercial products was to focus on the price paid for the item rather than on the total costs of procuring, stocking, and distributing the item. Failure to give consideration to total costs could result in a stronger preference for central stockage and issuance than may be justified. DOD and VA have recently given increased consideration to this overall concept in issues involving drug supply decisions. ***Recommendation To Agencies:*** The Director of the Office of Management and Budget should direct the Administrator, OFPP, to: give higher priority to medical materiel-related issues; use the authority provided in the Office of Federal Procurement Policy Act Amendments of 1979 to fully implement the objectives of the DOD-VA Shared Procurement Program for medical materiel; institute actions necessary to assure that all OFPP-directed guidance on the implementation of the acquisition and distribution of commercial products (ADCOP) policy principles is fully considered and implemented by agency personnel throughout all Government medical materiel procurement activities; direct the appropriate Federal agencies to develop a single uniform Federal supply catalog for all drug, biological, and chemical reagent items; and initiate a feasibility study to explore procuring, stocking, and distributing all drugs common to the DOD and VA centralized wholesale depot system. The Secretary, DOD, and the Administrator, VA, should establish an effective market research and analysis program for drugs and medical devices; substitute, to the maximum possible extent, any lower priced therapeutically equivalent drug for a higher priced drug currently procured by the agencies' centralized wholesale drug supply systems. The Secretary, DOD, should instruct DOD supply personnel to: (1) adopt a total cost methodology for use in management decisions concerning all current and proposed drug items to be centrally procured, stocked, and distributed; and (2) eliminate from the DPSC wholesale depot system management control items which can be more cost effectively supplied through alternative methods. In addition, the Secretary of DOD should reassess the need for placement of the national stock number on each unit of issue in the light of ADCOP policy principles, its effect to date on achieving commonality for the items procured under the DOD-VA Shared Procurement Program, and the inability to exchange or receive credit for drug items returned to suppliers with national stock number markings. The Administrator, VA, should instruct VA marketing center officials to identify duplicative drug items in efforts to adopt a suitable single acquisition strategy to satisfy all Federal users and eliminate those items identified above from availability through the Federal Supply Schedules if such means of supply are not the most cost effective.

112761

[Management of and Results Obtained From HCFA Demonstrations and Experiments]. HRD-80-96; B-199414. July 14, 1980. 10 pp. *Report* to Patricia R. Harris, Secretary, Department of Health and Human Services; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Research and Education (0552).
Organization Concerned: Department of Health and Human Services; Health Care Financing Administration; Health Care Financing Administration: Office of Research, Demonstrations, and Statistics.
Congressional Relevance: *House* Committee on Ways and Means: Oversight Subcommittee.
Authority: Social Security Act (P.L. 95-292). Legislative Reorganization Act of 1970. P.L. 95-210.
Abstract: A review was made of management and results obtained from demonstrations and experiments (D&E) and related evaluations by the Health Care Financing Administration. ***Findings/Conclusions:*** The results indicated that the D&E activities of the Health Care Financing Administration's Office of Research, Demonstrations, and Statistics has fallen short of expectations and requirements of the cognizant legislative committees of Congress. Reports to Congress have not been submitted by the dates specified by law. The reports did not meet the specifications contained in the law or related committee reports. More recent mandated demonstrations have not been undertaken because of shortages of staff or money. The review indicated that these projects had an impact on the development of such legislative initiatives as the administration's hospital cost containment proposals, the development of regulations to implement laws, and a regulation change that would significantly reduce Medicare payments to hospitals. The Office of Research has not complied with the requirements or used the authority, in all cases, which it received in this legislation. The processes for carrying out the D&E activities often require long periods of time, which may partly explain the problem of meeting congressional expectations, but the office needs to modify its processes for carrying D&E activities to help improve the utilization of the results. ***Recommendation To Agencies:*** The Secretary of Health and Human Services should direct the Administrator of the Health Care Financing Administration to implement the following recommendations aimed at improving the Office of Research, Demonstrations, and Statistics processes, which should in turn help improve the use of D&E results. He should provide for more involvement of policymakers and program officials in the Office of Research, Demonstrations, and Statistics planning process; identify during the planning process the knowledge needed to respond to specific policy issues, adjust the planning and project design processes to adapt to congressionally mandated D&E; obtain and retain raw D&E data when they are likely to prove useful in future research and verify the data on a sample basis; establish a control and tracking system that identifies the interim D&E results of ongoing projects by subject matter; take a formal position on the

results reported from each project; make a systematic ongoing assessment of the utilization and outcomes of D&E activities; and establish procedures to account for the time professional staff spend in carrying out their various tasks and establish performance standards for project officers and managers.

112776

Federal Disaster Assistance: What Should the Policy Be? PAD-80-39; B-197655. June 16, 1980. ***Released*** July 16, 1980. 42 pp. plus 4 appendices (23 pp.).

Report to Sen. Henry L. Bellmon, Ranking Minority Member, Senate Committee on the Budget; Sen. Ernest F. Hollings, Chairman, Senate Committee on the Budget; by Milton J. Socolar, Acting Comptroller General.

Issue Area: Economic Analysis of Alternative Program Approaches: The Key Elements or Options That Should Be Recognized in the Design of Subsidy Programs and How They Should Be Compared (4058). Domestic Housing and Community Development (2100).

Contact: Program Analysis Division.

Budget Function: Community and Regional Development: Disaster Relief and Insurance (0453). Agriculture (0350).

Organization Concerned: Small Business Administration; Federal Emergency Management Agency; Farmers Home Administration; Federal Crop Insurance Corp.; Department of Agriculture.

Congressional Relevance: *Senate* Committee on the Budget; *Sen.* Ernest F. Hollings; *Sen.* Henry L. Bellmon.

Authority: Agricultural Adjustment Act (P.L. 75-430). Small Business Act (P.L. 83-163). National Flood Insurance Act of 1968 (P.L. 90-448). Agricultural and Consumer Protection Act of 1973 (P.L. 93-86). Disaster Relief Act (P.L. 93-288). Southeast Hurricanes Disaster Relief Act of 1965 (P.L. 89-339). Crop Insurance Act. Flood Disaster Protection Act of 1973. Housing and Community Development Act of 1977 (P.L. 95-128). Executive Order 12148. Executive Order 11795. P.L. 81-38. P.L. 88-451. P.L. 92-385. P.L. 95-89. P.L. 93-24. P.L. 94-58.

Abstract: Federal disaster assistance is provided to the private sector through five major programs. These programs are intended to serve different types of disaster victims, but some groups are eligible for benefits under several programs. Disaster assistance policy should be based on economic welfare considerations of equity and resource allocation efficiency. Disaster assistance should not vary across income classes; however, the tax code makes the Government bear a higher share of losses for higher income victims than for lower income victims. Federal disaster relief should vary with the severity of the disaster loss, not the terms on which the programs are subsidized; and the severity of a natural disaster should be measured by the extent of individual losses, not the scope of the disaster. Federal disaster policy should actively discourage people from locating in known hazard-prone areas. Loans, grants, and insurance are the three forms of subsidized assistance available. In loan programs, the Government bears a larger proportion of the losses of higher income individuals than for lower income individuals as nonreimbursed losses and interest payments can be deducted from taxable income on the basis of a progressive system of taxation. Grants completely transfer risks covered to society. Since grants cost recipients nothing, they are highly inefficient as a policy tool. GAO believes that insurance is the most efficient and equitable method of providing disaster assistance, but two problems exist in insurance: moral hazard exists when people can control an outcome through their own decisions and adverse selection occurs when insurance premiums are based on average premiums set to cover a fairly broad spectrum of risks. The criteria which should be recognized in designing disaster assistance programs are: programs should be designed to minimize incentives for poor locational decisions; the generosity of the programs should depend on the severity of the disaster, not on variations in program terms; and no individual or group should be able to improve their pre-disaster state as a result of disaster assistance. Restriction of eligibility to individuals who cannot obtain credit elsewhere would be useful as it would screen out some of the applicants. Federal tax transfers for disaster-related losses pay a large portion of damage to luxury items inflating the Federal disaster assistance budget. ***Findings/Conclusions:*** Current Federal disaster programs do not adequately minimize the possibility of Federal policy contributing to bad locational decisions; provide consistent benefits among disasters, victims, or over time; or provide a controllable disaster assistance budget. The Federal disaster policy should treat likes alike; provide assistance to those most in need, given a disaster budget constraint; discourage location of economic and social activity in hazard-prone areas or encourage relocation and private hazard mitigation; protect individuals, businessmen, farms, etc., from financial bankruptcy; and improve the cost effectiveness of disaster assistance. Insurance is superior to alternative means of delivering disaster assistance. The advantages of insurance include: (1) the provision of more stability in funding disaster losses, because losses are paid from reserves accumulated before the fact; (2) only one value judgment is needed with insurance, the level of subsidization of the insurance premium (3) the cost of locating social and economic activity in a hazard-prone area is clear with an insurance program; and (4) all victims would bear the same relative proportion of the total risk, though some would clearly pay more in premiums, depending on the coverage level desired and the actuarial risk of loss.

112778

[Financial Audit of the District of Columbia Office on Aging]. GGD-80-70; B-197229. July 17, 1980. 11 pp.

Report to Sen. Patrick J. Leahy, Chairman, Senate Committee on Appropriations: District of Columbia Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Accounting and Financial Reporting: Internal Controls Over Receipts and Disbursements (2810).

Contact: General Government Division.

Budget Function: General Purpose Fiscal Assistance: Other General Purpose Fiscal Assistance (0852).

Organization Concerned: District of Columbia; District of Columbia: Office of Aging; Department of Health, Education, and Welfare: Administration on Aging.

Congressional Relevance: *Senate* Committee on Appropriations: District of Columbia Subcommittee; *Sen.* Patrick J. Leahy.

Authority: Older Americans Act of 1965 (42 U.S.C. 3001 et seq.).

Abstract: GAO reviewed the financial operations of the District of Columbia's Office of Aging, particularly programs operated by nonprofit community-based organizations which receive Office funds to provide services such as nutritional meals to the District's senior citizens. For the fiscal year 1978, the Office received about $2.7 million in Federal grants and about $600,000 in District appropriated funds to operate programs for the elderly. The nonprofit organizations (subgrantees) generally accounted for the funds properly. But about $8,600 was reportedly embezzled by one of the subgrantees before the review began. ***Findings/Conclusions:*** The Office on Aging has not adequately monitored subgrantees' operations to ensure that they are in compliance with grant provisions. More effective monitoring through regular site visits and evaluations and verification of unusual expenditures would help deter improper use of funds and ensure that weaknesses identified earlier are corrected. Also, the Office is not effectively using public accountant audit reports and management letters and subgrantee fiscal reports to monitor and evaluate subgrantees' activities and fund uses. The Office's Executive Director agreed that more frequent visits are needed and that unusual expenditures should be

verified. He stated that lack of resources has greatly hindered the Office from adequately monitoring and performing onsite evaluation of subgrantee operations. Public accounting firms have recommended to the subgrantees that they reconcile bank accounts and general ledger accounts monthly, develop an office procedures manual detailing employees' duties and responsibilities, prepare an accounts payable listing, improve payroll review procedures, and prepare an accounting manual. ***Recommendation To Agencies:*** The Executive Director, Office of Aging, should establish procedures for monitoring the activities and records of subgrantees to ensure that grant funds are spent for intended purposes; establish procedures to require timely receipt and analysis of public accountant audit reports and management letters and subgrantee fiscal reports; establish procedures to assure that needed corrective actions are taken on reported financial deficiencies before additional funds are provided; and seek reimbursement, as appropriate and to the extent practicable, for unauthorized uses of program funds.

112850

Department of Energy's Safety and Health Program for Enrichment Plant Workers Is Not Adequately Implemented. EMD-80-78; B-199279. July 11, 1980. ***Released*** July 22, 1980. 33 pp. plus 1 appendix (4 pp.).

Report to Sen. John H. Glenn, Chairman, Senate Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608). Consumer and Worker Protection: Employers' Compliance With Occupational Safety Health Standards (0912).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Supply (0271).
Organization Concerned: Department of Energy; Department of Energy: Oak Ridge Operations Office.
Congressional Relevance: *Senate* Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee; *Sen.* John H. Glenn.
Authority: Occupational Safety and Health Act of 1970 (29 U.S.C. 51).
Abstract: The Department of Energy (DOE) is responsible for establishing and enforcing occupational safety and health standards for both radiological and nonradiological matters at many DOE-owned, contractor-operated facilities, including the Nation's three uranium enrichment plants. Field responsibility for all three enrichment plants is administered by the Oak Ridge Operations Office. GAO was requested to review the DOE safety and health program to determine if its procedures are adequate to ensure the safe operation of the uranium enrichment facilities and if such procedures are adequately implemented. The DOE program for safety and health oversight and enforcement at the three plants relies primarily on a three-layered system: (1) inspections, (2) appraisals of the contractor's operations, and (3) investigations of employee complaints. Safety records of the three plants were examined and compared with national statistics and DOE-wide statistics. All major accidents which have occurred at the facilities were reviewed in addition to the 92 safety and health complaints filed by contractor employees. ***Findings/Conclusions:*** Physical inspections of conditions at each plant are required annually, but DOE has conducted only five inspections at the plants in the past 4 years. Appraisals have not been conducted as often as necessary and have failed to focus on major problem areas. Employees are encouraged to seek resolution of complaints with the operating contractor. Complaints that are not resolved at that level are filed with the Operations Office. In many cases, DOE delegated complete responsibility for handling complaints it received to the contractors. Thus the employee is faced with the same situation for which he previously sought resolution. The Operations Office is not following up on changes recommended as a result of occupational safety and health complaints from employees at enrichment plants. Although DOE procedures require a written response to each contractor employee filing a complaint, the Operations Office did not provide a written response to 27 of the 92 complaints on file. Staff shortages appear to have contributed to the inability to meet safety and health program objectives. Because contractors have no immediate incentive to improve health and safety conditions, the ability of DOE to enforce safety and health standards is handicapped. Its primary enforcement power is the threat of nonrenewal or cancellation of the contract with the operators. The Operations Office's dual responsibilities of production and safety and health limit its ability to administer a safety and health program independently and objectively. ***Recommendation To Congress:*** Congress should authorize the Secretary of Energy to institute a program of nonreimbursable fines and penalties for safety and health violations. ***Recommendation To Agencies:*** The Secretary of Energy should: make sure that plant inspections and appraisals are performed as required and that all employees' complaints are investigated and followed up by the Oak Ridge Operations Office. Further, the Secretary should provide greater independence and objectivity in the Oak Ridge Operations Office Safety and Health Program through an organizational change to provide insulation between safety and health concerns and production goals and objectives.

112852

Energy Health and Safety Issues Need a Coordinated Approach. EMD-80-52; B-199336. July 24, 1980. 28 pp. plus 1 appendix (3 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Public and Private Sectors' Energy Policy Decisionmaking (1652). Internal Auditing Systems (0200); Consumer and Worker Protection: Non-Line-of-Effort Assignments (0951).
Contact: Energy and Minerals Division.
Budget Function: Health: Health Planning and Construction (0554).
Organization Concerned: Department of Energy.
Congressional Relevance: Congress.
Authority: Department of Energy Organization Act (P.L. 95-91; P.L. 95-164; P.L. 91-604; P.L. 92-463). National Environmental Policy Act of 1969 (P.L. 91-190). Department of Transportation Act (P.L. 89-670). Natural Gas Pipeline Safety Act of 1968 (P.L. 90-481). Hazardous Materials Transportation Act (P.L. 93-633). Pipeline Safety Act of 1979 (P.L. 96-129). Natural Gas Act (P.L. 75-688). Submerged Lands Act (P.L. 83-31). Outer Continental Shelf Lands Act (P.L. 83-212). Mine Safety and Health Amendments Act of 1977 (Federal). Clean Air Act Amendments of 1970. Advisory Committee Act (Federal).
Abstract: Several energy-related accidents have heightened public concern about the effectiveness of the Government's role in energy health and safety. Numerous agencies are involved in regulating energy health and safety and, for the most part, they regulate independently of each other. The Federal Government has not developed a coordinated approach to examine broad conceptual issues such as the energy health and safety, economic, and environmental trade-offs of the various energy decisions. The potential for duplication of effort, lack of coordination, and gaps in regulatory coverage increases. Some interagency groups and individual agency efforts are working to alleviate some of the problems, but no mechanism has been formulated to coordinate the overall energy health and safety issues and programs. Broad policy issues which should be addressed involve the definition and focus of energy health and safety, the relationship among energy health and safety regulations, economic energy regulations and environmental concerns, and the identification of activities and policies in place at the various levels of government and the intergovermental relationships. Further

study of the issues is warranted. A centralized focus on all energy health and safety regulatory activities would be the best way to evaluate these issues. It would increase coordination, communication, and cooperation among agencies, identify and correct gaps in energy health and safety regulatory coverage, institutionalize energy health and safety, and provide a means by which to evaluate and analyze energy use trade-offs. Four options which could have all or most of the advantages discussed above are: establishing a new agency, creating an interagency forum, instituting a lead agency concept, or establishing an independent commission. ***Findings/Conclusions:*** A GAO analysis of the options indicates that at this time an independent commission would be the best means to provide a centralized focus on energy health and safety issues. An independent commission would be relatively inexpensive and easy to establish, reorganize, and abolish. In addition, the disadvantages of establishing an independent commission appear to be less severe than those of the other three options. ***Recommendation To Congress:*** Congress should establish a President's Commission on Energy Health and Safety. It should mandate that the Commission be established as an independent body free from agency influence; consist of a small number of members appointed by the President; have an executive directorate, a relatively small staff, and an appropriate number of support staff; expire at the end of 5 years if not renewed by Congress; conduct high-level assessments and syntheses of energy health and safety issues inherent in the research, development, and regulation of energy at the Federal level; report to the President and Congress on its findings, conclusions, and recommendations concerning Federal energy health and safety affairs; and report on actions that were taken by the appropriate agencies, based on the recommendations that the Commission made, to ensure that significant energy health and safety issues are brought to the attention of officials at the highest level of government; and make recommendations for actions to the President, Congress, and appropriate Federal agencies.

112857

Reassessment of Veterans Administration's Controls Over Drugs: Million-Dollar Problem Still Exists. HRD-80-86; B-133044. June 24, 1980. ***Released*** July 24, 1980. 24 pp.

Report to Rep. Ronald M. Mottl, Chairman, House Committee on Veterans' Affairs: Special Investigations Subcommittee; by Milton J. Socolar, Acting Comptroller General.

Issue Area: Health Programs (1200). Health Programs: More Efficient and Effective Administration of Programs (1265).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703).
Organization Concerned: Veterans Administration; Veterans Administration: Department of Medicine and Surgery; Drug Enforcement Administration.
Congressional Relevance: *House* Committee on Veterans' Affairs: Special Investigations Subcommittee; *Rep.* Ronald M. Mottl.
Authority: 21 C.F.R. 1308.11. 21 C.F.R. 1306-05(b).
Abstract: The Veterans Administration (VA) does not have an effective program for accounting for or controlling the use of drugs dispensed by many of its pharmacy units. The basic pharmacy systems used by VA to dispense drugs include: the ward stock system, under which most drugs are stored in the wards; and the unit dose system, under which drugs are delivered by the pharmacy to the wards at least once every 24 hours. In a previous review, GAO found that conversion to the unit dose system would decrease VA drug losses and improve patient care. GAO recommended that interim controls be placed in effect to strengthen drug security and conversion of ward stock centers to unit dose. No effective program exists for adequately controlling the use of drugs at the ward stock centers reviewed. VA efforts to implement the recommended interim control measures were largely ineffective. Controls over VA prescription filling procedures are weak. Pharmacy units have filled a large number of prescriptions despite the lack of required documentation, and unused VA prescription pads were readily accessible to unauthorized persons. Under such conditions, the possibility of VA pharmacies filling fraudulent prescriptions is great and detection is almost impossible when required control procedures are not strictly enforced. VA has made some progress in converting its pharmacy units to unit dose. However, 84 percent of all drugs dispensed in VA centers continue to be dispensed by the ward stock system. Since the end of fiscal year 1978, no funding has been provided for additional conversions. The lack of significant progress in converting to unit dose is attributed to inadequate resources and higher priorities. ***Findings/Conclusions:*** GAO believes that its prior recommendations for insuring accountability and control over drugs dispensed at its ward stock medical centers are still valid and should be implemented immediately. In view of the high turnover of medical staff, GAO believes that frequent reminders to prescribing physicians concerning compliance with security measures should be issued by local medical center directors. It appears that any significant increase in the number of unit dose conversions is questionable. Without specific funding, local center directors will find it hard to convert existing ward stock pharmacy systems to unit dose. ***Recommendation To Agencies:*** The Administrator of Veterans Affairs should direct the Chief Medical Director to take immediate steps to implement the interim ward stock control measures previously recommended by GAO; revise the pharmacy manual issued by the VA central office to include the interim control measures; require the VA Central Office Pharmacy Service to conduct periodic compliance checks at the medical center level; take steps to ensure that the pharmacy units in VA medical centers do not fill prescriptions that are incomplete and inaccurate; and strengthen the security over prescription forms by requiring prescribing physicians and dentists to store prescription pads in locations that are not readily accessible to unauthorized persons. The Administrator should identify the amount of funding necessary to permit system-wide conversion of ward stock systems to unit dose and provide the resources required to the affected medical centers to achieve total conversion.

112891

Legislation Allows Black Lung Benefits To Be Awarded Without Adequate Evidence of Disability. HRD-80-81; B-199383. July 28, 1980. 17 pp. plus 1 appendix (2 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Eligibility Determinations (1307).
Contact: Human Resources Division.
Budget Function: Income Security: General Retirement and Disability Insurance (0601).
Organization Concerned: Department of Health, Education, and Welfare; Department of Labor.
Congressional Relevance: Congress; *Rep.* John N. Erlenborn.
Authority: Coal Mine Health and Safety Act of 1969 (Federal) (30 U.S.C. 801). Black Lung Benefits Reform Act of 1977. Employees' Compensation Act (Injuries) (5 U.S.C. 8101).
Abstract: GAO reviewed the procedures used by the Social Security Administration to approve black lung benefits claims. ***Findings/Conclusions:*** Approval of these claims was not contrary to law; it was based on provisions of law which GAO believes do not adequately assure that benefits are provided only to those disabled from black lung or to the survivors of those who died of black lung. The agency approved claims on the basis of affidavits from spouses or other dependent persons, inconclusive medical evidence, and prseumptions based on years of coal mine employment. A random sample of claims indicated that, in 88.5 percent of the cases,

medical evidence was not adequate to establish disability or death from black lung. GAO believes that medical evidence should be used as the basis for determining eligibility for black lung benefits, but awarding benefits based on years of employment seems more appropriate for pension programs than disability programs. GAO is currently reviewing the Department of Labor's administration of the program.

112892

[Need To Clarify IHS Responsibilities for Maintaining Indian Water and Sanitation Facilities]. HRD-80-14; B-199601. July 28, 1980. 3 pp. plus 2 enclosures (17 pp.).

Report to Rep. Morris K. Udall, Chairman, House Committee on Interior and Insular Affairs; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Direct Delivery Programs of the Federal Government (1216). Land Use Planning and Control (2300).
Contact: Human Resources Division.
Budget Function: Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Health and Human Services; Health Services Administration: Indian Health Service.
Congressional Relevance: *House* Committee on Interior and Insular Affairs; *Rep.* Morris K. Udall.
Authority: Indian Health Care Improvement Act (P.L. 94-437). 42 U.S.C. 2004a.
Abstract: Since 1959, the Indian Health Service (IHS) has spent about $490 million to construct or improve Indian water and sanitation facilities primarily to support Indian housing programs administered by other Federal agencies. Legislation enacted in 1959 authorized IHS to transfer operating and maintenance responsibility of these facilities to Indian tribes or communities. As part of a survey conducted of the IHS water and sanitation facilities construction program, seven Indian reservations and nine Alaska Native communities were visited to observe the water and sanitation systems or system components that were not operating effectively. ***Findings/Conclusions:*** The tribes or communities had agreed to assume operating and maintenance responsibilities before construction of the facilities and had accepted ownership responsibilities after construction. However, many of them were not willing or financially able to fulfill their agreements. IHS assisted the Indians in operating and maintaining the water and sanitation systems it transferred to them until 1976. At that time, the Department of Health and Human Services's Assistant General Counsel for Public Health concluded that IHS lacked the legislative authority to maintain water and sanitation systems transferred to tribes and communities. These circumstances have posed a dilemma: IHS is responsible for ensuring that adequate health care is provided to Indians and has invested heavily in the construction and improvement of Indian water and sanitation facilities; but it has been told by its General Counsel that it has no authority to maintain the water and sanitation facilities after the Indians accepted ownership responsibilities. The significant IHS capital investment could be lost because of lack of maintenance, and the overall health of the Indians could deteriorate, thereby placing a greater burden on the IHS health care system. ***Recommendation To Congress:*** The IHS authorities and responsibilities for maintaining transferred sanitation facilities under the Indian Sanitation Facilities Act should be specifically addressed.

112894

[Information on Hospital Inspections, Reporting Requirements, and Life Safety Code Enforcement]. HRD-80-94; B-199186. July 2, 1980. ***Released*** July 29, 1980. 4 pp. plus 2 enclosures (28 pp.).

Report to Sen. Robert J. Dole, Senate Committee on Finance: Health Subcommittee; Sen. Sam Nunn, Senate Committee on Finance: Health Subcommittee; Sen. Herman E. Talmadge, Chairman, Senate Committee on Finance: Health Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208). Data Collected From Non-Federal Sources: Government's Needs for Information (3103).
Contact: Human Resources Division.
Budget Function: Health (0550). Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services; Joint Commission on Accreditation of Hospitals; Health Care Financing Administration.
Congressional Relevance: *Senate* Committee on Finance: Health Subcommittee; *Sen.* Herman E. Talmadge; *Sen.* Sam Nunn; *Sen.* Robert J. Dole.
Abstract: Pursuant to a congressional request, GAO reviewed the impact of regulatory requirements being imposed on hospitals. Inspections, reports, and Life Safety Code enforcement were examined. Hospitals are subjected to inspections by Federal, State, and local governments, and private sources. GAO identified 101 inspections, 38 of which were identified by hospital officials as duplicative or similar to others. ***Findings/Conclusions:*** GAO found that the degree to which reports and inspections were duplicative was not as great as other studies have reported. Further, it believes that efforts currently underway by Federal, State, and private organizations to reduce the existing duplication and similarity of inspections and information requests are improving the situation, and should be continued. Licensure inspections by State agencies and accreditation surveys by the Joint Commission on Accreditation of Hospitals were considered to be the most burdensome to hospitals. In an effort to reduce this burden, many States accept, either in whole or in part, Joint Commission accreditation for licensure or participate in cooperative inspection activities with the Joint Commission. Many forms and reports request similar data to that requested by other organizations. However, no forms or reports at the hospitals examined by GAO were identical, and most of the similar requests contained data that were used internally by the hospital. Duplication and similar data collection problems have been reduced through implementation of the Federal Paperwork Commission's recommendations. The examination of Life Safety Code enforcement showed that most deficiencies in the sample of hospitals have been or are in the process of being corrected.

112895

Heroin Statistics Can Be Made More Reliable. GGD-80-84; B-198988. July 30, 1980. 54 pp. plus 1 appendix (9 pp.).

Report to Benjamin R. Civiletti, Attorney General, Department of Justice; by Daniel F. Stanton (for William J. Anderson, Director), GAO General Government Division.

Issue Area: Law Enforcement and Crime Prevention: National Crime Statistics and Information System (0515).
Contact: General Government Division.
Budget Function: Administration of Justice: Federal Law Enforcement Activities (0751).
Organization Concerned: Department of Justice; Department of the Treasury; Department of Health, Education, and Welfare; Drug Enforcement Administration; Alcohol, Drug Abuse, and Mental Health Administration: National Institute on Drug Abuse.
Authority: Reorg. Plan No. 2 of 1973.
Abstract: GAO reviewed the statistical indicators used by the Government to assess its impact on heroin abuse and supply in the United States. The clandestine nature of heroin trafficking and consumption prevents direct measurement of availability and purity. Consequently, the Federal Government uses indirect indicators to monitor the extent of domestic heroin abuse and availability.

Findings/Conclusions: GAO found that the statistical indicators used to assess law enforcement efforts to combat heroin trafficking and abuse have problems that affect their reliability. To make these statistics more reliable, DEA needs to: (1) revise the data base used to determine retail heroin prices and purity; (2) monitor for accuracy in reporting the heroin-related death and injury data; (3) eliminate from reported heroin removals the double counting and overstating; and (4) expand the reporting indicators by noting limitations in the way they are developed and how they can be used. Further, the heroin indicators are often cited without sufficient qualification. So cited, they give the impression that they are precise measures; however, they are not. When using these indicators, care should be taken to fully disclose data and methodology limitations so that the indicator users can make better informed decisions. ***Recommendation To Agencies:*** The Attorney General should direct the DEA Administrator to: (1) reexamine the decision not to use local police heroin buys for computing the price and purity indicators and the reasons for discontinuing the program; (2) modify the criteria for qualifying price and purity samples so that they more accurately reflect the retail market; (3) monitor periodically and on a representative basis the accuracy of the Drug Abuse Warning Network (DAWN) system; (4) report as heroin-related only those deaths where heroin played a role; (5) accumulate in a separate DAWN category deaths due to morphine-related drugs such as codeine; (6) report all heroin removals from data contained in the DEA System to Retrieve Information from Drug Evidence; (7) report all heroin removals by their pure weight; and (8) fully disclose in all public statements and reports the limitations of heroin indicators and significant changes affecting indicator results.

112908

[Comments on S. 2958, Bill To Encourage Federal Agencies To Share Medical Resources on an Interagency Basis]. July 30, 1980. 37 pp. plus 1 appendix (2 pp.).

Testimony before the Senate Committee on Governmental Affairs; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Department of Defense; Federal Health Resources Sharing Committee; Veterans Administration; Department of Health and Human Services.

Congressional Relevance: *Senate* Committee on Governmental Affairs.

Authority: Economy Act (31 U.S.C. 686). Heart Disease, Cancer and Stroke Amendments of 1965 (42 U.S.C. 299 et seq.). Public Health Service Act (42 U.S.C. 246). National Health Planning and Resources Development Act of 1974 (P.L. 93-641; 42 U.S.C. 300 et seq.). S. 2958 (96th Cong.). 38 U.S.C. 5053. 42 U.S.C. 254a.

Abstract: Comments were provided on a Senate bill to encourage Federal agencies to share medical resources on an interagency basis. Over the years, increasing concern has been expressed in Congress and elsewhere over the rapidly increasing costs of medical care. Federal agencies' costs to provide health care directly to eligible beneficiaries have continued to rise, and efforts have been made by the Federal agencies to explore ways of reducing these costs without adversely affecting the quality of care provided to Federal beneficiaries. GAO believes that S 2958 constitutes a legislative statement of policy and guidance needed by the Federal Government's two largest direct health care systems, the Department of Defense (DOD) and the Veterans Administration (VA), to more efficiently spend the billions of dollars appropriated annually for the construction and renovation of health care facilities, the purchase of medical supplies and equipment, and medical personnel. Additionally, the increased sharing would benefit the Federal Government by providing opportunities for: (1) eliminating or consolidating underused or duplicative facilities, equipment, and staff; (2) reducing the reliance on health delivery programs which provide care not available from DOD, VA, and the Public Health Service; and (3) increasing staff proficiency and improving patient care by consolidating workloads and resources. Beneficiaries would also be able to be treated in Federal facilities closer to their residences and might save money because they would not be required to pay specified portions of the cost of care. Therefore, enactment would represent a significant step forward in creating an environment in which Federal agencies could make the most cost-effective use of their medical resources while maintaining, or perhaps enhancing, the quality of care provided to their many beneficiaries.

112914

[Department of Energy's Safety and Health Program at Uranium Enrichment Plants]. July 21, 1980. 13 pp.

Testimony before the Senate Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Contact: Energy and Minerals Division.

Organization Concerned: Department of Energy; Department of Energy: Oak Ridge Operations Office.

Congressional Relevance: *Senate* Committee on Governmental Affairs: Energy, Nuclear Proliferation and Federal Services Subcommittee.

Authority: Occupational Safety and Health Act of 1970.

Abstract: The Department of Energy (DOE) is responsible for establishing and enforcing occupational safety and health standards for DOE-owned, contractor-operated facilities, including the Nation's three uranium enrichment plants. Oversight of the enrichment plants is the responsibility of the DOE Oak Ridge Operations Office. While the injury record at these plants is better than that of the chemical industry and the employees are receiving less than maximum allowable doses of radiation, the plants have experienced a number of potentially serious accidents and numerous releases of radioactive materials. The program to ensure the safety and health of workers at existing plants involves plant inspections, appraisals of the contractors' in-house safety and health programs, and investigations of employee complaints. The Operations Office has fallen short of program requirements in each of these areas. It is required to inspect the working conditions at each of the three enrichment plants annually, but has only conducted a total of five inspections in the past 4 years. Appraisals have not been conducted as often as necessary. In the area concerned with the investigation of employee complaints, employees have not been offered an objective, independent review, and complaints have been recycled to the contractor for resolution. DOE has no system of penalties or fines for safety and health violations. Currently, the only leverage the Operations Office has to bring about contractor compliance with safety and health standards is the threat of nonrenewal or contract termination, which does not provide the contractor with an immediate incentive to correct safety or health violations. Moreover, DOE concern with other factors such as production may override any proposal to terminate a contract for these violations. Action should be taken to ensure that plant inspections and appraisals are performed as required and that all employee complaints are investigated and followed up by the Operations Office. Increased independence and objectivity in the Operations Office's safety and health program should be provided. The program would be strengthened if DOE had the authority to impose nonreimbursable fines and penalties for safety and health violations.

112919

[Do NRC Plans Adequately Address Regulatory Deficiencies Highlighted by the Three Mile Island Accident?] EMD-80-76; B-198829. May 27, 1980. ***Released*** July 30, 1980. 11 pp. plus 1 enclosure (1 p.).

Report to Sen. Gary W. Hart, Chairman, Senate Committee on Environment and Public Works: Nuclear Regulation Subcommittee; Sen. Alan K. Simpson, Ranking Minority Member, Senate Committee on Environment and Public Works: Nuclear Regulation Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608). Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).
Organization Concerned: Nuclear Regulatory Commission; President's Committee on Nuclear Safety Oversight.
Congressional Relevance: *Senate* Committee on Environment and Public Works: Nuclear Regulation Subcommittee; *Sen.* Alan K. Simpson; *Sen.* Gary W. Hart.
Abstract: As a result of the the numerous studies concerning the accident at the Three Mile Island Nuclear Powerplant, the Nuclear Regulatory Commission (NRC) drafted the Three Mile Island Action Plan, which includes 51 major tasks that NRC believes are necessary to respond to the many investigations and studies of the accident. In evaluating the Plan and the adequacy of the NRC process for prioritizing and implementing the planned actions, 10 major tasks were selected for detailed review. These tasks represent a cross section of the 51 tasks included in the Plan and include 49 actions already taken or proposed by NRC. The Plan was still in draft form and changed several times during the review period. ***Findings/Conclusions:*** Through the Plan, NRC is implementing a massive program to upgrade safety at nuclear powerplants. The planned actions seem appropriate for this purpose. However, because the program is in its infancy, success or failure cannot be determined at this time. It appeared that NRC is stretching its resources very thinly and placing major dependency on industry and other organizations. Budget rescissions, another major accident, or future NRC mandated responsibilities could have a major impact on the successful completion of the program. GAO sanctioned the creation of the Nuclear Safety Committee to oversee the NRC activities and assess the progress being made to implement the recommendations of the President's Commission on the Accident at Three Mile Island. The Committee will have five members from outside the Federal Government and its own technical staff and appropriations. Such independence is needed to insure compliance with important Three Mile Island recommendations and to guarantee that progress is made toward improving reactor safety. Because NRC has depended greatly on the nuclear industry, the Nuclear Safety Oversight Committee should pay particular attention to how well the industry responds. If, in the Committee's opinion, the response is not adequate, NRC should be required to reevaluate its role in seeing that the Action Plan tasks are properly implemented. ***Recommendation To Agencies:*** NRC should periodically report to Congress on its progress in implementing the Action Plan, specifically providing the status of each action compared to the original Plan. If NRC does not agree with the recommendation, congressional oversight committees should consider formally requesting periodic reports pursuant to the recommendation.

112944

[Need for a Formal Risk/Benefit Review of the Pesticide Chlordane]. CED-80-116; B-199618. August 5, 1980. 11 pp.
Report to Douglas M. Costle, Administrator, Environmental Protection Agency; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211). Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304). Community and Regional Development: Community Development (0451); Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Department of Housing and Urban Development; Environmental Protection Agency; Department of Health and Human Services; Department of the Air Force; Velsicol Chemical Corp.
Authority: Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. 136 et seq.). Food, Drug and Cosmetic Act (21 U.S.C. 301 et seq.). 40 C.F.R. 162.11.
Abstract: A review of the adequacy of the Environmental Protection Agency's (EPA) regulation of pesticides used in and around the home revealed that chlordane, used for termite control, may pose unreasonable risks to man and the environment. In 1974, after studies showed that chlordane caused cancer in mice, EPA issued a notice of intent to cancel all registered uses of chlordane, except for subsurface ground insertion for termite control and dipping of nonfood plants. According to EPA, the decision to continue using chlordane for subsurface termite control was not based on a risk benefit review, but was an administrative decision based on available information. After lengthy cancellation proceedings, representatives of the chlordane manufacturer and other parties involved signed a settlement agreement in 1978 which canceled, either immediately or over 5 years, all chlordane uses except for subsurface ground insertion for termite control and the dipping of nonfood plants. ***Findings/Conclusions:*** Assessing the health risk of a widely used pesticide is critical when a pesticide, such as chlordane, has been found to cause cancer in a laboratory animal and where there is reason to believe that many people have been exposed to it. Air Force incidents showed that persons living in homes built on a slab with air ducts in or under the slab have been exposed to chlordane used during construction for termite control. Chlordane was found in the air of homes treated for termites as much as 14 years prior to sampling the air, which may mean that residents are being exposed to chlordane for long periods. Air Force studies and other data represent new information not available when EPA signed the 1978 agreement with the chlordane manufacturer canceling most nontermite uses of chlordane. Aside from resolving questions on chlordane's continued use for home termite control, the question of the pesticide's possible harmful effects on persons living in homes already treated with chlordane still remains. ***Recommendation To Agencies:*** The Administrator, EPA, should initiate a formal risk/benefit review of chlordane to determine whether the pesticides registered for subsurface termite uses should be limited or canceled. The Administrator also should work with the Departments of Housing and Urban Development and Health and Human Services to determine the potential for adverse effects in homes already treated with chlordane and practical methods for reducing unreasonable risk to occupants.

112981

OPM Should Promote Medical Necessity Programs for Federal Employees' Health Insurance. HRD-80-79; B-199466. July 29, 1980. ***Released*** August 8, 1980. 28 pp. plus 15 appendices (35 pp.).
Report to Rep. Gladys N. Spellman, Chairman, House Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208). Health Programs: More Efficient and Effective Administration of Programs (1265).
Contact: Human Resources Division.
Budget Function: Health (0550).
Organization Concerned: Office of Personnel Management.

Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; *Rep.* Gladys N. Spellman.
Authority: Social Security Amendments of 1965 (42 U.S.C. 1395). Federal Employees' Health Benefits Act of 1959 (5 U.S.C. 8901).
Abstract: Medical necessity programs were developed to help contain health care costs and promote good health care. They can reduce the incidence of, and payment for, health care procedures not found to be medically necessary or consistent with generally acceptable medical practice. Federal Employees' Health Benefits Program plans have varied greatly in their use of medical necessity programs, but data from plans using the programs show that benefits have been achieved and should increase. Savings are also being achieved because of education and publicity. The Office of Personnel Management (OPM) program manager for employee organization plans has asked the plans to review claims to determine that they represented medically necessary services. Representatives have agreed to include a list of unnecessary surgical procedures in their claim processing systems. ***Findings/Conclusions:*** Improved care and cost reduction benefits of medical necessity programs can be realized more fully if OPM keeps abreast of program developments and makes sure they are adopted promptly. Medical necessity programs are relatively new; benefits realized so far have been limited. However, these programs enjoy widespread physician acceptance, and benefits appear likely to increase as the programs are expanded and more widely used. ***Recommendation To Agencies:*** The Director of OPM, should systematically monitor developments in these programs, in both the private and public sectors; evaluate these programs to determine how Federal Employees Health Benefits Program plans might use them to foster better health care and lower health insurance costs; and require the Federal Employees Health Benefits Program plans to use aspects of these programs that are proven beneficial.

113009
[Analysis of VA Investigations of Allegations Involving the Palo Alto VA Medical Center]. HRD-80-106; B-199847. August 13, 1980. 4 pp. plus 1 enclosure (11 pp.).
Report to Sen. Alan D. Cranston, Chairman, Senate Committee on Veterans' Affairs; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Non-Line-of-Effort Assignments (1251). Law Enforcement and Crime Prevention: Law Enforcement Agencies' Coordination (0518).
Contact: Human Resources Division.
Budget Function: Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703). Administration of Justice: Federal Law Enforcement Activities (0751).
Organization Concerned: Veterans Administration: VA Domiciliary, Palo Alto, CA; Veterans Administration: Office of the Inspector General; Drug Enforcement Administration.
Congressional Relevance: *House* Committee on Government Operations: Government Information and Individual Rights Subcommittee; *House* Committee on Veterans' Affairs; *Senate* Committee on Veterans' Affairs; *Sen.* Alan D. Cranston.
Abstract: GAO monitored the Veterans Administration's (VA) Office of Inspector General investigation of allegations made concerning the Palo Alto VA Medical Center. The allegations involved significant increases in the rate of crime, widespread illegal drug use, inadequate support from local and Federal law enforcement agencies, interference by medical center officials in criminal investigations, and reprisals and threats against VA police officers making the allegations. Other allegations were made during the onsite investigation which began in December 1979. The Office of Inspector General completed its investigation on May 23, 1980 and issued a report on its findings. ***Findings/Conclusions:*** GAO believed that most of the major allegations were only pursued in part by the Office of Inspector General. While specific incidents brought to its attention were addressed, the Office of Inspector General did not attempt to resolve the broader allegations. The allegation concerning the widespread illegal drug use was only briefly mentioned in the report. The Drug Enforcement Administration had investigated illegal drug activity at the medical center, but was unable to conclude that any widespread or significant activity existed, primarily because the VA police officers who had made the allegations could not substantiate them. The Office of Inspector General's report should have disclosed the findings and conclusions resulting from the Drug Enforcement Administration's investigation. The report did not reach conclusions on many allegations. On the basis of the report, GAO categorized the allegations as sustained, not sustained, or unresolved. Of the 37 allegations, 7 were sustained, 18 were not sustained, and 12 were unresolved. Further investigation of three of the unresolved allegations is warranted, namely the increased rate of crime at Palo Alto, an alleged $7 million coverup in the records of the Center's supply section, and the harassment of a VA police officer. As of July 1980, VA has not made any recommendations for corrective action. VA generally agreed with the GAO conclusions and analysis and has begun efforts to resolve the three allegations where GAO believed further investigation was warranted.

113047
Food Bibliography; January 1977 - December 1979. CED-80-97. June 1980. 206 pp.
By Henry Eschwege, Director, GAO Community and Economic Division.

Contact: Community and Economic Development Division.
Abstract: This bibliography includes information on documents directly or indirectly related to food, agriculture, and/or nutrition that have been released by GAO. A broad interrelationship exists between the food area and other areas of concern to GAO such as health, transportation, energy, defense, and international affairs and this bibliography includes information on documents in these areas which have linkages to food, agriculture, and nutrition issues.

113057
[The Cost and Benefits of Government Regulation: An Environmental Dilemma]. August 7, 1980. 15 pp.
Testimony before the Environmental Affairs Seminar; by Henry Eschwege, Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.
Organization Concerned: Environmental Protection Agency; Ohio: Environmental Protection Agency; Ohio Municipal League; Environmental Protection Agency: Science Advisory Board.
Authority: Clean Air Act. Clean Water Act Amendments of 1977. Marine Protection, Research, and Sanctuaries Act of 1972. Insecticide, Fungicide and Rodenticide Act. Toxic Substances Control Act.
Abstract: Environmental regulation generally takes two forms: (1) technology-based regulation, and (2) risk-assessment-based regulation In technology-based regulation, uniform standards applicable to everyone are set based on available control technology. This is a very rigid form of regulation and does not require a cost/benefit test. A particularly troublesome situation arises when individual environmental regulations, some technology based, conflict or work against each other. Risk-assessment-based regulation attempts to reach judgments as to the relative risks associated with human and environmental exposure to potentially dangerous substances versus the benefits of the use of such substances. Decisions cannot always be deferred until enough research has been done;

therefore, the scientific bases for judgments are often very uncertain. Determining the cost and benefits of environmental regulation is both difficult and controversial. Although efforts to compute costs and benefits may be entirely sincere, the figures are necessarily very soft. Cost to some small communities exacts a much higher economic and social price because the costs must be shared by fewer taxpayers, sometimes placing severe burdens on low-income residents. Knowing the actual state of the environment before imposing regulatory measures and developing innovative approaches can lighten the burden of regulation.

113063

Need for More Effective Regulation of Direct Additives to Food. HRD-80-90; B-199603. August 14, 1980. 37 pp. plus 2 appendices (5 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Safety of Food Additives (0953). Food: Improvement of Federal Effectiveness Throughout the Food Decision System (1715).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554).
Organization Concerned: Department of Agriculture; Food and Drug Administration; Department of Health and Human Services.
Congressional Relevance: Congress.
Authority: Food, Drug and Cosmetic Act (21 U.S.C. 301 et seq.). Meat Inspection Act (21 U.S.C. 601 et seq.). Poultry Products Inspection Act (21 U.S.C. 451 et seq.). Saccharin Study and Labeling Act (P.L. 95-203). Food Additives Amendment of 1958 (21 U.S.C. 321(s); 21 U.S.C. 342(a)(2)(c); 21 U.S.C. 348). 21 C.F.R. 170.6. 21 C.F.R. 170.35.
Abstract: The Food, Drug and Cosmetic Act requires that the safety of direct food additives be based on scientific evidence and that the evidence be reviewed and approved by the Food and Drug Administration (FDA). However, the Act exempts from review and approval substances generally recognized as safe (GRAS) by experts or approved for use before 1958, and allows the safety determination for some of those substances to be based on experience drawn from common use in food. The safety of several of these exempted substances has been questioned. A review was undertaken to determin whether current legislative authority and FDA regulatory practices adequately protect the public against hazards from substances directly added to food. GAO examined provisions of the Act which exempt about 1,450 substances from food additive regulation by FDA; reviewed several exempted substances the assumed safety of which was later questioned, and the removal from use of which has been proposed or completed; and evaluated the potential impact these exemptions could have on the level of evidence supporting the safety of these substances. ***Findings/Conclusions:*** The FDA administrative regulations do not clearly define the scientific evidence needed to support the safety of a food additive or explain how it conducts safety assessments. The regulations do not distinguish among the different kinds of evidence which support each substance's safety affirmation. Experience from common use in food has questionable value in assuring that an additive is safe, because individuals are exposed to numerous substances, including environmental contaminants, over a long period. Adverse effects from exposure to harmful substances may not occur for many years. Since FDA is not required to review and approve GRAS substances, there is no assurance that consistent criteria are applied in determining the safety of all such substances. Of the 39 petitions received in 1979 for GRAS designations of substances used after 1958, review of 18 has been completed. Four of the 18 contained sufficient scientific evidence to support a GRAS affirmation. During 1978, FDA received 14 petitions requesting that food additives be approved. As of October 1979, regulations had not been approved or published for any of these substances. In seven petitions reviewed, FDA had determined that the scientific evidence supporting the substance's safety was inadequate and had requested addition evidence. In five cases, data not specifically identified in the regulations were requested. Developmental efforts are currently underway to publish definitive scientific testing guidelines and review criteria for determining the safety of food additives ***Recommendation To Congress:*** Congress should amend the Federal Food, Drug and Cosmetic Act to eliminate exemptions for GRAS and prior sanction substances. Changes to the law should provide enough flexibility to encourage the use of information already available and to recognize that different types of scientific evidence may be appropriate to support the safety of food additives. The amendment should also provide a date on which the safety of all GRAS and prior sanction substances must be subject to Federal review and approval. ***Recommendation To Agencies:*** The Secretary of Health and Human Services should direct the FDA Commissioner to publish regulations establishing review criteria for assessing the safety of food additives and issue guidance defining the methods and controls to be used in conducting scientific safety tests. Further, the FDA Commissioner should be directed to revise regulations which list substances that FDA has affirmed as GRAS to indicate the kinds of evidence that support their safety.

113089

[Analysis of the Price-Anderson Act]. EMD-80-80; B-197742. August 18, 1980. ***Released*** August 21, 1980. 11 pp. plus 1 enclosure (3 pp.).

Report to Rep. John D. Dingell, Chairman, House Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608). Economic Analysis of Alternative Program Approaches (4000).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).
Organization Concerned: Nuclear Regulatory Commission.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; *Rep.* John D. Dingell.
Authority: Price-Anderson Act (Atomic Energy Damages). Atomic Energy Act of 1954.
Abstract: GAO conducted an analysis of the Price-Anderson Act, which governs offsite nuclear accident liability. The Act was designed to encourage private industry to participate in the nuclear industry by assisting it with the costs of liability anticipated in the case of a nuclear accident. Recovery to accident victims is available through common law liability, coverage by private insurance, and Government indemnification (reimbursement). Licensees must maintain financial security against offsite liability for a nuclear accident in an amount equal to that available through private insurance. Liability beyond this amount would be assumed by the Federal Government up to a limit of $560 million per incident. ***Findings/Conclusions:*** Although this represents a subsidy to the nuclear power industry, without this protection, commercial nuclear power development would not have made the progress it has. The Act is fulfilling its intended purpose of providing financial protection to the public and the nuclear industry in the event of a nuclear accident. The Act should be retained in its basic form, but certain provisions should be revised. The limit on liability should be realistically defined, and the layers of financial coverage that compose the limit on liability should be reassessed. The premiums charged utilities in the event of a nuclear accident and the Federal Government indemnity could be revised upward. ***Recommendation To Agencies:*** The Chairman of the Nuclear Regulatory Commission should use the Three Mile Island accident, plus various scenarios

similar to that accident, to define a more realistic limit on public liability, reassess the premium charged utilities in the event of a nuclear accident, and reassess the Federal Government indemnity. If it is determined that some revisions to the Act are in order, the Chairman should also submit a legislative proposal to Congress outlining these revisions.

113090

[Aviation Safety]. August 21, 1980. 8 pp.

Testimony before the House Committee on Public Works and Transportation: Aviation Subcommittee; by Baltas E. Birkle, Deputy Director, GAO Community and Economic Development Division.

Contact: Community and Economic Development Division.

Organization Concerned: Federal Aviation Administration; Department of Transportation.

Congressional Relevance: *House* Committee on Public Works and Transportation; *House* Committee on Public Works and Transportation: Aviation Subcommittee; *Rep.* Elliott H. Levitas.

Abstract: GAO reviewed the Federal Aviation Administration's (FAA) management efforts to identify, set priorities for, and develop timely solutions to safety hazards. Safety hazards include problem areas such as midair collisions, cabin fires, and seat dislocations during crash impacts. GAO did not assess the technical sufficiency or reasonableness of the FAA approach or its solutions. FAA can enhance aviation safety by further improving its performance. It has not always been effective or timely in dealing with safety hazards, and its actions are often perceived to be reactive instead of anticipatory. There must be a system for identifying safety hazards. A comprehensive planning process must then be developed to address the safety issues. Individual safety programs should be planned and approved. Controls must be systematically established to ensure that programs are successfully implemented and, once in place, are sufficiently evaluated as to their effectiveness. FAA has not recognized the importance of hazard identification systems, emphasized information gathering and analysis, or undertaken long-term planning for comprehensive indentification systems. Organizational problems have hampered FAA effectiveness. It does not pay sufficient attention to human factors research. Important information about its safety projects has not been adequately or consistently documented. Without sufficient monitoring, management lacks the knowledge on which to evaluate project performance. An effective system for objectively evaluating the effects of its programs would be especially valuable for FAA; however, evaluation has received little priority and has diminished in use by the agency. One recommendation, among many, made by GAO to the Secretary of Transportation called on the FAA to establish a top management group, which might be called the administrator's safety advisory group, to identify overall safety priorities and to review and approve specific and detailed safety project plans.

113122

Federal-State Environmental Programs--The State Perspective. CED-80-106; B-197043. August 22, 1980. 85 pp. plus 2 appendices (10 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Institutional Arrangements for Implementing Environmental Laws and Considering Trade-Offs (2210). Intergovernmental Policies and Fiscal Relations (0400).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304). General Government: Other General Government (0806).

Organization Concerned: Environmental Protection Agency.

Congressional Relevance: *House* Committee on Agriculture; *House* Committee on Public Works and Transportation; *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Agriculture and Forestry; *Senate* Committee on Environment and Public Works; Congress.

Authority: Clean Air Act Amendments of 1970 (42 U.S.C. 1857 et seq.). Water Pollution Control Act Amendments of 1972 (Federal) (33 U.S.C. 1251 et seq.). Clean Water Act of 1977 (P.L. 95-217). Insecticide, Fungicide and Rodenticide Act (7 U.S.C. 135). Resource Conservation and Recovery Act of 1976 (42 U.S.C. 6901). Safe Drinking Water Act (42 U.S.C. 300(f) Supp. V). H.R. 4213 (96th Cong.).

Abstract: Congress intended that the Environmental Protection Agency (EPA) and the States should act in partnership to implement federally mandated environmental programs. Generally, the States have implemented these programs, enacted enabling legislation, and provided part of the funding. However, the States believe many obstacles impede their implementation of those programs and are beginning to consider these obstacles when deciding whether to assume more program responsibilities. Because Congress expressed concern about the Federal-State relationships in this area, a review was undertaken to determine the managerial problems the States face in implementing environmental programs. By confirming that these obstacles actually exist, GAO tried to determine the impact they have on the Federal-State partnership. ***Findings/Conclusions:*** According to State environmental officials, late issuance of regulations has resulted in erratic, confused, and slow implementation of State programs. Lack of flexibility to adapt State programs or unique characteristics to national regulations has wasted State resources, stifled initiative, and unnecessarily increased costs for environmental control. Other more subtle EPA control mechanisms which State officials believe also impede program implementation included detailed grant conditions and mandatory policy guidance. The root cause of staffing problems across all environmental programs was low State salaries. Consistently late annual program grants resulted in termination or threatened termination of State employees or delays in filling badly needed positions. Moreover, paperwork requirements taxed already limited staff by diverting employees from program operations. Poor communication has strained the EPA-State relationship. Because a majority of the State officials believed that the EPA headquarters staff did not understand the obstacles States face in implementing EPA directives, hostility permeated much of the relationship between the States and EPA. However, States generally had good relationships with EPA regional staffs. ***Recommendation To Agencies:*** The EPA Adiminstrator should establish, as a high priority and in conjunction with State representatives, a formal program to improve the EPA-State partnership. This should include: establishing prcedures to ensure that early State agency input is solicited before any action is taken having a direct bearing on State program implementation; and establishing joint EPA-State committees for each program to review its various aspects, identify implementation problems, and advise the EPA Administrator.

113123

Federal-State Environmental Programs--The State Perspective; A Compilation of Questionnaire Responses. CED-80-106A; B-197043. August 22, 1980. 205 pp.

Report to Congress; by Elmer B. Staats, Comptroller General.

The report referred to is "Federal-State Environmental Programs--The State Perspective " CED-80-106, August 22, 1980.

Issue Area: Environmental Protection Programs: Institutional Arrangements for Implementing Environmental Laws and Considering Trade-Offs (2210). Intergovernmental Policies and Fiscal Relations (0400).

Contact: Community and Economic Development Division.

Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304). General Government: Other General Government (0806).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *House* Committee on Agriculture; *House* Committee on Public Works and Transportation; *Senate* Committee on Agriculture and Forestry; *Senate* Committee on Environment and Public Works; Congress.
Authority: Clean Air Act Amendments of 1970 (42 U.S.C. 1857 et seq.). Water Pollution Control Act Amendments of 1972 (Federal) (33 U.S.C. 1251 et seq.). Clean Water Act of 1977 (P.L. 95-217). Insecticide, Fungicide and Rodenticide Act (7 U.S.C. 135). Resource Conservation and Recovery Act of 1976 (42 U.S.C. 6901). Safe Drinking Water Act (42 U.S.C. 300(f) Supp. V).
Abstract: Questionnaire data used as the basis for the GAO report on the managerial obstacles faced by States in implementing Federal environmental programs is summarized. Questionnaires were mailed to State lead environmental agency administrators and program directors responsible for implementing the Clean Air Act; the Clean Water Act; the Insecticide, Fungicide and Rodenticide Act; the Resource Conservation and Recovery Act; and the Safe Drinking Water Act. Each of six sections includes a copy of the questionnaire along with the responses. Some responses were not provided since they identified the respondee, repeated previous answers, or were too voluminous.

113187

FDA's Regulation of Gentian Violet Appears Reasonable. HRD-80-91; B-199509. August 14, 1980. ***Released*** August 27, 1980. 61 pp. plus 5 appendices (17 pp.).
Report to Sen. Jesse A. Helms, Ranking Minority Member, Senate Committee on Agriculture, Nutrition, and Forestry; Sen. Herman E. Talmadge, Chairman, Senate Committee on Agriculture, Nutrition, and Forestry; by Elmer B. Staats, Comptroller General.

Issue Area: Consumer and Worker Protection: Evaluation of Drug Safety and Efficacy Prior to Marketing (0907).
Contact: Human Resources Division.
Budget Function: Health: Health Planning and Construction (0554).
Organization Concerned: Department of Health and Human Services; Food and Drug Administration; Animal Health Products, Inc.; Dan-Mar Enterprises, Inc.; Naremco, Inc.
Congressional Relevance: *Senate* Committee on Agriculture, Nutrition, and Forestry; *Sen.* Herman E. Talmadge; *Sen.* Jesse A. Helms.
Authority: Food, Drug and Cosmetic Act (21 U.S.C. 348). Food Additive Amendments of 1958 (P.L. 85-929). Drug Amendments of 1962 (P.L. 87-781). 21 C.F.R. 570.30. 21 C.F.R. 180.1(a). 21 C.F.R. 310.100. 45 Fed. Reg. 94. 44 Fed. Reg. 19035. United States v. Naremco, 553 F.2d 1138 (8th Cir. 1977). United States v. Dan-Mar Enterprises, Inc., Civ. Act. No. C78-08G (N.D. Ga.1978). United States v. 41 Cases, More or Less of an Article of Food and Drug (Myconex), Civ. Act. No. 4617 (E.D. Tex. 1966). United States v. An Article of Food and Drug XXX Naremco MediMatic Free Choice Poultry Formula, Civ. Act. No. 986 (W.D. Ark. 1966).
Abstract: Gentian violet, a dye, has been used as an animal drug to treat many diseases and as an additive in animal feed to inhibit mold. When drugs are to be used in food-producing animals, the Food and Drug Administration (FDA) must approve the safety of any residues in food. FDA actions in regulating gentian violet have been questioned. GAO was asked to determine whether some FDA officials exhibited malice against certain companies and individuals; the FDA regulatory machinery was improperly used to force some companies out of the market; and FDA was unresponsive to efforts made in good faith by three companies to resolve problems concerning the adequacy of safety and effectiveness data they submitted to FDA. ***Findings/Conclusions:*** No evidence was found to substantiate any of the charges. FDA has not approved gentian violet for use in veterinary products and has determined that gentian violet does not qualify for interim food additive status. The safety and effectiveness of gentian violet in veterinary use have not not been demonstrated, nor has its effectiveness as a mold inhibitor in animal feeds been demonstrated. According to FDA, the safety must be demonstrated in long-term tests designed to assess whether or not gentian violet is carcinogenic. The GAO review disclosed that the regulatory actions taken by FDA against three firms were not unreasonable in view of the FDA decisions that gentian violet products are unapproved as food additives and new animal drugs. In nine out of ten cases, FDA action has been upheld by the courts. One firm reviewed, Naremco, alleged that certain actions taken by FDA were unreasonable, overstepped agency authority, or deliberately attempted to discredit or drive the firm out of business. Although some statements made by FDA officials to Members of Congress were inaccurate, GAO could not conclude that these were deliberate attempts to discredit or drive the firm out of business. Officials of the other two firms reviewed believed that failure to gain approval for their products was a result of the FDA dealings with Naremco and that the FDA refusal to permit them to market gentian violet products was the result of the FDA desire to restrict Naremco from selling such products.

113191

[Transportation Vehicles Available in Europe for Medical Evacuations]. LCD-80-71; B-198835. June 10, 1980. 11 pp. plus 4 enclosures (6 pp.).
Report to Harold Brown, Secretary, Department of Defense; by Richard W. Gutmann, Director, GAO Logistics and Communications Division.

Issue Area: Military Preparedness Plans: Movements of Personnel, Equipment, and Supplies (0809).
Contact: Logistics and Communications Division.
Budget Function: National Defense: Department of Defense - Military (except procurement and contracts) (0051).
Organization Concerned: Department of Defense; Department of the Army; Department of the Air Force.
Abstract: GAO reviewed Army and Air Force medical transportation vehicles available in Europe to meet wartime medical evacuation needs. The review was directed primarily at evaluating the physical condition of those air and ground vehicles with a dedicated wartime mission of evacuating casualties from the battle area to and among treatment locations intheater. Also included in the review were selected activities in the continental United States with medical transportation vehicles that may be used to augment intheater vehicles during contingencies. ***Findings/Conclusions:*** Although the Army and Air Force have numerous air and ground vehicles which could be used for medical evacuation purposes, most of these vehicles have other primary wartime missions; thus, they may not be available for casualty evacuation when needed. It is essential that vehicles with a dedicated evacuation mission be maintained at a high state of readiness. Many medical units were experiencing difficulty in maintaining the onhand vehicles. The medical units were apprehensive about the capability of their vehicles to perform wartime missions because of operational difficulties which limit their use in a tactical environment. Officials cited inordinate downtime due to lack of needed repair parts. Many of the vehicles are old, have high mileage, and require intensive maintenance. The annual operational readiness rate of Army helicopters is 76 percent. The number of ambulance conversion kits is limited. Several vehicles have damaged doors that can only be opened from the inside. Upper litter assemblies on ambulances bow when used to transport patients. Ambulances are too noisy and ride too rough

to be used to transport seriously wounded patients. There is a lack of onboard radio communication means in ambulances, and helicopters have poor radio communications. Ambulances have mechanical problems with their steering mechanisms, jacks, lifting or towing shackles, electrical systems, ventilation, brake drums, canvas tops, differentials, and transmissions. They do not contain blackout lights; thus, they could not operate in wartime without being detected. ***Recommendation To Agencies:*** The Secretary of Defense should direct the Army to take action to modify the existing M-886 ambulances to correct the deficiencies noted; reassess the need for onboard communication means to facilitate wartime command and controls of medical evacuation air and ground vehicles; and ensure, in developing future procurement plans for medical evacuation vehicles, that the deficiencies noted with the M-886 and M-792 ground ambulances are adequately considered. He should direct the Army and Air Force to take appropriate action to ensure that needed repair parts are made available to units in Europe and in the continental United States in a more timely manner to reduce the inordinate downtime cited by Army and Air Force officials and assess the potential for increasing evacuation capability by acquiring ambulance conversion kits for the existing and planned procurement of school and general-purpose buses.

113221

Areas Needing Improvement in the Adult Expanded Food and Nutrition Education Program. CED-80-138; B-199881. September 4, 1980. 9 pp. plus 4 appendices (41 pp.).

Report to Bob S. Bergland, Secretary, Department of Agriculture; by Baltas E. Birkle (for Henry Eschwege, Director), GAO Community and Economic Development Division.

Issue Area: Food: Federal Good Nutrition Standards (1708).
Contact: Community and Economic Development Division.
Budget Function: Agriculture: Agricultural Research and Services (0352). Health: Health Research and Education (0552).
Organization Concerned: Department of Agriculture; Department of Agriculture: Science and Education Administration.
Congressional Relevance: *House* Committee on Agriculture: Domestic Marketing, Consumer Relations, and Nutrition Subcommittee.
Authority: Food and Agriculture Act of 1977 (91 Stat. 973).
Abstract: GAO made a limited assessment of the Adult Expanded Food and Nutrition Education Program (EFNEP). In April 1980, GAO testified before the subcommittee on overall program operations and on program activities. EFNEP has the potential for improving and maintaining people's health through better diets and for saving money through knowledgeable food purchases. Ignorance about nutrition is not limited to those at certain income levels but spans all socioeconomic levels and cultures. The need to combat this ignorance is critical at the lowest income levels because the poor can least afford food waste and are more likely to have health problems. The purpose of EFNEP is to improve the diets of low-income families through guidance on diet and food buying, care, and preparation. The guidance is provided mainly through paraprofessional program aides from the target areas. Fewer program aides have been employed and fewer homemakers have been instructed because inflation has eroded the purchasing power of EFNEP funds. ***Findings/Conclusions:*** EFNEP program managers need to consider alternative ways to reach and educate more target families with less funds and personnel. One-to-one communication is the EFNEP basic approach to recruiting and instructing homemakers. This approach is costly and limits the number of families that can be reached. Continuing attention to and encouragement of efforts by EFNEP managers is needed in developing and adopting alternative communication and dissemination methods to reach more people with available resources. EFNEP does not have specific standards and effective evaluation and feedback tools to measure its success. Data is not gathered and compiled on changes in the participants' knowledge or behavior regarding food buying, preparation, and care. Reviews by the Department of Agriculture 1nd others have given little insight into program effectiveness. Program administration varied in the States and at the sites reviewed. Those sites with closer supervision had better records to support and assess their activities. At other sites, records were so poorly maintained that the data's unreliability precluded any meaningful assessment of the program. Most aides lacked a high school education and while able to develop a rapport with homemakers, they could not cope with the program's administrative demands. Controls to ensure aides' attendance or performance were sometimes lax and informal. Some aides had excessive caseloads. The program's management information system does not provide adequate information on program operations. Funds are not well managed. ***Recommendation To Agencies:*** The Secretary of the Department of Agriculture should instruct the Director of Science and Education to encourage State and local EFNEP officials to develop and test various innovative methods for reaching more families within the constraints of available resources. He should evaluate the methods that are developed and disseminate to all EFNEP officials information on those found to be feasible and effective. He should develop objective and measurable standards for judging program effectiveness and the evaluation and feedback tools needed to measure program performance against such standards. The Director should provide additional guidance and training to State and local program officials on supervisory and recordkeeping requirements and responsibilities. He should develop specific criteria for State program officals to use in selecting program sites and allocating funds among the sites, encourage increased State and local EFNEP coordination with other nutrition-related programs for reaching more families, and ensure adequate evaluations of the 16 pilot projects which are exploring ways of increasing food stamp families' participation in EFNEP.

113233

[Use of Automatic Data Processing in the Veterans Administration To Support Medical Care Facilities]. September 4, 1980. 16 pp.

Testimony before the House Committee on Government Operations: Government Information and Individual Rights Subcommittee; by Walter L. Anderson, Senior Associate Director, GAO Financial and General Management Studies Division.

Contact: Financial and General Management Studies Division.
Organization Concerned: Veterans Administration.
Authority: F.P.R. 1-3.801-3(a).
Abstract: A review of the use of automatic data processing (ADP) resources throughout the Veterans Administration (VA) revealed that long-range planning is poor. ADP support to the medical centers has been decentralized, poorly coordinated, and sporadic. A future support system has begun without the planning, coordination, and user involvement needed to assure its success. While VA uses and manages data processing resources in specialized areas in its 172 medical centers, about 13 common functions have been identified at each center that could be automated. To date, automation within the VA medical centers has hinged largely on the degree of initiative of the individual medical centers. Functions already independently automated by the various medical centers must be critically examined to determine whether they can contribute to the support system currently being developed to capitalize on the existing VA investment in automated medical support. The functional interdependencies between automated systems operated by other VA departments must also be investigated. At the close of fiscal year 1979, VA entered into 16 medical ADP procurements. Subsequent to the award of these contracts and purchase orders, inquiries conducted into their propriety disclosed that VA violated Federal Procurement Regulations in five terminated contracts. In

response to recommendations for overcoming these problems, VA has moved to establish a greater degree of senior management involvement in the management and control of VA-wide ADP resources. Several policy directives have been signed which tighten the approval, coordination, and control of ADP resources. A user group representing the medical centers has been established, and five separate committees, each concerned with a specific area of medical center automation, has been organized within this group. While these are important steps in the right direction, it is too soon to assess the contribution they will make toward helping to improve patient care in the medical centers.

113239

Highway Safety Research and Development--Better Management Can Make It More Useful. CED-80-87; B-197862. July 28, 1980. *Released* September 8, 1980. 69 pp. plus 2 appendices (2 pp.).
Report to Rep. James C. Cleveland, Ranking Minority Member, House Committee on Public Works and Transportation: Oversight and Review Subcommittee; Rep. Norman Y. Mineta, Chairman, House Committee on Public Works and Transportation: Oversight and Review Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies (2400).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Ground Transportation (0401).
Organization Concerned: Department of Transportation; National Highway Traffic Safety Administration; Federal Highway Administration; National Highway Traffic Safety Administration: National Center for Statistics and Analysis.
Congressional Relevance: *House* Committee on Public Works and Transportation: Oversight and Review Subcommittee; *Rep.* Norman Y. Mineta; *Rep.* James C. Cleveland.
Authority: Highway Safety Act of 1966 (23 U.S.C. 401 et seq.). National Traffic and Motor Vehicle Safety Act of 1966 (15 U.S.C. 1381 et seq.). Motor Vehicle Information and Cost Savings Act (15 U.S.C. 1901).
Abstract: A national program, established by Congress in 1966 to reduce fatalities and improve highway safety programs at all levels of government, has provided about $380 million in Federal highway safety research funds. The objective of the research has been to design and demonstrate methods generally relating to drivers and pedestrians and to help State and local governments increase the effectiveness of their programs. Highway safety is difficult and complex, mainly because of unpredictable human behavior. Highway safety research has had many financial management problems. It has suffered from weak planning and a credibility gap, many of its results are unsuccessful, and there is a lack of knowledge about the use of results. Problems also exist in contract management. Readily accessible information to differentiate highway safety research funds from other program funds is not available. This has contributed to duplication of programs and misuse of State funds. ***Findings/Conclusions:*** The National Highway Traffic Safety Administration's budget presentations to Congress are confusing, misleading, or inaccurate. Federal research objectives lack credibility with the States because individual projects have been poorly planned, promoted, and evaluated. Although the agency has produced usable results, it has also done considerable research that produced results which could not be used by the States or had minimal user acceptance. Research frequently has been started which had little chance of success or has taken more time than anticipated to complete. Researchers and users have little input into program planning and know little about the use of research results, and projects do not address the most important topics. An improved research plan has been developed which should help alleviate problems, but more needs to be done. The present contract management practices have resulted in unmet time schedules, added costs, and a general lack of continuity in many contracts. The agency has tried unsuccessfully to spread contracting throughout the year, does not have an up-to-date accurate list of highway safety research contracts, and suffers from contract technical manager turnovers. GAO made a limited review of the Federal Highway Administration's highway safety research program and found fewer problems than in the Safety Administration's program. However, annual obligations for all highway safety research contracts need to be accurately identified and both administrations need a formal process of evaluating research results. ***Recommendation To Agencies:*** The Secretary of Transportation should require the Administrator, National Highway Traffic Safety Administration to: (1) identify highway safety research and other program obligations and expenditures so that detailed and summary information on contract and administrative matters is available to aid the agency in effectively administering its programs; (2) make clear budget presentations to provide Congress with schedules and narration showing specific areas where highway safety funds will be spent, including administration; and (3) use highway safety research funds only for that program's activities unless specifically authorized by Congress to do otherwise. He should direct the Administrator, National Highway Traffic Safety Administration to: (1) define the responsibilities of the agency's two offices which are performing research, establish who will have overall responsibility for the highway safety research program, and delegate authority to carry that work out accordingly; (2) consistently use internal and external input in its formal planning process to compile and analyze available research in each program area, set priorities for countermeasures and projects which will be most beneficial to users, and incorporate all highway safety research activities; (3) use the successful planning processes of other highway safety research groups as a guide for its planning; (4) formally evaluate successful and unsuccessful research and determine what uses have been made of the results; (5) make available to the highway safety community research results; and (6) closely monitor contracts so that usable results can be developed with fewer delays. He should direct the Safety Administrator to initiate a system of contract design and monitoring that will reduce modifications and award contracts throughout the year. Also, the Safety Administrator should maintain accurate contract lists and take steps to reduce unnecessary contract technical manager turnovers. The Secretary should require the Administrator, Federal Highway Administration, to account annually for safety research contract obligations. Both administrators should be required by the Secretary to develop formal processes to assess the use of research results.

113240

Highway Safety Research and Development--Better Management Can Make It More Useful. CED-80-87A; B-197862. July 28, 1980. *Released* September 8, 1980. 110 pp.
Report to Rep. James C. Cleveland, Ranking Minority Member, House Committee on Public Works and Transportation: Oversight and Review Subcommittee; Rep. Norman Y. Mineta, Chairman, House Committee on Public Works and Transportation: Oversight and Review Subcommittee; by Elmer B. Staats, Comptroller General.
Supplement to CED-80-87.

Issue Area: Transportation Systems and Policies (2400).
Contact: Community and Economic Development Division.
Budget Function: Transportation: Ground Transportation (0401).
Organization Concerned: Department of Transportation; National Highway Traffic Safety Administration; Federal Highway Administration; National Highway Traffic Safety Administration: National Center for Statistics and Analysis.
Congressional Relevance: *House* Committee on Public Works and Transportation: Oversight and Review Subcommittee; *Rep.* Norman Y. Mineta; *Rep.* James C. Cleveland.

Authority: Highway Safety Act of 1966. 23 U.S.C. 402. 23 U.S.C. 403.
Abstract: GAO responded, on a comment-by-comment basis, to the Department of Transportation's reply to its draft report entitled "Highway Safety Research and Development--Better Management Can Make It More Useful." Any changes to the draft report which were due to Department comments were incorporated in the final report. The Department of Transportation did not concur in the majority of the findings and conclusions of the draft report and recommended that GAO carefully consider the facts and its comments prior to writing a final report.

113265

"Alice Through the Looking Glass," or Trying New Evaluation Techniques. 1980. 5 pp.
By William F. Laurie, GAO Field Operations Division: Regional Office (Detroit).
In The GAO Review, Vol. 15, Issue 3, Summer 1980, pp. 37-41.

Contact: Field Operations Division: Regional Office (Detroit).
Organization Concerned: Federal Council on Aging.
Abstract: In its study of the well-being of older people in Cleveland, Ohio, GAO measured the well-being of older people, observed changes in their well-being over a period of time, quantified the effect of services on their well-being, and estimated the changes in their well-being 20 years into the future. The study was immense and highly complex. The state of the art of evaluation techniques in sociology, gerontology, and medicine were used. The questionnaire used contained questions about an older person's well-being status in five areas of functioning: social, economic, mental, physical, and activities of daily life. Services to older people were defined, measured, and quantified. The personal conditions of people are measurable and are important in determining the effect of existing and proposed services. Applying the same rate of change that was observed in the first year, a 20-year estimate of anticipated problems and conditions of the elderly was derived. Costs of medical care and compensatory help were projected for the next 20 years. This showed that if medical treatment were expanded to all in need, total medical costs over the 20 years would decrease slightly; and the cost of compensatory help would be reduced significantly. Eight reports were issued and three hearings were held on the study. Legislation based on the study is pending before Congress to provide additional health care and home services for older people. The Federal Council on Aging has proposed policy changes concerning the provision of services to the frail elderly. GAO recommended to Congress that a national information system be developed. GAO methodology is being used by other health planning and social services organizations. A long-term care center and a center for gerontology have been established in the Cleveland area, using the results of the study.

113266

Reviewing an Automobile Safety Standard: A Unique Service to the Congress. 1980. 6 pp.
By Frank V. Subalusky, Group Director, GAO Community and Economic Development Division.
In The GAO Review, Vol. 15, Issue 3, Summer 1980, pp. 42-47.

Contact: Community and Economic Development Division.
Organization Concerned: Department of Transportation; National Highway Traffic Safety Administration.
Authority: Highway Safety Act of 1966. Federal Motor Vehicle Safety Standard 110-208.
Abstract: Even though Congress had considered and approved the Department of Transportation (DOT) automobile standard calling for the installation of passive restraints (air bags) in all U.S. cars by 1984, GAO reviewed the standard. GAO felt that questions on the issues of effectiveness, cost, and safety had not been answered or supported by realistic data. Evaluators had been looking at the same information and drawing completely different conclusions, leading to great controversy. Those in favor of air bags contended that they will save 9,000 lives a year, will prevent 65,000 injuries, and will cost only about $200, most of which will be offset by insurance premium discounts. Opponents claimed that there is no objective evidence to support the claim that 9,000 lives will be saved each year. They say that the cost of the air bags to the American public will exceed the total cost for all safety features since the Highway Safety Act of 1966. Both proponents and opponents of air bags generally agree that safety belts outperform air bags in virtually all types of accidents. However, only about 14 percent of the drivers use their safety belts. A substantial number of motorists will not have adequate crash protection unless it is provided automatically. Although enforcement of the law through some kind of sanction appears to be needed to maintain a high level of safety, neither the Federal Government nor States have passed legislation requiring such action. GAO issued a report which found that actual experience with passive restraints needed to be evaluated. Legislation passed in 1980 prohibited the use of funds to implement or enforce any standard or regulation which requires any motor vehicle to be equipped with an occupant restraint system other than a belt system, but permitted the use of funds for research and development relating to occupant restraint systems. This essentially carried out the major recommendations of GAO.

113282

Extent of Billings by Nonpsychiatric Specialty Physicians for Mental Health Services Under CHAMPUS. HRD-80-113; B-200047. September 11, 1980. 2 pp. plus 2 appendices (13 pp.).
Report to Sen. Daniel K. Inouye; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Quality Care and Its Assurance (1213).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Defense; American Medical Association; American Psychiatric Association.
Congressional Relevance: *Sen.* Daniel K. Inouye.
Abstract: A Senator requested an indepth study of the state of the art of financing for mental health services provided by four categories of providers. After it had been determined that nonpsychiatric specialty physicians, those physicians with specialties other than psychiatry, were providing 30 to 50 percent of all mental health services, GAO agreed to focus its work on identifying the extent to which those physicians were billing for mental health services. It also agreed to concentrate on the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). ***Findings/Conclusions:*** An analysis of mental health billings processed for CHAMPUS during 3 months in late 1978 showed that nonpsychiatric specialty physicians provided an estimated 4.3 percent of the total mental health services billed; they may be providing addditional mental health services, but not billing them as such. Often, when a mental disorder diagnosis was given, the service billed was an office visit. CHAMPUS beneficiaries receiving mental health services from nonpsychiatric specialty physicians were generally treated for a short time. Most patients received services in metropolitan areas, where it might be expected that mental health specialists are practicing. GAO had reservations about the accuracy and completeness of some of the statistical data because of the CHAMPUS inability to extract all of the billing information from its computer tapes. The overall data extracted from the computer tapes had to be adjusted due to many coding errors made by contractors processing claims for CHAMPUS. Both the American

Medical Association (AMA) and the American Psychiatric Association (APA) supported nonpsychiatric specialty physicians providing mental health services, because these physicians are often in the best position to diagnose and treat mental problems at an early stage. Because nonpsychiatric specialty physicians lack special training in treating seriously ill mental patients, APA officials had reservations about their treating such patients.

113316

[The Education for All Handicapped Children Act of 1975]. September 10, 1980. 27 pp. plus 1 attachment (2 pp.).
Testimony before the Senate Committee on Labor and Human Resources: Handicapped Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Education: Special Education and Rehabilitation Services; Bureau of Education for the Handicapped.
Congressional Relevance: *Senate* Committee on Labor and Human Resources: Handicapped Subcommittee.
Authority: Education for All Handicapped Children Act of 1975 (P.L. 94-142). Education of the Handicapped Act (20 U.S.C. 1401 et seq.).
Abstract: Amendments to the Education of the Handicapped Act to improve educational services in local public schools for children with mental, physical, emotional, and learning handicaps require that free appropriate public education be available for all handicapped children. Schools are required to evaluate a child's special needs, develop an individualized education program for the child, involve the child's parents, and educate the handicapped child along with nonhandicapped children as much as possible. The Bureau of Education for the Handicapped (BEH) has estimated that twice the number of handicapped children needing special education exist as those identified by the States. In trying to get States to increase the number of children identified and reported, BEH has shown little concern for possible mislabeling and overcounting of children. Overcounting children by the States could affect the appropriation and distribution of Federal funds, and erroneously labeling children as handicapped could have a stigmatizing effect. The eligibility criteria for children with only minor impairments, such as speech impediments need to be defined in the law. It is difficult to determine whether a program is a related service or special education under the standards. A speech impairment might not be an impairment which adversely affects a child's educational performance, a criteria for special education. The requirements for individualized education have not been met. Program goals of serving all handicapped children will not be met due to inadequate funding by the States and an inability to find needed special education personnel. Many of the difficulties in adequately and promptly implementing the Act's requirements occurred because of State and Federal management problems. GAO will propose that Congress clarify whether children who are receiving only speech therapy or other related services are eligible for coverage. In view of the difficulties the States are having in funding the programs, Congress may wish to consider providing incentives to stimulate State and local funding or increase Federal funding for the program. A decision to exempt those children from coverage under the Act whose impairments have not adversely affected their educational performance could increase the chances of reaching the law's goals sooner, if funding is not reduced.

113333

[Controls Over Drugs in Veterans Administration Medical Centers]. September 17, 1980. 13 pp.
Testimony before the House Committee on Veterans' Affairs: Special Investigations Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Veterans Administration.
Congressional Relevance: *House* Committee on Veterans' Affairs: Special Investigations Subcommittee.
Abstract: GAO was asked to report on the controls over drugs in Veterans Administration (VA) Medical Centers. Previously, GAO stated that substantial drug losses in VA centers could be reduced and patient care improved by converting from the ward stock pharmacy system to unit dose, an improved system which provides better drug controls. Recognizing that it may not be economically feasible to convert all medical centers to the unit dose system in a short period of time, the recommendations to VA focused on interim actions that should be taken to improve and strengthen drug controls under the ward stock system. GAO also recommended that VA establish a definite timetable for VA-wide conversion of ward stock centers to the unit dose system. GAO found that VA still does not have an effective program for controlling the use of, or accounting for, drugs dispensed at its ward stock centers. With a few exceptions, GAO found that the recommendations were not implemented by VA. To illustrate the types of internal control problems existing at ward stock centers, GAO focused on the pharmacy operations at one of the VA medical centers. At this center, the followup showed no adequate system of drug controls through the maintenance of records, monitoring of drug use, and audit of drug receipts and deliveries. In addition, GAO found that unused prescription pads were readily accessible to unauthorized persons and a number of physician signature cards were incomplete or outdated. GAO believes that without specific funding, local center directors will be hard pressed to convert existing ward stock pharmacy systems to unit dose systems. VA should identify the amount of funding necessary to permit systemwide conversion to unit dose and provide the resources required to the affected centers to achieve total conversion.

113337

Three Mile Island: The Most Studied Nuclear Accident in History. EMD-80-109; B-199244. September 9, 1980. ***Released*** September 9, 1980. 55 pp. plus 2 appendices (17 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Energy: Nuclear Power Development Throughout the World Without Undue Risk of Proliferation (1621).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).
Organization Concerned: Nuclear Regulatory Commission.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Energy and Power Subcommittee; Congress.
Abstract: GAO reviewed eight investigative reports and other supporting material on the nuclear accident at Three Mile Island. Most investigators agreed that the accident was caused by a combination of factors, including equipment malfunctions, inadequate operator training, poor designs, and inadequate operating and emergency procedures. Many of these deficiencies had been known by the Nuclear Regulatory Commission (NRC) for some time, but most were not considered important in view of the NRC stategy for reactor licensing and design. The practices, procedures, and attitudes of NRC were challenged to such an extent that a major reorganization and restructuring of the agency was recommended. Previous GAO reports identified many of the same problems as found by the Three Mile Island investigations. Several of the studies of the radiation doses received by the population around Three Mile Island and by plant workers concluded that the accident had a negligible effect on the physical health of these people; however, it had a demoralizing effect on them. ***Findings/Conclusions:*** The

investigations varied in depth and comprehensiveness but were generally consistent. GAO endorses the President's reorganization plan, which would greatly expand the management role and authority of the Chairman but leave the Commissioners responsible for setting policy and providing the operational framework. NRC has taken or planned action on the recommendations which included establishing safety goals, making powerplant standardization mandatory, improving the role of the Advisory Committee on Reactor Safeguards, and providing funding and legal counsel to public groups or individuals intervening in licensing proceedings. However, little progress has been made on establishing goals and criteria which describe what level of safety and nuclear regulation is enough. GAO endorses a provision in the 1981 authorizing legislation which directs NRC to develop a proposed safety goal for nuclear reactor regulation. NRC needs to develop some systematic way to increase its participation in important licensing and regulatory decisions. GAO favors options that increase the Commissioners' role in the licensing and adjudication process, while retaining the Atomic Safety and Licensing Appeal Board and its basic agency responsibilities. Many long-term and important actions to improve specific design and operating problems are yet to be completed by the NRC. GAO endorses the proposed creation of a special Nuclear Safety Oversight Committee and believes that NRC should submit annual reports to Congress on its progress in implementing action plans.

113339

Rising Hospital Costs Can Be Restrained by Regulating Payments and Improving Management. HRD-80-72; B-198503. September 19, 1980. 79 pp. plus 31 appendices (131 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs (1200). Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551). Health: Health Planning and Construction (0554).
Organization Concerned: Department of Health and Human Services; Health Care Financing Administration.
Congressional Relevance: Congress.
Authority: Social Security Amendments of 1967 (P.L. 90-248). Health Planning and Resources Development Act (P.L. 93-641). Social Security Amendments of 1972 (P.L. 92-603; 42 U.S.C. 1395). Social Security Act (42 U.S.C. 1396).
Abstract: GAO examined the impact on rising hospital costs in nine States having prospective rate-setting programs. Prospective rate-setting programs depart from the traditional cost-based retrospective method of paying for hospital services, and instead, make payments based on rates determined before the services are provided. ***Findings/Conclusions:*** Twenty-six States have adopted various prospective ratesetting programs These programs are designed to help control rising hospital costs by providing for an external authority to regulate the prices that hospitals may charge and/or that third parties must pay for specified services. States with such programs were more successful in controlling the growth rate in expenditures per case. Hospital officials in prospective ratesetting States believe they have been able to contain cost increases primarily as a result of improved hospital budgeting practices. The presence of an outside review authority forces hospital managers to closely review, and be prepared to justify, planned expenditures. Even though prospective ratesetting programs have restrained hospital expenditures and revenue increases, hospitals generally have not yet adopted cost containing management techniques. Hospitals in States with prospective payment programs do not use cost containment management practices, such as shared services, energy conservation, and individualized testing, to a significantly greater degree than hospitals in States without a program. The Health Care Financing Administration has made numerous grants to State health planning and development agencies to demonstrate the effectiveness of ratesetting as a means of controlling health care cost increases, however, it has limited authority under Medicare to participate in prospective ratesetting programs. ***Recommendation To Congress:*** Congress should amend the Social Security Act to permit the full participation of the Health Care Financing Administration's Medicare program in existing prospective ratesetting programs. ***Recommendation To Agencies:*** If Congress amends the Social Security Act to expand the Health Care Financing Administration's authority for Medicare participation in prospective ratesetting programs, the Secretary of the Department of Health and Human Services should increase the number of programs in which the Health Care Financing Administration is actively participating by making Medicare payments and permitting Medicaid payments based on program determined rates. The Secretary should promote and encourage greater use of cost containment management techniques. The Secretary should monitor the impact of prospective ratesetting programs on hospital cost increases and periodically report the results to Congress.

113341

[The Nuclear Regulatory Commission's Handling of Allegations of Defective Cable]. EMD-80-115; B-200227. September 17, 1980. ***Released*** September 22, 1980. 3 pp. plus 1 enclosure (6 pp.).
Report to Rep. Leon E. Panetta; by J. Dexter Peach, Director, GAO Energy and Minerals Division.

Issue Area: Energy: Making Nuclear Fission a Substantial Energy Source (1608).
Contact: Energy and Minerals Division.
Budget Function: Energy (0270).
Organization Concerned: Nuclear Regulatory Commission; Raychem Corp.; Franklin Institute: Research Laboratories.
Congressional Relevance: *Rep.* Leon E. Panetta.
Abstract: GAO reviewed the circumstances surrounding the alleged defective cable supplied to five nuclear utilities during the period 1971 to 1975. The Nuclear Regulatory Commission (NRC) investigated the allegations from 1976 to 1977, and based on tests and other studies decided, in its technical judgment, that the cable was not defective. In conducting the review, GAO established three objectives: (1) understanding the events which triggered the allegations; (2) reviewing the investigation by NRC of the cable problem; and (3) evaluating the actions of the affected utilities. ***Findings/Conclusions:*** GAO found that the handling of the investigation by NRC was extremely poor. Examples included: (1) the reluctance of NRC to issue a bulletin or an advisory informing affected utilities of a potential generic safety problem with the cable; (2) the lack of information on who had received the defective cable and in what quantity; and (3) the failure of NRC to inform the person making the allegation of the results of its investigation or to prepare a summary document that closed out its investigation. The overriding issue was whether sufficient information was gathered and sufficient tests were made to determine the suitability and acceptability of the cable. NRC decided that the cable would safely meet intended use requirements and that the cable was not defective. GAO verified that the tests were made and had no basis to question the technical judgment of NRC.

113377

[Followup on Department of Labor's Actions on GAO's July 1977 Report on Administration of the Black Lung Benefits Program]. HRD-80-111; B-200153. September 15, 1980. ***Released*** September 25, 1980. 8 pp.
Report to Sen. Richard S. Schweiker; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Eligibility Determinations (1307).
Contact: Human Resources Division.
Budget Function: Income Security: General Retirement and Disability Insurance (0601).
Organization Concerned: Department of Labor; Office of Management and Budget; Department of Health and Human Services.
Congressional Relevance: *Sen.* Richard S. Schweiker.
Authority: Coal Mine Health and Safety Act of 1969 (Federal). Black Lung Benefits Reform Act of 1977.
Abstract: GAO made recommendations to the Department of Labor in 1977 pertaining to its administration of the black lung benefits program. A review has been made on the Labor actions to reduce the backlog of black lung claims, and on the GAO 1977 recommendations. The 1977 report noted that Labor was processing claims slowly and that the claims backlog was increasing. At that time, it was recommended that Labor: (1) allocate adequate resources and staff to effectively and efficiently carry out its responsibilities; (2) review and revise its claims processing procedures to reduce the delays between processing steps; (3) establish criteria on the timeliness of completing the informal hearing process; (4) determine the feasibility of having all X-rays re-read so that claimants whose X-rays are initially interpreted as negative for black lung are given every opportunity to qualify for benefits; and (5) establish an effective program to respond promptly to claimant inquiries on the status of their claims and to provide for more direct communications between the Labor national office and the field offices after the claim is filed. ***Findings/Conclusions:*** The review shows that Labor has acted on the GAO recommendations. To help improve the administration of the black lung benefits program, Labor established a decentralized organization to provide onsite service to new claimants and to expedite claims processing. Labor could eliminate its large backlog by late calender year 1981. In response to GAO recommendations, Labor has: (1) allocated enough resources and staff to significantly reduce the large claims backlog; (2) taken several actions to expedite claims and reduce the claims backlog awaiting initial decisions; (3) established additional timeframes for completing the informal hearing process, and established the Branch of Pre-Hearing and Review to improve the transition of contested claims from the informal to formal hearing process; (4) required X-ray re-readings to determine whether the X-ray was of sufficient quality for determining black lung; and (5) established a decentralized organization with field stations assisting claimants and answering questions about claims. Labor has also developed a computerized black lung information system and placed terminals in each district office, and has acted to provide more direct and effective communication between its national office and districts.

113387

[Comments on a Study on the Effects of a Restrictive Drug Formulary]. PAD-80-42; B-197492. January 21, 1980. 3 pp.
Report to Rep. Mickey Leland; by Harry S. Havens, Director, GAO Program Analysis Division.

Contact: Program Analysis Division.
Budget Function: Health: Nursing Homes (0557).
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *Rep.* Mickey Leland.
Abstract: GAO reviewed a study which discussed the fact that the high cost of the Medicaid program has forced many States to contain costs via restrictions on optional services such as prescribed drugs. The author concluded that the savings accrued from outpatients' and long-term care patients' drug purchases, which formerly would have been reimbursed through Medicaid, was more than offset by the increase in the demand for nonprescription services. No causal relationship between the decrease in drug prescription costs and the increase in non-prescription services was demonstrated in the study. The author concluded that restricting some medications caused many elderly and disabled persons to become more ill and use more non-prescription services. ***Findings/Conclusions:*** The population sample used in the study might have reflected a population more likely to require all types of services, regardless of the formulary policy. Those diseases which were affected most by the restrictive drug formulary experienced the only increase in the frequency of diagnoses among the twelve most common disease classes. The author's assumptions might not be valid. It is difficult to determine, from a broadly defined disease class, whether or not a specific drug would have been beneficial if prescribed. The rationale applied to ranking the restricted drugs' degree of impact on disease classes is not well supported or documented.

113396

Indoor Air Pollution: An Emerging Health Problem. CED-80-111; B-197418. September 24, 1980. 24 pp. plus 3 appendices (10 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency; Department of Energy.
Congressional Relevance: Congress.
Authority: Clean Air Act Amendments of 1977. Toxic Substances Control Act.
Abstract: While Government and industry have concentrated on cleaning up the Nation's outdoor air, they have paid little attention to the quality of indoor air in the nonworkplace. Harmful pollutants have been found in various indoor environments in greater concentrations than the surrounding outdoor air. In some cases, indoor pollution exceeds the national standards set for exposure outdoors. Harmful pollutants which have been found in indoor air environments include: higher than average levels of radioactive radon; unhealthy levels of carbon monoxide; formaldehyde from foam insulation; nitrogen dioxide from poorly ventilated gas stoves; and smoking, a major indoor source of respirable particles. Some measures intended to reduce energy use in buildings contribute to the buildup of indoor air pollution. One material qualifying for a Federal tax credit for home insulation is a source of potentially harmful indoor air pollution. ***Findings/Conclusions:*** While Federal officials agree that indoor air pollution poses a potentially serious health problem, they have been reluctant to study it, because they lack a clear responsibility for doing so. The lack of clear responsibility and authority has caused a duplication of some efforts. Agencies also find themselves assuming adversarial roles when assessing Federal actions on indoor air quality. Environmentalists and those concerned with energy conservation disagree about programs. Some European countries have recognized the significance of the indoor air quality standards for certain pollutants, and have taken measures to control the problem. There are low-cost ways to minimize indoor air pollution, including proper ventilation and use of ventilating equipment and filtering devices. A massive new Federal program is not necessary now, but the Environmental Protection Agency (EPA) could develop a comprehensive, coordinated program using existing resources in both the public and private sectors. ***Recommendation To Congress:*** Congress should amend the Clean Air Act to provide EPA with the authority and responsibility for the quality of air in the nonworkplace. ***Recommendation To Agencies:*** The Administrator of EPA should establish a task force which will identify research activities of other Federal agencies and private institutions relating to indoor air pollution so that the EPA

activities can be coordinated with them. It should compile available data on indoor air pollution and use this data to inform the public and other governmental organizations of the problem and available actions. The taskforce should provide advice to the Administrator on what EPA research and development efforts are needed to deal with the indoor air pollution problem.

113402

Need for Comprehensive Pesticide Use Data]. CED-80-145; B-199618. September 30, 1980. 12 pp.

Report to Douglas M. Costle, Administrator, Environmental Protection Agency; by Baltas E. Birkle (for Henry Eschwege, Director), GAO Community and Economic Development Division.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211). Consumer and Worker Protection: Identification of Hazardous Consumer Products (0909).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Authority: Insecticide, Fungicide and Rodenticide Act (7 U.S.C. 136 et seq.). Food, Drug and Cosmetic Act (21 U.S.C. 301 et seq.).
Abstract: The Environmental Protection Agency (EPA) needs to have accurate and comprehensive information on pesticide usage to assess a pesticide's potential risks and benefits to humans and the environment and to improve the overall management of its pesticide programs. GAO examined sources of pesticide usage information were examined at EPA, other Federal and State agencies, and private organizations. ***Findings/Conclusions:*** EPA does not have comprehensive information on where and in what quantities pesticides are used. Its current pesticide usage information is not sufficiently comprehensive or accurate to be used in risk/benefit analyses or for establishing priorities for major pesticide regulatory programs. Requiring pesticide producers to provide estimates of pesticide use data would give EPA much more comprehensive information upon which to base pesticide program decisions, when such information is used in combination with other sources of pesticide use information. ***Recommendation To Agencies:*** The Administrator, EPA, should direct pesticide program officials to obtain comprehensive pesticide use data. The Administrator should also direct enforcement officials to work with pesticide program officials to modify current reporting requirements under section 7 of the Federal Insecticide, Fungicide and Rodenticide Act to require pesticide producers to submit data on pesticide usage. Further, EPA should develop collection methods and scope of producer reporting requirements in cooperation with the pesticide industry and assure the industry of safeguards to protect confidential information from public disclosure.

113421

[Unexpended Fund Balance in the Indian Health Service Water and Sanitation Facility Construction Program]. HRD-80-124; B-197343. September 30, 1980. 5 pp.

Report to Rep. Sidney R. Yates, Chairman, House Committee on Appropriations: Interior Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services; Health Services Administration: Indian Health Service.
Congressional Relevance: *House* Committee on Appropriations: Interior Subcommittee; *Rep.* Sidney R. Yates.
Authority: 31 U.S.C. 200.
Abstract: GAO examined the Indian Health Service's (IHS) Water and Sanitation Facility Construction (WSFC) Program to determine whether: (1) IHS budgeting procedures can be changed to reduce the amount of appropriated funds needed for facility construction in a given year; (2) IHS allocation and obligation procedures are contributing to the size of the unexpended balance; (3) IHS is receiving more funds than it can effectively use for WSFC; (4) Congress should consider different ways of providing funds to IHS for WSFC; and (5) the use of the memorandum of agreement by IHS as an obligating document is legal. ***Findings/Conclusions:*** The reported unexpended balance was $95 million at the end of fiscal year 1979, but it averaged about $112 million for fiscal years 1977 through 1979. About one-third of the unexpended balance pertained to projects that were not started or for which construction was interrupted because of unforeseen problems that occurred after funds had been obligated. Data in the project files showed various reasons for delays in starting or continuing project construction, which include: (1) problems in obtaining rights-of-way or resolving problems concerning historical preservation of land; (2) problems encountered with contractors; (3) tribal tardiness in providing required data; (4) curtailment pending completion of other projects linked to planned projects; (5) inclement weather; and (6) problems in obtaining an adequate water supply. GAO found that the finance offices had a 3- to 5-month backlog in posting the transactions to the financial records. As a result, the reported unexpended balance was overstated by several million dollars. GAO found that the budgeting, allocating, and obligating procedures did not contribute to the unexpended balance. GAO also found that phased funding negates the flexibility provided by Congress in allowing IHS to use a no-year appropriation for WSFC. GAO believes that full-funding is the most appropriate way of funding multiyear commitments like IHS construction projects. GAO found that the memorandum of agreement contained the required documentary evidence needed to support an obligation by a Federal agency.

113469

Federal Funding for State Medicaid Fraud Control Units Still Needed. HRD-81-2; B-200370. October 6, 1980. 53 pp. plus 2 appendices (5 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Fraud and Abuse Exist in the Financing Program (1206). Law Enforcement and Crime Prevention: Law Enforcement Agencies' Coordination (0518); Internal Auditing Systems: Management Control Systems in Federal Agencies for the Prevention of Fraud and Abuse (0206).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services: Office of Inspector General; Department of Health and Human Services.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Finance; Congress; *Sen.* Richard S. Schweiker.
Authority: Social Security Act (42 U.S.C. 1396). Medicare-Medicaid Anti-Fraud and Abuse Amendments (P.L. 95-142). Omnibus Reconciliation Act of 1980. P.L. 92-603. H.R. 4000 (96th Cong.). H.R. 7765 (96th Cong.). Medical Fraud Law (Washington) S Rept. 96-471. H.R. 934 (96th Cong.). S. 988 (96th Cong.). Executive Law (New York).
Abstract: Medicaid fraud costs American taxpayers millions of dollars annually. To help reduce the losses, Congress enacted the Medicare-Medicaid Anti-Fraud and Abuse Amendments authorizing 90 percent Federal matching payments for fiscal years 1978-80 as an incentive for States to establish Medicaid fraud control units.

It was expected that this financial relief would enable many State Governments to establish new units or expand existing ones and that, after the units had been in operation a few years, they would begin to recover from prosecutions amounts equal to or exceeding their operating costs. The Department of Health and Human Services (HHS) Office of the Inspector General is responsible for certifying, funding, and monitoring the fraud control units. GAO reviewed 7 of the 30 existing State certified fraud units. ***Findings/Conclusions:*** From their effective certification dates through December 31, 1979, these units reported potential recoveries of about $19 million, about one-half of their total operating costs. The additional Federal funding has resulted in increases in the number of staff, cases handled, and convictions. Fraud units also deter Medicaid providers from attempting fraud and have had an impact on changing State legislation and Medicaid regulations to make it easier to identify fraud and to provide for more stringent penalties. If some type of continued Federal funding is not provided, many units will cease to exist or will operate at a reduced level of effectiveness. New fraud units in other States are not likely to be established. Situations which have hindered the effective operation of State fraud units have included: (1) potential fraud cases which have not contained sufficient information to make a meaningful evaluation of fraud prosecution potential; (2) investigations which have been hampered by problems in dealing with State Medicaid agencies; (3) problems in hiring and retaining staff because of low salaries, personnel ceilings, and the uncertainty of Federal funding; and (4) fraud unit staffs which have not received adequate training. Two of the fraud units reviewed did not implement the formal procedures which HHS has approved to assure prosecution. ***Recommendation To Congress:*** Congress should provide for funding State Medicaid fraud control units beyond September 1980. Such legislation should require HHS to annually certify for continued funding only those units that have demonstrated effective performance based on reasonable performance standards established by HHS. ***Recommendation To Agencies:*** The Secretary of HHS should direct the HHS Inspector General to: (1) verify, on a sample basis, the accuracy of the statistics contained in the State fraud units' quarterly reports on their fraud investigation activities; (2) determine which fraud units do not have adequate procedures for following up on the amount of overpayments actually collected and require them to establish appropriate procedures; (3) develop criteria, in consultation with fraud units and State Medicaid agencies, for the degree to which a potential fraud case should be developed before referral to a fraud unit and for the types of data and analysis that should be included; (4) develop a fraud unit training manual incorporating the most effective techniques and methods identified by the units for dealing with Medicaid provider fraud; (5) reassess the adequacy of arrangements now in effect in States where the attorney general's office does not have statewide prosecution authority, or if it does, where the unit is located outside that office, to assure that prosecution can be carried out as needed statewide; (6) decertify State fraud units that fail to meet the statewide prosecution requirement of the law and regulations; and (7) issue guidelines on essential elements that should be included in a fraud unit's formal procedures with local prosecutors or working relationships with the State attorney general to assure statewide prosecution.

113526

Cash Management Improvements Will Save Federal Insurance and Benefits Programs Millions Annually. FGMSD-80-83; B-200333. October 10, 1980. 7 pp.

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Accounting and Financial Reporting (2800). Personnel Management and Compensation (0300); Accounting and Financial Reporting: Sound Cash Management (2805).

Contact: Financial and General Management Studies Division.

Budget Function: Financial Management and Information Systems: Accounting Systems in Operation (1101).

Organization Concerned: Department of the Treasury; Office of Personnel Management; Aetna Life Insurance Co.; Metropolitan Life Insurance Co.; Blue Cross Association; Blue Shield Association.

Congressional Relevance: Congress.

Authority: Federal Employees' Group Life Insurance Act of 1954. Health Benefits Act of 1959 (Federal Employees).

Abstract: GAO reported on the cash management problems in the handling of funds for the Federal employees' life insurance and health benefits (FEIHB) programs. Funds held by the Department of the Treasury and insurance carriers for FEIHB programs are invested and the income earned is used to reduce costs to Federal employees and the Government. ***Findings/Conclusions:*** GAO found serious weaknesses in the procedures used by the Office of Personnel Management (OPM) and the Treasury to remit premiums to insurance carriers. The payments to the insurer for the life insurance program, were being made prematurely. Not only did the life insurance program not gain any additional income by being paid early, it actually lost income from Treasury special issues each month. GAO estimated this loss of investment income at about $3.5 million during 1979. OPM and the Treasury did not follow prudent cash management practices in paying insurance carriers under the health insurance program. GAO also found that payments were being made by check instead of the more efficient method of bank wire transfer. Because payments made by check are often delayed, at least $550,000 of investment income has been lost since 1976. ***Recommendation To Agencies:*** The Secretary of the Treasury and the Director of OPM should make sure that: (1) payments under the health benefits program to Blue Cross and Blue Shield and Aetna be made by bank wire rather than by check; and (2) using bank wire to pay other health insurance carriers be studied and that this payment method be adopted whenever it would increase interest income.

113527

[Sharing of Federal Medical Resources in North Chicago/Great Lakes, Illinois, Area]. HRD-81-13; B-200476. October 6, 1980. 5 pp. plus 1 enclosure (19 pp.).

Report to Sen. Charles H. Percy, Ranking Minority Member, Senate Committee on Governmental Affairs; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Appropriate Numbers of Health Facilities (1217).

Contact: Human Resources Division.

Budget Function: National Defense: Defense-Related Activities (0054). Veterans Benefits and Services: Hospital and Medical Care for Veterans (0703); Health: Health Planning and Construction (0554).

Organization Concerned: Veterans Administration: VA Domiciliary, North Chicago, IL; Department of the Navy: Naval Regional Medical Center, Great Lakes, IL; Veterans Administration; Department of Defense; Department of the Navy.

Congressional Relevance: *Senate* Committee on Governmental Affairs; *Sen.* Charles H. Percy.

Authority: (P.L. 85-857; 38 U.S.C. 5003). S. 2958 (96th Cong.).

Abstract: GAO performed a limited review of the opportunities, the potential for savings and improved patient care, and the obstacles associated with sharing medical resources between the Veterans Administration Medical Center (VAMC), North Chicago, Illinois, and the Naval Regional Medical Center (NRMC), Great Lakes, Illinois. GAO obtained agency officials' views on the effect that the proposed legislation (S. 2958) to encourage the Veterans Administration (VA), the Department of Defense (DOD), and other Federal health care providers to cooperate in

the efficient and effective use of Federal medical resources would have on the developing situation between the Federal medical centers in the North Chicago/Great Lakes area. ***Findings/Conclusions:*** GAO found that there are opportunities for VAMC, North Chicago, and NRMC, Great Lakes, to share medical resources. Since May 1980, local medical center officials have been involved in independent fact-finding efforts. Discussions have been centered on VA use of about 250 to 300 beds in NRMC, Great Lakes for inpatient care of acute medical and surgical patients. The potential for increased sharing of associated ancillary support services and ambulatory outpatient specialty care capacity at both medical centers is also being considered. The local working group feels that an in-depth analysis of workload, facilities, equipment, personnel, and cost should be pursued. The different missions of VA and the Navy and their facilities must be recognized. Certain issues in the possible consolidation involve highly complex administrative and personnel matters. S. 2958, if enacted, would remove certain legislative and administrative obstacles which have prevented interagency sharing from taking place. However, other administrative and personnel matters being raised in the proposed consolidation may require legislative amendments not included in S. 2958. If consolidation took place, savings to the Government might result from reductions in planned spending on several VA buildings. There would be increased accessibility to care for beneficiaries, and increased use of the presently underused Naval medical center. GAO believes VA and the Navy should proceed with their joint feasibility study.

113625

[Reasonable Charge Reductions Under Part B of Medicare]. HRD-81-12; B-200144. October 22, 1980. 18 pp.

Report to Patricia R. Harris, Secretary, Department of Health and Human Services; by Edward A. Densmore (for Gregory J. Ahart, Director), GAO Human Resources Division.

Issue Area: Health Programs: Health Care Costs (1208).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services; Health Care Financing Administration; Blue Shield of the District of Columbia.
Congressional Relevance: *House* Committee on Ways and Means; *House* Committee on Interstate and Foreign Commerce; *Senate* Special Committee on Aging; *Senate* Committee on Finance; *Senate* Committee on Labor and Human Resources; *Sen.* Lawton Chiles.
Authority: P.L. 95-142. H.R. 4000 (96th Cong.). S. 590 (96th Cong.).
Abstract: GAO examined whether Medicare beneficiaries are being properly reimbursed for doctors' bills under the Medicare program. Part B of the Medicare Program, which primarily covers the cost of physician services, is paying an increasingly smaller portion of the elderly's total cost for physician services. On the average, the charges submitted by doctors are reduced by about 20 percent by the program, because they do not meet Medicare's reasonable charge criteria. The percentage of claims where the program reimburses the beneficiary (unassigned claims) rather than the doctor (assigned claims) has increased from about 35 percent to about 50 percent. Where the program pays the beneficiary, he or she is liable for the difference between the submitted charges and Medicare's reasonable charges in addition to the normal 20 percent coinsurance amounts. On assigned claims, the physician agrees to accept Medicare's allowed charge as full payment, and the beneficiary is liable only for the coinsurance on the allowed charges. ***Findings/Conclusions:*** GAO identified four areas where it believes beneficiaries are being subjected to inequitable reasonable charge reductions. These areas are: physician markups on laboratory procedures performed by independent laboratories, the use of fee and one-half reimbursement policies for pricing surgical procedures, the use of relative value schedules for computing a physician's customary charge for a procedure he or she rarely performs, and inadequate scrutiny of claims as they are processed by carriers. Pending legislation would require the Health Care Financing Administration (HCFA) to take additional measures to eliminate Medicare reimbursement for physician markups on laboratory procedures. HCFA requires that, for procedures done on the same day, carriers are to base reimbursement on the major procedure only, or the major procedure plus partial amounts for the other procedures. GAO found a high incidence of underpayments on claims with relatively large reasonable charge reductions. Beneficiaries in the same area should be treated equally whether they are seeing an established physician or a new physician. HCFA must establish more specific claims processing standards to provide assurance that beneficiaries are not underpaid. If underpayments are identified, they must be relatively significant. Claims requiring development by the carrier inherently require more time to process and cost more. Carriers have a built-in disincentive to careful claims development. Beneficiaries cannot be expected to know the details of claims processing requirements. ***Recommendation To Agencies:*** The Department of Health and Human Services (HHS) should develop a legislative proposal to address this problem. In developing the proposed legislation, consideration should be given to including provisions which would (1) make it a misdemeanor for physicians to mark up laboratory charges similar to section 4 of Public Law 95-142 pertaining to assignment violations to the detriment of beneficiaries, and/or (2) require laboratories to bill Medicare directly. D.C. Blue Shield should be instructed to work with the local medical society(s) and resolve the differences in physicians' charging practices and Medicare's pricing for multiple surgical procedures. Medicare carriers should be instructed to determine the extent of reductions in other areas of the Nation and, if significant, take action to reduce or eliminate them. When it is necessary to compute a customary charge, D.C. Blue Shield should use the 50th percentile of the physicians' customary charges as is done for new physicians. Carriers still using the schedules should be required to study their effect on reasonable charge reductions. Where similar patterns in reasonable charge reductions are noted, the relative value schedules for computing customary charges should be discontinued. More specific claims processing standards should be established, that is, when claims are to be manually reviewed and what specific action is to be taken as part of the review. Claims processing standards should be more stringent for unassigned claims. Beneficiaries should be more fully protected from underpayments that occur because (1) they are not fully acquainted with program requirements or the specific services that physicians render, or (2) the carriers make errors.

113627

Further Analysis of Issues at Western New York Nuclear Service Center. EMD-81-5; B-200798. October 23, 1980. ***Released*** October 24, 1980. 2 pp. plus 2 appendices (35 pp.).

Report to Rep. Richard L. Ottinger, Chairman, House Committee on Science and Technology: Energy Development and Applications Subcommittee; by Elmer B. Staats, Comptroller General.

The report referred to is "Status of Efforts To Clean Up the Shut-Down Western New York Service Center" EMD-80-69 August 8, 1980.

Issue Area: Energy: Adequacy of the Nation's Petroleum Reserves To Mitigate the Effect of Oil Supply Interruptions (1663) Environmental Protection Programs: Social and Economic Effects on the Public and Private Sectors (2209).
Contact: Energy and Minerals Division.
Budget Function: Energy: Energy Information, Policy, and Regulation (0276).

Organization Concerned: Department of Energy; Nuclear Regulatory Commission; Western New York Nuclear Service Center, West Valley, NY; Sierra Club.
Congressional Relevance: *House* Committee on Science and Technology: Energy Development and Applications Subcommittee; *Rep.* Richard L. Ottinger.
Abstract: GAO was requested to address criticism made by the Sierra Club on a recent report concerning the efforts to clean up the Western New York Nuclear Service Center. ***Findings/Conclusions:*** GAO believes that the Sierra Club's criticism is not warranted and that the report was based on the best and most current information available. Over the past 5 years, GAO has studied and reported on both the West Valley problem and the national low- and high-level waste problems. As a result, it has gained considerable expertise in these areas and stands behind the accuracy and logic supporting its conclusions. The different points of view involved should be considered. The Sierra Club approached the West Valley situation primarily from a State or local perspective. While GAO considered this perspective, it also evaluated the issues from a national perspective and attempted to offer a comprehensive alternative for dealing with the West Valley site. This alternative recognizes local concerns as well as national high- and low-level waste and spent-fuel storage requirements.

113633

EPA Needs To Improve the Navajo Indian Safe Drinking Water Program. CED-80-124; B-199856. September 10, 1980. ***Released*** October 9, 1980. 52 pp. plus 8 appendices (41 pp.).
Report to Rep. Morris K. Udall, Chairman, House Committee on Interior and Insular Affairs; Rep. Henry A. Waxman, Chairman, House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Environmental Protection Regulatory Strategies (2208). Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304). Health: Prevention and Control of Health Problems (0553).
Organization Concerned: Environmental Protection Agency; Department of the Interior; Department of Health, Education, and Welfare; Department of Health and Human Services; Environmental Protection Agency: Region IX, San Francisco, CA.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *House* Committee on Interior and Insular Affairs; *House* Committee on Interior and Insular Affairs: Oversight and Special Investigations Subcommittee; *Rep.* Henry A. Waxman; *Rep.* Morris K. Udall.
Authority: Safe Drinking Water Act.
Abstract: GAO was asked to review the Environmental Protection Agency's (EPA) implementation of the drinking water program on the Navajo Indian Reservation. Water sampling and laboratory analysis practices used on the reservation were also reviewed. ***Findings/Conclusions:*** Because there is no overall plan or supervision by EPA, confusion and misunderstandings have resulted over the roles and responsibilities of water suppliers and organizations in carrying out the drinking water program. Poor records and inconsistent or nonexistent identification systems make it difficult to inventory and locate water sources. Few water suppliers maintain records and make reports as required by EPA. Consequently, EPA has little assurance that required activities, such as periodic sampling and analysis, customer notification of violations, and corrective action on violations, are performed and drinking water standards are met. Reservation sampling procedures have not been standardized and actual procedures used are often inconsistent with those recommended by authoritative sources. In addition, some large variances were found in analyses between and within laboratories that analyzed GAO samples. GAO found levels of radionuclide contamination in some wells to be in excess of allowable EPA levels. ***Recommendation To Agencies:*** The Administrator, EPA, should direct region IX to: (1) develop a drinking water program plan for the Navajo Reservation which clearly identifies the roles and responsibilities of each organization involved in water supply activities, includes provisions for developing an accurate water supply inventory, and is developed in cooperation with Navajo Tribal Reservation officials; (2) develop a followup system for the Navajo Reservation to insure that the water suppliers comply with record-keeping, sampling, reporting, consumer notification, and corrective action requirements; (3) develop and mandate the use of standardized field sampling procedures for the reservation, taking into consideration the unique reservation circumstances, such as long transportation times; and (4) establish minimum training standards for reservation water sampling technicians and support such standards with training programs, materials, and technical assistance.

113649

Federal and State Actions Needed To Overcome Problems in Administering the Title XX Program. HRD-81-8; B-199355. October 29, 1980. 26 pp. plus 8 appendices (14 pp.).
Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Income Security and Social Services: Program Resource Allocation and Utilization (1310). Health Programs: Fraud and Abuse Exist in the Financing Program (1206).
Contact: Human Resources Division.
Budget Function: Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Health and Human Services.
Congressional Relevance: *Senate* Special Committee on Aging; Congress.
Authority: Social Security Act. 45 C.F.R. 228.53.
Abstract: The title XX program, authorized by Social Security Act amendments, enables States to tailor social services programs to fit the needs of people in local communities. The social services are provided directly by public social services agencies or purchased from other public agencies and private profit or nonprofit organizations. The States must fund about 25 percent of their title XX program costs. ***Findings/Conclusions:*** Most of the contracts awarded to purchase social services in the five States which GAO visited did not adequately define the units of service purchased. The States did not know what contractors were committed to deliver and whether they met their commitments. The States reimbursed contractors for the costs they billed, up to the contract price, regardless of the units of service delivered. Most of the certified expenditures used in New Mexico for matching purposes were questionable project costs. The expenses were only incidentally related to the contractor's program on which they were used for matching purposes and would have been incurred regardless of whether the title XX contracts had been awarded. The Guide to Federal Financial Participation under title XX provides that expenditures of public agencies may be certified as matching under title XX if they are made on behalf of the title XX program, based on an approved cost allocation plan, and charged to the program. This guidance, coupled with indepth reviews of the State cost allocation plans, should help to preclude the improper charging of certified expenditures to the program. New Mexico needs to more clearly document that certified expenditures were authorized, beneficial, and covered by contract. GAO interviewed 100 clients of California's in-home services for the

elderly program. They were generally satisfied with the services received. Only one of the two counties which GAO visited monitored the quality of the services provided, and neither had a formal method of recording the hours of service provided. ***Recommendation To Agencies:*** The Secretary of Health and Human Services (HHS) should direct HHS regional offices to encourage States to use contracts based on unit prices or specific levels of services to purchase social services under the title XX program, and give the States whatever technical assistance is needed to develop reasonable units of measurement for the various services. He should direct HHS regional offices to encourage States that authorize persons to hire their own service providers to institute a system that monitors the quality of services and assures that the required hours of service are delivered.

113650

EPA Is Slow To Carry Out Its Responsibility To Control Harmful Chemicals. CED-81-1; B-199856 October 28, 1980. 46 pp. plus 3 appendices (7 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Harmful Effects From Exposure to Toxic Pollutants--Reducing Risks to Humans and the Environment (2211).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: Congress.
Authority: Toxic Substances Control Act (P.L. 94-469). Food, Drug and Cosmetic Act. Consumer Product Safety Act.
Abstract: GAO made a review to determine the problems the Environmental Protection Agency (EPA) has faced in implementing the Toxic Substances Control Act and the corrective actions which have been or are being taken. The Act gave EPA broad new authority to control chemicals which present an unreasonable risk to health and environment. ***Findings/Conclusions:*** Almost 4 years after the enactment of the Act, neither the public nor the environment are much better protected. EPA was not prepared to fulfill its new responsibilities when the law was enacted, and the program has had development and staffing problems. The program lacks an articulated plan of action, an effective organizational structure, and formal strategy. EPA has recognized the need for changes and has taken action. It agreed on a basic framework for guiding program activities and proposed a major reorganization which would consolidate responsibility for the program under one deputy assistant administrator EPA progress has been slow in gathering information about the chemicals now in commercial use, identifying those which are harmful, and controling those which present an unreasonable risk. EPA has placed less emphasis on assessing and controlling existing chemicals than on new chemicals partly because other Federal programs have regulatory authority over existing chemicals EPA needs a system to set priorities for chemicals so that those presenting the greatest risk are evaluated first. EPA has not yet developed the operational criteria to identify and control chemicals which may cause cancer, gene mutations, or birth defects. EPA has not required the testing of any of the 38 chemicals recommended thus far and has not issued any final testing standards. Premanufacture notice to EPA for new chemicals is mandatory under the Act. Operating under interim policy guidance, many manufacturers are not submitting the data needed to effectively assess a chemical's risk. ***Recommendation To Agencies:*** The Administrator of EPA should resume work on projects to develop a strategy to obtain needed information on new chemicals using all of the Act's authorities, and establish evaluation criteria for each decision point in the premanufacture notice review process.

113689

[The Veterans Administration's Plans To Convert the Automated Hospital Information System at the Washington, D.C., Medical Center]. HRD-81-17; B-199666. November 6, 1980. 3 pp. plus 1 enclosure (15 pp.).

Report to Rep. Richardson Preyer, Chairman, House Committee on Government Operations: Government Information and Individual Rights Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Automatic Data Processing: Efficient and Economic Operation of Data Processing Installations (0155). Health Programs: Non-Line-of-Effort Assignments (1251).
Contact: Human Resources Division.
Budget Function: Automatic Data Processing (1001).
Organization Concerned: Veterans Administration; Veterans Administration: VA Medical Center, Washington, DC; Office of Management and Budget.
Congressional Relevance: *House* Committee on Government Operations: Government Information and Individual Rights Subcommittee; *Rep.* Richardson Preyer.
Abstract: A review was made of Veterans Administration (VA) plans to upgrade the Automated Hospital Information System (AHIS) at the Washington, D.C., Medical Center by converting it to operate on newer computer equipment. This system, which provides automated assistance for such inpatient functions as admissions and discharges, scheduling, dietetics, radiology, and intensive care, has been in operation on the present computer since 1967. In September 1979, VA awarded a contract for nearly $900,000 to convert AHIS by reprograming it to operate on newer computer equipment because, according to VA, the current equipment was becoming less reliable. In April 1980, the Office of Management and Budget questioned whether adequate regard was given to less costly alternatives and whether appropriate procurement procedures were followed. VA terminated the contract to reevaluate its approach to the conversion before reissuing the request for proposals ***Findings/Conclusions:*** VA violated Federal procurement regulations in awarding the AHIS conversion contract. In addition, VA failed to follow its own procedures and the need to more fully consider other solutions to its AHIS conversion effort. It did not fully explore acquisition of available private sector or Government-owned hospital information systems for meeting the medical center's information needs in a more timely and less costly manner. VA also did not conduct the cost/benefit study required by its procedures to support the AHIS conversion procurement. ***Recommendation To Agencies:*** The Administrator of VA should require that: (1) all identified alternatives for meeting the Washington Center's needs be fully explored, giving particular attention to less costly available private sector and Government-owned hospital information systems; (2) the cost/benefit study being made to justify the conversion approach consider the impact on AHIS conversion costs of the potential need for an additional computer system, as well as benefits expected to result from the conversion, including user and automatic data processing personnel savings.

113759

[Comments on Food Advertising Proposals]. CED-81-27; B-198417. November 7, 1980. 4 pp.

Report to Michael Pertschuk, Chairman, Federal Trade Commission; by Elmer B. Staats, Comptroller General.

Issue Area: Food: Federal Good Nutrition Standards (1708).
Contact: Community and Economic Development Division.
Budget Function: Commerce and Housing Credit: Other Advancement and Regulation of Commerce (0376).
Organization Concerned: Federal Trade Commission.
Authority: 80 Fed. Reg. 10617.

Abstract: Hundreds of programs exist, and billions of dollars are being spent by both public and private parties, to promote and supply information on food. The Federal Trade Commission, along with other agencies, is attempting to coordinate these efforts. ***Findings/Conclusions:*** Primary Federal agencies interested in food and nutrition have cooperated and coordinated their activities. These efforts have aided in the beginning of a national food and nutrition policy, but interested parties outside of the Government need to be included in a broader dialogue to better reflect competing interests. ***Recommendation To Agencies:*** A committee should be established to accomplish the formation of a national food information policy. The committee should establish and periodically update a data bank, through which inquiries could be made about food, nutrition, and health. It should target information through a variety of methods to all segments of the public; particularly those with special food needs such as the elderly, pregnant women, lactating mothers, athletes, and children. Some approaches would be food labeling, school programs, media advertising, reinforcement by the health professions, point-of-sale leaflets, and package inserts. The committee should set goals and a sequenced timeframe for measuring accomplishments, and should adjust its approaches as needed. It should market test alternative information approaches and measure their effects.

113764

Jail Inmates' Mental Health Care Neglected; State and Federal Attention Needed. GGD-81-5; B-199001. November 17, 1980. 69 pp. plus 3 appendices (16 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Law Enforcement and Crime Prevention: Effectiveness of Correctional Programs (0514). Health Programs (1200).

Contact: General Government Division.

Budget Function: Administration of Justice: Criminal Justice Activities (0754); Administration of Justice: Federal Correctional Activities (0753). Health: Health Care Services (0551); Health: Health Planning and Construction (0554).

Organization Concerned: Department of Justice; Alcohol, Drug Abuse, and Mental Health Administration: National Institute on Alcohol Abuse and Alcoholism; Department of Health and Human Services; Law Enforcement Assistance Administration; National Advisory Commission on Criminal Justice Standards and Goals; Department of Justice: National Institute of Corrections; Alcohol, Drug Abuse, and Mental Health Administration: National Institute on Drug Abuse; United States Marshals Service; Bureau of Prisons; National Institutes of Health: National Institute of Mental Health.

Congressional Relevance: Congress.

Authority: Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255; 86 Stat. 65). Alcoholism and Intoxication Treatment Act. Juvenile Justice and Delinquency Prevention Act of 1974 (P.L. 93-415; 88 Stat. 1139). Community Mental Health Centers Act (P.L. 88-164; 77 Stat. 290). Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616; 84 Stat. 1848). U.S. Const. amend. VIII.

Abstract: Studies indicate that from 20 to 60 percent of the prison population on any given day have mental health problems. But most jails do not identify all inmates in need of help or provide for their proper care. The Law Enforcement Assistance Administration (LEAA) established the National Advisory Commission on Criminal Justice Standards and Goals to formulate national criminal justice standards and goals at the State and local levels. The Commission found a general lack of funding and program innovation at the local level, and it concluded that few local communities, especially in sparsely settled areas, have sufficient resources to resolve jails' problems and provide appropriate health and other services. The Commission recommended that the States assume the responsibility for operating and controlling local jails by 1982. If States did not assume control, it recommended alternative actions which included: (1) adoption of professional, statewide standards for jails, and State inspections to ensure compliance; (2) State supervision of and assistance for training of jail personnel; and (3) State-supervised comprehensive planning to ensure that all appropriate community services agencies were used to provide services for inmates in jails or through community-based alternatives. ***Findings/Conclusions:*** States have made only limited progress in implementing the Commission's recommendations. States generally have not assumed responsibility for operating and controlling local jails. Some States are adopting mandatory professional standards for jail mental health services. However, States have done little to overcome widespread inadequacies in the training of local jail personnel. Criminal justice and health systems continue to operate separately with little interaction or cooperation. None of the Sta GAO visited had comprehensively assessed inmates' mental health care needs and community agencies' capacity to meet them, or linked criminal justice and health systems to provide services for inmates in jails and through community-based alternatives. Although improving mental health care in locally operated jails is not primarily a Federal responsibility, financial and technical assistance programs administered by the Department of Justice and the Department of Health and Human Services (HHS) could aid the States in bringing mental health care services for inmates up to acceptable standards. The two Metropolitan Correctional Centers which GAO visited did not always adequately screen incoming inmates or provide for adequate treatment for inmates having behavioral disorders. Treatment deviated from professional standards in that neither had a program for drug addiction. Correction of management shortfalls would improve services and facilitate the better use of resources. ***Recommendation To Agencies:*** The Bureau of Prisons should: (1) give greater priority to providing clerical support for professional mental health personnel to increase the time they have available for professional duties; (2) ensure that appropriate ongoing psychological reinforcement training is provided to physician's assistants engaged in identifying mental health problems; and (3) require that a psychological file be established for each inmate identified as mentally ill, and that the psychological diagnoses, treatment, and results be recorded. Justice and HHS should further coordinate their efforts pertaining to mental health care for jail inmates to better assure that Federal efforts are directed at common goals and are mutually supportive. The Attorney General should: (1) require the Administrator of the LEAA to aid the States in achieving an ongoing capability for helping their jails by expanding the training opportunities for State personnel who train local jail staffs; (2) require the Director of the National Institute of Corrections to ensure that its Jail Center provides training for State jail inspectors in mental health care services and to establish a program of demonstration and training in the implementation of professional standards for mental health care sevices in at least some, and eventually all, Jail Area Resource Centers; and (3) require the Director, Bureau of Prisons, to ensure that inmates' mental health problems are adequately identified during initial screening and upgrade behavioral disorder treatment services, routinely provide health appraisals for inmates who will be in correctional centers for at least 14 days, and provide inmates with access to adequate substance abuse treatment programs. The Secretary of HHS should (1) direct the National Institute of Mental Health and the National Institute on Alcohol Abuse and Alcoholism to revise guidelines for comprehensive statewide mental health and alcoholism plans to make it clear that State agencies should assess the needs of jail inmates in the planning process; (2) direct the National Institute of Mental Health to furnish guidelines to community mental health centers and State agencies responsible for mental health that specifically describe ways in which centers could assist jails; and (3) strengthen National Institute on Drug Abuse procedures for reviewing the comprehensive plans of State agencies responsi-

ble for drug planning to ensure that the drug treatment needs of jail inmates are considered.

113788

Computerized Hospital Medical Information Systems Need Further Evaluation To Ensure Benefits From Huge Investments. AFMD-81-3; B-199685. November 18, 1980. 4 pp. plus 2 appendices (19 pp.).

Report to Secretary Patricia R. Harris, Department of Health and Human Services; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Automatic Data Processing: Social and Economic Impacts of Computer-Based Systems (0109). Health Programs (1200).
Contact: Accounting and Financial Management Division.
Budget Function: Automatic Data Processing (1001). Health: Health Care Services (0551); Health: Health Research and Education (0552).
Organization Concerned: Department of Health and Human Services; Public Health Service: National Center for Health Services Research; Health Resources Administration: Bureau of Health Planning.
Authority: P.L. 95-623.
Abstract: GAO reviewed computerized hospital medical information systems (HMIS) which are expected to proliferate in the Nation's hospitals within the next 5 to 10 years. The review was made to determine what the National Center for Health Services Research (NCHSR) has done to answer questions on the social and economic impact of HMI systems. NCHSR is responsible, among other things, for supporting research, demonstration, and evaluations of the systems. ***Findings/Conclusions:*** NCHSR has made only limited studies to evaluate the social and economic impact of HMIS in a hospital setting. The evaluations indicated that the systems improved health care delivery. However, the question of whether the systems are cost saving or cost raising was not completely resolved. In 1978, NCHSR specified that it was committed to evaluating HMIS. However, it did not have sufficient fiscal 1980 funds to meet all of its priorities and to adequately evaluate the systems. It has no approved plan for spending fiscal 1981 funds for evaluating the systems. Further, NCHSR has not updated its plan since the early 1970's nor has it selected a strategy for further NMIS evaluations. NCHSR has spent a minimum amount of funds for evaluating the systems in hospital settings During the last 9 years about $29.5 million was provided for HMIS-related projects, but only 2.5 percent of the money was spent for evaluating the systems in hospital settings The remaining funds were spent on various HMIS-related projects such as a computer-aided medical audit and drug interaction warning applications. For example, the Bureau of Health Planning (BHP) and NCHSR are developing a workbook with added guidance to help health systems agencies evaluate hospital requests to acquire HMIS. ***Recommendation To Agencies:*** To assure that timely answers about the effects of HMIS on cost, patient care, and confidentiality, the Secretary of Health and Human Services should direct NCHSR to reassess its fiscal 1981 funding allocations to determine what funds can be allocated to evaluating the systems, and to update and implement its program plan to assure that future funding allocations are provided for more evaluations Further, the Secretary should direct BHP to act to ensure that appropriate HMIS guidance is issued to health systems agencies on a timely basis.

113806

Hazardous Waste Disposal Methods: Major Problems With Their Use. CED-81-21; B-201023. November 19, 1980. 11 pp. plus 3 appendices (5 pp.).

Report to Rep. Bob Eckhardt, Chairman, House Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; by Elmer B. Staats, Comptroller General.

Issue Area: Environmental Protection Programs: Social and Economic Effects on the Public and Private Sectors (2209). Consumer and Worker Protection: Non-Line-of-Effort Assignments (0951).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Pollution Control and Abatement (0304).
Organization Concerned: Environmental Protection Agency.
Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Oversight and Investigations Subcommittee; *Rep.* Bob Eckhardt.
Authority: Resource Conservation and Recovery Act of 1976 (42 U.S.C. 6901).
Abstract: GAO was asked to study alternative methods of disposal and cleanup of hazardous wastes. Specifically, the study looked into the: (1) environmental and cost effectiveness of hazardous waste disposal on the land, deep well injection, and high temperature incineration and the need for additional research and development in these areas; (2) establishment of facilities on a regional or areawide basis as opposed to an individual company's basis; and (3) hazardous waste regulations recently promulgated by the Environmental Protection Agency (EPA). ***Findings/Conclusions:*** Disposal on the land is the predominantly used hazardous waste disposal method. Yet it presents the greatest potential risk for surface and ground water contamination and liability for damages. For the long-term interests of the country, the on-the-land disposal method needs to be drastically reduced. There was little evidence of any environmental problem resulting from the deep well disposal of hazardous wastes. However, the method should be applied only in geologically selective areas below aquifers where the wastes cannot migrate and pollute surface or ground water and reclaimable minerals. Burning of hazardous wastes in incinerators, at temperatures generally over 1,000 degrees centigrade with a specific retention period in the incinerator, may be one solution to the hazardous waste disposal problem. However, the process has had only limited application because few facilities have been built and the cost is estimated at about three times the cost of deep well injection For land disposal, deep well injection, and high temperature incineration, research on how to develop facilities has been essentially completed. However, additional research on specific substances and site locations will continue to be needed for the long term. Disposal facilities providing services on a regional basis offer economic and environmental advantages. To date, the national problem of what to do about closed and abandoned hazardous waste sites has not been fully confronted. More time will be needed before the hazardous waste regulations are fully promulgated and implemented. ***Recommendation To Agencies:*** The Administrator of EPA should: (1) set priorities through regulation of the preferred sequence by which the various disposal methods should be applied to encourage the States and industry to work toward a reduction in the use of on-the-land disposal as the predominant disposal method; (2) identify additional areas of the country suitable for the deep well disposal of hazardous wastes and, where appropriate, encourage industry to use deep well disposal as a hazardous waste disposal alternative; (3) encourage the development of high temperature burning facilities, in conjunction with the States and selected industries, in various areas of the country to better show their long-term cost advantages and environmental viability; (4) prescribe in regulations that regional or areawide disposal facilities be developed in addition to individual company disposal operations; and (5) initiate, in conjunction with the State and local governments on a county-by-county basis, a comprehensive national inventory of closed and abandoned dump sites of the type recently completed by the State of New York. The inventory would be used to assess the total economic and environmental costs of past hazardous waste disposal.

113835

[U.S. Citizens Attending Foreign Medical Schools]. November 21, 1980. 25 pp.

Testimony before the House Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Contact: Human Resources Division.

Organization Concerned: Department of Health and Human Services; Department of Education; Department of State; Veterans Administration.

Congressional Relevance: *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee.

Abstract: Questions have been raised about the quality of medical education in those foreign medical schools most willing to accept U.S. citizens and the adequacy and appropriateness of that education as preparation for practicing medicine in the United States. GAO believed that none of the foreign medical schools it visited offered a medical education comparable to that available in the United States because of deficiencies in admission requirements, facilities and equipment, faculty, curriculum, or clinical training. None of the foreign schools had access to the same range of clinical facilities and numbers and mix of patients as a U.S. medical school. While foreign medical schools do not receive direct Federal financial assistance, U.S. citizens attending approved schools are eligible for guaranteed student loans from the Department of Education, and veterans may receive Veterans Administration educational benefits to attend these schools. Because there are no adequate means of evaluating the education and training provided by foreign medical schools, GAO believes Congress, the Administration, State licensing authorities, and the medical profession need to consider what steps can be taken to better assure that students attending these schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before entering the U. S. health care delivery system for either graduate medical education or medical practice. GAO believes that Congress should direct the Secretary of Health and Human Services (HHS) to work with State licensing authorities and representatives of the medical profession to develop and implement appropriate mechanisms to ensure that this would be accomplished. The Secretary of HHS should work with the same groups to address the current practice whereby students from foreign medical schools receive part or all of their undergraduate clinical training in U. S. hospitals. The Secretary of Education should issue regulations to establish procedures and criteria for implementing the legislative requirement that the Department ensure that foreign medical schools are comparable to U.S. medical schools before authorizing guaranteed student loans for U.S. citizens attending these schools. The Administrator of Veterans Affairs should accept those foreign medical schools approved by the Secretary of Education as a basis for authorizing educational benefits to veterans.

113856

Programs for Ensuring the Safe Transportation of Hazardous Materials Need Improvement. CED-81-5; B-200577. November 4, 1980. ***Released*** November 13, 1980. 75 pp. plus 4 appendices (21 pp.).

Report to Sen. Howard W. Cannon, Chairman, Senate Committee on Commerce, Science, and Transportation; Sen. Wendell H. Ford, Chairman, Senate Committee on Commerce, Science, and Transportation: Consumer Subcommittee; Sen. Howell Heflin; by Elmer B. Staats, Comptroller General.

Issue Area: Transportation Systems and Policies: Balanced National Transportation Policies and Programs (2406). Environmental Protection Programs (2200).

Contact: Community and Economic Development Division.

Budget Function: Transportation (0400); Natural Resources and Environment: Pollution Control and Abatement (0304). Commerce and Housing Credit: Other Advancement and Regulation of Commerce (0376); Community and Regional Development: Disaster Relief and Insurance (0453).

Organization Concerned: Department of Transportation; Federal Emergency Management Agency; Environmental Protection Agency; National Transportation Safety Board; Research and Special Programs Administration: Materials Transportation Bureau; Council on Environmental Quality.

Congressional Relevance: *Senate* Committee on Commerce, Science, and Transportation: Consumer Subcommittee; *Senate* Committee on Commerce, Science, and Transportation; *Sen.* Howell Heflin; *Sen.* Wendell H. Ford; *Sen.* Howard W. Cannon.

Authority: Disaster Relief Act (42 U.S.C. 5121 et seq.). Hazardous Materials Transportation Act (49 U.S.C. 1801 et seq.). Transportation of Explosives Act (18 U.S.C. 831 et seq.). Aviation Act (49 U.S.C. 1301 et seq.). Dangerous Cargo Act (Ships) (46 U.S.C. 170). Department of Transportation Act.

Abstract: GAO evaluated the Department of Transportation's efforts to promote the safe transportation of hazardous materials, and the emergency response mechanisms available to react to hazardous material disaster situations. The Department of Transportation is responsible for ensuring the safety of the public from the inherent risks associated with transporting hazardous materials. ***Findings/Conclusions:*** The Department has done much to upgrade the Federal effort to better assure public safety in transporting hazardous materials, but improvements are needed. More knowledge is needed of industry size and the risks associated in transporting hazardous materials. Without this information, the Department cannot effectively plan its inspection and emergency response activities. The Department has not developed an overall program to evaluate all risks associated with transporting hazardous materials. Federal and State inspection and enforcement efforts should be strengthened. The Department does not have a program to identify those companies which present the greatest risk to the public. Better coordination and training among Federal, State, and local governments, as well as private industry, could enhance emergency response capabilities. The Department has not established an adequate program to inform or to educate personnel in emergency response organizations. ***Recommendation To Agencies:*** The Secretary of Transportation should require the Director of the Materials Transportation Bureau (MTB) to establish a registration program to identify and develop risk profiles of all hazardous materials carriers, shippers, and container manufacturers; coordinate the program with other Federal agency programs having information on hazardous material transportation; and gain access to that information which would be useful in developing a registration program. The Director of MTB should also be required to improve the completeness and accuracy of the hazardous materials incident reporting system by: (1) better educating industry on reporting requirements and current reporting deficiencies; (2) clarifying what costs should be included in the estimate of damages resulting from hazardous materials incidents; (3) extending the current time required to prepare accurate reports; (4) requiring that revised incident reports be submitted should data change significantly; (5) following-up on cases which indicate significant discrepancies from data reported; and (6) using other data sources. The Director of MTB should be required to develop a plan to work with State and local officials in highly populated areas to study routes used to transport hazardous materials, and assign specific responsibility within MTB for evaluating risks. Additionally, the Director of MTB and the Modal administrators should be directed to work with the States to develop and implement comprehensive plans to expand their roles in enforcing hazardous materials regulations and establish a system to identify high-risk companies needing inspection. The Secretary of Transportation, in cooperation with the Chairman, Council on Environmental Quality, should provide for increased roles of city and county government organizations and

industry associations by inviting representatives of these groups to participate as full members of the Regional Response Teams. The Director of MTB should be directed to develop, update, and distribute to emergency response organizations a comprehensive list of available hazardous materials training courses and information and educational materials. The Secretary of Transportation should take appropriate steps to implement an awareness program to assure maximum benefits from the revised labeling and placarding identification system.

113879

[Urban and Rural Older People: Their Well-Being and Needs]. November 1980. 11 pp. plus 3 enclosures (11 pp.).

Speech before the Gerontological Society; by William M. Shook, Jr., Evaluator, GAO Field Operations Division: Regional Suboffice (Cleveland).

The data appeared originally in "Comparison of Well-Being of Older People in Three Rural and Urban Locations." HRD-80-41, February 8, 1980.

Contact: Field Operations Division: Regional Suboffice (Cleveland).

Abstract: A comparison of four samples of older people, both urban and rural, showed many dissimilarities between rural and urban, rural and rural, and urban and urban populations at different localities. Sampling information was obtained from people 65 years old or older living in three locations: Cleveland, Ohio (urban); Lane County, Oregon (urban and rural); and Gateway Health District, Northeastern Kentucky (rural). People in rural northeastern Kentucky were generally in worse condition, with respect to health, security, loneliness, and outlook on life, than people in Cleveland or in rural and urban Lane County, Oregon. Older people in rural and urban Lane County were less impaired than people in either Cleveland or rural northeastern Kentucky. At all locations, a significant percentage of the older people needed one or more kinds of help. Many people needing help were not receiving all the help needed. The predominant source of help in rural Lane County and northeastern Kentucky was family and friends. Help in urban Lane County and Cleveland was more likely to come from a combination of agency and family and friends.

113880

Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal. HRD-81-32; B-200077. November 21, 1980. 69 pp. plus 26 appendices (139 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Providers (1202).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services; Veterans Administration; Department of Education; Department of State.
Congressional Relevance: *House* Committee on Veterans' Affairs; *House* Committee on Interstate and Foreign Commerce: Health and the Environment Subcommittee; *House* Committee on Education and Labor: Postsecondary Education Subcommittee; *House* Committee on Education and Labor; *House* Committee on Interstate and Foreign Commerce; *Senate* Committee on Veterans' Affairs; *Senate* Committee on Labor and Human Resources: Health and Scientific Research Subcommittee; *Senate* Committee on Labor and Human Resources: Education, Arts, and the Humanities Subcommittee; *Senate* Committee on Labor and Human Resources.
Abstract: GAO reviewed U.S. citizens studying medicine abroad, concentrating on: the education or training provided by six foreign medical schools in which several thousand U.S. citizens are enrolled; the clinical training which U.S. citizen foreign medical school students receive in U.S. hospitals; the avenues available for entering the American medical system; and Federal financial assistance provided to U.S. citizens while studying medicine abroad. Many U.S. citizens attend foreign schools with the goal of returning to the United States to practice medicine. Much concern has been expressed about the recent proliferation of medical schools established abroad to attract U.S. citizens, and questions have been raised about the adequacy and appropriateness of that educational experience for practicing medicine in the United States. ***Findings/Conclusions:*** GAO believes that more appropriate mechanisms are needed to ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to their U.S.-trained counterparts before they are allowed to enter the mainstream of American medicine. The foreign medical schools which GAO visited differed considerably, but did not offer a medical education comparable to that available in the United States because of deficiencies in admission requirements, facilities and equipment, faculty, curriculum, and clinical training. A serious shortage was the lack of adequate clinical training facilities. Many U.S. citizen foreign medical school students obtained part or all of their clinical training in U.S. hospitals, but that training was not comparable to that provided to U.S. medical school students. State licensing boards are becoming increasingly concerned about U.S. citizens from foreign medical schools obtaining their clinical training in U. S. hospitals. Foreign medical schools do not receive direct Federal financial assistance, but may receive guaranteed student loans or VA educational benefits. ***Recommendation To Congress:*** Congress should direct the Secretary of Health and Human Services to work with State licensing authorities and representatives of the medical profession to develop and implement appropriate mechanisms that would ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before they are allowed to enter the U.S. health care delivery system for either graduate medical education or medical practice. ***Recommendation To Agencies:*** The Secretary of the Department of Health and Human Services, in cooperation with State licensing authorities and representatives of the medical profession, should address the current practice whereby students attending foreign medical schools receive part or all of their undergraduate clinical training in U.S. hospitals. The Secretary of Education should (1) issue regulations establishing procedures and criteria for implementing the legislative requirement that the Department of Education ensure that foreign medical schools are comparable to medical schools in the United States before authorizing guaranteed student loans for U.S. citizens attending these schools; and (2) ensure that the Government's interest in outstanding guaranteed student loans at foreign medical schools is adequately protected by properly verifying the status of all U.S. citizens with outstanding loans and initiating repayment where appropriate. The Administrator of Veterans Affairs should accept foreign medical schools approved by the Secretary of Education as a basis for authorizing educational benefits to qualified veterans, their spouses, and their dependents.

113892

[Discussion of Report on Increased Federal Efforts Needed To Better Identify, Treat, and Prevent Child Abuse and Neglect]. December 2, 1980. 17 pp.

Testimony before the House Committee on Education and Labor: Select Education Subcommittee; by Ronald F. Lauve, Associate Director, GAO Human Resources Division.

Contact: Human Resources Division.
Organization Concerned: Department of Health and Human Services: National Center on Child Abuse and Neglect.
Congressional Relevance: *House* Committee on Education and

Labor: Select Education Subcommittee; *Senate* Committee on Labor and Public Welfare: Children and Youth Subcommittee.
Authority: Social Security Act. Child Abuse Act (P.L. 93-247).
Abstract: The National Center on Child Abuse and Neglect was established to serve as a focal point for Federal efforts and to help States establish programs to identify, treat, and prevent abuse and neglect. GAO reviewed State programs in this area to identify ways the Federal Government could improve child protective services and to better assist States and localities in resolving problems. While the locations which GAO visited have made progress, all still encounter problems in identifying, treating, and preventing abuse and neglect. Lack of funding and staff were the main causes of the problems. The National Center has not provided adequate leadership and assistance to the States. States and localities are responsible for establishing and operating programs to identify, treat, and prevent child abuse. The problems included: (1) differences in the definitions of child abuse and neglect among States; (2) incomplete identification and reporting; (3) inadequate resources for conducting investigations and providing treatment services; (4) understaffed child protective service units and untrained workers; (5) limited prevention efforts; and (6) a lack of coordination of child protective agencies. There was a reluctance on the part of professionals to report suspected child abuse and neglect. Services were provided on a priority basis. Caseworkers were inhibited in securing treatment for families with multiple problems. Unmet client needs resulted in an increased potential for recurrence of abuse and neglect. The Department of Health and Human Services (HHS), through the National Center, has not achieved the leadership role or provided the assistance needed to deal with child abuse and neglect as intended in the Child Abuse Act. It has devoted little attention to coordinating Federal child abuse and neglect programs. The National Center has provided little guidance and assistance on which approaches and programs are effective in dealing with child abuse and neglect. The National Center has no assurance that its assistance has been or is being directed toward the greatest needs. HHS support for the National Center has been inadequate in terms of funding and staffing.

113927

[Federal Diabetes Activities]. HRD-81-21; B-198957. October 23, 1980. ***Released*** December 8, 1980. 2 pp. plus 4 enclosures (27 pp.). *Report* to Sen. John Heinz; by Edward A. Densmore (for Gregory J. Ahart, Director), GAO Human Resources Division.

Issue Area: Health Programs: Surveillance, Screening, Early Intervention, and Control Activities To Reduce the Incidence of Disease (1211).
Contact: Human Resources Division.
Budget Function: Health: Health Research and Education (0552). Health: Prevention and Control of Health Problems (0553); Health: Health Care Services (0551).
Organization Concerned: National Institutes of Health: National Institute of Arthritis, Metabolism, and Digestive Diseases; Department of Health and Human Services; Center for Disease Control.
Congressional Relevance: *Sen.* John Heinz.
Authority: Diabetes Mellitus Research and Education Act (P.L. 93-354; 42 U.S.C. 201; 55 Stat. 147).
Abstract: In 1974, after diabetics and their representatives made Congress aware of the significant diabetes-associated medical problems occuring nationwide, the National Diabetes Research and Education Act was passed. Congressional recognition of the magnitude and severity of the diabetes problem has led to increased Federal emphasis on research since the mid-1970's. ***Findings/Conclusions:*** During fiscal years 1977 and 1978, the National Institute of Arthritis, Metabolism, and Digestive Diseases established four diabetes research and training centers and expanded the role of four of its six existing research centers to include dissemination of information on diabetes and training of health professionals in the delivery of health care services to diabetics. The National Institutes of Health (NIH) has expanded research efforts since that time to include support of regional diabetes research and training centers. To overcome data collection problems that have hampered some research efforts, NIH is working on a system to improve the usefulness of data collected on diabetes and the medical complications it causes. The Center for Disease Control operates a diabetes control program which funds demonstration projects in 12 States to determine whether diabetes-related medical complications can be reduced through increased emphasis on education on diabetes control. The program encourages project officials to set goals and priorities in an effort to clarify the problems of diabetes, to improve the coordination of public and private resources, and to improve the quality of data collected on deaths and illnesses caused by diabetes.

113935

Facilities in Many National Parks and Forests Do Not Meet Health and Safety Standards. CED-80-115; B-197179. October 10, 1980. ***Released*** November 10, 1980. 27 pp. plus 6 appendices (126 pp.). *Report* to Sen. Mark O. Hatfield, Ranking Minority Member, Senate Committee on Energy and Natural Resources; by Elmer B. Staats, Comptroller General.

Issue Area: Land Use Planning and Control: Federally-Owned and Federally-Supported Recreation Areas (2310).
Contact: Community and Economic Development Division.
Budget Function: Natural Resources and Environment: Conservation and Land Management (0302).
Organization Concerned: Department of the Interior; Forest Service; Department of Agriculture; National Park Service.
Congressional Relevance: *Senate* Committee on Energy and Natural Resources; *Sen.* Mark O. Hatfield.
Authority: Safe Drinking Water Act (P.L. 93-523). Safe Drinking Water Amendments 1977 (P.L. 95-190). Water Pollution Control Act Amendments of 1972 (Federal) (P.L. 92-500). Clean Water Act of 1977 (P.L. 95-217).
Abstract: The Park and Forest Services have not protected the health and safety of their visitors and employees. Substandard water and sewer systems and hazardous lodges, dormitories, bridges, and tunnels need to be repaired, upgraded, or limited in their use. ***Findings/Conclusions:*** Health and safety inspectors found some facilities to be so hazardous that they recommended immediate closure until the facilities could be repaired or upgraded. The costs of bringing facilities up to standard range from $5,000 to $3.2 million. The Park and Forest Services took a broad range of actions once they became aware that a facility did not meet health and safety standards. The actions ranged from immediate closure of facilities to doing little. GAO was told of numerous actions taken to improve deficient facilities, but the improvements were often not sufficient to meet safety and health standards. During fiscal years 1979 through 1981, 50 percent of the construction funds that the Park Service recommended, and 69 percent of the recreation construction funds that the Forest Service requested were for projects other than health and safety. To correct identified health and safety deficiencies, the Park Service will have to spend about $1.6 billion, and the Forest Service needs about $109 million. There would have to be a five-fold increase in appropriations over the construction funds requested for fiscal year 1981. Two alternative funding methods are: charging higher entrance and camping fees at parks and forests, and negotiating with concessioners on a case-by-case basis to make health and safety improvements on facilities they own or manage. ***Recommendation To Congress:*** Congress should: (1) give priority to funding projects for repairing and upgrading facilities with the most serious health and safety hazards at the National parks and forests; (2) repeal section 402 of Public Law

96-87 (93 Stat. 666) to permit the Park Service to increase entrance fees and direct that the Park and Forest Services use funds resulting from increased entrance and camping fees for health and safety projects in the parks and forests where they are collected; and require the Secretaries of Agriculture and the Interior to periodically report on the condition of the facilities until they are improved to meet all health and safety standards. ***Recommendation To Agencies:*** The Secretaries of Agriculture and the Interior should: (1) take immediate action to correct health and safety problems with available funds or restrict the use of facilities that do not meet health and safety standards; (2) request a greater share of their construction funds for repairing and upgrading facilities to bring them up to health and safety standards; (3) request a special appropriation from Congress to correct the most serious health and safety hazards; and (4) negotiate with concessioners to make corrections to facilities they own or operate to bring them up to applicable health and safety standards.

113960

VA Needs Better Visibility and Control Over Medical Center Purchases. PSAD-81-16; B-201069. December 12, 1980. 24 pp.
Report to Max Cleland, Administrator of Veterans Affairs, Veterans Administration; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: General Procurement: Effectiveness of Central Supply Agencies in Providing Quality Products and Services (1923).
Contact: Procurement and Systems Acquisition Division.
Budget Function: Procurement--Other Than Defense (1007).
Organization Concerned: Veterans Administration; Veterans Administration: Marketing Center, Hines, IL.
Abstract: GAO reviewed the Veterans Administration's (VA) medical center purchasing practices and made suggestions to improve procurement management as well as reduce operating costs. ***Findings/Conclusions:*** The VA Marketing Center purchases items that are stored and distributed through supply depots and manages supply schedule contracts for certain medical and food items. These centralized procurement programs give VA medical centers the opportunity to obtain supplies and equipment without having to independently solicit and award contracts. VA medical centers are required to use these programs whenever possible. However, the medical centers still annually purchase items costing millions of dollars from open market vendors. Opportunities for lower prices are being lost because of the VA failure to standardize common items used by medical centers, failure to maintain visibility over most supplies purchased by medical centers, uneconomical purchasing practices of the medical centers, and failure to consolidate purchases within and among medical centers. ***Recommendation To Agencies:*** The Administrator of Veterans Affairs should direct the Assistant Administrator for Supply Services to: (1) establish a central standards committee to identify and evaluate common items presently used by VA medical centers; (2) develop an information system that provides greater visibility over all medical center purchases; (3) develop the controls needed to improve and monitor the purchasing practices of individual medical centers; (4) consolidate purchases within medical centers and among neighboring centers; and (5) implement the procedures necessary to assure that neighboring medical centers share product and vendor information so they can effectively take advantage of one anothers' purchasing and contracting experience.

113973

[Civil Service Disability Retirement Program]. FPCD-81-18; B-201442. December 15, 1980. 2 pp. plus 1 enclosure (10 pp.).
Report to Jule M. Sugarman, Deputy Director, Office of Personnel Management; by Hyman L. Krieger, Director, GAO Federal Personnel and Compensation Division.

Issue Area: Personnel Management and Compensation: Retirement Policies and Practices (0307).
Contact: Federal Personnel and Compensation Division.
Budget Function: Income Security: Federal Employee Retirement and Disability (0602).
Organization Concerned: Office of Personnel Management.
Congressional Relevance: *House* Committee on Post Office and Civil Service: Compensation and Employee Benefits Subcommittee; *House* Committee on Post Office and Civil Service; *Senate* Committee on Governmental Affairs: Civil Service and General Services Subcommittee; *Senate* Committee on Governmental Affairs.
Authority: Civil Service Reform Act of 1978.
Abstract: In reports issued in 1976 and 1978, GAO recommended several changes to the disability retirement program which would serve to retain marginally disabled yet potentially productive employees. In addition to reviewing the Office of Personnel Management's (OPM) actions on the previous recommendations, GAO examined the processes used in adjudicating disability retirement claims and monitoring the disability rolls and reviewed a sample of disability annuitants. ***Findings/Conclusions:*** GAO has been concerned that benefits may have been paid unnecessarily to many retirees. Some disability applications were approved without sufficient medical evidence. Some disability retirees were probably capable of performing other types of work at the time of retirement; some were receiving disability benefits while performing jobs similar to their prior Government jobs; and some were able to earn more than the pay for their prior Government jobs but continued to receive disability benefits. Many reforms are needed to reduce the growing costs of the program and to insure that benefits are only paid to the truly disabled. New OPM procedures require agencies to identify actions taken to place disabled employees in other positions in the agency. Additional changes in the program which are needed include: (1) a stricter definition for disability retirement; (2) improved policing of the disability retirement rolls, by both economic and medical reviews; and (3) more timely reviews. OPM could save millions of dollars in payroll costs and improve the program's effectiveness by revising regulations to eliminate the requirement to counsel employees to reduce their sick leave balances before filing for disability retirement and separating employees immediately once the disability retirement has been approved. ***Recommendation To Agencies:*** The Director of OPM should: (1) amend the proposed regulatory revisions to establish the same placement rights for disabled employees as those available to recovered disability retirees, include reassignment of disabled employees across agency lines, and discontinue advising employees to reduce their sick leave balance to 60 days before filing for disability retirement; (2) include, as part of the placement policy, the downgrading of potential disability retirees to jobs with duties they can perform, and seek a statutory change, if necessary, to enable this action; (3) develop procedures which will establish complete and timely earnings and medical reviews of disability annuitants; and (4) develop disability case review procedures which provide for medical reviews of annuitants classified as permanently disabled but who display strong individual annual earnings.

113975

Public Assistance Benefits Vary Widely From State to State, but Generally Exceed the Poverty Line. HRD-81-6; B-200518. November 14, 1980. ***Released*** December 15, 1980. 23 pp. plus 18 appendices (25 pp.).
Report to Sen. William V. Roth; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Income Security and Social Services: Alternative Designs (1314); Domestic Housing and Community Development:

Efforts To House Lower Income Families (2101). Food: Producer Income Maintenance and Price Stabilization (1701).
Contact: Human Resources Division.
Budget Function: Income Security (0600); Income Security: Public Assistance and Other Income Supplements (0604).
Organization Concerned: Department of Housing and Urban Development; Department of Health and Human Services; Department of Labor.
Congressional Relevance: *Sen.* William V. Roth.
Authority: Comprehensive Employment and Training Act of 1973.
Abstract: GAO analyzed over 1,000 active Aid to Families with Dependent Children (AFDC) cases in 13 States to determine the collective benefits actually received by those families. GAO also analyzed, through hypothetical situations, the effect that working would have on benefits received from certain groups of public assistance programs. States control the amount of AFDC payments to welfare families, the standards of need for various family sizes, and the services covered by Medicaid. Because of this, benefits for families with similar needs differ greatly among the States. States may choose to offer certain AFDC program extensions which could allow more families to receive Medicaid and AFDC. By not electing to provide such AFDC extensions as benefits to families headed by an unemployed father, or to pregnant women, the State can limit the number of families receiving benefits. The diversity of coverage among States creates inequities because families with similar needs and circumstances are treated differently. ***Findings/Conclusions:*** In the sample used by GAO, about 80 percent of the cases had benefit income packages exceeding the poverty line. The cash component alone would generally not exceed poverty; thus, the significance of in-kind benefits is evident. Families that had earned income averaged about $2,600 per year more than their nonworking counterparts. AFDC clients were generally eligible for other types of welfare programs and, for the most part, participated in them. AFDC clients generally did not take advantage of programs providing jobs, training, and higher educational opportunities, probably because most mothers in the GAO sample had very young children and were exempt by law from work requirements under current regulations, or because they lacked the necessary secondary level of education required to take advantage of higher educational opportunities. GAO found that an AFDC mother, working even at a full-time minimum wage job, would improve her financial well-being. However, she would face the loss of significant welfare benefits as income is earned. These lost benefits can be construed as an additional tax on the income earned. The combined effect of employee taxes and lost benefits raises questions as to whether the client subject to them retains an adequate financial incentive to work.

113991

[Alleged Questionable Actions by Electronic Data Systems Federal Corp. To Reduce Its Claims and Correspondence Backlogs Under Its Medicare Contract in Illinois]. HRD-81-45; B-200211. December 16, 1980. 17 pp.
Report to Rep. Charles B. Rangel, Chairman, House Committee on Ways and Means: Health Subcommittee; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Compliance of Federal and State Agencies, Fiscal Intermediaries, and Grantees With Federal Laws and Regulations (1221).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services; Electronic Data Systems Federal Corp.; Health Care Financing Administration.
Congressional Relevance: *House* Committee on Ways and Means: Health Subcommittee; *Rep.* Paul Simon; *Rep.* Charles B. Rangel.
Authority: Medicare Part B Carriers Manual §12016B.
Abstract: GAO was requested to report on several allegations of questionable actions by an Illinois Medicare carrier to reduce backlogs of pending claims and correspondence. One category of the allegations involved the actions taken by the carrier during the last quarter of 1979 to deal with the problem of a large backlog of pending claims. Another category of allegations involved the actions taken by the carrier during the first several months of 1980 to dispose of a significant backlog of unanswered correspondence. ***Findings/Conclusions:*** GAO was able to substantiate most of the facts surrounding the allegations. While some of the actions were inconsistent with the contract requirements, the carrier did not evade contract penalties. Carrier employees were acting in a high pressure environment brought on by a workload crisis that arose partly because of the carrier's inexperience as a Medicare carrier. Similar problems are likely to occur in the future if the agency continues to limit its contract monitoring to a preset evaluation plan without regard to the potential problems raised by a contractor's actions when it is forced to deviate from its normal procedures to handle crisis situations. Due to complaints from beneficiaries, GAO reviewed allegations concerning the carrier's handling of fair hearing requests. Resumes of the hearing officers showed that none were attorneys and only three had college degrees; thus, the carrier's staff qualifications were far below those stated in its technical proposal. The agency should assess the backlog problem, as well as review the normal workload of fair hearing requests. A review of 6 cases showed that proper decisions were rendered in each case, but each used poor rationale, poor literary composition, and had incomplete files. The agency needs to take action to bring the carrier into compliance with the standards on documentation for system overrides and system edits, identify and evaluate the reason for the carrier's high volume of undeliverable mail, and provide continual oversight of the carrier's handling of reviews.

113992

[Alleged Questionable Actions by Electronic Data Systems Federal Corp. To Reduce Its Claims and Correspondence Backlogs Under Its Medicare Contract in Illinois]. HRD-81-44; B-200211. December 16, 1980. 17 pp.
Report to Rep. Paul Simon; by Gregory J. Ahart, Director, GAO Human Resources Division.

Issue Area: Health Programs: Compliance of Federal and State Agencies, Fiscal Intermediaries, and Grantees With Federal Laws and Regulations (1221).
Contact: Human Resources Division.
Budget Function: Health: Health Care Services (0551).
Organization Concerned: Department of Health and Human Services; Electronic Data Systems Federal Corp.; Health Care Financing Administration.
Congressional Relevance: *House* Committee on Ways and Means: Health Subcommittee; *Rep.* Paul Simon.
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114009

Legislation on Sizing Military Medical Facilities Needed To Correct Improper Practices, Save Money, and Resolve Policy Conflicts. HRD-81-24; B-183256. December 17, 1980. 35 pp. plus 5 appendices (13 pp.).

Report to Congress; by Elmer B. Staats, Comptroller General.

Issue Area: Health Programs: Health Care Costs (1208). Facilities and Material Management: Non-Line-of-Effort Assignments (0751).

Contact: Human Resources Division.

Budget Function: Health: Consumer and Occupational Health and Safety (0559).

Organization Concerned: Department of Defense; Office of Management and Budget.

Congressional Relevance: *House* Committee on Appropriations; Congress.

Authority: P.L. 94-212. DOD Instruction 6015.16. 10 U.S.C. 55. 10 U.S.C. 1074. 10 U.S.C. 1076. 10 U.S.C. 1087.

Abstract: An examination was made of the extent to which the Department of Defense (DOD) should plan to provide space in its new and replacement medical facilities for retirees and dependents of retired and deceased members. This factor has important policy implications, because it will affect the cost of constructing and operating medical facilities in the future and the medical benefits available to military beneficiaries. ***Findings/Conclusions:*** DOD should have the flexibility to plan the size of new military hospitals and clinics based on considerations of cost effectiveness, staff availability, realistic workload projections, and teaching and training requirements. Under existing legislation, only teaching and training requirements are considered in planning space for retirees and dependents of retired and deceased members in new or replacement medical facilities. New legislation could correct the services' current improper sizing practices, save money in the long run, and align the sizing policy with the policy for providing staff and other medical resources to facilities once they are built. Construction which would provide greater capacity would be consistent with DOD responsibility to provide adequate medical facilities to meet its responsibilities in a war or national emergency. Currently, the military services are required to limit the size of new hospitals and clinics to accomodate active-duty members and their dependents, plus additional capacity not exceeding 5 or 10 percent to meet training and teaching requirements. The three military services presently do not fully comply with DOD hospital sizing limitations. Either enforcement of the requirement or modification of the law is indicated. ***Recommendation To Congress:*** Congress should amend title 10, section 1087 of the U.S. Code to allow for the sizing of military medical facilities based on cost effectiveness, projected staff availability, realistic workload projections, and teaching and training requirements. ***Recommendation To Agencies:*** The Secretary of Defense should: (1) direct the Secretaries of the Army, Navy, and Air Force to uniformly apply the current size limitations to both inpatient and outpatient facilities when programing space in new hospitals and clinics; (2) review the 5- and 10-percent factors used in sizing military medical facilities to determine if these percentages are still valid for meeting the teaching and training requirements; (3) consider, as a part of the review, whether the 5- and 10-percent factors are the most appropriate factors to apply to outpatient and inpatient facilities; and (4) revise DOD instruction 6015.16, as necessary, based on the results of the review of the 5- and 10-percent factors. If Congress modifies the law, DOD should develop a new sizing method which programs space in new or replacement medical facilities based on life-cycle cost effectivness, projected staff availability, realistic workload projections, and teaching and training requirements.

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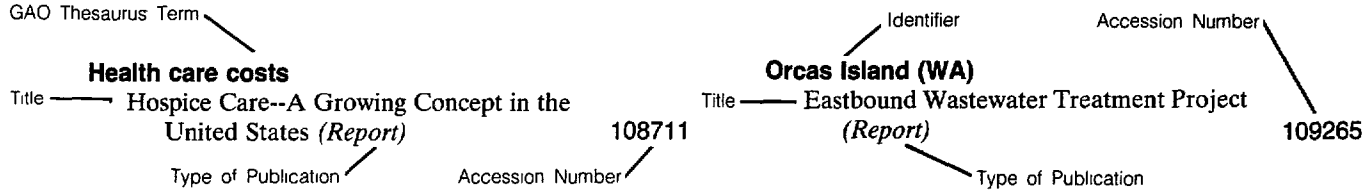
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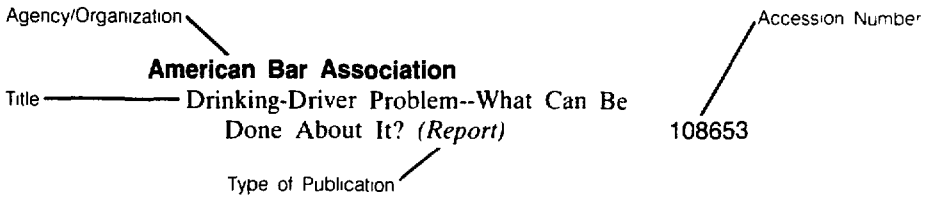
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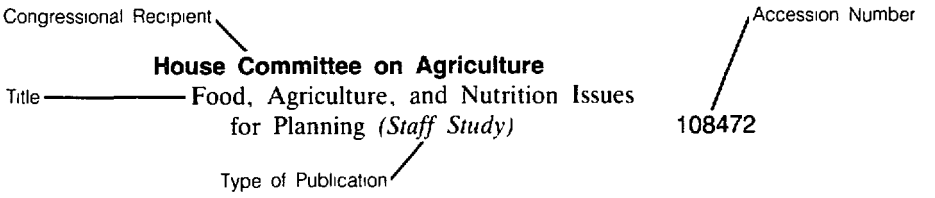
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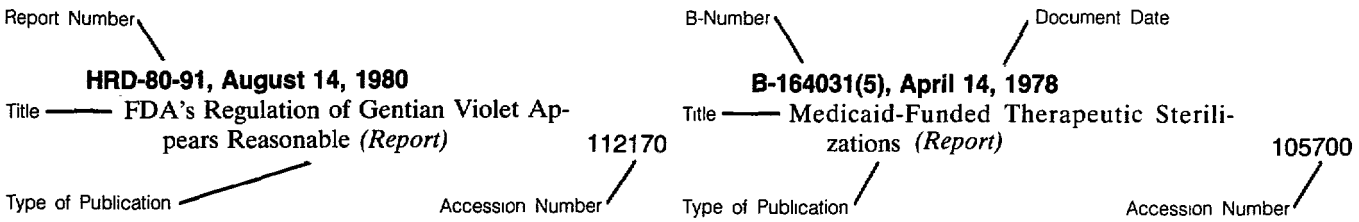
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☆U.S. GOVERNMENT PRINTING OFFICE: 1981-341-719/103

ABBREVIATIONS COMMONLY USED IN THIS PUBLICATION

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A.F.R.	Air Force Regulation
A.R.	Army Regulation
A.S.P.R.	Armed Services Procurement Regulation
C.G.	Coast Guard
C.M.M.I.	Civilian Manpower Management Instruction
C.P.R.	Army Civilian Personnel Regulation
D.A.C.	Defense Acquisition Circular
D.A.R.	Defense Acquisition Regulation (formerly A S P R)
DLA	Defense Logistics Agency
DODPM	Department of Defense Military Pay and Allowances Entitlements Manual
DOJ	Department of Justice
D.P.C.	Defense Procurement Circular
FAM	Foreign Affairs Manual
FIPS	Federal Information Processing Standards
F.L.R.C.	Federal Labor Relations Council
F.P.M.	Federal Personnel Manual
F.P.M.R.	Federal Personnel Management Regulation
F.P.R.	Federal Procurement Regulation
F.T.R.	Federal Travel Regulation
IAM	Indian Affairs Manual
J.T.R.	Joint Travel Regulation
NAVJAGMAN	Manual of the Judge Advocate General of the Navy
NAVSEAOP	Naval Sea Systems Command Ordnance Publications
N.M.F.C.	National Motor Freight Classification
VAPR	Veterans Administration Procurement Regulation

GAO Division Abbreviations

AFMD[1]	Accounting and Financial Management Division
CED	Community and Economic Development Division
EMD	Energy and Minerals Division
FOD	Field Operations Division
FGMSD[1]	Financial and General Management Studies Division
FPCD	Federal Personnel and Compensation Division
GGD	General Government Division
HRD	Human Resources Division
ID	International Division
LCD	Logistics and Communications Division
MASAD	Mission Analysis and Systems Acquisition Division
OCG	Office of the Comptroller General
OGC	Office of the General Counsel
OISS	Office of Information Systems and Services
OP	Office of Policy
OPP	Office of Program Planning
PAD	Program Analysis Division
PLRD	Procurement Logistics, and Readiness Division
PSAD	Procurement and Systems Acquisition Division

[1]**FGMSD** was changed to **AFMD** in November 1980

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